PROPERTY & CASUALTY INSURERS

| COMPANY NAME: _ | NAIC Company Code: |
|------------------------|--------------------|
| Contact: | Telephone: |

REQUIRED FILINGS IN THE STATE OF: CONNECTICUT Filings Made During the Year 2019

| (1) | (2) | (3) | (4) | | (5) | (6) | (7) | |
|-------|--------|---|-------------------------------------|------|---------|-------------|----------|-------|
| | T . 11 | DECLUDED EN MCG FOD | NUMBER OF COPIES* Domestic Foreign | | | FORM | APPLIC | |
| Check | Line # | REQUIRED FILINGS FOR | | | Foreign | DUE DATE | SOURCE** | ABLE |
| list | | THE ABOVE STATE | State | NAIC | State | | | NOTES |
| | | I. NAIC FINANCIAL | | | | | | |
| | | STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 ½" x 14") | 2 | ЕО | XXX | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | | | | 3/1, 5/15. | | |
| | | | 2 | EO | XXX | 8/15, 11/15 | NAIC | |
| | 2 | Quarterly Financial | _ | | | 5/15, 8/15, | | |
| | | Statement (8 ½" x 14") | 2 | EO | XXX | 11/15 | NAIC | |
| | 3 | Protected Cell Annual | | | | | | |
| | | Statement | 2 | 0 | XXX | 3/1 | NAIC | |
| | 4 | Combined Annual Statement | _ | | | | | |
| | | (8 ½" x 14") | 1 | EO | 1 | 5/1 | NAIC | |
| | | | | | | | | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 11 | Accident & Health Policy | | | | | | |
| | | Experience Exhibit | 2 | EO | XXX | 4/1 | NAIC | |
| | 12 | Actuarial Opinion | 2 | EO | XXX | 3/1 | Company | |
| | 13 | Actuarial Opinion Summary | | | | | | |
| | | | 1 | N/A | XXX | 3/15 | Company | "S" |
| | 14 | Bail Bond Supplement | 2 | EO | XXX | 3/1 | NAIC | |
| | 15 | Combined Insurance | | | | | | |
| | | Expense Exhibit | 1 | EO | 1 | 5/1 | NAIC | |
| | 16 | Credit Insurance Experience Exhibit | 2 | ЕО | XXX | 4/1 | NAIC | |
| | 17 | Cybersecurity and Identity Theft Insurance Coverage | | | | | | |
| | | Supplement | 2 | EO | XXX | 4/1 | NAIC | |
| | 18 | Director and Officer | | | | | | |
| | | Insurance Coverage | | | | 3/1, 5/15, | NAIC | |
| | | Supplement | 2 | EO | XXX | 8/15, 11/15 | | |
| | 19 | Financial Guaranty | | | | | | |
| | | Insurance Exhibit | 2 | EO | XXX | 3/1 | NAIC | |
| | 20 | Insurance Expense Exhibit | 2 | EO | XXX | 4/1 | NAIC | |
| | 21 | Life, Health & Annuity | | | | | | |
| | | Guaranty Assessment Base | | | | | | |
| | | Reconciliation Exhibit | 2 | EO | XXX | 4/1 | NAIC | "N" |

