

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **NEW JERSEY** Filings Made During the Year 2021

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"X14")	3	EO		3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E29)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	3	EO		5/15, 8/15, 11/15	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	3	EO		4/1	NAIC	
	12	Actuarial Opinion				3/1 (HMO) 3/1 5/15 8/15 11/15)	Company	HMO are required to file the Actuarial Opinion quarterly. Not required for DPO
			3	EO				
	13	Life Supplemental Data due March 1	3	EO		3/1	NAIC	
	14	Life Supplemental Data due April 1	3	EO		4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	3	EO		3/1	Company	
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	3	EO		3/1	Company	
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit		EO	xxx	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form		EO	xxx	4/1	NAIC	
	19	Long-Term Care Experience Reporting Forms	3	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis				3/1, 5/15, 8/15, 11/15	Company	Management Discussion & Analysis are due with the state annual and quarterly statement filings
			3	EO				
	21	Medicare Part D Coverage Supplement				3/1, 5/15, 8/15, 11/15	NAIC	
			3	EO				
	22	Medicare Supplement Insurance Experience Exhibit	3	EO	xxx	3/1	NAIC	
	23	Risk-Based Capital Report	3	EO		3/1	NAIC	
	24	Schedule SIS	3	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	3	N/A	N/A	3/1	NAIC	
	26	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	3	EO		4/1	NAIC	
	27	Supplemental Health Care Exhibit's Allocation Report	3	EO		4/1	NAIC	
	28	Supplemental Investment Risk Interrogatories	3	EO		4/1	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	66	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	67	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
	81	Accountants Letter of Qualifications	3	EO	N/A	6/1	Company	If applicable

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
	82	Audited Financial Reports	3	EO		6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	3	N/A	N/A		Company	If applicable
	84	Communication of Internal Control Related Matters Noted in Audit	3	EO	N/A	8/1	Company	If applicable
	85	Independent CPA (change)	3	N/A	N/A		Company	If applicable
	86	Management's Report of Internal Control Over Financial Reporting	3	N/A	N/A	8/1	Company	If applicable
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	Must be written
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO		3/1	Company	Must be written
	89	Relief from the one-year cooling off period for independent CPA	1	EO		3/1	Company	Must be written
	90	Relief from the Requirements for Audit Committees	1	EO		3/1	Company	Must be written
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	Must be written
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure***	1	0			Company	
	102	Filings Checklist (with Column 1 completed)	1	0			State	
	103	Form B-Holding Company Registration Statement	1	0			Company	
	104	Form F-Enterprise Risk Report ****	1	0			Company	
	105	ORSA *****	1	0			Company	
	106	Premium Tax		0			State	
	107	State Filing Fees		0			State	See fee letter
	108	Signed Jurat	3	0			NAIC	
	109	HMO NJ Supplement and/or Schedules	3	N/A		3/1, 5/15, 8/15, 11/15	State	
	110	DPO NJ Supplement and/or Schedules	3	N/A		3/1, 5/15, 8/15, 11/15	State	
	111	ODS NJ Supplement and/or Schedules	3	N/A		3/1, 5/15, 8/15, 11/15	State	
	112	NJ Medicare Supplement Under 50 Plan	3	N/A		4/1	State	See Note P
	113	NJ Individual Health & Small Employer Health	3	N/A		4/1	State	See Note Q
	114	Annual Business Plan	2	N/A		3/31	State	See DOBI Website
	115	Certificate of Authority Renewal for 2021					State	See Note

*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).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

***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 not 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.

****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 not 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: http://www.naic.org/public_lead_state_report.htm

*****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 not 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	Required Filings Contact Person:	Corey Page Telephone (609) 940-7434 Email: corey.page@dobi.nj.gov
	B	Mailing Address:	Office of Solvency Regulation P. O. BOX 325 Trenton, NJ 08625-032520
	C	Mailing Address for Filing Fees:	20 West State Street, 10 th Floor Trenton, NJ 08608
	D	Mailing Address for Premium Tax Payments:	Same as above
	E	Delivery Instructions:	New Jersey Division of Taxation P.O. BOX 247 Trenton, NJ 08646-0247
	F	Late Filings:	200 Woolverton St., Bldg. 20, Trenton NJ 08646.
	G	Original Signatures:	All entities will be fined \$100 per day for a late filing which the exception of DCSs which will be fined \$25 per day per the regulations.
	H	Signature/Notarization/Certification:	Original signatures required from domestic companies. Foreign companies should follow the instructions from the NAIC or their state of domiciled.
	I	Amended Filings:	President & Secretary, or in their absence, two principal officers must sign the annual statement. By signing the statement they are certifying the statement is correct. In addition the signatures must be notarized.
	J	Exceptions from normal filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for amendment.
	K	Bar Codes (State or NAIC):	Foreign companies must supply a written copy of any exemption or extension received from its state of domicile at least 10 days prior to the filing due date to receive such from NJ. Domestic companies should apply at least 30 days prior to the due date.
	L	Signed Jurat:	See NAIC Annual Statement Instructions
	M	NONE Filings:	See Notes I and H above
	N	Filings new, discontinued or modified materially since last year:	See NAIC Annual Statement Instructions
	O	Filings new, discontinued or modified materially since last year:	All filings must be received by their due date. See Note G above for late filings.
	P	NJ Medicare Supplement Under 50 Plan See right for mail address	NJ Medicare Supplement Under 50 Plan Attn: Rosaria Lenox

			20 West State St., P.O. Box 325, Trenton, NJ 08625-0325, or by e-mail to rosaria.lenox@dobi.nj.gov
			Attn: NJ IHC Program (for Exhibit K) or Attn: SEH Program (for Exhibit CC), 20 West State St., 11 th Floor, P.O. Box 325, Trenton, NJ 08625-0325; by fax at 609-633-2030; or by e-mail to rosaria.lenox@dobi.nj.gov
	Q	New Jersey Small Employer and Individual Health Benefits Program	Attn: NJ IHC Program (for Exhibit K) or Attn: SEH Program (for Exhibit CC), 20 West State St., 11 th Floor, P.O. Box 325, Trenton, NJ 08625-0325; by fax at 609-633-2030; or by e-mail to rosaria.lenox@dobi.nj.gov
	R	Certificate of Authority Renewal for 2021	All renewal Certificates will be emailed to the email addresses on file in SBS. Please make sure all emails in SBS are up-to-date.

**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.**

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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