

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: STATE OF NEW JERSEY Filings Made During the Year 2009

(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")	4	EO	4	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E25)	4	EO	Xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	4	EO	4	5/15, 8/15, 11/15	NAIC	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	4	EO	4	4/1	NAIC	
	11	Actuarial Opinion	4	EO	4	3/1	Company Only HMO's need to file quarterly	
	12	Investment Risk Interrogatories	4	EO	4	4/1	NAIC	
	13	Life Supplemental Data due March 1	4	EO	4	3/1	NAIC	
	14	Life Supp Statement non-guaranteed elements Exh 5, int. #3	4	EO	4	3/1	Company	
	15	Life Supp Statement on par/non-par policies - Exh 5 Int. 1.1	4	EO	4	3/1	Company	
	16	Life Supplemental Data due April 1	4	EO	4	4/1	NAIC	
	17	Long-term Care Experience Reporting Forms	4	EO	4	4/1	NAIC	
	18	Management Discussion & Analysis	4	EO	4	4/1	Company	
	19	Medicare Supplement Insurance Experience Exhibit	4	EO	4	3/1	NAIC	
	20	Medicare Part D Coverage Supplement	4	EO	4	3/1, 5/15, 8/15, 11/15	NAIC	
	21	Property/Casualty Supplement due March 1	4	EO	4	3/1	NAIC	
	22	Property/Casualty Supplement due April 1	4	EO	4	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	
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	Risk-Based Capital PDF Filing	xxx	1	N/A	3/1	NAIC	
	44	Supplemental Electronic Filing	xxx	1	Xxx	4/1	NAIC	
	45	Supplemental .PDF Filing	xxx	1	Xxx	4/1	NAIC	
	46	June .PDF Filing	xxx	1	Xxx	6/1	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	
IV. AUDITED FINANCIAL STATEMENTS								
	61	Accountants Letter of Qualifications	1	N/A	N/A		Company If applicable	
	62	Audited Financial Statements	1	1	1	6/1	Company	
	63	Audited Financial Statements Exemption Affidavit	1	N/A	N/A		Company If applicable	
	64	Independent CPA	1	N/A	N/A		Company If applicable	
	65	Notification of Adverse Financial Condition	1	N/A	N/A		Company If applicable	
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A		Company If applicable	
	67	Request for Exemption to File	1	N/A	N/A	12/31/08	Company Must be written	
V. STATE REQUIRED FILINGS								
	101	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
	102	State Filing Fees	1	0	1	3/1	State See fee letter	
	103	Signed Jurat	xxx	xxx	Xxx	3/1	NAIC	
	104	NJ Medicare Supplement Under 50 Plan	1	xxx	1	3/1	State See Note O	
	105	NJ Individual Health & Small Employer Health	1	xxx	1	3/1	State See Note P	
	106	Annual Form B & Form C Filing	1	xxx	1	4/1	State If Applicable NJSA17:27A3	
	107							
	108							
	109							

*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.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings Contact Person:	<u>Joann Jones</u> <u>Telephone (609) 292-5350 ext 50085</u> <u>admissions&selfinsurance@dobi.state.nj.us</u>
B	Mailing Address: Regular and Express Mail delivered by the United States Postal Service	Office of Solvency Regulation P. O. BOX 325 Trenton, NJ 08625-0325
B-1	<u>Address for delivery by Courier Services (UPS, FEDEx, DHL)</u>	20 West State Street, 10 th Floor Trenton, NJ 08608
C	Mailing Address for Filing Fees:	<u>Same as above</u>
D	Mailing Address for Premium Tax Payments: If missing form please call Daniel Boone, Dept of Treasury (609) 984-4128 or visit the Department of Treasury's website at: www.state.nj.us/treasury/taxation/prntins.htm to download Tax Forms	New Jersey Division of Taxation P.O. BOX 247 Trenton, NJ 08646-0247
D-1	Address for delivery of Tax Forms by Courier Services (UPS, FEDEx, DHL)	160 South Broad Street Trenton, NJ 08646
E	Delivery Instructions:	All filings must be received no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:	Companies will be fined \$100 per day for a late filing.
G	Original Signatures:	Original signatures required from domestic companies. Foreign companies should follow the instructions from the NAIC.
H	Signature/Notarization/Certification:	President & Secretary, or in their absence, two principal officers must sign the annual statement.
I	Amended Filings:	Amended items must 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 amendment.
J	Exceptions from normal filings:	Foreign companies must supply a written copy of any exemption or extension received from its state of domicile at least 10 days prior to the filing due date to receive such from NJ. Domestic companies should apply at least 30 days prior to the due date.
K	Bar Codes (State or NAIC)	Not Required
L	Signed Jurat	N/A Annual Statement should be signed.
M	NONE Filings:	See NAIC Annual Statement Instructions
N	Filings new, discontinued or modified materially since last year:	Commencing January 1, 2007 all filings must be received by their due date.
O	NJ Medicare Supplement Under 50 Plan See right for mail address	N J Medicare Supplement Under 50 Plan C/o Pool Administrators 100 Great Meadow Road, Suite 704 Wethersfield, CT 06109
P	New Jersey Small Employer and Individual Health Benefits Program Call Ellen DeRosa (609) 633-1882 ext 50302 with questions	Exhibits CC and K are required of all carriers that report accident and health premiums in NJ.

**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 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.

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.