| (1) | (2) | (3) | | (4) | | (5) | (6) | (7) |
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| | | | NUMBER OF COPIES* | | | FORM | APPLIC | |
| Check | Line # | REQUIRED FILINGS FOR | Don | nestic | Foreign | DUE DATE | SOURCE** | ABLE |
| list | | THE ABOVE STATE | State | NAIC | State | | | NOTES |
| | | | | | | | | |
| | 22 | Life, Health & Annuity | | | | | | |
| | | Guaranty Assessment Base | | | | | | |
| | | Reconciliation Exhibit | 2 | FO | | 4/1 | NATO | (6) 722 |
| | 22 | Adjustment Form | 2 | EO | XXX | 4/1 | NAIC | "N" |
| | 23 | Long-Term Care Experience | | | | | | |
| | | Reporting Forms | 2 | ЕО | ***** | 4/1 | NAIC | |
| | 24 | Management Discussion & | | EU | XXX | 4/1 | NAIC | |
| | 24 | Management Discussion & | 2 | EO | W W W | 4/1 | Company | |
| | 25 | Analysis Medicare Part D Coverage | | EU | XXX | 3/1, 5/15, | Company | |
| | 23 | Supplement D Coverage | 2 | ЕО | VVV | 8/15, 11/15 | NAIC | |
| | 26 | Medicare Supplement | | EO | XXX | 0/13, 11/13 | NAIC | |
| | 20 | Insurance Experience | | | | | | |
| | | Exhibit | 2 | EO | XXX | 3/1 | NAIC | |
| | 27 | Premiums Attributed to | | LO | АЛА | 3/1 | TWIC | |
| | 21 | Protected Cells Exhibit | 2 | EO | XXX | 3/1 | NAIC | |
| | 28 | Reinsurance Attestation | | Lo | AAAA | 3/1 | TVITE | |
| | 20 | Supplement | 2 | EO | XXX | 3/1 | Company | |
| | 29 | Exceptions to Reinsurance | | | | 0,1 | Company | |
| | | Attestation Supplement | 2 | N/A | XXX | 3/1 | Company | |
| | 30 | Reinsurance Summary | | | | | 1 , | |
| | | Supplemental | 2 | EO | XXX | 3/1 | NAIC | |
| | 31 | Risk-Based Capital Report | 1 | EO | XXX | 3/1 | NAIC | |
| | 32 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | |
| | 33 | Supplement A to Schedule T | | | | 3/1, 5/15, | | |
| | | | 2 | EO | XXX | 8/15, 11/15 | NAIC | |
| | 34 | Supplemental Compensation | | | | | | |
| | | Exhibit | 2 | N/A | N/A | 3/1 | NAIC | "Q" |
| | 35 | Supplemental Health Care | | | | | | |
| | | Exhibit (Parts 1, 2 and 3) | 2 | EO | XXX | 4/1 | NAIC | |
| | 36 | Supplemental Health Care | | | | | | |
| | | Exhibit's Allocation Report | | | | | | |
| | | Supplement | 2 | EO | N/A | 4/1 | NAIC | |
| | 37 | Supplemental Investment | _ | | | | : | |
| | 26 | Risk Interrogatories | 2 | EO | XXX | 4/1 | NAIC | |
| | 38 | Supplemental Schedule for | | | | | | |
| | | Reinsurance Counterparty | | | | | | |
| | | Reporting Exception – | | | | | | |
| | | Asbestos and Pollution Contracts | 2 | ЕО | **** | 3/1 | NAIC | |
| | 39 | Trusteed Surplus Statement | | EU | XXX | 3/1, 5/15, | INAIC | |
| | 39 | Trusteed Surprus Statement | 2 | ЕО | XXX | 8/15, 11/15 | NAIC | |
| | | | | LU | ΛΛΛ | 0/15, 11/15 | IVAIC | l . |
| | | III. ELECTRONIC | | | | | | |
| | | FILING | | | | | | |
| | | REQUIREMENTS | | | | | | |
| | | | | | | | | |

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| Check | Line # | REQUIRED FILINGS FOR | | nestic | Foreign | DUE DATE | SOURCE** | ABLE |
| list | | THE ABOVE STATE | State | NAIC | State | | | NOTES |
| | | | | | | | | |
| | 61 | Annual Statement Electronic | | 7.0 | | 0.4 | 37.170 | |
| | | Filing | XXX | EO | XXX | 3/1 | NAIC | |
| | 62 | March .PDF Filing | XXX | EO | XXX | 3/1 | NAIC | |
| | 63 | Risk-Based Capital | | 7.0 | 37/1 | 0.4 | 37.170 | |
| | - 4 | Electronic Filing | XXX | EO | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF | | F0 | N T/A | 2/1 | NATO | |
| | <i></i> | Filing | XXX | EO | N/A | 3/1 | NAIC | |
| | 65 | Combined Annual Statement | | F0 | | C /1 | NAIC | |
| | | Electronic Filing | XXX | EO | XXX | 5/1 | NAIC | |
| | 66 | Combined Annual Statement | ***** | ЕО | ***** | 5/1 | NAIC | |
| | 67 | .PDF Filing | XXX | EU | XXX | 3/1 | NAIC | |
| | 67 | Supplemental Electronic | **** | ЕО | 373737 | 4/1 | NAIC | |
| | 60 | Filing Supplemental .PDF Filing | XXX | | XXX | 4/1 | | |
| | 68 69 | 11 0 | XXX | EO | XXX | 5/15, 8/15, | NAIC | |
| | 09 | Quarterly Statement Electronic Filing | ***** | ЕО | ***** | 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | XXX | EU | XXX | | NAIC | |
| | 70 | Quarterly .PDF Filling | VVV | ЕО | VVV | 5/15, 8/15, 11/15 | NAIC | |
| | 71 | June .PDF Filing | XXX | EO | XXX | 6/1 | NAIC | |
| | /1 | IV. AUDIT/INTERNAL | ΛΛΛ | LO | ΛΛΛ | 0/1 | IVAIC | |
| | | CONTROL | | | | | | |
| | | RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of | | | | | | |
| | | Qualifications | 1 | ЕО | N/A | 6/1 | Company | |
| | 82 | Audited Financial Reports | 1 | ЕО | XXX | 6/1 | Company | |
| | 83 | Audited Financial Reports | | | | | 1 , | |
| | | Exemption Affidavit | 0 | N/A | N/A | | | |
| | 84 | Communication of Internal | | | | | | |
| | | Control Related Matters | | | | | | |
| | | Noted in Audit – No | | | | | | |
| | | unremediated material | | | | | | |
| | | weakness | 1 | EO | N/A | 6/1 | Company | |
| | 84.1 | Communication of Internal | | | | | | |
| | | Control Related Matters | | | | | | |
| | | Noted in Audit – | | | | | | |
| | | Unremediated material | _ | 7.0 | | 0.4 | | |
| | 0.5 | weaknesses | 1 | EO | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | | | | Within 5 | | |
| | | | | | | business | | |
| | | | 1 | NT/A | NT / A | days of this | Comme | |
| | 96 | Managament's Day of a | 1 | N/A | N/A | event | Company | |
| | 86 | Management's Report of Internal Control Over | | | | | | |
| | | Financial Reporting | 1 | N/A | N/A | 8/1 | Company | |
| | | rmanciai Keporting | 1 | 1 N / <i>F</i> A | 1 N /A | 0/ 1 | Company | |

