STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
1511 Pontiac Ave., Bldg. 69-2
Cranston, RI 02920

TEL #: (401) 462-9520
FAX #: (401) 462-9602

October 31, 2013

To: INDIVIDUAL(S) RESPONSIBLE FOR STATE FILINGS

From: Bob Myers
Insurance Examiner-In-Charge

RE: Summary of Annual and Quarterly Filing Requirements for 2014,
Property and Casualty Insurance (P&C) Companies
(All companies filing on the NAIC P&C Annual Statement blank, and alien companies filing annual reports in other formats)

Domestic and foreign P&C Companies should review the following attached pages:

- The NAIC's "General Instructions" for P&C Insurance Companies;
- The NAIC's "Property and Casualty Insurers Checklist", annotated for filing in R.I.;
- The R.I. Insurance Division's "Notes and Instructions" (New in 2012 – Health Supplement, Note P);
- The R.I. Insurance Division's "Special Reporting Requirements" (most P&C Insurers need to respond to Special Report Requirements #1 through #7; Risk Retention Groups and Accredited and Approved Reinsurers may ignore this page); and
- The R.I. Insurance Division's "Contracted Producer Report" (Surplus Line companies, Risk Retention Groups, and Accredited and Approved Reinsurers may ignore this page).

FOREIGN P&C Companies are required to submit to the R.I. Insurance Division (or to the R.I. Division of Taxation for premium tax payments), on or before the due dates indicated, only those items listed in the Checklist, Section V - State Required Filings.

- Do NOT file a printed copy of the Annual Statement nor of a Combined Statement;
- Do NOT file a PDF-formatted version of those statements on CD-ROM;
- DO send Premium Tax report and payment separately to the Division of Taxation;
- R.I. Renewal/Filing Fees, due on 04/01/14, should NOT be included with the above filings; our invoice will be mailed to the company on or about 03/01/14.

DOMESTIC P&C Companies are required to submit the following items to the R.I. Insurance Division (or to the R.I. Division of Taxation for premium tax payments), on or before the dates indicated:

- **03/01/14**: A complete Annual Statement and a Protected Cell Annual Statement (if appropriate), on paper, and a Risk-Based Capital Report, with original signatures on Jurat Pages; a copy of the Checklist with Column 1 completed; and any NAIC Supplements or R.I.-Required Filings listed in Sections II or V of the Checklist as due on this date.

  Send Premium Tax reports and payments to the Division of Taxation.

- **04/01/14**: Any NAIC Supplements, on paper; and any R.I.-Required Filings listed as due on this date, including payment of R.I. Filing Fees due as per our 03/01/14 invoice.

- **05/01/14**: A complete Combined Statement (if appropriate), with original signatures on the Jurat Page, on paper; and any NAIC Supplements or R.I.-Required Filings listed as due on this date.

- **05/15/14**: A Quarterly Statement, with original signatures on the Jurat Page, on paper; and any NAIC Supplements or R.I.-Required Filings listed as due on this date. This filing requirement repeats on **08/15/14** and **11/15/14**.

- **06/01/14**: Audited Financial Statements, on paper; and, if appropriate, a Credit Accident & Health report due on this date.

- **07/01/14**: As appropriate, any R.I.-Required Filings listed as due on this date.

- Each domestic P&C Company must also file electronically with the NAIC via CD-ROM, diskette, or the Internet as part of the NAIC's total filing requirements.

Whether an alien, domestic, or foreign P&C Company, please read "Notes and Instructions" before submitting any material. Thank you in advance for your cooperation. Feel free to contact me directly at (401) 462-9627, by FAX at (401) 462-9602, or by e-mail at Robert.myers@dbr.ri.gov . If you have any questions regarding these filing requirements.

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: Rhode Island **Filings Made During the Year** 2014

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	1	EO	xxx	3/1	NAIC	Note G, H & L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	1	EO	xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	1	EO	xxx	3/1	Company	
	12	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	13	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	xxx	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	1	EO	xxx	4/1	NAIC	
	21	Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
	22	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	28	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	29	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	30	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	31	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	33	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	34	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	Note O
	52	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	Note O
	54	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	Note O
	56	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	Note O
	58	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	Note O
	60	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	Note O
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	72	Audited Financial Reports	1	EO	N/A	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	1	N/A	N/A		Company	
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A		Company	

