



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE AND INSURANCE
 Financial Affairs Section / Analytical Unit 0576
 500 James Robertson Parkway, 10th Floor
 Nashville, Tennessee 37243-1132
 (615) 741-1670

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: TENNESSEE Filings Made During the Year 2020

| (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") | 2 | EO | Jurat Only – Note L | 3/1 | NAIC | A-C, E-P |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 2 | EO | xxx | 3/1 | NAIC | A, B |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | A, B, E-O, Q |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | V |
| | 12 | Actuarial Opinion | 2 | EO | xxx | 3/1 | Company | A, B, E-G, P |
| | 13 | Life Supplemental Data due March 1 | 2 | EO | xxx | 3/1 | NAIC | |
| | 14 | Life Supplemental Data due April 1 | 2 | EO | xxx | 4/1 | NAIC | |
| | 15 | Life Supp Statement non-guaranteed elements – Exh 5, Int. #3 | 2 | EO | xxx | 3/1 | Company | |
| | 16 | Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2 | 2 | EO | xxx | 3/1 | Company | |
| | 17 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 18 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 2 | EO | xxx | 4/1 | NAIC | |
| | 19 | Long-Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | |
| | 20 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | A, B |
| | 21 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 22 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | |
| | 23 | Risk-Based Capital Report | 2 | EO | xxx | 3/1 | NAIC | |
| | 24 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | |
| | 25 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC | |
| | 26 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 2 | EO | xxx | 4/1 | NAIC | |
| | 27 | Supplemental Health Care Exhibit's Allocation Report | 2 | EO | xxx | 4/1 | NAIC | |
| | 28 | Supplemental Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC | |
| III. ELECTRONIC FILING REQUIREMENTS | | | | | | | | |
| | 61 | Annual Statement Electronic Filing | 1 | EO | xxx | 3/1 | NAIC | |
| | 62 | March .PDF Filing | 1 | EO | xxx | 3/1 | NAIC | |
| | 63 | Risk-Based Capital Electronic Filing | 1 | EO | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF Filing | 1 | EO | N/A | 3/1 | NAIC | |
| | 65 | Supplemental Electronic Filing | 1 | EO | xxx | 4/1 | NAIC | |
| | 66 | Supplemental .PDF Filing | 1 | EO | xxx | 4/1 | NAIC | |
| | 67 | Quarterly Statement Electronic Filing | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 68 | Quarterly .PDF Filing | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 69 | June .PDF Filing | 1 | EO | xxx | 6/1 | NAIC | |

*****ALL HMOs licensed in Tennessee must follow the "Domestic" column filing requirements.**

| (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 | | | |
| IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | | | |
| | 81 | Accountant's Letter of Qualifications | 1 | EO | N/A | 6/1 | Company | A, B |
| | 82 | Audited Financial Reports | 1 | EO | xxx | 6/1 | Company | A, B |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 6/1 | Company | A, B |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | 8/1 | Company | A, B |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | Within 5 Days | Company | A, B |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 8/1 | Company | A, B |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | N/A | Within 10 days of CPA Discovery | Company | A, B |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | xxx | 3/1 | Company | A, B |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | xxx | 3/1 | Company | A, B |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | xxx | 3/1 | Company | A, B |
| | 91 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | | Company | A, B |
| V. STATE REQUIRED FILINGS | | | | | | | | |
| | 101 | Corporate Governance Annual Disclosure*** | 1 | 0 | 0 | 6/1 | Company | A, B |
| | 102 | Filings Checklist (with Column 1 completed) | 0 | 0 | 0 | | State | |
| | 103 | Form B-Holding Company Registration Statement and Form C-Summary of Registration | 2 | 0 | xxx | 4/30 | Company | A, B, U |
| | 104 | Form F-Enterprise Risk Report **** | 2 | 0 | xxx | 4/30 | Company | A, B, U |
| | 105 | ORSA ***** | 2 | 0 | N/A | Case-by-Case | Company | |
| | 106 | Premium Tax | 1 | 0 | 1 | 3/1, 6/1, 8/20, 12/1 | State | A, C, D, T |
| | 107 | State Filing Fees | 1 | 0 | 1 | 3/1 | State | A, C, D |
| | 108 | Signed Jurat | 2 | 0 | Annual Stmt Only | 3/1, 5/15, 8/15, 11/15 = Domestic; 3/1=Foreigns | NAIC | A, B, F-I, L, Q |
| | 109 | Certificate of Compliance for Life, A&H Advertising | 2 | 0 | 1 | 3/1 | State | R |
| | 110 | Certificate of Compliance | 0 | 0 | 0 | 3/1 | State | B |
| | 111 | Certificate of Deposit | 0 | 0 | 0 | 3/1 | State | B |