| (1) | (2) | (3) | (4) NUMBER OF COPIES* | | (5) | (6) FORM | (7) APPLIC | |
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| Check | Line # | REQUIRED FILINGS FOR | | nestic | Foreign | DUE DATE | SOURCE** | ABLE |
| list | | THE ABOVE STATE | State | NAIC | State | | | NOTES |
| | 87 | Notification of Adverse Financial Condition | | | | Within 5 business | | |
| | | 1 maneral Condition | | | | days of | | |
| | | | 1 | NT/A | 1 | company | | |
| | 88 | Relief from the five-year | 1 | N/A | 1 | notification | Company | |
| | | rotation requirement for lead | | | | | | |
| | 00 | audit partner | 1 | EO | XXX | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for | | | | | | |
| | | independent CPA | 1 | EO | XXX | 3/1 | Company | |
| | 90 | Relief from the | | | | | | |
| | | Requirements for Audit Committees | 1 | EO | XXX | 3/1 | Company | |
| | 91 | Request to File Consolidated | 1 | LO | AAA | 3/1 | Company | |
| | | Audited Annual Statements | 1 | N/A | N/A | 12/31 | Company | |
| | 92 | Request for Exemption to File Management's Report | | | | | | |
| | | of Internal Control Over | | | | | | |
| | | Financial Reporting | 1 | N/A | N/A | 12/31 | Company | |
| | 93 | Request for Exemption to File | 1 | N/A | N/A | 2/31 | Company | |
| | | V. STATE REQUIRED | 1 | IN/A | IN/A | 2/31 | Company | |
| | | FILINGS*** | | | | T | | _ |
| | 101 | Corporate Governance Annual Disclosure*** | 1 | 0 | NT/A | 6/1 | Commons | "W" |
| | 102 | Filings Checklist (with | 1 | 0 | N/A | 3/1, 5/15, | Company | W |
| | 102 | Column 1 completed) | 2 | 0 | 1 | 8/15, 11/15 | State | "T" |
| | 103 | Holding Company | | | | | | |
| | | Registration Statement Forms, B & C | 1 | 0 | N/A | 6/1 | State | |
| | 104 | Form F – Enterprise Risk | | 0 | 11/11 | 0,1 | State | |
| | 105 | Report**** | 1 | 0 | N/A | 6/1 | State | "W" |
| | 105 109 | ORSA **** Retention of Assets | 5 | 0 | N/A | Annually | Company | "W" |
| | 107 | Statement Statement | 2 | 0 | 0 | 3/1 | State | |
| | 110 | Accident & Health | | | | | | |
| | | Advertising Certificate of | 2 | 0 | 1 | 3/1 | State | "O" |
| | 111 | Compliance State Page | | U | 1 | 3/1, 5/15, | State | U |
| | . = | | 2 | 0 | 1 | 8/15, 11/15 | NAIC | "P" |

^{*}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 <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.

