

LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

Company Name: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: WEST VIRGINIA Filings Made During the Year: 2020

FRATERNAL COMPANIES BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019.

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE (must be received by this date)	(6) FORM SOURCE**	(7) APPLICABLE NOTES***
			Domestic		Foreign			
			State	NAIC				
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	zzz	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M,Q
	1.1	Printed Investment Schedule detail (Pages E01-E29)	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	Separate Accounts Annual Statement (8 ½"x14")	zzz	EO	xxx	3/1	NAIC	B,I,Q
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	12	Credit Insurance Experience Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	13	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	zzz	EO	xxx	4/1	NAIC	B,I,Q
	15	Long-term Care Experience Reporting Forms	zzz	EO	xxx	4/1	NAIC	B,I,Q
	16	Management Discussion & Analysis	zzz	EO	xxx	4/1	Company	B,I,Q
	17	Medicare Supplement Insurance Experience Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	18	Medicare Part D Coverage Supplement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	19	Risk-Based Capital Report	zzz	EO	xxx	3/1	NAIC	B,I,Q
	20	Schedule SIS	zzz	N/A	N/A	3/1	NAIC	B,I,Q
	21	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	B,I,Q
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	zzz	EO	xxx	4/1	NAIC	B,I,Q
	23	Supplemental Health Care Exhibit's Allocation Report	zzz	EO	xxx	4/1	NAIC	B,I,Q
	24	Supplemental Investment Risk Interrogatories	zzz	EO	xxx	4/1	NAIC	B,I,Q
	25	Supplemental Schedule O	zzz	EO	xxx	3/1	NAIC	B,I,Q
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	27	Trusted Surplus Statement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	28	Variable Annuities Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	29	VM 20 Reserves Supplement	zzz	EO	xxx	3/1	NAIC	B,I,Q
	30	Workers' Compensation Carve-Out Supplement	zzz	EO	xxx	3/1	NAIC	B,I,Q
		Actuarial Related Items						
	31	Actuarial Certification regarding use 2001 Preferred Class Table	zzz	EO	xxx	3/1	Company	B,I,Q
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	zzz	EO	xxx	3/1	Company	B,I,Q
	33	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	zzz	EO	xxx	3/1	Company	B,I,Q
	34	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	zzz	EO	xxx	3/1	Company	B,I,Q
	35	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	zzz	N/A	xxx	4/30	Company	B,I,Q
	36	Actuarial Opinion	zzz	EO	xxx	3/1	Company	B,I,Q
	37	Executive Summary of the PBR Actuarial Report (if VM early adopted)		N/A		4/1	Company	
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	zzz	EO	xxx	3/1	Company	B,I,Q
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	zzz	EO	xxx	3/1	Company	B,I,Q
	40	Actuarial Opinion on X-Factors	zzz	EO	xxx	3/1	Company	B,I,Q
	41	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	zzz	EO	xxx	3/1	Company	B,I,Q
	42	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	zzz	EO	xxx	3/1	Company	B,I,Q
	43	Life PBR Exemption (formerly Companywide Exemption)	1	EO	xxx	Commissioner 7/1 NAIC 8/15	Company	B,I,Q
	44	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	zzz	EO	xxx	3/1	Company	B,I,Q
	45	RAAIS required by <i>Valuation Manual</i>	1	N/A	xxx	4/1	Company	B