*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: Domestic Hospital, Medical, Dental, & Indemnity Corp., HMO, Vision and Dental Contact Person: Annual Fees, Tax, & Penalty Questions: | Hui Wattanaskolpant, (615) 253-2958 Hui.Wattanaskolpant@tn.gov Kim Blaylock, (615) 532-7567 Kim.Blaylock@tn.gov | |
| B | Mailing Address: | State of Tennessee Department of Commerce and Insurance Financial Affairs Section / Analytical Unit 0576 500 James Robertson Parkway, 10 TH Floor Nashville, Tennessee 37243-1132 (615) 741-1670 | |
| C | Mailing Address for Filing Fees: TCA 56-32-119 provides for a \$195.00 + \$445.00 HMO Annual Statement filing fee. TCA 56-29-119 provides for a \$515.00 Annual Statement filing fee for Hospital and Medical Service Corporation. TCA 56-30-117 provides for a \$50 Dental Service Plan Annual Statement filing fee and 56-31-116 provides for a \$15 Vision Service Plan Annual Statement filing fee. Please <u>DO NOT</u> enclose this fee with Annual Statement. | This fee is included on the premium tax return and should be submitted through OPTins . | |
| D | Mailing Address for Premium Tax Payments: | OPTins is mandatory with electronic tax filings. Click Here to Participate. | |
| E | Delivery Instructions: E1. Premium tax delivery instructions A tax return with payment must be submitted via OPTins on or before March 1 st to be considered a timely filing. Please note the statutes do not allow a waiver of a late payment of penalty. E2. Annual statement delivery instructions An Annual Statement filing must be postmarked on or before March 1 st to be considered a timely filing. The document will be considered a prompt filing provided such document bears a postmark, or comparable marking, no later than the due date and is transmitted by the United States Postal Service, FedEx, United Parcel Services, or other carrier recognized by the Commissioner. | | |
| F | Late Filings: Timely filings must be received on or before March 1st. Tennessee DOES NOT recognize filing extensions for Annual Statements. An example of an <i>incomplete</i> filing is one that does not adhere to the requirements in <u>one or more</u> of the following sections: G, H, L, M, O, P. In addition, electronic filings must be made with the NAIC by March 1 to be considered timely per Tenn. R. & Reg. Ch. 0780-01-37-.08. | Late or incomplete filings are assessed a \$100.00 per day late or incomplete filing penalty, pursuant to TCA §56-1-502. See Note E above regarding proper postmarks | |
| G | Original Signatures: Please use blue ink. | ORIGINAL JURAT, NOTARY, AND ACTUARY SIGNATURES ARE REQUIRED | |
| H | Signature/Notarization/Certification: | Tennessee requires original signatures, including an original notary signature. | |

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| I | Amended Filings: | An explanation of the amendment is required. The amended financial statement filing requires a jurat page with original signatures and notary. |
| J | Exceptions from normal filings: | NONE |
| K | Bar Codes (State or NAIC): | NAIC Bar Code Instructions |
| L | Signed Jurat: | TCA §56-1-501 requires the financial statement be subscribed and sworn to by the President and Secretary, or in their absence, two (2) principal officers. If the statement is signed by anyone other than the President and Secretary, an affidavit must be included and stated that such person is a principal officer elected by the board of directors. |
| M | NONE Filings: | NAIC Annual Statement Instructions. Blank exhibits or schedules without the word "NONE" will result in an interpretation that an incomplete filing was submitted, and will be subject to filing penalties, pursuant to Note "F" above. |
| N | Filings new, discontinued or modified materially since last year: | Certificate of Compliance and Certificate of Deposit are not required to be filed by foreign insurers. |
| O | Size, printing standards, numbering, & binding: | The NAIC Annual Statement Instructions provide guidance on printing standards, statement layout, and required binding. Annual Statements are properly bound if they are stapled in the CENTER seam or professionally bound by adhesive. |
| P | Actuarial Opinion: The Actuarial Opinion or Domiciliary State exemption letter must be on or attached to page 1 of the Annual Statement. | The opinion must bear an original signature, and must be completed by a Qualified Actuary. If an Actuarial Opinion does not contain an original signature, the filing will be subject to the penalties noted in Note "F" |
| Q | Quarterly Financial Statement (8 ½" x 14") | Foreign: File with NAIC only Domestic & HMOs: Required to file |
| R | Certificate of Compliance A&H advertising | An affidavit from the company regarding compliance with the rule is acceptable. Pursuant to Tenn. Comp. R. & Regs., Ch. 0780-1-8-.17 |
| S | Exemptions | <ul style="list-style-type: none"> • Annual Statements—Not Allowed. • Audited Statements— Must file by June 1 • Actuarial Opinion—Must file by December 1 |
| T | Late payment of Premium Taxes All delinquencies shall bear interest of ten percent (10%) per annum from the date the amount was due and paid, pursuant to TCA 56-4-216 | Premium taxes will be assessed in addition to the amount of taxes; five percent (5%) for the first month or fractional part thereof, additional five percent (5%) for the second month or fractional part thereof, and penalty thereafter at one half of one percent (0.5%) per month. |
| U | Holding Company Registration Statement Tennessee's Holding Company Registration Deadline is April 30th | Foreign companies & foreign HMOs are NOT required to file if domiciliary state laws are substantially similar to Tennessee's Title 56, Chapter 11. |
| V | A&H Policy Experience Exhibit The A&H Policy Experience Exhibit must be mailed under <u>separate</u> cover | State of Tennessee Department of Commerce & Insurance 10 th Floor, Actuarial Section 500 James Robertson Parkway Nashville, TN 37243-1130 ATTN: Brian Hoffmeister |

**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 its 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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