PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: *WEST VIRGINIA* **Filings Made During the Year:** *2013*

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES ***
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	zzz	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M,Q
	1.1	Printed Investment Schedule detail (Pages E01-E27)	zzz	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M,Q
	2	Quarterly Financial Statement (8 ½" x 14")	zzz	EO	xxx	5/15, 8/15, 11/15	NAIC	B,I,Q
	3	Protected Cell Annual Statement	zzz	0	xxx	3/1	NAIC	B,I,Q
	4	Combined Annual Statement (8 ½" x 14")	zzz	EO	xxx	5/1	NAIC	B,I,Q
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	11	Actuarial Opinion	zzz	EO	xxx	3/1	Company	B,I,Q
	12	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	B,I,Q
	13	Bail Bond Supplement	zzz	EO	xxx	3/1	NAIC	B,I,Q
	14	Combined Insurance Expense Exhibit	zzz	EO	xxx	5/1	NAIC	B,I,Q
	15	Credit Insurance Experience Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	16	Director and Officer Insurance Coverage Supplement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	B,I,Q
	18	Financial Guaranty Insurance Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	20	Health Care Exhibit's Allocation Report Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	21	Investment Risk Interrogatories	zzz	EO	xxx	4/1	NAIC	B,I,Q
	22	Insurance Expense Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	23	Long-Term Care Experience Reporting Forms	zzz	EO	xxx	4/1	NAIC	B,I,Q
	24	Management Discussion & Analysis	zzz	EO	xxx	4/1	Company	B,I,Q
	25	Medicare Supplement Insurance Experience Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	26	Medicare Part D Coverage Supplement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	27	Premiums Attributed to Protected Cells Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	B,I,Q
	29	Reinsurance Summary Supplemental	zzz	EO	xxx	3/1	NAIC	B,I,Q
	30	Risk-Based Capital Report	zzz	EO	xxx	3/1	NAIC	B,I,Q
	31	Schedule SIS	2	N/A	N/A	3/1	NAIC	B,I,Q
	32	Supplement A to Schedule T	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	33	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	B,I,Q
	34	Trusteed Surplus Statement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	E
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	E
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	E
	53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	E
	54	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	E
	55	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	E
	56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	E
	57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	E
	58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	E
	59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	E
	60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	E
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	zzz	EO	N/A	6/1	Company	B, only 1 copy
	72	Audited Financial Reports (Statement)	zzz	EO	xxx	6/1	Company	B
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	B
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	B
	75	Independent CPA – Awareness Letter (change in accountants)	1	N/A	N/A	60 days after engagement	Company	B
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B
	77	Notification of Adverse Financial Condition	1	N/A	N/A	Immediately	Company	B
	78	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	B
	79	Request for Exemption to File	1	N/A	1	Timely Manner	Company	B

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(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			
	80	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	Timely Manner	Company	B
	81	Relief from the five-year rotation requirement for lead audit partner	1	EO	0	3/1	Company	B, AE
	82	Relief from the one-year cooling off period for independent CPA	1	EO	0	3/1	Company	B, AF
	83	Relief from the Requirements for Audit Committees	1	EO	0	3/1	Company	B, AG
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	1	0	1	3/1	State	B, AC
	102	Certificate of Deposit	1	0	1	3/1	State	B, AC
	103	Filings Checklist (with Column 1 completed)	0	0	0	3/1	State	
	104	Premium tax	1	0	1	3/1, 4/25, 7/25, 10/25	State	B,D,E,F,G,H,I,M, O,P,U,Y,AA,AD
	105	State Filing Fees	$100	0	$100	3/1	State	C,E,F,G,H,O,T,U
	106	Signed Jurat	1	0	1	3/1	NAIC	B,I,L
	107	Certificate of Authority Renewal Fee	$200	N/A	$200	3/1	State	C,O,U
	108	Certificate of Advertising Compliance (Accident & Sickness Business)	1	N/A	1	3/1	Company	B, AB
	109	State Page	1	N/A	1	3/1	NAIC	B, AD
	110	Reconciliation and Summary of Assets and Reserve Requirements	1	0	0	3/1	State	B, AH
	111	Insurance Holding Company System Annual Registration Statement	1	0	0	6/1	Company	B
	112	Examination Assessment Fee	$1,050	xxx	$1,050	7/1	State	O, Z

***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 ZZZ appears in this column, this state does not require this filing if filed electronically with the NAIC but if not, 2 copies are required. 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.**
***** Refer to Notes & Instructions (below).**

