# VERMONT FILING CHECKLIST **HEALTH ENTITIES (INSURERS, HDMIs, HMOs)**

COMPANY NAME:	_NAIC Company Code:
Contact:	Telephone:
REQUIRED FILINGS IN THE STATE OF:	Filings Made During the Year 2024

(1)	(2)	(3)	(4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE	
Checklist	Line#	REQUIRED FILINGS FOR THE ABOVE STATE		estic	Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	1	I. NAIC FINANCIAL STATEMENTS	FO	FO	1	1 2/1	NATO	
	1	Annual Statement (8 ½"X14")  Printed Investment Schedule detail (Pages E01-	EO	EO	XXX	3/1	NAIC	H, L
	1.1	E29)	EO	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	LO	LO	ΛΛΛ	5/15, 8/15,	NAIC	
	_	Quarterly I manetal statement (6 72 × 14 )	EO	EO	XXX	11/15	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	EO	EO	XXX	4/1	NAIC	
	12	Actuarial Opinion	ЕО	EO	XXX	3/1	Company	
	13	Life Supplemental Data due March 1	EO	EO	XXX	3/1	NAIC	
	14	Life Supplemental Data due April 1	EO	EO	XXX	4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	EO	ЕО	*****	3/1	Commons	
	16	Life Supp Statement on par/non-par policies – Exh	EU	EO	XXX	3/1	Company	
	10	5 Int. 1&2	EO	EO	xxx	3/1	Company	
	17	Life, Health & Annuity Guaranty Association	EO	Lo	AAA	3/1	Company	
	-,	Assessable Premium Exhibit, Parts 1 and 2		EO	XXX	4/1	NAIC	
	18	Long-Term Care Experience Reporting Forms	EO	EO	XXX	4/1	NAIC	
	19	Management Discussion & Analysis	EO	EO		4/1	Company	
	20	Market Conduct Annual Statement Premium						
		Exhibit for Year	EO	EO	XXX	3/1	NAIC	
	21	Medicare Part D Coverage Supplement				3/1, 5/15,		
			FO	ГО		8/15,	NAIG	
	22	M. 4: C	EO	EO	XXX	11/15	NAIC	
	22	Medicare Supplement Insurance Experience Exhibit	EO	EO	xxx	3/1	NAIC	
	23	Risk-Based Capital Report	EO	EO	XXX	3/1	NAIC	
	24	Schedule SIS	EO	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	X
	26	Supplemental Health Care Exhibit (Parts 1 and 2)	EO	ЕО	XXX	4/1	NAIC	
	27	Supplemental Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	
					XXX			
		III. ELECTRONIC FILING						
		REQUIREMENTS		1	ı	1	1	1
	61	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	S
	62	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	S
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	S
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1 4/1	NAIC NAIC	S
	65 66	Supplemental Electronic Filing Supplemental .PDF Filing	XXX	EO EO	XXX	4/1	NAIC	S
	67	Quarterly Statement Electronic Filing	XXX	EU	XXX	5/15, 8/15,	INAIC	٥
	07	Quarterly Statement Electronic Filling	xxx	EO	xxx	11/15	NAIC	S
	68	Quarterly .PDF Filing				5/15, 8/15,		-
		, ,	XXX	EO	XXX	11/15	NAIC	S
	69	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	S
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	DD
	82	Audited Financial Reports	EO	EO	XXX	6/1	Company	DD
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A	6/1	Company	DD
	84	Communication of Internal Control Related Matters Noted in Audit	EO	ЕО	N/A	8/1	Company	DD
	85	Independent CPA (change)	ЕО	N/A	N/A	When appointed	Company	DD

