

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: Delaware Filings Made During the Year 2008

(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			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2" x 14")	3, +CD	EO	CD signed jurat page	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E25)	1, +CD	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2, +CD	EO	xxx	5/15, 8/15, 11/15	NAIC	M
	3	Protected Cell Annual Statement	1, +CD	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	Xxx	EO	xxx	5/1	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1, +CD	EO	xxx	4/1	NAIC	
	11	Combined Insurance Expense Exhibit	1, +CD	EO	xxx	5/1	NAIC	
	12	Credit Insurance Experience Exhibit	1, +CD	EO	xxx	4/1	NAIC	
	13	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	14	Financial Guaranty Insurance Exhibit	1, +CD	EO	xxx	3/1	NAIC	
	15	Investment Risk Interrogatories	1, +CD	EO	xxx	4/1	NAIC	
	16	Insurance Expense Exhibit	1, +CD	EO	xxx	4/1	NAIC	
	17	Long Term Care Experience Reporting Forms	1, +CD	EO	xxx	4/1	NAIC	
	18	Management Discussion & Analysis	1, +CD	EO	CD	4/1	Company	
	19	Medicare Supplement Insurance Experience Exhibit	1, +CD	EO	xxx	3/1	NAIC	
	20	Medicare Part D Coverage Supplement	1, +CD	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	21	Premiums Attributed to Protected Cells Exhibit	1, +CD	EO	xxx	3/1	NAIC	
	22	Reinsurance Attestation Supplement	3, +CD	EO	CD	3/1	Company	
	23	Reinsurance Summary Supplemental	3, +CD	EO	CD	3/1	NAIC	
	24	Risk-Based Capital Report	1, +CD	EO	xxx	3/1	NAIC	R
	25	Schedule SIS	1, +CD	N/A	N/A	3/1	NAIC	
	26	Statement of Actuarial Opinion	3, +CD	EO	CD	3/1	Company	
	27	Actuarial Opinion Summary	3, +CD	N/A	xxx	3/15	Company	
	28	Supplement A to Schedule T	1, +CD	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	29	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	30	Trusted Surplus Statement	1, +CD	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	40	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	44	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	
	45	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	46	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	47	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	48	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	49	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
IV. AUDITED FINANCIAL STATEMENTS								
	51	Accountants Letter of Qualifications	1	N/A	N/A		Company	
	52	Audited Financial Statements	1, +CD	EO	xxx	6/1	Company	R
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A		Company	
	54	Independent CPA	1	N/A	N/A		Company	P
	55	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A		Company	
	57	Request for Exemption to File	1	N/A	N/A		Company	
	58	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	
V. STATE REQUIRED FILINGS								
	101	Certificate of Compliance	0	0	1		State	
	102	Certificate of Deposit	0	0	1		State	
	103	Filings Checklist (with Column 1 completed)	0	0	0		State	
	104	Premium tax	1	0	1	3/1	State	D & T
	105	State Filing Fees	100.00	0	100.00		State	C & S
	106	Signed Jurat	3	xxx	1	3/1	NAIC	M
	107	Regulation 303	1	xxx	1	5/1	State	U

*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.

DOMESTIC COMPANIES WRITING 95% HEALTH ARE REQUIRED TO FILE ON THE HEALTH BLANK

Revised 12/06/07

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Annual Statement – Antoinette Handy toni.handy@state.de.us (302) 674-7338 Premium Taxes – Ann Fletcher ann.fletcher@state.de.us (302) 674-7383
	B	Mailing Address:	841 Silver Lake Blvd Dover, DE 19904
	C	Mailing Address for Filing Fees Only : Annual Statements and/or related documents mailed to the Lockbox Address are deemed to be not filed.	MAILING: State of Delaware Insurance Department, c/o National City Bank, 6705 Reliable Parkway Chicago IL 60686; COURIER: Delaware Department of Insurance, c/o National City Bank, Attn: Lockbox #6705, 5635 S. Archer Ave, Chicago IL 60638-1656
	D	Mailing Address for Premium Tax Payments:	See Address in Note C
	E	Delivery Instructions:	Physically in office on or before due date at address in Note B If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
	F	Late Filings:	May be subject to a \$100/day administrative penalty for late or incomplete filing per 18 Del.C.§329; \$1,000.00/day Supp A to Ached T late filing penalty per Del.C.§526a Company's licensed may be suspended if the annual statement is received more than 30 days late.
	G	Original Signatures:	Required on all domestic and foreign
	H	Signature/Notarization/Certification:	Officers to sign: President, Treasurer & Secretary
	I	Amended Filings:	File within 10 days of Amendment with explanation Signature requirements for the original filing, same should be followed for any amendment.
	J	Exceptions from normal filings: (Exemptions or Extensions)	Domestic: apply at least 30 days prior to due date with written explanation; Foreign: apply 10 days prior to due date (received)
	K	Bar Codes (State or NAIC)	NAIC Annual Statement Instructions (ASI) Inability to read barcode-the document is considered not received. May be subject to a \$100.00 administrative penalty for late filing.

L	CD Rom in PDF format must contain the following information: <ul style="list-style-type: none"> • Complete Company name • NAIC number • Filing period • Listing of Documents included 	PENALTY: a fine of \$100.00 per day may be levied for late or improperly submitted statement filings.
M	Signed Jurat	Foreign companies-annual filing only. Foreign companies are not required to file Quarterly Statements.
N	NONE Filings:	NAIC ASI for Supplemental Interrogatories. Exceptions to these instructions are noted on the form.
O	Filings new, discontinued or modified materially since last year:	1) Protected Cell Annual Statement 2) Premiums Attributed to Protected Cells Exhibit
P	Designation of CPA:	Send if information changes
Q	Combined Statements:	Send if requested
R	Audited Financial Report: Risk Based Capital Report:	Foreign companies send if requested
S	Statement Filing Fees:	Attach to Premium Tax Report
T	Premium Tax Report and Payments:	Includes Statement Filing Fees
U	Regulation 303	Companies are obligated under Reg. 303 to file data with the Delaware Department of Insurance no later than May 1, 2008. This is required of all Licensed Property and Casualty carriers. The Premium levels may be found on the Department's website after April 1 st . If you do not qualify due to les Premium than is required, the Department requires an Affidavit of Exemption by May 1 st .

**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 *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.

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 before submitting a filing.