

# Health Entities: HCSC, HMO, MEWA only

Company Name: \_\_\_\_\_

NAIC Company Code: \_\_\_\_\_

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

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

Required Filings In The State Of: **Washington**

Filings Made During the Year **2012**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE **	(7) APPLIC- ABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
<b>I. NAIC FINANCIAL STATEMENTS</b>								
	1	Annual Statement (8 1/2"X14")	EO	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	EO	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	EO	EO	xxx	5/15, 8/15, 11/15	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	10	Accident & Health Policy Experience Exhibit	EO	EO	xxx	4/1	NAIC	
	11	Actuarial Opinion	EO	EO	xxx	3/1	Company	
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	EO	EO	xxx	4/1	NAIC	
	13	Health Care Exhibit's Allocation Report Supplement	EO	EO	xxx	4/1	NAIC	
	14	Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	
	15	Life Supplemental Data due March 1	EO	EO	xxx	3/1	NAIC	
	16	Life Supp Statement non-guaranteed elements -Exh 5, Int. #3	EO	EO	xxx	3/1	Company	
	17	Life Supp Statement on par/non-par policies - Exh 5 Int. 1&2	EO	EO	xxx	3/1	Company	
	18	Life Supplemental Data due April 1	EO	EO	xxx	4/1	NAIC	
	19	Long-term Care Experience Reporting Forms	EO	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	
	21	Medicare Supplement Insurance Experience Exhibit	EO	EO	xxx	3/1	NAIC	
	22	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	23	Property/Casualty Supplement due March 1	EO	EO	xxx	3/1	NAIC	
	24	Property/Casualty Supplement due April 1	EO	EO	xxx	4/1	NAIC	
	25	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	
	26	Schedule SIS	EO	N/A	N/A	3/1	NAIC	
	27	Supplemental Compensation Exhibit	EO	N/A	EO	3/1	NAIC	
<b>III. ELECTRONIC FILING REQUIREMENTS</b>								
	50	Annual Statement Electronic Filing	1	1	xxx	3/1	NAIC	
	51	March .PDF Filing	1	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	1	1	xxx	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	1	1	xxx	3/1	NAIC	
	54	Supplemental Electronic Filing	1	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	1	1	xxx	4/1	NAIC	
	56	Quarterly Statement Electronic Filing	1	1	xxx	5/15, 8/15, 11/15	NAIC	
	57	Quarterly .PDF Filing	1	1	xxx	5/15, 8/15, 11/15	NAIC	
	58	June .PDF Filing	1	1	xxx	6/1	NAIC	
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>								
	71	Accountants Letter of Qualifications	EO	EO	xxx	6/1	Company	
	72	Audited Financial Reports	EO	EO	xxx	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	EO	N/A	N/A	8/1	Company	
	75	Designation of Independent CPA (change)	1	N/A	N/A	only on CPA change	Company	
	76	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	N/A	within 5 days	Company	
	78	Request for Exemption to File	1	N/A	N/A		Company	
	79	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	12/1/2011	Company	
	80	Relief from the five-year cooling off period for independent CPA	1	EO	xxx	12/1/2011	Company	
	81	Relief from the Requirements for Audit Committees	1	EO	xxx		Company	
<b>V. STATE REQUIRED FILINGS</b>								
	101	Certificate of Compliance	0	0	0			
	102	Certificate of Deposit	0	0	0			
	103	Filings Checklist (with Column 1 completed)	0	0	0			
	104	Premium tax	1	0	1	3/1	State	
	105	State Filing Fees	1	0	1	3/1	State	
	106	Signed Jurat	0	0	0		NAIC	

