



## 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

November 23, 2016

To: INDIVIDUAL(S) RESPONSIBLE FOR STATE FILINGS

From: Bob Myers  
Insurance Examiner-In-Charge

RE: Summary of Annual and Quarterly Filing Requirements for 2017,  
Health Insurers (Formerly referred to as HMOs or HMDIs)

**Domestic and foreign** Health Insurers should review the following attached pages:

- The NAIC's "General Instructions" for Health Insurers;
- The NAIC's "Health Insurers Checklist", annotated for filing in R.I.;
- The R.I. Insurance Division's "Notes and Instructions".

**FOREIGN** Health Insurers 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 dates indicated, only those items listed in the Checklist, Section V – State Required Filings.

- Do NOT file a printed copy of the Annual Statement;
- Do NOT file a PDF-formatted version of that statement on CD-ROM;
- DO send Premium Tax report and payment separately to the Division of Taxation;
- R.I. Renewal/Filing Fees, due on 04/01/17, should NOT be included with the above filings; our invoice will be mailed to the company on or about 03/01/17.

**DOMESTIC** Health Insurers 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:

- **03/01/17:** Two copies of the complete Annual Statement, and one Risk-Based Capital Report, with original signatures on all Jurat Pages, on paper as well as in PDF format on CD-ROM; 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.

- **04/01/17:** Any NAIC Supplements, on paper as well as in PDF format on CD-ROM; any R.I.-Required Filings listed as due on this date, including payment of R.I. Filing Fees due as per our 03/01/17 invoice.
- **05/15/17:** A Quarterly Statement, with original signatures on the Jurat Page, on paper as well as in PDF format on CD-ROM. This filing requirement repeats on **08/15/17** and **11/15/17**.
- **06/01/17:** Audited Financial Statements, on paper as well as in PDF format on CD-ROM.
- Each domestic Health Insurer must also file electronically with the NAIC via CD-ROM, diskette, or the Internet as part of the NAIC's total filing requirements.

Whether a domestic or foreign Health Insurer, 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, or by FAX at (401) 462-9602, or by e-mail at [Robert.Myers@dbr.ri.gov](mailto:Robert.Myers@dbr.ri.gov) if you have any questions regarding these filing requirements.

# HEALTH ENTITIES

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF:       RHODE ISLAND       Filings Made During the Year **2017**

(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			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2"X14")	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 1/2" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	1	EO	xxx	3/1	Company	
	13	Life Supplemental Data due March 1	1	EO	xxx	3/1	NAIC	
	14	Life Supplemental Data due April 1	1	EO	xxx	4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	1	EO	xxx	3/1	Company	
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	1	EO	xxx	3/1	Company	
	17	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	18	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	19	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	20	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	21	Property/Casualty Supplement due March 1	1	EO	xxx	3/1	NAIC	
	22	Property/Casualty Supplement due April 1	1	EO	xxx	4/1	NAIC	
	23	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	24	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	26	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	1	EO	xxx	4/1	NAIC	
	27	Supplemental Health Care Exhibit's Allocation Report	1	EO	xxx	4/1	NAIC	
	28	Supplemental Investment Risk Interrogatories	1	EO	xxx	4/1	NAIC	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	Note O
	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	Note O
	65	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	66	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	Note O
	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	Note O
	69	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	Note O
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>								
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	

(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			
	88	Relief from the five-year rotation requirement for lead 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 for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	
<b>V. STATE REQUIRED FILINGS</b>								
	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	Form B-Holding Company Registration Statement	1	0	1		Company	
	105	Form F-Enterprise Risk Report ***	1	0	1		Company	
	106	ORSA ****	1	0	1		Company	
	107	Premium Tax	1	0	1	3/1	State	Note D
	108	State Filing Fees	1	0	1	4/1	State	Note C
	109	Signed Jurat	xxx	0	1	3/1	NAIC	Note G, H & L
	110							

\*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 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](http://www.naic.org/public_lead_state_report.htm)

\*\*\*\*For those states that have adopted the NAIC updated 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. Consistent with the Form B filing requirements, 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. For more information on lead states, see the following NAIC URL: [http://www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm)

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
	A	Required Filings Contact Person:	Bob Myers E-mail: <a href="mailto:Robert.Myers@dbr.ri.gov">Robert.Myers@dbr.ri.gov</a> 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:	<u>Do NOT send fees prior to receipt of renewal invoice.</u> Invoices will be mailed on March 1 <sup>st</sup> ; payment is due April 1 <sup>st</sup> . 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 Marlen Bautista, Chief Revenue Agent E-mail: <a href="mailto:Marlen.bautista@tax.ri.gov">Marlen.bautista@tax.ri.gov</a> 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:	<u>Domestic</u> insurers: Original signatures required for all filings. <u>Foreign</u> insurers: Facsimile signatures accepted as per the NAIC's "Annual Statement Instructions."
	H	Signature/Notarization/Certification:	The <b>CEO/President</b> and <b>Secretary/Legal Counsel</b> , 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:	<u>Domestic</u> insurers: Extensions, when necessary, may be requested in accordance with R.I.G.L. §27-12-1(c). <u>Foreign</u> insurers: File copy of domestic extension approval.
	K	Bar Codes (State or NAIC):	Please follow the NAIC's "Annual Statement Instructions."
	L	Signed Jurat:	<u>Foreign</u> insurers must complete and file one printed copy for each company; do <b>NOT</b> 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:	<u>Foreign</u> 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		

## 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 (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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