

DOMESTIC SURPLUS LINES INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: ARKANSAS 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" x 14") | 2 | EO | 0 | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 2 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 2 | EO | 0 | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Protected Cell Annual Statement | 2 | 0 | xxx | 3/1 | NAIC | |
| | 4 | Combined Annual Statement (8 1/2" x 14") | 2 | EO | 0 | 5/1 | NAIC | |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 2 | EO | 0 | 4/1 | NAIC | |
| | 12 | Actuarial Opinion | 2 | EO | 0 | 3/1 | Company | |
| | 13 | Actuarial Opinion Summary | 2 | N/A | 0 | 3/15 | Company | |
| | 14 | Bail Bond Supplement | 2 | EO | 0 | 3/1 | NAIC | |
| | 15 | Combined Insurance Expense Exhibit | 2 | EO | 0 | 5/1 | NAIC | |
| | 16 | Credit Insurance Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | |
| | 17 | Cybersecurity and Identity Theft Insurance Coverage Supplement | 2 | EO | 0 | 4/1 | NAIC | |
| | 18 | Director and Officer Insurance Coverage Supplement | 2 | EO | 0 | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 19 | Financial Guaranty Insurance Exhibit | 2 | EO | 0 | 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 | |
| | 22 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 2 | EO | xxx | 4/1 | NAIC | |
| | 23 | Long-Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | |
| | 24 | Management Discussion & Analysis | 2 | EO | 0 | 4/1 | Company | |
| | 25 | Medicare Part D Coverage Supplement | 2 | EO | 0 | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 26 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | |
| | 27 | Premiums Attributed to Protected Cells Exhibit | 2 | EO | 0 | 3/1 | NAIC | |
| | 28 | Reinsurance Attestation Supplement | 2 | EO | xxx | 3/1 | Company | |
| | 29 | Exceptions to Reinsurance Attestation Supplement | 2 | N/A | xxx | 3/1 | Company | |
| | 30 | Reinsurance Summary Supplemental | 2 | EO | xxx | 3/1 | NAIC | |
| | 31 | Risk-Based Capital Report | 2 | EO | 0 | 3/1 | NAIC | |
| | 32 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | |
| | 33 | Supplement A to Schedule T | 2 | EO | 0 | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 34 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC | |
| | 35 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 2 | EO | 0 | 4/1 | NAIC | |
| | 36 | Supplemental Health Care Exhibit's Allocation Report Supplement | 2 | EO | 0 | 4/1 | NAIC | |
| | 37 | Supplemental Investment Risk Interrogatories | 2 | EO | 0 | 4/1 | NAIC | |
| | 38 | Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts | 2 | EO | 0 | 3/1 | NAIC | |
| | 39 | Trusteed Surplus Statement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | 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 | Combined Annual Statement Electronic Filing | xxx | EO | xxx | 5/1 | NAIC | |
| | 66 | Combined Annual Statement .PDF Filing | xxx | EO | xxx | 5/1 | NAIC | |
| | 67 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 68 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC | |

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|------------------|---------------|--|--------------------------|------|--------------|------------------------|----------------------|--|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | 69 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 71 | June .PDF Filing | xxx | EO | xxx | 6/1 | NAIC | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 2 | EO | N/A | 6/1 | Company | |
| | 82 | Audited Financial Reports | 2 | EO | 0 | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | 2 | N/A | N/A | 0 | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 2 | EO | N/A | 8/1 | Company | |
| | 85 | Independent CPA (change) | 2 | N/A | N/A | 0 | Company | |
| | 86 | Management's Report of Internal Control Over Financial Reporting | 2 | N/A | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 2 | N/A | N/A | 0 | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 2 | EO | | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for independent CPA | 2 | EO | | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | 2 | EO | | 3/1 | Company | |
| | 91 | Request to File Consolidated Audited Annual Statements | 2 | N/A | N/A | 0 | Company | |
| | 92 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 2 | N/A | N/A | 0 | Company | |
| | | V. STATE REQUIRED FILINGS*** | | | | | | |
| | 101 | Corporate Governance Annual Disclosure*** | 2 | 0 | N/A | 6/1 | Company | |
| | 102 | Filings Checklist (with Column 1 completed) | 1 | 0 | 0 | 3/1 | State | |
| | 103 | Form B and Form C - Holding Company Registration Statement and Summary The Form B filing shall be accompanied by the proper Rule 57 fee of \$100. | 2 | 0 | 0 | 5/1 | Company | |
| | 104 | Form F-Enterprise Risk Report **** | 2 | 0 | N/A | 5/1 | Company | |
| | 105 | ORSA ***** | 2 | 0 | N/A | 11/1, if applicable | Company | |
| | 106 | Premium Tax - Per Bulletin 12-2016, AID has fully implemented OPTins (Online Premium Tax for Insurance). OPTins should be used for mandatory filing and payment of the Annual and Quarterly premium tax filings, as well as the Companies' Antifraud Assessment and Financial Regulation Fee. Contact information: Arkansas Insurance Department Accounting Division 501-371-2605 insurance.accounting@arkansas.gov | | 0 | | | | Important due dates: Premium Tax Annual March 1st Premium tax filing quarter 1-May 15 Premium tax filing quarter 2-August 15 Premium tax filing quarter 3-November 15 Late fee: \$100/day Forms must be filed even if no money is due. |
| | 107 | State Filing Fees - All filings fees for certificate of authority renewal and annual statement filing fees are Included on the premium tax forms. | | 0 | | 3/1 | State | |
| | 108 | Signed Jurat Page- Document must be filed in electronic .pdf format at: insurance.finance@arkansas.gov | xxx | 0 | 1 | 3/1 annual filing only | NAIC | Foreign only requirement |
| | 110 | Certificate of Compliance & Certificate of Valuation | Not Required | 0 | Not Required | Not Required | | |

