

**VERMONT FILING CHECKLIST
ACCREDITED REINSURERS**

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: VERMONT Filings Made During the Year 2017

(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			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2" x 14")	2	EO	xxx	3/1	NAIC	H, L
	1.1	Printed Investment Schedule detail (Pages E01-E27)	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	
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	2	EO	xxx	5/1	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	2	EO	xxx	3/1	Company	
	13	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	
	14	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	
	20	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	
	21	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	22	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	23	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	25	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	
	26	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	
	27	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	
	28	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	
	29	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	
	30	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	31	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	32	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	X
	33	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	
	34	Supplemental Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	
	35	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	36	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	2	EO	xxx	3/1	NAIC	
	37	Trusteed Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	S
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	S
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	S
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	S
	65	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	S
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	S
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	S
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	S
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	S

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			Domestic		Foreign			
			State	NAIC	State			
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	S
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	S
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	DD
	82	Audited Financial Reports	1	EO	xxx	6/1	Company	DD
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	DD
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	DD
	85	Independent CPA (change)	1	N/A	N/A	When appointed	Company	DD
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	DD
	87	Notification of Adverse Financial Condition	1	N/A	N/A	When issued	Company	DD
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	DD
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	DD
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	DD
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	3/1	Company	DD
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	6/1	Company	DD
V. STATE REQUIRED FILINGS***								
	101	Certificate of Compliance	0	0	0		State	P
	102	Certificate of Deposit	0	0	0		State	Q
	103	Filings Checklist (with Column 1 completed)	1	0	0	3/1	State	
	104	Vermont Annual Fee Calculation Report and State Filing Fees	1	0	1	3/1	State	
	105	Signed Jurat (Domestics include with annual statement)	2	0	1	3/1	NAIC	L, H
	106	Notice of Legal Actions Involving Other Insurance Departments	1	0	1	When issued	Company	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.

**VERMONT'S NOTES AND INSTRUCTIONS
(A-N APPLY TO ALL FILINGS)**

A	Required Filings Contact:	Company Licensing Insurance Division (802) 828-2470 dfr.complic@vermont.gov
B	Mailing Address:	Company Licensing Insurance Division Vermont Department of Financial Regulation 89 Main Street Montpelier, VT 05620-3101
C	Mailing Address for Filing Fees:	Mail fees to the address in Note B. Make check payable to Vermont Department of Financial Regulation. Indicate NAIC number on check. Provide separate check for each company.
D	Premium Tax Payments:	Premium Tax returns and payments will be electronically filed and paid via the Vermont Department of Taxes online system, myVTax . For assistance, call the Vermont Department of Taxes, Insurance Premium Tax Examiner at (802) 828-6838.
E	Delivery Instructions:	All filings and fees must be physically received at the address in Note B 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:	Insurers will be assessed for a late filing. Late filing fee is \$250, or retaliatory amount, for late filings received within ten (10) business days of the deadline. Filings received more than ten (10) days after the deadline may result in additional civil administrative penalties being imposed, or rejection of the filing and expiration of the license.
G	Original Signatures:	Original or facsimile signatures are accepted on filings from foreign insurers. Original signatures are required on filings from domestic insurers.
H	Signature/Notarization/Certification:	At least two executive officers are required to sign the annual statement. Vermont domestic insurers must include the original signature of the President or CEO. Signatures for domestic insurers must be notarized.
I	Amended Filings:	Amended items must be filed within ten (10) days of their amendment, along with an explanation thereof.

