

**PROPERTY & CASUALTY INSURERS**

Company Name: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 REQUIRED FILINGS IN THE STATE OF: WEST VIRGINIA Filings Made During the Year: 2021

(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			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2" x 14")	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 1/2" 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 1/2" x 14")	zzz	EO	xxx	5/1	NAIC	B,I,Q
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Accident & Health Policy Experience Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	12	Actuarial Opinion	zzz	EO	xxx	3/1	Company	B,I,Q
	13	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	B,I,Q
	14	Bail Bond Supplement	zzz	EO	xxx	3/1	NAIC	B,I,Q
	15	Combined Insurance Expense Exhibit	zzz	EO	xxx	5/1	NAIC	B,I,Q
	16	Credit Insurance Experience Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	18	Director and Officer Insurance Coverage Supplement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	19	Financial Guaranty Insurance Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	20	Insurance Expense Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	zzz	EO	xxx	4/1	NAIC	
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	zzz	EO	xxx	4/1	NAIC	
	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 Part D Coverage Supplement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	26	Medicare Supplement Insurance Experience Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	27	Premiums Attributed to Protected Cells Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	28	Private Flood Insurance Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	29	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	B,I,Q
	30	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	B,I,Q
	31	Reinsurance Summary Supplemental	zzz	EO	xxx	3/1	NAIC	B,I,Q
	32	Risk-Based Capital Report	zzz	EO	xxx	3/1	NAIC	B,I,Q
	33	Schedule SIS	1	N/A	N/A	3/1	NAIC	B,I,Q
	24	Supplement A to Schedule T	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	35	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	B,I,Q
	36	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	zzz	EO	xxx	4/1	NAIC	B,I,Q
	37	Supplemental Health Care Exhibit's Allocation Report	zzz	EO	xxx	4/1	NAIC	B,I,Q
	38	Supplemental Investment Risk Interrogatories	zzz	EO	xxx	4/1	NAIC	B,I,Q
	39	Supplemental Schedule for Reinsurance Counterparty Reporting Exception-Asbestos and Pollution Contracts	zzz	EO	xxx	3/1	NAIC	B,I,Q
	40	Trusteed Surplus Statement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	E
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	E
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	E
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	E
	65	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	E
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	E
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	E
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	E
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	E
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	E
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	E
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	zzz	EO	N/A	6/1	Company	B, only 1 copy

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			Domestic		Foreign			
			State	NAIC	State			
	82	Audited Financial Reports (Statement)	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	N/A	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
	87	Notification of Adverse Financial Condition	1	N/A	N/A	Immediately	Company	B
	87.1	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	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
	89	Relief from the five-year rotation requirement for lead audit partner	1	EO	0	3/1	Company	B,AE
	90	Relief from the one-year cooling off period for independent CPA	1	EO	0	3/1	Company	B,AF
	91	Relief from the Requirements for Audit Committees	1	EO	0	3/1	Company	B,AG
	92	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	Timely Manner	Company	B
	93	Request for Exemption to File Management’s Report of Internal Control Over Financial Reporting	1	N/A	N/A	Timely Manner	Company	B
		<b>V. STATE REQUIRED FILINGS***</b>						
	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
	109	Signed Jurat – Annual	1	0	1	3/1	NAIC	B,G,I,L
	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	State	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,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](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 annual by the 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).

