

## HEALTH ENTITIES

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

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

REQUIRED FILINGS IN THE STATE OF: Wyoming Filings Made During the Year 2021

(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")	2	EO	xxx	3/1	NAIC	A - N
	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	xxx	5/15, 8/15, 11/15	NAIC	
<b>II. NAIC SUPPLEMENTS</b>								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	2	EO	xxx	3/1	Company	
	13	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	
	14	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	2	EO	xxx	3/1	Company	
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	2	EO	xxx	3/1	Company	
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	
	19	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	20	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	21	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	22	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	23	Risk-Based Capital Report	2	EO	N/A	3/1	NAIC	
	24	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	26	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	
	27	Supplemental Health Care Exhibit's Allocation Report	2	EO	xxx	4/1	NAIC	
	28	Supplemental Investment Risk Interrogatories	2	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	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	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	6/1	NAIC	
<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>								
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	O
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	0	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	N/A	8/1	Company	P
	85	Independent CPA (change)	2	N/A	N/A		Company	Q

(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			
	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		Company	R
	88	Relief from the five-year rotation requirement for lead audit partner	2	EO	xxx	3/1	Company	S
	89	Relief from the one-year cooling off period for independent CPA	2	EO	xxx	3/1	Company	T
	90	Relief from the Requirements for Audit Committees	2	EO	xxx	3/1	Company	U
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A		Company	V
<b>V. STATE REQUIRED FILINGS</b>								
	101	Corporate Governance Annual Disclosure ***	2	0	0		Company	AF
	102	Complaints – Number & Compilation of Causes (HMO Only)	2	0	1	3/1	Company	W
	103	Estimated Quarterly Premium Tax Return	1	0	1	4/30, 7/31, 10/31	State	X
	104	Filings Checklist (with Column 1 completed)	1	0	0	3/1	State	
	105	Form B & C Holding Company Registration Statement	2	0	0	7/1	Company	AA
	106	Form F-Enterprise Risk Report ****	2	0	0	7/1	Company	AB
	107	List of Providers Executing Contracts (HMO Only)	2	0	1	3/1	Company	AC
	108	ORSA *****	2	0	0		Company	AD
	109	Premium Tax	2	0	1	3/1	State	Y, Z
	110	Signed Jurat	2	xxx	0	3/1	NAIC	L
	111	State Filing Fees	1	0	1	3/1	State	Y, Z
	112	Wyoming Health Insurance Pool	2	0	1	3/1	State	AE

\*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](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)

		<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
A	Required Filings Contact Person:	Tammy Higgins, Auditor Phone Number (307) 777-6884 <a href="mailto:tammy.higgins@wyo.gov">tammy.higgins@wyo.gov</a>	
B	Mailing Address:	106 East 6 <sup>th</sup> Avenue Cheyenne, WY 82002	
C	Mailing Address for Filing Fees:	Electronic filing available through: NAIC OPTins via Department website at <a href="http://doi.wyo.gov">http://doi.wyo.gov</a> Or If submitting via mail use mailing address above.	
D	Mailing Address for Premium Tax Payments:	Electronic filing available through: NAIC OPTins via Department website at <a href="http://doi.wyo.gov">http://doi.wyo.gov</a> or use mailing address above.	
E	Delivery Instructions:	All filings must be postmarked no later than the indicated due date. If due date falls on a weekend or a holiday then the deadline is extended to the next business day.	
F	Late Filings:	Insurer's certificate of authority may be suspended or revoked if failing to file its reports when due. For HMOs, refer to W.S. 26-34-110(c).	
G	Original Signatures:	Original signatures required on all filings.	
H	Signature/Notarization/Certification:	Statements shall be verified by the oath of the insurer's president or vice- president and secretary or actuary as applicable. For HMOs, refer to W.S. 26-34-110(a).	
I	Amended Filings:	Follow the annual statement instructions.	
J	Exceptions from normal filings:	Foreign companies must supply a copy of an exemption or extension by their state of domicile prior to the due date.	
K	Bar Codes (State or NAIC):	Please follow the NAIC instructions.	
L	Signed Jurat:	Wyoming does not require foreign companies to file a Signed Jurat page.	
M	NONE Filings:	See NAIC instructions with exception(s) to those noted on the form.	
N	Filings new, discontinued or modified materially since last year:	None	
O	Accountants Letter of Qualifications:	Refer to W.S. 26-3-311	
P	Communication of Internal Control Related Matters Noted in an Audit:	Refer to W.S. 26-3-310	
Q	Designation of Independent CPA	If the CPA is not the CPA who prepared the immediately preceding audited financial	