J	Exceptions from normal filings:	Foreign insurers must supply a written copy of any exemption or extension received by its state of domicile to receive same from Vermont.
K	Bar Codes (State or NAIC):	Vermont does not use bar codes.
L	Signed Jurat:	Foreign insurers that file electronically with the NAIC are instructed to complete and file the Jurat page in place of the annual statement (original or facsimile signatures accepted). For Vermont domestic insurers, see Note H.
M	Vermont Filing Due Dates:	Annual filings for HMDIs and all other insurers are due 3/1. Annual filings for HMOs are due 4/1.
N	Filings new, discontinued or modified materially since last year:	New filings, see Note GG and Note HH
O	Accident and Health Advertising Certificate:	Vermont Regulation 71-1, 15B requires only insurers who sell Accident and Health products in Vermont (excepting Medicare prescription drug coverage (PDP) companies) to submit an Accident and Health Advertising Certificate. Send to the address in Note B.
P	Certificate of Compliance:	Foreign insurers are not required to file certificates of compliance.
Q	Certificate of Deposit:	Foreign insurers are not required to file certificates of deposit.
R	Certificate of Valuation:	Domestic insurers are required to submit a Certificate of Valuation. Send to the address in Note B.
S	Electronic Filings:	Vermont relies on the electronic filings made with the NAIC.
T	Net Worth, Deposit and Designated Reserve Calculations – HMO:	8 V.S.A. §5102 (e)(3)(B) requires insurers to file with the Commissioner the net worth, deposit and designated reserve calculations made under subsections 5102b (b) and (c) of this title. Direct questions regarding this filing to Jesse Lussier at (802) 828-3690. Send to the address in Note B.
U	Notice of Legal Actions Involving Other Insurance Departments:	Vermont Bulletin 30 requires insurers doing business in Vermont to inform the department of legal actions involving other insurance departments. Direct this information to: Christina R. Rouleau Director of Market Regulation Vermont Department of Financial Regulation 89 Main Street Montpelier, VT 05620-3101 (802) 828-2910

V	Report on the Operations of the Quality Assurance Program and the Grievance Procedures – HMO:	8 V.S.A. §5102 (e)(3)(A) requires insurers to submit a report on the operations of the quality assurance program and the grievance procedures describing any changes made in the operations of the quality assurance program and the grievance procedures during the preceding calendar year.
W	Request to File Consolidated Audited Annual Statements:	Foreign insurers may file audited consolidated or combined financial statements if the insurer is part of a group of insurance companies that utilizes a pooling or 100% reinsurance agreement, and such insurer cedes all its business to the pool, per 8 V.S.A. §3578 (g). Specific departmental approval is not necessary.
X	Supplemental Compensation Exhibit :	Vermont domestic insurers are required to file the Supplemental Compensation Exhibit annually with the Insurance Division. In addition to any information provided in the narrative of material factors in Part 4, disclose any material additional compensation earned or accrued in the reporting year that is not otherwise disclosed in the exhibit. Insurers shall disclose compensation in accordance with NAIC instructions. These employees need only be identified by their titles. Send to the address in Note B.
Y	Vermont Antitrust Compliance Policy Certification:	The Certificate of Authority issued to The Vermont Health Plan LLC (TVHP) requires this certification. Send to the address in Note B.
Z	Vermont Domestic Annual Report & Annual Meeting Notification Material Sent to Policyholders:	Domestic insurers are required to provide copies of this notification to the Insurance Division. Send to the address in Note B.
AA	Vermont Domestic Holding Company Forms B, C & F:	Domestic insurers are required to file annual Holding Company Forms B, C & F, per 8 V.S.A. §3684 (a). Send to the address in Note B. Also send electronic copies to dfr.complic@vermont.gov
BB	Vermont Annual Statement Supplemental Filing (ASSR):	Insurers with active business in Vermont in the health and accident lines must file the ASSR. If you have no business to report, this filing is not required (i.e. no zero or n/a filings should be submitted). Email completed workbooks to Lori Perry at the Green Mountain Care Board at lori.perry@vermont.gov . Any questions, please contact Lori at (802) 828-6971.

CC	Vermont Mandated Reporting (Liquor Liability Report):	8 VSA §3567 and Vermont Bulletin 89 mandate collection of liquor liability statistics. Direct any questions regarding completion of this form to Kevin Gaffney at (802) 828-4845. Send to the address in Note B.
DD	Audited Financial Statements:	Filings must be made in accordance with Vermont Regulation I-2009-06, Annual Financial Reporting Regulation.
EE	Regulatory Asset Adequacy Issues Summary:	Only Domestic insurers need to file this document. Send to the address in Note B.
FF	Addendum to Health Insurer Annual Statement (Act 150):	All health insurers with a minimum of 2,000 Vermont lives or who offer insurance through the Vermont health exchange (see 33 V.S.A. Chapter 18, subchapter 1) must file this form. Send to the address in Note B.
GG	Own Risk and Solvency Assessment (ORSA):	Unless exempted per 8 V.S.A. §3586, domestic insurers must file each year when it becomes available.
HH	Corporate Governance Annual Disclosure (CGAD):	See Vermont Insurance Regulation I-2015-01 for filing instructions, due on or before June 1 of each calendar year.