

## DOMESTIC SURPLUS LINES INSURERS

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

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

REQUIRED FILINGS IN THE STATE OF: **NEW JERSEY** Filings Made During the Year 2025

(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 ½" x 14")	3	EO		3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E30)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO		5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	N/A	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	1	EO		5/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Accident & Health Policy Experience Exhibit	3	EO		4/1	NAIC	
	12	Actuarial Opinion	3	EO		3/1	Company	Actuary Must Be Qualified
	13	Actuarial Opinion Summary	3	N/A		3/15	Company	
	14	Bail Bond Supplement	3	EO		3/1	NAIC	
	15	Combined Insurance Expense Exhibit	3	EO		5/1	NAIC	
	16	Credit Insurance Experience Exhibit	3	EO	xxx	4/1	NAIC	
	17	Cybersecurity Insurance Coverage Supplement	3	EO		4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	3	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	19	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	3	EO		3/1	NAIC	
	20	Financial Guaranty Insurance Exhibit	3	EO		3/1	NAIC	
	21	Insurance Expense Exhibit	3	EO	xxx	4/1	NAIC	
	22	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	3	EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	3	EO	xxx	4/1	NAIC	
	24	Management Discussion & Analysis	3	EO		4/1	Company	
	25	Market Conduct Annual Statement Premium Exhibit for Year	3	EO		3/1	NAIC	
	26	Medicare Part D Coverage Supplement	3	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	27	Medicare Supplement Insurance Experience Exhibit	3	EO	xxx	3/1	NAIC	
	28	Mortgage Guaranty Insurance Exhibit	3	EO	xxx	4/1	NAIC	
	29	Premiums Attributed to Protected Cells Exhibit	N/A	EO		3/1	NAIC	
	30	Private Flood Insurance Supplement	3	EO		4/1	NAIC	
	31	Reinsurance Attestation Supplement	3	EO	xxx	3/1	Company	
	32	Exceptions to Reinsurance Attestation Supplement	3	N/A	xxx	3/1	Company	
	33	Reinsurance Summary Supplemental	3	EO	xxx	3/1	NAIC	
	34	Risk-Based Capital Report	3	EO		3/1	NAIC	
	35	Schedule SIS	3	N/A	N/A	3/1	NAIC	
	36	Supplement A to Schedule T	3	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	37	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	38	Supplemental Health Care Exhibit (Parts 1 and 2 )	3	EO		4/1	NAIC	
	39	Supplemental Investment Risk Interrogatories	3	EO		4/1	NAIC	
	40	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	3	EO		3/1	NAIC	
	41	Trusted Surplus Statement	3	EO	xxx	3/1, 5/15, 8/15, 11/15	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	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	

(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			
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	If Applicable
	82	Audited Financial Reports	1	EO		6/1	Company	If Applicable, See Note O
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	If Applicable
	84	Communication of Internal Control Related Matters Noted in Audit		EO	N/A	8/1	Company	If Applicable
	85	Independent CPA (change)	1	N/A	N/A		Company	If Applicable
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO		3/1	Company	Must Be Written
	89	Relief from the one-year cooling off period for independent CPA	1	EO		3/1	Company	Must Be Written
	90	Relief from the Requirements for Audit Committees	1	EO		3/1	Company	Must Be Written
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	Must Be Written
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	Must Be Written
		<b>V. STATE REQUIRED FILINGS**</b>						
	101	Corporate Governance Annual Disclosure***	1	0	0	6/1	Company	
	102	Filings Checklist (with Column 1 completed)	1	0	1	3/1	State	
	103	Form B-Holding Company Registration Statement	1	0	0	4/1	Company	If Applicable, N.J.S.A. 17:27A(3)
	104	Form F-Enterprise Risk Report ****	1	0	0	4/1	Company	If Applicable, N.J.S.A. 17:27A(3)
	105	ORSA *****	1	0	0	12/1	Company	If Applicable, N.J.S.A. 17:23-31
	106	Actuarial Report and Workpapers	1	0	0	5/1	Company	Refer to N.J.A.C. 11:1-21.5
	107	Actuarial Report and Workpapers- Medical Malpractice	1	0	0	6/1	Company	Refer to N.J.A.C. 11:27-11.4
	108	Premium Tax	2	0	2	3/1	State	Form Sent By Taxation. See Note P
	109	State Filing Fees	1	0	1	3/1	State	See Fee Letter on DOBI Website
	110	Signed Jurat	xxx	0	1	3/1	NAIC	See Notes H and L
	111	Group Capital Calculation ( <b>File with lead state only</b> )	1	0		4/1		<b>File with Lead State Only.</b> See Note Q
	112	Certificate of Authority Renewal					State	See Note R