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE (must be received by this date)	(6) FORM SOURCE**	(7) APPLICABLE NOTES***
			Domestic		Foreign			
			State	NAIC	State			
	46	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	zzz	EO	xxx	3/1,5/15, 8/15, 11/15	Company	B,I,Q
	47	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	zzz	EO	xxx	3/1,5/15, 8/15, 11/15	Company	B,I,Q
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	zzz	EO	xxx	3/1,5/15, 8/15, 11/15	Company	B,I,Q
	49	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	zzz	EO	xxx	3/1,5/15, 8/15, 11/15	Company	B,I,Q
	50	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	zzz	EO	xxx	3/1,5/15, 8/15, 11/15	Company	B,I,Q
	51	RBC Certification required under C-3 Phase I	2	EO	xxx	3/1	Company	B,I,Q
	52	RBC Certification required under C-3 Phase II	2	EO	N/A	3/1	Company	B,I,Q
	53	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	xxx	3/1	Company	B,I,Q
	54	Statement on par/non-par policies – Exhibit 5 Int. 1&2	2	EO	N/A	3/1	Company	B,I,Q
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	zzz	EO	xxx	3/1	NAIC	E
	62	March .PDF Filing	zzz	EO	xxx	3/1	NAIC	E
	63	Risk-Based Capital Electronic Filing	zzz	EO	N/A	3/1	NAIC	E
	64	Risk-Based Capital .PDF Filing	zzz	EO	N/A	3/1	NAIC	E
	65	Separate Accounts Electronic Filing	zzz	EO	xxx	3/1	NAIC	E
	66	Separate Accounts .PDF Filing	zzz	EO	xxx	3/1	NAIC	E
	67	Supplemental Electronic Filing	zzz	EO	xxx	4/1	NAIC	E
	68	Supplemental .PDF Filing	zzz	EO	xxx	4/1	NAIC	E
	69	Quarterly Statement Electronic Filing	zzz	EO	xxx	5/15, 8/15, 11/15	NAIC	E
	70	Quarterly .PDF Filing	zzz	EO	xxx	5/15, 8/15, 11/15	NAIC	E
	71	June .PDF Filing	zzz	EO	xxx	6/1	NAIC	E
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	zzz	EO	N/A	6/1	Company	B, only 1 copy
	82	Audited Financial Reports	zzz	EO	xxx	6/1	Company	B
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	B
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	B
	85	Independent CPA - Awareness Letter (change in accountants)	1	N/A	N/A	60 days after engagement	Company	B
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B
	86.1	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	B
	87	Notification of Adverse Financial Condition	1	N/A	N/A	Immediately	Company	B
	88	Request for relief from the five-year rotation requirement for lead audit partner	1	N/A	N/A	12/1	Company	B,AE
	88.1	Relief from the five-year rotation requirement for lead audit partner	1	EO	0	3/1	Company	B,AE
	89	Relief from the one-year cooling off period for independent CPA	1	EO	0	3/1	Company	B,AF
	90	Relief from the Requirements for Audit Committees	1	EO	0	3/1	Company	B,AG
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	Timely manner	Company	B
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance	0	0	1	3/1	State	B,AC
	102	Certificate of Deposit	0	0	1	3/1	State	B,AC
	103	Corporate Governance Annual Disclosure****	1	0	0	6/1	Company	B
	104	Form B – Holding Company Registration Statement	1	0	N/A	6/1	Company	B
	105	Form F – Enterprise Risk Report*****	1	0	N/A	6/1	Company	B
	106	ORSA *****	1	0	N/A	Upon Request-no more than once each year	Company	B
	107	Premium Taxes	1	0	1	3/1, 4/25, 7/25, 10/25	State	B,D,E,F,I,M,O,P,U,Y .AA,AD
	108	State Filing Fees	\$100	0	\$100	3/1	State	C,D,E,F,G,H,O,T,U
	108.1	State Filing Fees - Fraternal	\$25	0	\$25	3/1	State	C,D,E,F,G,H,O,T,U
	109	Signed Jurat – Annual	1	0	1	3/1	NAIC	B,G,I,L

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE (must be received by this date)	(6) FORM SOURCE**	(7) APPLICABLE NOTES***
			Domestic		Foreign			
			State	NAIC	State			
	109.1	Signed Jurat – Quarterly	1	0	0	5/15, 8/15, 11/15	NAIC	B,G,I,L
	110	Certificate of Authority Renewal Fee	\$200	0	\$200	3/1	Company	C,D,E,F,G,H,O,U
	110.1	Certificate of Authority Renewal Fee - Fraternal s	\$50	0	\$50	3/1	Company	C,D,E,F,G,H,O,U
	111	Certificate of Advertising Compliance (Accident & Sickness Business)	1	0	1	3/1	Company	B,AB
	112	State Page	1	0	1	3/1	NAIC	B,I,AD
	113	Reconciliation and Summary of Assets and Reserve Requirements	1	0	0	3/1	State	B,AH
	114	Examination Assessment Fee	\$1,050	0	\$1,050	7/1	State	O,Z, AA
	115	Annual Grievance Report	1	0	1	3/31	State	AI
	116	Utilization Review Filing	1	0	1	4/1	State	AJ

*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).