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings – Contact Person:	Rhonda Hartwell RHONDA.HARTWELL@wvinsurance.gov (304) 558-2100 (Financial Conditions Division)
	B	Mailing Address: West Virginia Insurance Commissioner <u>Annual Statement:</u> Mailing: PO Box 50540 Charleston, WV 25305-0540 Location: 1124 Smith Street, Room 102 Charleston, WV 25301 <u>Annual Premium Tax Statement & State Page:</u> Mailing: PO Box 50540 Charleston, WV 25305-0540 Location: 1124 Smith Street, Room 102 Charleston, WV 25301	Domestic insurers may file hard copies of their entire annual statements but must file hard copies of their signed pages as listed on the previous pages. The Annual Premium Tax Statement is **due on or before March 1** and is located at: http://www.wvinsurance.gov/company/TaxUnit.aspx Mail **State Page** to the same address as the Annual Premium Tax Statement. Phone: (304) 558-2100 – Tax Audit Section Foreign and alien fraternal societies need only file a signed Jurat. (See Note L)
	C	Mailing Address for Filing Fees: <u>Filing Fee:</u> West Virginia Insurance Commissioner STO/RPD PO Box 1913 Charleston, WV 25327 Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer's Office.	The annual fees are included on the Annual Premium Tax Statement which is **due on or before March 1** and is located at: http://www.wvinsurance.gov/company/TaxUnit.aspx Insurers must make remittance using only the Tax Payment Form provided by this Office. The form can be located at: http://www.wvinsurance.gov/company/TaxUnit.aspx Phone: (304) 558-2100 – Tax Audit Section
	D	Mailing Address for Premium Tax Payments: <u>Premium Tax Payment:</u> West Virginia Insurance Commissioner STO/RPD PO Box 1913 Charleston, WV 25327 Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer's Office.	W. Va. Code §33-43-6(e) states that for each of the quarters [first (**due on or before April 25**), second (**due on or before July 25**), and third (**due on or before October 25**)], payment must be submitted based on either one-fourth of the total tax paid during the preceding calendar year OR 80% of the actual tax liability for the current calendar year. The annual tax payment is **due on or before March 1**. **Even if there is a zero remittance, a filing must be made for <u>each quarter</u>.** Three forms of filing/payment include: **1. OPT*ins* -** https://eapps.naic.org/optins-static/implementation.html to pre-register. **2. CHECK -** Insurers must make remittance using only the Tax Payment Form provided by this Office. The form is located at: http://www.wvinsurance.gov/company/TaxUnit.aspx **3. (<u>FOR ZERO FILERS ONLY</u>)** http://www.wvinsurance.gov/surpluslineszeropay.aspx You must retain your confirmation number. Phone: (304) 558-2100 – Tax Audit Section Fraternals - Not Applicable.

	E	Delivery Instructions:	All filings are **due on or before** the indicated due date. If due date falls on a weekend or holiday then the deadline is extended to the next business day.
	F	Penalties for Late Filings:	W. Va. Code §33-3-11(b) may require the insurer to pay a penalty not exceeding ten thousand dollars for the late filing of Annual Statements. W. Va. Code §33-43-7(a) imposes a penalty of twenty-five dollars ($25) for each day throughout which a taxpayer fails to file a tax return by the applicable filing date. W. Va. Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.
	G	Original Signatures:	Required signatures (minimum of two (2) officers) must be original signatures on all filings.
	H	Signature/Notarization/Certification:	All forms must be signed and attested by at least two (2) officers to where indicated.
	I	Amended Filings:	Amended items must be filed with a complete explanation of each amendment. If there are signature requirements for the original filing, the same requirements apply to any amendment.
	J	Exceptions from normal filings:	A request for extension must be filed not less than 10 days prior to due date and provide sufficient detail.
	K	Bar Codes (State or NAIC):	NAIC
	L	Signed Jurat:	Foreign & Alien licensed companies must file a signed Jurat.
	M	NONE Filings:	See NAIC Annual Statement Instructions. Exceptions to these instructions are noted on the form. Tax statements and payment forms are required to be filed and completed regardless of tax liability. Zero liability must file returns marked -0-.
	N	Filings new, discontinued or modified materially since last year:	Forms and instructions on the web have been updated.
	O	Checks:	Make checks payable to: Offices of the WV Insurance Commissioner
	P	Computer Generated or Tax Software Packages:	Computer generated or tax software packages for the Annual Premium Tax Statement and Annual Tax Payment Form are **unacceptable**.
	Q	Additional Copies:	If copies are required to be filed, file one (1) original and a copy as indicated.
	R	HMO/PEIA Rates:	File with: Rates and Forms Division PO Box 50540 Charleston, WV 25305-0540

	S	Grievance Procedure:	File with: Consumer Services Division PO Box 50540 Charleston, WV 25305-0540
	T	State Filing Fees:	The annual fees are included on the Annual Premium Tax Statement. See Note C and D. Life insurers and Property and Casualty insurers reporting on the Health Blank must remit a $100 Annual Statement filing fee. HMOs remit a $100 Annual Statement filing fee along with the Application for License (Form A-10) which is located at: http://www.wvinsurance.gov/company/Forms/HMO HMDIs are not subject to an Annual Statement filing fee. Licensed fraternal companies must remit a $25 annual statement filing fee with the signed Jurat.
	U	COA Renewal Fees:	COA renewal fee is remitted with Tax Payment Form or your Application for License (Form A-10) and is **due on or before March 1**. See Note C and D.
	V	HMO Requirement:	Only HMOs are subject to this requirement.
	W	Special Instruction for foreign HMOs:	Foreign licensed HMOs are required to make the same type and number of filing as a domestic HMO.
	X	Monthly Financial Statements/Quarterly Financial Statements:	Monthly financial statements must be filed if written request is issued by the commissioner. Foreign and alien licensed insurers are waived from filing hard copy quarterly financial statements unless requested.
	Y	Premium Taxes:	HMO and HMDI are tax exempt and not required to file returns but are required to file Application for License (Form A-10) located at: http://www.wvinsurance.gov/company/Forms/HMO. Life insurers and Property and Casualty insurers must file the appropriate tax returns. Forms are located at: http://www.wvinsurance.gov/company/TaxUnit.aspx Licensed fraternal companies are tax exempt and not required to file returns. Phone: (304) 558-2100 – Tax Audit Section