**\*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:	Ayanna King Telephone: (609) 940-7314 Email: <a href="mailto:Ayanna.King@dobi.nj.gov">Ayanna.King@dobi.nj.gov</a>
	B	Mailing Address:	Office of Solvency Regulation P.O. Box 325 Trenton, NJ 08625-0325
	B-1	Address for delivery by Courier Services (UPS, FedEx, & DHL)	20 W. State Street 10 <sup>th</sup> Floor Trenton, NJ 08608
	C	Mailing Address for Filing Fees:	Same as above
	D	Mailing Address for <b>Premium Tax Payments</b> : If missing form, please call <b>Lisa McCoy, Dept. of Treasury</b> , (609) 322-6257 or visit the Dept. of Treasury's Website: <a href="https://www.nj.gov/treasury/taxation/prntins.shtml">https://www.nj.gov/treasury/taxation/prntins.shtml</a> to download tax forms.	New Jersey Division of Taxation Special Audit- Insurance P.O. Box 247 3 John Fitch Way, 2 <sup>nd</sup> Floor Trenton, NJ 08695
	D-1	Address for delivery of <b>Tax Forms</b> by Courier Services (UPS, FedEx, & DHL)	200 Woolverton Street, Building 20, Trenton, NJ 08646
	E	Delivery Instructions:	All filings must be received no later than the due date. If the due date falls on a weekend or holiday, the deadline is extended to the next business day.
	F	Late Filings:	Companies will be fined \$100 per day for a late filing. Company's license may be suspended if the annual statement is received more than 30 days late.
	G	Original Signatures:	Original signatures required from domestic companies. Foreign companies should follow instructions in the NAIC Annual Statement Instructions.
	H	Signature/Notarization/Certification:	President and Secretary, or in their absence, two principal officers must sign the annual statement. Reinsurance summary must be notarized.
	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 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:	All filings must be received by their due date.
	O	Audited Financial Reports →	The Department amended N.J.A.C. 11:2-26.18(b), effective August 18, 2014, to add a new subparagraph to provide that hard copies of Annual Audit Reports submitted by Foreign and Alien insurers would not be required if they contain an “unqualified opinion” as set forth in the applicable NAIC Financial Analysis Handbook in use at the time such report is due and there is no unremediated material weakness noted in the report as set forth in N.J.A.C. 11:2-26.11. A copy of any notification of adverse financial condition report filed with the other state still must be filed with this Department within the timeframe specified in N.J.A.C. 11:2-26.10.
	P	Premium Taxes: A copy MUST be sent to →	State of New Jersey Department of Banking and Insurance Office of Solvency Regulation P.O. Box 325 Trenton, NJ 08625-0325 <b>Attn: Tanveer Ahmed</b> FedEx & UPS mail to: 20 W. State Street, 10 <sup>th</sup> Floor, Trenton, NJ 08608
	Q	Group Capital Calculation	Group Capital Calculation became effective in New Jersey on April 1, 2023. The filing is due on April 1, 2026, for year-end 2025.
	R	Certificate of Authority Renewal	All renewable Certificates will be emailed to the email addresses on file in SBS. Please make sure all emails in SBS are up to date.
	S	New Jersey Medicare Supplement Under 50 Plan See right for mail address →	Attn: NJ Medicare Supplement Under 50 Plan; 20 W. State St., P.O. Box 325, Trenton, NJ 08625-0325; or visit DOBI Website at: <a href="https://www.nj.gov/dobi/division_insurance/medsuppunder50/index.htm">https://www.nj.gov/dobi/division_insurance/medsuppunder50/index.htm</a>
	T	New Jersey Small Employer and Individual Health Benefits Program →	Attn: NJ IHC Program (for Exhibit K) or Attn: SEH Program (for Exhibit CC); 20 W. State St., 11 <sup>th</sup>

			Floor, P.O. Box 325, Trenton, NJ 08625-0325; by fax at 609-633-2030; or visit DOBI Website: <a href="https://www.nj.gov/dobi/division_insurance/ihcseh/sehmain.htm">https://www.nj.gov/dobi/division_insurance/ihcseh/sehmain.htm</a>
	U	Medical Malpractice Rate Adequacy Certification →	Required of all carriers that report Medical Malpractice Liability Insurance in New Jersey. Certificate should be sent to <b>Attn: Carmen Williams</b> New Jersey Department of Banking and Insurance P&C Rating Bureau P.O. Box 325 Trenton, NJ 08625-0325

**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 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 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 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.