			report for the insurer, due to dismissal or resignation, the insurer shall notify the department within 5 business days of the change. Refer to W.S. 26-3-305
	R	Notification of Adverse Financial Condition:	An insurer that has received a report of adverse financial condition shall forward a copy of the report to the commissioner within five (5) business days of receipt of the report. Refer to W.S. 26-3-309
	S	Relief from the five-year rotation requirement for lead audit partner.	Refer to W.S. 26-3-306(c)
	T	Relief from the one-year cooling off period for independent CPA	Refer to W.S. 26-3-306(n)
	U	Relief from the Requirements for Audit Committees	Refer to W.S. 26-3-315
	V	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	Refer to W.S. 26-3-313
	W	Complaints: (HMO only)	Refer to W.S. 26-34-112(b)
	X	Estimated Quarterly Premium Tax Return:	Instructions on the form
	Y	Premium Tax Return:	See instructions attached to tax return.
	Z	Payment Instructions: If paying under protest, please include an explanation letter.	Electronic filing and payment available through NAIC OPTins via Department website at <a href="http://doi.wyo.gov">http://doi.wyo.gov</a> or Make checks payable to the Wyoming State Treasurer. Each check should include the company's NAIC # and make one copy of the check.
	AA	Form B and C Holding Company Registration Statement	Refer to W.S. 26-44-104
	AB	Form F Enterprise Risk Report ****	Refer to W.S. 26-44-104(n)
	AC	List of the Providers Executing Contracts: (HMO only)	Refer to W.S. 26-34-110(b)(ii), complies with W.S. 26-34-114
	AD	ORSA *****	Refer to W.S. 26-51-101 et seq.
	AE	Wyoming Health Insurance Pool Form:	<b>This form, while required, is no longer filed with the Department.</b>  <b>Completed form must be sent to the address on the form.</b>
	AF	Corporate Governance Annual Disclosure	Refer to W.S. 26-54-101 et seq.
		<b>All forms are on the Wyoming Insurance Department's website</b>	<b><a href="http://doi.wyo.gov">http://doi.wyo.gov</a></b>

### CONTACT PEOPLE FOR SPECIALIZED AREAS

Credit life and disability insurers – Pursuant to Chapter 52 of the Wyoming Insurance Department Regulations, notarized compensation affidavits are required to be filed by January 1. Please direct any questions to Amanda Tarr, Insurance Standards Consultant, (307) 777-2447, [amanda.tarr@wyo.gov](mailto:amanda.tarr@wyo.gov) .

Questions about the Wyoming Health Insurance Pool form can be directed to Amanda Tarr, Insurance Standards Consultant, (307) 777-2447, [amanda.tarr@wyo.gov](mailto:amanda.tarr@wyo.gov)

Wyoming requires the UCAA Corporate Amendments application for approval of mergers, name changes, redomestications, etc. Contact Tammy Rathburn, Office Support Specialist, (307) 777-7401, [tammy.rathburn@wyo.gov](mailto:tammy.rathburn@wyo.gov)

Direct any questions on updating Service of Process information to Ann Bochmann, Paralegal, (307) 777-6916, [ann.bochmann@wyo.gov](mailto:ann.bochmann@wyo.gov)

**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 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.**

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**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.

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