	Z	Mailing Address: <u>Examination Assessment Fee:</u> West Virginia Insurance Commissioner STO/RPD PO Box 1861 Charleston WV 25327	Two forms of payments include: **OPTins -** https://eapps.naic.org/optins-static/implementation.html to pre-register. and by **Check** **Form located at:** http://www.wvinsurance.gov/company/TaxUnit.aspx Fraternal societies must make remittance using only the Payment Form provided by this Office. The payment is **due on or before July 1**. Phone: (304) 558-2100 – Tax Audit Section
	AA	Premium Tax Penalties:	W. Va. Code §33-43-7(a) imposes a penalty of twenty-five dollars ($25) for each day throughout which a taxpayer fails to file a tax return by the applicable filing date. W. Va. Code §33-43-7(b) imposes a penalty of 1% of the unpaid portion for each day throughout for failure to pay a tax/fee liability in full. W. Va. Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.
	AB	Certificate of Advertising Compliance:	Pursuant to W. V. C. S. R. 114-10-17.2, a Certificate of Advertising Compliance must be filed by all entities licensed to write accident and sickness insurance. File certificates with the Annual Premium Tax Statement (Form IC-PT) or Application for License (Form A-10). Pursuant to W. V. C. S. R. 114-11-9.3, a Certificate of Advertising Compliance must be filed by all entities licensed to write life and annuities insurance. The certificate must be filed even if no business was written. You may devise your own statement or use the form provided under General Forms at: http://www.wvinsurance.gov/Forms/GeneralForms.aspx
	AC	Certificate of Compliance – Certificate of Deposit:	Foreign and alien licensed insurers must file these certificates with the Annual Premium Tax Statement (Form IC-PT) or Application for License (Form A-10). The Certificate of Compliance is a Certificate of Compliance/Good Standing from your state of domicile and not the Certificate of Authority.
	AD	State Page:	File one copy with the Annual Premium Tax Statement (Form IC-PT). Title Companies – File copy of Schedule T. Fraternals – Not Applicable.
	AE	Relief from 5 year CPA rotation requirement for lead audit	W. Va. Code §33-33-6(d) an insurer may make

		partner	application to the commissioner for relief from the 5 year CPA rotation requirement on the basis of unusual circumstances. The application should be made at least 30 days before the end of the calendar year. A copy of the Commissioner's approval shall be filed with the Annual Statement.
	AF	Relief from the 1 year cooling off period for independent CPA	W. Va. Code §33-33-6(k) an insurer may make application to the commissioner for relief from the 1 year cooling off period on the basis of unusual circumstances. The application should be made at least 30 days before the end of the calendar year. A copy of the Commissioner's approval shall be filed with the Annual Statement.
	AG	Relief from the Requirements for Audit Committees	W. Va. Code §33-33-12(8) an insurer may make application to the commissioner for relief from the audit committee requirement on the basis of hardship. The application should be made at least 30 days before the end of the calendar year. A copy of the Commissioner's approval shall be filed with the Annual Statement.
	AH	Reconciliation and Summary of Assets and Reserve Requirements	W. Va. Code §33-8-22(b) A property and casualty, financial guaranty, mortgage guaranty or accident and health sickness insurer shall supplement its annual statement with a reconciliation and summary of its assets and reserve requirements as required in subsection (a) of this section. A reconciliation and summary showing that an insurer's assets as required in said subsection are greater than or equal to its undiscounted reserves referred to in said subsection are sufficient to satisfy this requirement. Forms are located at: http://www.wvinsurance.gov/company/Forms.aspx

NOTICE

ALL DOMESTIC AND FOREIGN INSURANCE COMPANIES
(Including Accredited Reinsurers)
AUTHORIZED TO SELL INSURANCE IN WEST VIRGINIA

THE EXAMINATION ASSESSMENT FEE NOTICES WILL NO LONGER BE MAILED TO INSURERS.

W. Va. Code §33-2-9 requires that all insurers subject to the provisions of this section shall **annually** pay an examination assessment fee, which is due in our office on or before **July 1**. The current examination assessment fee remains at **$1,050**. However, the fee may be increased upon the Commissioner's discretion. Should the Commissioner determine the need to increase the fee, a separate notice will be provided to all insurers.

THE EXAMINATION ASSESSMENT FEE FORMS WILL BE AVAILABLE ON OUR WEBSITE:

www.wvinsurance.gov/company/TaxUnit.aspx

If you have any questions regarding this matter, please contact the Tax Audit Section of the Financial Conditions Division at (304) 558-2100.