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		
A	Required Filings – Contact Person:	<p>Annual Filings (Foreign &amp; Domestic Insurers)  <a href="mailto:OICFinancialConditions@wv.gov">OICFinancialConditions@wv.gov</a>  (304) 558-2100 (Financial Conditions Section of the Company Analysis &amp; Examinations Division)</p> <p><a href="mailto:OICWVTaxSection@wv.gov">OICWVTaxSection@wv.gov</a>  (304) 558-1900 (Tax Audit Section of the Financial Accounting Division)</p>
B	<p>Annual Filings Mailing Address: WV Offices of the Insurance Commissioner  900 Pennsylvania Ave., 7<sup>th</sup> Fl.  Charleston, WV 25302</p> <p>Tax Filings Mailing Address: WV Offices of the Insurance Commissioner  900 Pennsylvania Ave., 9<sup>th</sup> Fl.  Charleston, WV 25302</p>	<p>Domestic and Foreign insurers <b>must file</b> the Annual Filings (Jurat, Cert. of Deposit, Cert. of Advertising, Cert. of Compliance) <b>through SERFF. DO NOT mail or file through OPTins.</b></p> <p>Surplus Lines insurers, Accredited and Trusteed Reinsurers, Fraternal, RRG's and Viaticals shall submit their annual filings to the Annual Filings Mailing address.</p> <p>The Annual Premium Tax Statement (which must include the State Page and State of Domicile Retaliatory Forms) is to be mailed to the Tax Filings mailing address. Filing is <b>due on or before March 1</b> and is located at:  <a href="https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo">https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo</a></p> <p>Phone: (304) 558-1900 – Tax Audit Section</p> <p><i>If the Annual Premium Tax Statement and State Page are submitted through OPTins, the hard copy is not required to be mailed</i></p>
C	<p>Mailing Address for Filing Fees:</p> <p><u>Filing Fee:</u>  West Virginia Insurance Commissioner  900 Pennsylvania Ave., 9<sup>th</sup> Fl.  Charleston, WV 25302</p>	<p>The annual fees are included on the Annual Premium Tax Statement which is <b>due on or before March 1</b> and is located at:  <a href="https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo">https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo</a></p> <p>Insurers must make remittance using only the Tax Payment Form provided by this Office. The form can be located at:  <a href="https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo">https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo</a></p> <p>Phone: (304) 558-1900 – Tax Audit Section</p>
D	<p>Mailing Address for 1<sup>st</sup>- 3<sup>rd</sup> Quarterly Premium Tax Payments:</p> <p><u>Premium Tax Payment:</u>  West Virginia Insurance Commissioner  STO/RPD  PO Box 1913  Charleston, WV 25327</p> <p>Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer's Office.</p>	<p>WV Code §33-43-6(e) states that for each of the quarters [first (<b>due on or before April 25</b>), second (<b>due on or before July 25</b>), and third (<b>due on or before October 25</b>)], 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 <b>due on or before March 1 and to be either filed through OPTins or mailed to the Tax Filings address indicated in B.</b></p> <p><b>Even if there is a zero remittance, a filing must be made for each quarter.</b></p> <p>Three forms of filing/payment include:</p> <ol style="list-style-type: none"> <li><b>1. OPTins</b> - <a href="http://www.optins.org/">http://www.optins.org/</a> to pre-register.</li> <li><b>2. CHECK</b> - Insurers must make remittance using only the Tax Payment Form provided by this Office. The form is located at:  <a href="https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo">https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo</a></li> </ol>

		<p><b>3. (FOR ZERO FILERS ONLY)</b>  <a href="https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo">https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo</a>  You must retain your confirmation number.  <b>Phone: (304) 558-1900 – Tax Audit Section</b></p>
E	Delivery Instructions:	<p>All filings must be <b>received</b> (not postmarked) <b>on or before</b> the indicated due date.</p> <p>If due date falls on a weekend or holiday then the deadline is extended to the next business day.</p>
F	Penalties for Late Filings:	<p>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.</p> <p>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> <p>WV Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.</p>
G	Original Signatures:	<p>Required signatures (minimum of two (2) officers) must be original signatures on all filings.</p> <p><b>Due to the ongoing COVID-19 pandemic, the OIC will accept the following in lieu of original signatures:</b></p> <ul style="list-style-type: none"> <li>• scanned copies of original signatures</li> <li>• electronic signatures that comply with the West Virginia Uniform Electronic Transactions Act, codified at W.Va. Code § 39-1-1, et seq. in lieu of original signatures.</li> </ul>
H	Signature/Notarization/Certification:	<p>All forms must be signed and attested by at least two (2) officers where indicated.</p>
I	Amended Filings:	<p>Amended items must be filed with a complete explanation of each amendment.</p> <p>If there are signature requirements for the original filing, the same requirements apply to any amendment.</p> <p>If the original Premium Tax Filing was filed through OPTins, then the amended filing must also be filed through OPTins.</p>
J	Extension from normal filings:	<p>A request for extension must be filed not less than ten (10) days prior to due date and provide sufficient detail.</p>
K	Bar Codes (State or NAIC):	<p>NAIC</p>
L	Signed Jurat:	<p>All licensed companies must file a signed Jurat that must include a minimum of two (2) officers signatures.</p> <p><b>Due to the ongoing COVID-19 pandemic, the OIC will accept the following in lieu of original signatures:</b></p> <ul style="list-style-type: none"> <li>• scanned copies of original signatures</li> <li>• electronic signatures that comply with the West Virginia Uniform Electronic Transactions Act, codified at W.Va. Code § 39-1-1, et seq. in lieu of original signatures.</li> </ul>
M	NONE Filings:	<p>See NAIC Annual Statement Instructions.</p>