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			Domestic		Foreign			
			State	NAIC	State			
	105	Paper signature pages	1	N/A	0	3/1, 5/15, 6/1, 8/1, 8/15, 11/15	NAIC / Company	
	106	Form IC-13A-HC / IC-14-HMO .PDF filing - 2010 revision	1	N/A	1	3/1	State	R
	107	Schedule SIS .PDF Filing	1	N/A	0	3/1	NAIC	
	108	Supplemental Compensation Exhibit .PDF Filing	1	N/A	1	3/1	NAIC	
	109	WSHIP Notice of Assessment Report	1	N/A	1	3/1	State	P
	110	Supplemental Data input	1	N/A	1	4/1	State	Q
	111	Holding Company Filings (Forms B & C)	1	N/A	N/A	5/15	State	O
	112	Communications of Internal Control Related Matters Noted in Audit .PDF Filing	1	N/A	0	8/1	Company	
	113	Management's Report of Internal Control Over Financial Reporting .PDF Filing	1	N/A	0	8/1	Company	
	114	IRS Form 5500 (MEWAs only)	1	N/A	1	set by IRS	Company	

**\*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.**

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Required Filings In The State Of: **Washington**

Filings Made During the Year **2012**

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	ASFI@oic.wa.gov or 360-725-7200.
B	Electronic Filing Address:  U.S. Mail:  Hand Delivery:	ftp.oic.wa.gov  Attention: Company Supervision Division PO Box 40259, Olympia, WA 98504-0259  5000 Capitol Boulevard SE, Tumwater, WA 98501
C	Mailing Address for Filing Fees:	See the Premium Tax form.
D	Mailing Address for Premium Tax Payments:	Premium tax information provided separately.
E	Delivery Instructions:	If the due date is a Saturday, Sunday or legal holiday, the due date is the next business day. For paper filings, the post office cancellation mark or third-party delivery service shipping date is the date filed.
F	Late Filings:	The commissioner may suspend or revoke the HCSC / HMO certificate of registration or MEWA certificate of authority.
G	Original Signatures:	<b>Domestic:</b> Original required, except the CPA-supplied documents may use a facsimile or reproduction signature.
H	Signature/Notarization/Certification:	Jurat: At least two officers must sign.
I	Amended Filings:	Only after OIC approval. See SSAP No. 3 and the NAIC instructions.
J	Exceptions from normal filings:	<b>Domestic:</b> Send written requests to Dennis Edward Julnes, Chief Financial Analyst. Email to DennisJ@oic.wa.gov or fax to 360-586-2022. For time extensions, state the date the reporting entity will file. <b>Foreign:</b> Extensions or exemptions are made by the domestic regulator. Do not file requests or notices with the OIC.
K	Bar Codes (State or NAIC):	NAIC bar code required on any paper signature page with a document identifier code.
L	Signed Jurat:	<b>Domestic:</b> This is an NAIC program for foreign insurers, so it is different from the Washington rules regarding signatures. <b>Foreign:</b> No.
M	NONE Filings:	Put consecutive "none" pages on one page.
N	Filings new, discontinued or modified materially since last year:	None.
O	Holding Company Forms:	<b>Domestic:</b> Email PDF documents to CompanySupervisionFilings@oic.wa.gov. Contact: Ron Pastuch at 360-725-7211 or RonP@oic.wa.gov.
P	WSHIP Notice of Assessment Report:	<b>The report is web-based</b> and can be found at <a href="http://www.insurance.wa.gov/companies/WSHIP/WSHIPquestions.shtml">http://www.insurance.wa.gov/companies/WSHIP/WSHIPquestions.shtml</a> The phone numbers for questions are on that web page.
Q	Supplemental Data Input:	HCSCs and HMOs offering a health benefit plan must provide supplemental data to comply with RCW 48.43.049. The link to the Internet input form is at <a href="http://www.insurance.wa.gov">http://www.insurance.wa.gov</a> . This is not applicable to MEWAs.
R	Insurance Companies registered as an HCSC:	Insurers solely writing Medicare Part D do not need to file Form IC-13A-HC.

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## 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 include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes 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 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 (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 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.**

### 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.

**This is a courtesy summary; it does not relieve the reporting entity from complying with all statutes and regulations.**