

PROPERTY & CASUALTY INSURERS

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				
I. NAIC FINANCIAL STATEMENTS								
1		Annual Statement (8 1/2" x 14")	3	EO	xxx	3/1	NAIC	Must be bound
1.1		Printed Investment Schedule detail (Pages E01-E25)	3	EO	xxx	3/1	NAIC	
2		Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	
3		Protected Cell Annual Statement	N/A	0	xxx	3/1	NAIC	
4		Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	
II. NAIC SUPPLEMENTS								
10		Accident & Health Policy Experience Exhibit	3	EO	xxx	4/1	NAIC	
11		Actuarial Opinion Summary	3	N/A	xxx	3/15	Company	
12		Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
13		Credit Insurance Experience Exhibit	3	EO	xxx	4/1	NAIC	
14		Exceptions to Reinsurance Attestation Supplement	3	N/A	xxx	3/1	Company	
15		Financial Guaranty Insurance Exhibit	3	EO	xxx	3/1	NAIC	
16		Investment Risk Interrogatories	3	EO	xxx	4/1	NAIC	
17		Insurance Expense Exhibit	3	EO	xxx	4/1	NAIC	
18		Long Term Care Experience Reporting Forms	3	EO	xxx	4/1	NAIC	
19		Management Discussion & Analysis	2	EO	xxx	4/1	Company	
20		Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
21		Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
22		Premiums Attributed to Protected Cells Exhibit	N/A	EO	N/A	3/1	NAIC	
23		Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	
24		Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	
25		Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
26		Schedule SIS	2	N/A	N/A	3/1	NAIC	
27		Statement of Actuarial Opinion	3	EO	xxx	3/1	Company	Actuary must "Qualified"
28		Supplement A to Schedule T	3	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
29		Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
30		Trusteed Surplus Statement	3	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	If Applicable
52		Audited Financial Statements	1	1	1	6/1	Company	
53		Audited Financial Statements Exemption Affidavit	1	N/A	N/A		Company	If Applicable
54		Independent CPA	1	N/A	N/A		Company	If Applicable
55		Notification of Adverse Financial Condition	1	N/A	N/A		Company	If Applicable
56		Report of Significant Deficiencies in Internal Controls	1	N/A	N/A		Company	If Applicable
57		Request for Exemption to File	1	N/A	N/A	12/31/08	Company	If Applicable
58		Request to File Consolidated Audited Annual Statements	1	N/A	N/A	12/31/08	Company	If Applicable
V. STATE REQUIRED FILINGS								
101		Certificate of Compliance	0	0	1	3/1	State	Retaliatory Only
102		Certificate of Deposit	0	0	1	3/1	State	Retaliatory Only
103		Filings Checklist (with Column I completed)	1	1	1	3/1	State	
104		Premium tax	1	0	1	3/1	State	Form Sent by Taxation
105		State Filing Fees	1	0	1	3/1	State	See Fee Letter
106		Signed Jurat	xxx	xxx	1	3/1	NAIC	See Note L
107		NJ Medicare Supplement Under 50 Plan	1	0	1	3/1	State	See Note O
108		NJ Small Employer and Individual Health Benefits Program	1	0	1	3/1	State	See Note P
109		Medical Malpractice Rate Adequacy Certification	1	0	1	3/1	State	See Note Q
110		Annual Form B * Form C Filing	1	0	0	4/1	State	NJSA 27A3(a)

*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:	Joann Jones Telephone (609) 292-5350 ext 50085 e-mail admissions&selfinsurance@dobi.state.nj.us
	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	Address for delivery by Courier Services (FedEx, UPS, DHL)	20 West State Street, 10th Floor Trenton, NJ 08608
	C	Mailing Address for Filing Fees:	Same as above
	D	Mailing Address for Premium Tax Payments: If missing form please call Daniel Boone, Dept of Treasury (609) 984-4128 or visit the Dept of Treasury's website: 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 (FedEx, UPS, 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 and 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 the amendment, along with the explanation of the amendments. If there are signature requirements for the original filings, same should be followed for any amendment.
	J	Exceptions from normal filings:	Foreign companies must supply a written copy of any exemption or extension received from its state of domicile 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	All foreign companies must file a copy of the jurat page of its annual statement to allow New Jersey to update its database
	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	New Jersey Medicare Supplement Under 50 Plan See right for mail address.	N J Medicare Supplement Under 50 Plan C/o Pool Administrators Inc. 100 Great Meadow Road, Suite 704 Wethersfield, CT 06109

	P	New Jersey Small Employer and Individual Health Benefits Program – Contact 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.
	Q	Medical Malpractice Rate Adequacy Certification	Required of all carriers that report Medical Malpractice Liability Insurance in New Jersey.
		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	

**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.