	78	Request for Exemption to File	1	N/A	N/A		Company	
	79	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	
	80	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
	81	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	82	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
	83	CPA Awareness Letter	1	N/A	N/A		Company	
		V. STATE REQUIRED FILINGS* **						
	101	Certificate of Compliance	xxx	0	1	3/1	State	
	102	Certificate of Deposit	xxx	0	1	3/1	State	
	103	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
	104	Premium tax	1	0	1	3/1	State	Note D
	105	State Filing Fees	1	0	1	4/1	State	Note C
	106	Signed Jurat	xxx	0	1	3/1	NAIC	Note G,H & L
	107	Contracted Insurance Producer Report (R.I.G.L. §27-2.4-4)	1	0	1	3/1	Company	
	108	Professional Liability Insurance Report (R.I.G.L. §42-14-2.1 (c))	1	0	1	3/1	Company	
	109	Credit Life/Accident & Health Filing (R.I. Ins. Reg. 9)	1	0	1	6/1	Company	
	110	Workers' Comp. Excess Profits Report (R.I.G.L. §27-9-51)	1	0	1	7/1	Company	
	111	Lead Liability Coverage Report (R.I. Ins. Reg. 101)	1	0	1	2/1	Company	
	112	Labor Rate Survey (R.I.G.L. §27-29-4.4 & R.I. Ins. Reg. 108)	1	0	1	6/1	Company	
	113	RI Health Statement Supplement	1	0	1	4/1	Company	Note 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 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

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Bob Myers E-mail: Robert.Myers@dbr.ri.gov Phone: (401) 462-9627
	B	Mailing Address:	R.I. Insurance Division 1511 Pontiac Avenue, Bldg. 69-2 Cranston, RI 02920
	C	Mailing Address for Filing Fees:	Do NOT send fees prior to receipt of renewal invoice. Invoices will be mailed on March 1st; payment is due April 1st. Mailing address is the same as that for Note B.
	D	Mailing Address for Premium Tax Payments:	R.I. Division of Taxation, Corporate Taxes Section 1 Capitol Hill Providence, RI 02908 Charles J. Larocque, Chief Revenue Agent E-mail: Charles.larocque@tax.ri.gov Phone: (401) 574-8806
	E	Delivery Instructions:	All items must be postmarked no later than the indicated due date. If that due date falls on a weekend or a holiday, then that due date is extended to the next business day.
	F	Late Filings:	Insurance companies will be fined $100 per day for late filing pursuant to R.I.G.L. §27-12-1(c).
	G	Original Signatures:	Domestic insurers: Original signatures required for all filings. Foreign insurers: Facsimile signatures accepted as per the NAIC's "Annual Statement Instructions."
	H	Signature/Notarization/Certification:	The **CEO/President** and **Secretary/Legal Counsel,** are expected to sign the Jurat Page; those signatures must be notarized.
	I	Amended Filings:	Amended items should 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 any amendment.
	J	Exceptions from normal filings:	Domestic insurers: Extensions, when necessary, may be requested in accordance with R.I.G.L. §27-12-1(c). Foreign insurers: File copy of domestic extension approval.
	K	Bar Codes (State or NAIC):	Please follow the NAIC's "Annual Statement Instructions."
	L	Signed Jurat:	Foreign insurers must complete and file one printed copy for each company; do **NOT** file a printed copy of the annual statement, nor a PDF-formatted version on CD-ROM.
	M	NONE Filings:	Please follow the NAIC's "Annual Statement Instructions."
	N	State of Rhode Island Information:	Foreign insurers: Pursuant to Rhode Island General Law §27-2-1.1, all insurers' doing business in RI are required to provide a toll free number or to accept collect calls from RI Residents.
	O	Electronic Filing Requirements:	All annual, quarterly and supplemental filings in .PDF format can be submitted electronically or on CD-ROM.
	P	RI Health Supplement Filing	Special health statement filing – link is as follows: instructions and forms.

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 mailing 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 (E) 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 (EX4) 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 <u>before</u> submitting a filing.

DEPARTMENT OF BUSINESS REGULATION
INSURANCE DIVISION
1511 Pontiac Ave., Bldg 69-2
Cranston, RI 02920
www.dbr.ri.gov

~ RHODE ISLAND SPECIAL REPORTING REQUIREMENTS ~

RESPOND ACCORDINGLY
Fraternal Organizations #2 only
Life Insurers #2 and #5 only
Property and Casualty Insurers #1, #2, #3 and #5 through #8
Surplus Line Insurers #3 and #8 only
Surplus Line Brokers #1 and #4 only

INSURERS WHO DO **NOT** HAVE TO RESPOND:
Health Insurers (HMO's or HMDI's)
Risk Retention Groups
Title Companies
Accredited or Approved Reinsurers

INSTRUCTIONS FOR FILING EACH REPORT IS DETAILED BELOW
Zero reports are NOT required to be filed, except for report #2.