(1)	(2)	(3)	(4) NUMBER OF COPIES*		(5)	(5) (6) FORM	(7) APPLICABLE	
Checklist	Line#	REQUIRED FILINGS FOR THE ABOVE STATE		Domestic Foreign		DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	86	Management's Report of Internal Control Over Financial Reporting	ЕО	N/A	N/A	8/1	Company	DD
	87	Notification of Adverse Financial Condition	EO	N/A	N/A	When issued	Company	DD
	88	Relief from the five-year rotation requirement for lead audit partner	ЕО	ЕО	N/A	3/1	Company	DD
	89	Relief from the one-year cooling off period for independent CPA	ЕО	ЕО	N/A	3/1	Company	DD
	90	Relief from the Requirements for Audit Committees	ЕО	ЕО	N/A	3/1	Company	DD
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	ЕО	N/A	N/A	6/1	Company	DD
		V CTATE DECLINED EILINGS						
	101	V. STATE REQUIRED FILINGS  Corporate Governance Annual Disclosure***	FO	0	1	C/1		****
	101	Filings Checklist (with Column 1 completed)	ЕО	0	XXX	6/1 3/1 (4/1)	Company	НН
	-	• • •	ЕО	0	XXX	for HMOs	State	
	103	Form B-Holding Company Registration Statement	ЕО	0	XXX	3/15	Company	AA
	104	Form F-Enterprise Risk Report ****	EO	0	XXX	3/15	Company	AA
	105	ORSA *****	EO	0	xxx	When available	Company	GG
	106	Premium Tax – file with Vermont Department of Taxes	1	0	1	2/28	State Tax Depart.	D
	107	Vermont Annual Fee Calculation Report and Filing Fees	1	0	1	3/1 (4/1) for HMOs	State	
	108	Signed Jurat	EO	0	XXX	3/1	NAIC	H, L
	109	Group Capital Calculation (File with lead state only)	EO	0	xxx	Not due yet in VT		
	110	Accident and Health Advertising Certificates	EO	0	1	3/1	Company	0
	111	Net Worth, Deposit and Designated Reserve Calculations (HMO)	EO	0	0	4/1	Company	T
	112	Report on the Operations of the Quality Assurance Program and the Grievance Procedures (HMO)	ЕО	0	1	7/15	Company	V
	113	Vermont Antitrust Compliance Policy Certification	EO	0	XXX	5/1	Company	Y
	114	Vermont Annual Statement Supplemental Filing (ASSR)	ЕО	0	1	3/31	State	BB
	115	Addendum to Health Insurer Annual Statement (Act 152)	ЕО	0	1	3/1	State	FF
	116	Vermont Insurance Data Security Law Certification Form	EO	0	0	On or before 4/15	State	N

<sup>\*</sup>If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

<sup>\*\*</sup>If Form Source is NAIC, the form should be obtained from the appropriate vendor.

<sup>\*\*\*</sup>For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public">http://www.naic.org/public</a> lead state report.htm.

<sup>\*\*\*\*</sup>For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>

<sup>\*\*\*\*\*</sup>For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public lead state report.htm

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A		Company Licensing Insurance Division (802) 828-2470 dfr.complic@vermont.gov
E	Mailing Address:	Company Licensing Insurance Division Vermont Department of Financial Regulation 89 Main Street Montpelier, VT 05620-3101 Email to dfr.complic@vermont.gov
C	Mailing Address for Filing Fees:	Mail fees to the address in Note B. Make check payable to Vermont Department of Financial Regulations. Indicate NAIC number on check. Provide separate check for each company.
	Mailing Address for Premium Tax Payments:	Premium Tax returns and payments will be electronically filed and paid via the Vermont Department of Taxes online system, <b>myVTax</b> . For assistance, call the Vermont Department of Taxes, Insurance Premium Tax Examiner at (802) 828-2551.
F	Delivery Instructions:	All filings and fees must be physically received at the address in Note B no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. All filings should be in a PDF format and emailed unless otherwise indicated.
F		Insurers will be assessed for a late filing. Late filing fee is \$250, or retaliatory amount, for late filings received within ten (10) business days of the deadline. Filings received more than ten (10) days after the deadline may result in additional civil administrative penalties being imposed, or rejection of the filing and expiration of the license.
	Original Signatures:	Original, facsimile, and electronic signatures are accepted on all filings.
F	Signature/Notarization/Certification:	At least two executive officers are required to sign the annual statement. Vermont domestic insurers must include the original signature of the President or CEO. Signatures for domestic insurers must be notarized. Electronic signatures are accepted on all filings.

I	Amended Filings:	Amended items must be filed within
	č	ten (10) days of their amendment,
		along with an explanation thereof.
J	Executions from normal filings	Foreign insurers must supply a
J	Exceptions from normal filings:	
		written copy of any exemption or
		extension received by its state of
		domicile to receive same from
		Vermont.
K	Bar Codes (State or NAIC):	Vermont does not use bar codes.
	,	
L	Signed Jurat:	Foreign ingurary that file
L	Signed Jurat:	Foreign insurers that file
		electronically with the NAIC are not
		required to file the Jurat page or the
		annual statement. Vermont Domestic
		insurers will include the signed Jurat
		with the annual statement. See Note
		H.
M	Vermont Filing Due Dates:	Annual filings for HDMIs and all
1,1	- Simon I ming Due Duren.	other insurers are due 3/1. Annual
<b>3</b> T		filings for HMOs are due 4/1.  Market Conduct Annual Statement Premium
N	Filings new, discontinued or modified materially since last year:	Market Conduct Annual Statement Premium Exhibit for Year
		Supplemental Health Care Exhibit (Parts 1 and
	Vermont Insurance Data Security Law Certification pursuant to 8	2) No part 3
	V.S.A. §4728. Only applies to Vermont domestics.	- / - · · · · · · · ·
		Annual certification due on or before
		April 15 <sup>th</sup> . Email to
		dfr.complic@vermont.gov. See form
		on the DFR website:
		https://dfr.vermont.gov/industry/insur
		ance/company-licensing/how-renew
О	Accident and Health Advertising Certificate:	Vermont Regulation 71-1, 15B
		requires only insurers who sell
		Accident and Health products in
		Vermont (excepting Medicare
		prescription drug coverage (PDP)
		companies) to submit an Accident and
		Health Advertising Certificate. Email
		to dfr.complic@vermont.gov.
D	C - 1'C - 1 - C C 1'	ı Ü
P	Certificate of Compliance:	Foreign insurers are not required to
		file certificates of compliance.
Q	Certificate of Deposit:	Foreign insurers are not required to
		file certificates of compliance.
R	Certificate of Valuation:	Domestic insurers are required to
		submit a Certificate of Valuation.
		Email dfr@complic@vermont.gov.
S	Electronic Filings:	Vermont relies on the electronic
٥	Executionic Fillings.	
	Mark dept. 15 dept. 15 dept. 20 dept. 2	filings made with the NAIC.
T	Net Worth, Deposit and Designated Reserve Calculations – HMO:	8 V.S.A. §5102 (e)(3)(B) requires
		insurers to file with the Commissioner
		the net worth, deposit and designated
		reserve calculations made under
		subsections 5102b (b) and (c) of this
		title. Direct questions regarding this
		filing to Jesse Lussier at
		Jesse.Lussier@vermont.gov
V	Report on Operations of the Quality Assurance Program and the	8 V.S.A. §5102 (e)(3)(A) requires
	Grievance Procedures – HMO:	insurers to submit a report on the