****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.

*****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.

*****For those states that have adopted the NAIC updated Risk Management and Own Risk and Solvency Agreement 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.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings – Contact Person:	Justin Parr – Annual Filings (Foreign and Domestic Insurers) Justin.E.Parr@wv.gov (304) 558-2100 (Financial Conditions Section of the Company Analysis & Examinations Division) Rhonda Hartwell – Tax Filings Rhonda.C.Hartwell@wv.gov (304) 558-1900 (Tax Audit Section of the Financial Accounting Division)
B	Annual Filings Mailing Address: WV Offices of the Insurance Commissioner 900 Pennsylvania Ave., 7 th Fl. Charleston, WV 25302 Tax Filings Mailing Address: WV Offices of the Insurance Commissioner 900 Pennsylvania Ave, 9 th FL Charleston, WV 25302	Domestic and Foreign insurers must file the Annual Filings (Jurat, Cert. of Deposit, Cert. of Advertising, Cert. of Compliance) through SERFF. DO NOT MAIL. Surplus Lines insurers, Accredited and Trusteed Reinsurers, Fraternal, RRGs and Viaticals shall submit their annual filings to the Annual Filing Mailing address. The Annual Premium Tax Statement (which must include the State Page and the State of Domicile Retaliatory Forms) is to be mailed to the Tax Filings mailing address. Filing is due on or before March 1 , and is located at: https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo Phone: (304) 558-1900 – Tax Audit Section <i>If the Annual Premium Tax Statement and State Page are submitted through OPTins, the hard copy is not required to be mailed</i>
C	Mailing Address for Filing Fees: Filing Fee: West Virginia Insurance Commissioner 900 Pennsylvania Ave., 9 th Fl. Charleston, WV 25302	The annual fees are included on the Annual Premium Tax Statement which is due on or before March 1 and is located at: https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo Insurers must make remittance using only the Tax Payment Form provided by this Office. The form can be located at: https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo Phone: (304) 558-1900 – Tax Audit Section
D	Mailing Address for 1 st - 3 rd Quarterly Premium Tax Payments: Premium Tax Payment: 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.	WV 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 and to be either filed through OPTins or mailed to the Tax Filings address indicated in B. Even if there is a zero remittance, a filing must be made for each quarter. Three forms of filing/payment include: 1. OPTins - http://www.optins.org/ to pre-register. 2. CHECK - Insurers must make remittance using only the Tax Payment Form provided by this Office. The form is located at: https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo 3. (FOR ZERO FILERS ONLY)

		https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo You must retain your confirmation number. Phone: (304) 558-1900 – Tax Audit Section
E	Delivery Instructions:	All filings must be received (not postmarked) 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:	WV 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. WV 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. WV 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 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. If the original Premium Tax Filing was filed through OPTins, then the amended filing must also be filed through OPTins.
J	Extension 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:	All licensed companies must file a signed Jurat that must be include a minimum of two (2) officers signatures.
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: WV Offices of the 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 acceptable but companies are liable for any incorrect formatting causing underpayments .
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-required only for HMO's and HMDI's) and is due on or before March 1 . See Note C.
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: https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo Licensed fraternal companies are tax exempt and not required to file returns. Phone: (304) 558-1900 – 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 - http://www.optins.org/ to pre-register. And by Check Form located at: https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo 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) 558-1900 – Tax Audit Section
AA	Premium Tax Penalties:	WV 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.

			<p>WV 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.</p> <p>WV Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.</p>
AB	Certificate of Advertising Compliance:		<p>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 Signed Jurat Page or Application for License (Form A-10).</p> <p>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.</p> <p>The certificate must be filed even if no business was written.</p> <p>You may devise your own statement or use the form provided under General Forms at:</p> <p>http://www.wvinsurance.gov/Forms/GeneralForms.aspx</p>
AC	Certificate of Compliance – Certificate of Deposit:		<p>Foreign and alien licensed insurers must file these certificates with the Signed Jurat Page or Application for License (Form A-10).</p> <p>The Certificate of Compliance is a Certificate of Compliance/Good Standing from your state of domicile and <u>not</u> the Certificate of Authority.</p>
AD	State Page:		<p>File one copy with the Annual Premium Tax Statement (Form IC-PT).</p> <p>Title Companies – File copy of Schedule T.</p> <p>Fraternal – Not Applicable.</p>
AE	Request and relief from 5 year CPA rotation requirement for lead audit partner		<p>WV Code §33-33-6(d) an insurer may make 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.</p>
AF	Relief from the 1 year cooling off period for independent CPA		<p>WV 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.</p>
AG	Relief from the Requirements for Audit Committees		<p>WV 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.</p>

AH	Reconciliation and Summary of Assets and Reserve Requirements	<p>WV 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.</p> <p>Forms are located at: http://www.wvinsurance.gov/company/Forms.aspx</p>
AI	Annual Grievance Report	<p>Pursuant to W. V. C. S. R. §114-96-3, an Annual Grievance Report must be filed by all entities licensed to write accident and sickness insurance and meet the definition of “Health Benefit Plan” W.Va. Code §114-96-2, 2.18</p> <p>Annual Grievance Report Form</p> <p>.</p>
AJ	Utilization Review Filing	<p>Pursuant to W.V. C. S. R. §114-95, any insurer offering a health benefit plan that provides or performs utilization review services shall submit the filing annually through SERFF.</p>

NOTICE

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

***THE EXAMINATION ASSESSMENT FEE NOTICES
ARE NO LONGER MAILED TO INSURERS.***

WV 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:***

<http://www.wvinsurance.gov/company/TaxUnit.aspx>

All filings not received by July 1 will be subject to penalty and interest per WV Code §33-43-7(b) and 33-43-11.

If you have any questions regarding this matter, please contact the Tax Audit Section of the Financial Accounting Division at (304) 558-1900.