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|------------------|---------------|--|--------------------------|------|---------|---------------------|----------------------|--|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | 111 | Anti Fraud Plan- Insurance companies licensed in the State of Arkansas must submit an antifraud plan pursuant to the antifraud initiative requirements of [A.C.A. §23-66-510 (a)]. Questions concerning the requirements should be directed to Chief Counsel Dan Reber @ 501-371- 2796 or dan.reber@arkansas.gov . [Also reference: Mandatory Reporting of suspected insurance fraud, fraud warnings, antifraud initiatives and disqualifications required by Act 217 of 1997 Bulletin No. 7-97 and Antifraud Initiative Requirements Rule 66.] | Varies by Company | | | | | |
| | 112 | Anti- Fraud Assessment & Company Financial Regulation Fee. These forms are no longer separate for the insurer to look up in OPTins, they are combined on one form. | 1 | 0 | 1 | 6/1 | OPTins | |
| | 113 | Affiliated Transaction Disclosure Form for Arkansas Domestic not subject to the Holding Co ACT- This form may be modified in a non-substantive manner to accommodate reporting. The original and one copy of the form should be mailed to: ARKANSAS INSURANCE DEPARTMENT FINANCE DIVISION 1 Commerce Way, Suite 5 South Little Rock, AR 72202-2087 This form may be filed electronically as a PDF file by emailing to insurance.finance@arkansas.gov . If filed electronically, the original form evidencing the original signatures should be kept on file at the Company for 5 years. The blank form is available electronically at: https://insurance.arkansas.gov/uploads/pages/formaidfistdr.pdf | 2 | 0 | N/A | 3/1,5/15,8/15,11/15 | State | All domestic companies (except FMAAs) which are not subject to the Holding Company Act |

*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) | |
|---|---|---|
| A | Required Filings Contact Person: Accounting Division 501-371-2605 insurance.Accounting@arkansas.gov | Contact for Financial Statements: Kimberly Johnson, Insurance Examiner, Finance Division 501-371-2680 insurance.finance@arkansas.gov |
| B | Mailing Address for ANNUAL/QUARTERLY STATEMENTS: All items must be mailed U.S Mail, Postal Express (UPS, Fed Ex or Etc.); Priority Mail & Certified Mail is also accepted. All filings must be physically received at the address noted, no later than the | Arkansas Insurance Department 1 Commerce Way, Suite 501 Little Rock, AR 72202-2087 Attn: Finance Division |
| C | Mailing Address for Filing Fees: | Filed and paid through OPTins http://www.optins.org/ |
| D | Mailing Address for Premium Tax Payments: | Filed and paid through OPTins http://www.optins.org/ |
| E | Delivery Instructions: All filings must be physically received at the Department, 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. (PLEASE DESIGNATE WHAT PERSON OR | Arkansas Insurance Department 1 Commerce Way, Suite 501 Little Rock, AR 72202-2087 Attn: Finance Division |
| F | Late Filings: | Companies will be fined \$100 per day for a late filing. |
| G | Original Signatures: | Original signatures required on all filings from domestic companies. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions. |
| H | Signature/Notarization/Certification: | Two of 3 signatures are required on the Annual Statements. They must be signed by either of the following: President or Vice President with either the Secretary or Actuary. The treasurer may sign the Annual Statement when the secretary or actuary is unable or unavailable to do so. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions. |
| I | Amended Filings: (Submit to address in Note B listed above) Remember to provide a newly signed jurat page with all amended filings. | Foreign Companies: email amended filing, with an explanation of what is being amended to: insurance.finance@arkansas.gov |

| | | | |
|--|---|---|--|
| | J | <p>Exceptions from normal filings: Submit requests for extensions/exemptions to : mel.heaps@arkansas.gov Attn: Mel Heaps, Finance Division Arkansas Insurance Department 1 Commerce Way, Suite 5 South Little Rock, AR 72202-2087</p> | <p>Foreign companies must supply a copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date.</p> |
| | K | <p>Bar Codes (State or NAIC):</p> | <p>Please follow the NAIC instructions. Arkansas does not use bar codes.</p> |

**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 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 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.

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