W	Request to File Consolidated Audited Annual Statements:	operations of the quality assurance program and the grievance procedures describing any changes made in the operations of the quality assurance program and the grievance procedures during the preceding calendar year.  Foreign insurers may file audited consolidated or combined financial statements if the insurer is part of a group of insurance companies that utilizes a pooling or 100% reinsurance agreement, and such insurer cedes all its business to the pool, per 8 V.S.A. §3578a and Regulation I-2009-06. Specific departmental approval is not
X	Supplemental Compensation Exhibit:	Vermont domestic insurers are required to file the Supplemental Compensation Exhibit annually with the Insurance Division. In addition to any information provided in the narrative of material factors in Part 4, disclose any material additional compensation earned or accrued in the reporting year that is not otherwise disclosed in the exhibit. Insurers shall disclose compensation in accordance with NAIC instructions. These employees need only be identified by their titles.  Email to dfr.complic@vermong.gov.
Y	Vermont Antitrust Compliance Policy Certification:	The Certificate of Authority issued to The Vermont Health Plan LLC (TVHP) requires this certification. Email to dfr.complic@vermont.gov.
Z	Vermont Domestic Annual Report & Annual Meeting Notification Material Sent to Policyholders:	Domestic insurers are required to provide copies of this notification to the Insurance Division. Email to dfr.complic@vermont.gov.
AA	Vermont Domestic Holding Company Forms B, C & F:	Domestic insurers are required to file annual Holding Company Forms B, C & F, per 8 V.S.A. §3684 (a). Email to dfr.complic@vermont.gov
BB	Vermont Annual Statement Supplemental Filing (ASSR):	Insurers with active business in Vermont in the health lines must file the ASSR. If you have no business to report, this filing is not required (i.e. no zero or n/a filings should be submitted). Submit your filing online: https://gmcboard.vermont.gov/assr/su bm it. If you should have any issues or concerns, please contact Lori Perry 802 828-6971 or email Lori.Perry@vermont.gov.
CC	Vermont Mandating Reporting (Liquor Liability Report):	8 VSA §3567 mandates collection of liquor liability statistics. Submit the Liquor Liability Report electronically at

s://dfr.vermont.gov/industry/insur
e/company-licensing/how-renew.
ect any questions regarding
apletion of this form to Rosemary
zka at
emary.Raszka@vermont.gov.
ngs must be made in accordance
Nermont Regulation I-2009-06,
nual Financial Reporting
ulation. Email to
complic@vermont.gov
y Domestic insurers need to file
document. Email to
complic@vermont.gov
health insurers with a minimum of
00 Vermont lives or who offer
rance through the Vermont health
nange (see 33 V.S.A. Chapter 18,
chapter 1) must file this form.
ail to dfr.complic@vermont.gov.
ess exempted per 8 V.S.A. §3586,
nestic insurers must file each year
en it becomes available. Email to
complic@vermont.gov
Vermont Insurance Regulation I-
5-01 for filing instructions, due on
efore June 1 of each calendar
r. Email to
complic@vermont.gov

# General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC

will not be sending their own checklist this year.

Electronic Filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are

not required to file hard copy filings with the NAIC.

## Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when submitting information to the state.

#### Column (2) Line #

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

#### Column (3) Required Filings

Name of item or form to be filed.

The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The *March.PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital.PDF Filing is the .pdf file for risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental.PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Electronic Filing includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly.PDF Filing* is the .pdf file for quarterly statement data.

The June.PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

### Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

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# Column (5) Due Date

Indicates the date on which the company must file the form.

## Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

# Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

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