****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: 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 <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-M APPLY TO ALL FILINGS) | | | | |
|---|---|--|--|--|--|
| A | Required Filings Contact Person: | Financial Analysis & Compliance Div (860) 297-3814 E-Mail – ctinsdept.financial@ct.gov | rision | | |
| В | Mailing Address: | Connecticut Insurance Department P.O. Box 816 Hartford, CT 06142-0816 | Express/Hand Delivery: Connecticut Insurance Dept. 153 Market Street, Floor 7 Hartford, CT 06103 | | |
| С | Mailing Address for Filing Fees: | Same as above – Checks should be ma Connecticut. Department will invoice please do not send fees with annual/qu | companies for appropriate fees; | | |
| D | Mailing Address for Premium Tax Payments: | Connecticut Department of Revenue S P.O. Box 2990 Hartford, CT 06104-2990 (860) 541-3226 | Services | | |
| E | Delivery Instructions: | must be postmarked no later than the inprivate delivery service will be considerectived by the Department. Foreign Companies must submit an experiment of the Connecticut due date. Refer to Connecticut due date falls on are sent via the United States Postal marked no later than this date. If so they are due to the Department on the electronically to the NAIC they must due date. Sunday due dates will automoday. | electronically filed report with the emission to the Department by the exticut Bulletin FS-16-08. a Saturday and the statements Service they must be post ent via private delivery service the Prior Friday. If sent at the exticut by the Connecticut | | |
| F | Late Filings: | Companies will be fined \$175 per day quarterly statement filing. | | | |
| G | Original Signatures: | Original signatures are required on all Foreign companies should follow the Instructions. | | | |
| Н | Signature/Notarization/Certificat ion: | The following officers are required to statements: President or Vice President Secretary or Assistant Secretary of Assistant Secretary o | , AND | | |
| I | Amended Filings: | Domestic companies are instructed to §38a-53a | refer to Conn. General Statute | | |
| J | Exceptions from normal filings: | Please follow the NAIC Annual Statement Instructions | | | |
| K | Bar Codes (State or NAIC): | Please follow the NAIC Annual Statement Instructions | | | |
| L | Signed Jurat: | Foreign companies filing electronicall submit a hard copy. | - | | |
| M | NONE Filings: | Please follow the NAIC Annual Statement Instructions. | | | |
| N | Filings new, discontinued or modified materially since last year: | None of the filings have been disconting this year for the following statement to Life, Accident and Health/Franchecklist for the 2018 annual statement to the | ypes are: | | |

| | | 2019 quarterly filings should utilize the life statement checklist and an Executive summary of the Life PBR actuarial Report should be filed with the state of domicile; Health entities: The LHAG and ALHAG supplements moved from Life Supplement to stand-alone supplements. Property & Casualty: Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit, and Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form. Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form. |
|---|--|---|
| (| Accident & Health Advertising Certificate of Compliance | Companies are referred to §38a-819-18(B) of the Regulations of Connecticut State Agencies for further details. Certificates only required for companies reporting accident and health premiums. |
| F | Supplement Property & Casualty Companies: | Both domestic and foreign companies are required to file with each quarterly statement a hard copy of page 19 of the annual statement blank reflecting the year to date quarterly data. |
| | Supplemental Compensation Exhibit – Domestic Companies Only: | If Connecticut General Statute section 38a-69a(b) is applicable to your Company the exhibit will be held confidential if you attach an affidavit to a copy of the exhibit showing only the three most highly compensated officers attesting that the Company is a nonprofit insurer and has fewer than 150 employees. This affidavit and redacted exhibit will be available for public inspection. |
| F | R Separate Account Investment Certification – Domestic Companies Only: | Officer compliance certification with C.G.S. 38a-102c as it relates to separate account guarantees. Refer to C.G.S. section 38a-102(d) |
| S | Actuarial Opinion Summary – Property & Casualty Companies: | This is a confidential filing and should be sent under separate cover. |
| 7 | Filing Checklist: | A Checklist with column 1 completed is required to be submitted with all required hard copy filings. |
| J | RAAIS – Domestic Life and Fraternal Societies | This is a confidential filing and should be sent under separate cover. |
| V | W Form F, ORSA and Corporate Governance Annual Disclosure | To be filed if Connecticut is the Lead State. |

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 Statement Electronic Filing includes the complete quarterly statement data.

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

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement.PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

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

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 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. 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.

w:\qa\blanks\checklists\2018 filings made in 2019\4 propcklist_2018_filingsmade2019.docx