#1 Lead Liability Coverage Report **Due February 1**

Insurance Regulation 101, Section 10 enumerates the filing requirements. Property and Casualty Insurers shall file reports on an individual company basis utilizing the respective form provided in Exhibit A. Surplus Line Brokers shall file on an individual licensee basis utilizing the respective form provided in Exhibit B. Exhibit A and Exhibit B are now form-fillable; when done completing, save a copy to your computer and then email the saved copy. The reports must be submitted electronically to specialreports@dbr.ri.gov. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a "none" report.

#2 Contracted Insurance Producer Report **Due March 1**

Insurers contracting with insurance producers are required to file an annual report regarding those producers, and pay appropriate fees. Insurers are required to submit the Report electronically through OPTins. Insurers with no reportable business are required to report "zero" to the Department. Further instructions may be found on the Department's website. For any questions, contact Donna Arabian, Administrative Officer at 401-462-9603 or acpr@dbr.ri.gov.

#3 Professional Liability Annual Report **Due March 1**

All entities, including self-insured entities, providing professional liability insurance coverage to licensed healthcare professionals or licensed healthcare facilities are required to submit annual reports. R.I. Gen. Laws § 42-14-2.1(c) enumerates the filing requirements. Reports must be submitted electronically to specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a "none" report.

#4 Surplus Line Broker Annual Report **Due April 1**

R.I. Gen. Laws §27-3-38 (d) and Insurance Regulation 11, Section 7 requires every licensed surplus line broker to report the total number of policies and premium issued in the preceding calendar year utilizing the form provided in Regulation 11, Exhibit B. Exhibit B is now form-fillable; when done completing, save a copy to your computer and then email the saved copy. Reports must be submitted electronically to specialreports@dbr.ri.gov. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a "none" report. Do not send Form T-71A to the Department of Business Regulation. This form is required by the RI Division of Taxation and should be sent to that agency for proper reporting/filing.

#5 Credit Life/Accident & Health Filing (R.I. Insurance Regulation 9) Due June 1

Insurance Regulation 9, Section 9 enumerates the filing requirements. Please submit on an individual company basis, under separate cover, electronically to specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a "none" report.

#6 Workers' Compensation & Employers' Liability Excess Profits Report Due July 1

Each insurance group writing workers' compensation and/or employers' liability insurance is required by R.I. Gen. Laws § 27-9-51(a) to file an annual excess profit report on the form prescribed by the Department. Reports must be submitted electronically to specialreports@dbr.ri.gov. The form along with pertinent filing information is available through the NCCI. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a "none" report.

#7. Labor Rate Survey Due Sept 1

R.I. Gen. Laws § 27-29-4.4 and Insurance Regulation 108, Section 7 enumerate the filing requirements. Prior to May 1 the Department will publish a Bulletin on its website providing a list of those insurers that are required to submit reports (>1% market share). Please visit the Department's website yearly to determine if your insurer is required to submit a filing based upon market share. The Bulletin will also provide information for insurers with <1% market share to file its adopted labor rate(s) of another insurer, or to voluntarily conduct a survey. Insurers may submit reports on a group basis. For those licensees subject to filing with the Department, reports must be submitted electronically to specialreports@dbr.ri.gov. A hard copy is no longer required.

#8 Professional Liability Claim Settlement Report Due: See below

Requires all entities, including self-insured entities, providing professional liability insurance coverage to licensed healthcare professionals or licensed healthcare facilities to report within thirty (30) days after notice of the claim, settlement, judgment or arbitration award . Please see R.I. Gen. Law § 42-14-2.1(a) for detailed reporting requirements. Reports must be submitted electronically to specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a "none" report.

PLEASE FORWARD TO APPROPRIATE AREAS WITHIN YOUR COMPANY

2013 Annual Contracted Producer Report – due March 1, 2014

All licensed insurance companies must file an Annual Contracted Producer Report if the company paid an insurance producer(s) $100.00 or more in commission for Rhode Island business during calendar year 2013. If the company did not pay any insurance producer(s) $100.00 or more in commission for Rhode Island business then the company must still file a report indicating that they have a "zero" reporting. *This requirement does not apply to approved surplus lines insurers, risk retention groups or approved or accredited reinsurers.*

The instructions for the filing of the report are as follows:

1. The report must list each producer to which $100.00 or more was paid for Rhode Island business during calendar year 2013 and must be filed by using OPTins. This report must be filed by using OPT*ins* which is product provided by the NAIC. If you are not currently setup to use this marketing tool please contact the OPT*ins* marketing team at 816-783-8787.

2. Payment of $30.00 must be made for each producer listed.

3. Each insurance company within an insurance group must file separately.

4. An insurance company that did not pay any insurance producer $100.00 or more in commission for Rhode Island business must still file a report listing "zero" by emailing your statement of "zero" filing to acpr@dbr.ri.gov

If you have any questions regarding this bulletin please contact Donna Arabian at (401) 462-9603.