

# Health Entities: HCSC, HMO, & MEWA only

Required Filings In The State Of: *Washington*

Filings Made During the Year 2019

(1) Check-list	(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 ½" x 14")	0	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	0	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	0	EO	xxx	5/15, 8/15, 11/15	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	0	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	0	EO	xxx	3/1	Company	
	13	Life Supplemental Data due March 1	0	EO	xxx	3/1	NAIC	
	14	Life Supplemental Data due April 1	0	EO	xxx	4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	0	EO	xxx	3/1	Company	
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	0	EO	xxx	3/1	Company	
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	0	EO	xxx	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	0	EO	xxx	4/1	NAIC	
	19	Long-Term Care Experience Reporting Forms	0	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis	0	EO	xxx	4/1	Company	
	21	Medicare Part D Coverage Supplement	0	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	22	Medicare Supplement Insurance Experience Exhibit	0	EO	xxx	3/1	NAIC	
	23	Risk-Based Capital Report	0	EO	xxx	3/1	NAIC	
	24	Schedule SIS	EO	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	EO	N/A	EO	3/1	NAIC	
	26	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	0	EO	xxx	4/1	NAIC	
	27	Supplemental Health Care Exhibit's Allocation Report	0	EO	xxx	4/1	NAIC	
	28	Supplemental Investment Risk Interrogatories	0	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	
	63	Risk-Based Capital Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	65	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	66	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	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	
	69	June .PDF Filing	xxx	EO	xxx	6/3	NAIC	
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>								
	81	Accountants Letter of Qualifications	0	EO	xxx	6/3	Company	
	82	Audited Financial Reports	0	EO	xxx	6/3	Company	
	83	Audited Financial Reports Exemption Affidavit	0	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	0	EO	xxx	8/2	Company	T
	85	Designation of Independent CPA (change)	1	N/A	N/A	Only on CPA change	Company	
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/2	Company	T
	87	Notification of Adverse Financial Condition	1	N/A	N/A	Within 5 days	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	0	EO	xxx	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	0	EO	xxx	3/1	Company	
	90	Relief from the Requirements for Audit Committees	0	EO	xxx	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	0	N/A	N/A		Company	

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			Domestic		Foreign			
			State	NAIC	State			
<b>V. STATE REQUIRED FILINGS</b>								
	101	Corporate Governance Annual Disclosure***	EO	0	0	6/1	Company	
	102	Filings Checklist (with Column 1 completed)	0	0	0		State	
	103	Form B-Holding Company Registration Statement	EO	0	0	5/1	Company	
	104	Form F-Enterprise Risk Report ****	EO	0	0	5/1	Company	
	105	ORSA *****	EO	0	0	Varies	Company	
	106	Premium Tax	EO	0	EO	3/1	State	
	107	State Filing Fees	EO	0	EO	3/1	State	
	108	Signed Jurat	0	0	0		NAIC	
	111	Form IC-13A-HC / IC-14-HMO .PDF filing - 2016 revision Corrected 2/17 (Additional Statement Data Form)	1	0	1	3/1	State	N, R
	112	Schedule SIS .PDF Filing	1	0	0	3/1	NAIC	
	113	Supplemental Compensation Exhibit .PDF Filing	1	0	1	3/1	NAIC	
	114	WSHIP Notice of Assessment Report	1	0	1	3/1	State	P
	115	Supplemental Data input	1	0	1	4/1	State	Q
	116	Management's Report of Internal Control Over Financial Reporting .PDF Filing (if more than \$500 million in premiums)	1	0	0	8/2	Company	T
	117	Annual Report of Segregated Premiums .PDF Filing	1	0	1	3/1	State	S
	118	IRS Form 5500 (MEWAs only)	1	0	1	8/1	Company	

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile (if required) 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](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](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](http://www.naic.org/public_lead_state_report.htm)

The dental-only data required by RCW 48.43.743 is already provided in the *Accident and Health Policy Experience Exhibit for Year*.

No supplemental data is needed from companies for that requirement.

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NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	<a href="mailto:ASF1@oic.wa.gov">ASF1@oic.wa.gov</a> or 360-725-7200.
B	Mailing Address:	<a href="https://fortress.wa.gov/oic/onlineservices/Login.aspx?module=FIN">https://fortress.wa.gov/oic/onlineservices/Login.aspx?module=FIN</a>
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.
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:	<b>Domestic:</b> See SSAP No. 3 and the NAIC instructions. <b>Foreign:</b> Contact your domestic regulator.
J	Exceptions from normal filings:	<b>Domestic:</b> Send written requests to <a href="mailto:CompanySupervisionFilings@oic.wa.gov">CompanySupervisionFilings@oic.wa.gov</a> . 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):	Use NAIC bar codes.
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:	Please put consecutive "none" pages on one page.
N	Filings new, discontinued or modified materially since last year:	The instructions for Form IC-13A-HC / IC-14-HMO were revised to remove the requirement to split the true associate plan data.
O	Holding Company Forms:	<b>Domestic:</b> File electronically at the address shown in Note B. Contact: Ron Pastuch at 360-725-7211 or <a href="mailto:RonP@oic.wa.gov">RonP@oic.wa.gov</a> .
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/for-insurers/financials/wship/index.html">http://www.insurance.wa.gov/for-insurers/financials/wship/index.html</a> The phone numbers for questions can be accessed through the FAQs link.
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> . The direct link is <a href="https://fortress.wa.gov/oic/hcis/login.aspx">https://fortress.wa.gov/oic/hcis/login.aspx</a> . This is not applicable to MEWAs.
R	Insurance Companies registered as an HCSC:	Those solely writing Medicare Part D do not need to file Form IC-13A-HC.
S	Annual Report of Segregated Premiums	For OIC-regulated entities on the Washington Health Benefit Exchange that have an approved premium segregation plan, there is a form to report and certify.
T	Internal Control Documents	File these as soon as they're issued, but no later than 60 days after the filing of the audited financial statements.

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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 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 (**not requested**).

### 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 (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 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.**