		<p>Exceptions to these instructions are noted on the form.</p> <p>Tax statements and payment forms are required to be filed and completed regardless of tax liability. Zero liability must file returns marked -0-.</p>
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 <b>acceptable, but companies are liable for any incorrect formatting causing underpayments.</b>
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:	<p>The annual fees are included on the Annual Premium Tax Statement. See Note C and D.</p> <p>Life insurers and Property and Casualty insurers reporting on the Health Blank must remit a \$100 Annual Statement filing fee.</p> <p>HMOs remit a \$100 Annual Statement filing fee along with the Application for License (Form A-10) which is located at: <a href="http://www.wvinsurance.gov/company/Forms/HMO">http://www.wvinsurance.gov/company/Forms/HMO</a></p> <p>HMDIs are not subject to an Annual Statement filing fee.</p> <p>Licensed fraternal companies must remit a \$25 annual statement filing fee with the signed Jurat.</p>
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 <b>due on or before March 1</b> . 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:	<p>Monthly financial statements must be filed if written request is issued by the commissioner.</p> <p>Foreign and alien licensed insurers are waived from filing hard copy quarterly financial statements unless requested.</p>
Y	Premium Taxes:	<p>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: <a href="http://www.wvinsurance.gov/company/Forms/HMO">http://www.wvinsurance.gov/company/Forms/HMO</a>.</p> <p>Life insurers and Property and Casualty insurers must file the appropriate tax returns. Forms are located at:</p>

		<p><a href="https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo">https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo</a></p> <p>Licensed fraternal companies are tax exempt and not required to file returns.</p> <p>Phone: (304) 558-1900 – Tax Audit Section</p>
Z	<p>Mailing Address:</p> <p><u>Examination Assessment Fee:</u></p> <p>West Virginia Insurance Commissioner STO/RPD PO Box 1861 Charleston WV 25327</p>	<p>Two forms of payments include:</p> <p><b>OPTins</b> - <a href="http://www.optins.org/">http://www.optins.org/</a> to pre-register.</p> <p>And by <b>Check</b></p> <p><b>Form located at:</b> <a href="https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo">https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo</a></p> <p>Fraternal societies must make remittance using only the Payment Form provided by this Office.</p> <p>The payment is <b>due on or before July 1</b>. Phone: (304) 558-1900 – Tax Audit Section</p>
AA	Premium Tax Penalties:	<p>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> <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 that meet the applicability requirements per Section 2 of that Rule. Rule located at: <a href="#">Leg. Rule §114-10</a>. 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 that meet the applicability requirements per Section 2 of that Rule. <a href="#">Leg. Rule §114-11</a>.</p> <p>You may devise your own statement or use the form provided under General Forms at: <a href="https://www.wvinsurance.gov/company">https://www.wvinsurance.gov/company</a></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>Fraternals – 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</p>

			of the Commissioner's approval shall be filed with the Annual Statement.
AF	Relief from the 1 year cooling off period for independent CPA		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.
AG	Relief from the Requirements for Audit Committees		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.
AH	Reconciliation and Summary of Assets and Reserve Requirements		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.  Forms are located at: <a href="https://www.wvinsurance.gov/company">https://www.wvinsurance.gov/company</a>
AI	Annual Grievance Report		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.  The Report must be filed even if no business was written.  The form is located at: <a href="http://www.wvinsurance.gov/portals/0/pdf/hccai/H-Health%20Plan%20Issuer%20Grievance%20Report(2).pdf">http://www.wvinsurance.gov/portals/0/pdf/hccai/H-Health%20Plan%20Issuer%20Grievance%20Report(2).pdf</a>
AJ	Utilization Review filing		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.

## **NOTICE**

**ALL DOMESTIC AND FOREIGN INSURANCE COMPANIES  
(Including 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:***

<https://www.wvinsurance.gov/Divisions/Financial-Accounting#taxinfo>

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**.