



HEALTH ENTITIES CHECKLIST
 NORTH DAKOTA INSURANCE DEPARTMENT
 SFN 52094 (1-2021)

FILINGS CHECKLIST FOR THE STATE OF NORTH DAKOTA - Filings Made during the Year 2021

Company Name					NAIC Company Code			
Contact Name					Telephone Number			
(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE (All domestic filings need to be submitted in electronic format only)	(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")	1	EO	XXX	3/1	NAIC	
	1.1	Investment Schedule detail (pages E01-E29)	1	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" X 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	
	12	Actuarial Opinion	1	EO	XXX	3/1	Company	
	13	Life Supplemental Data due March 1	1	EO	XXX	3/1	NAIC	
	14	Life Supplemental Data due April 1	1	EO	XXX	4/1	NAIC	
	15	Life Supplemental Statement Non-guaranteed Elements - Exhibit 5, Interrogatory #3	1	EO	XXX	3/1	Company	
	16	Life Supplemental Statement on Par/Non-par Policies - Exhibit 5, Interrogatory #1 and 2	1	EO	XXX	3/1	Company	
	17	Life, Health, and Annuity Guaranty Assessment Base Reconciliation Exhibit	1	EO	XXX	4/1	NAIC #	See Note N
	18	Life, Health, and Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	EO	XXX	4/1	NAIC #	See Note N
	19	Long-Term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	
	20	Management Discussion & Analysis	1	EO	XXX	4/1	Company	
	21	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	22	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	
	23	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	
	24	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	25	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	26	Supplemental Health Care Exhibit (Parts 1, 2, and 3)	1	EO	XXX	4/1	NAIC	
	27	Supplemental Health Care Exhibit's Allocation Report	1	EO	XXX	4/1	NAIC	
	28	Supplemental Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
III. ELECTRONIC FILING REQUIREMENTS								
	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	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	66	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
	67	Quarterly Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	69	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	XXX	6/1	Company	See Note R
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A	Within 5 days of change	Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	

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			Domestic		Foreign			
			State	NAIC	State			
	87	Notification of Adverse Financial Condition	1	N/A	1	Within 5 days of change	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	0	EO	N/A	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	0	EO	N/A	3/1	Company	
	90	Relief from the Requirements for Audit Committees	0	EO	N/A	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	5/22	Company	See Note J
	92	CPA Awareness Letter	1	N/A	XXX	6/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure ***	1	0	N/A	6/1	Company	
	102	2021 Filings Checklist (with Column 1 completed)	1	0	N/A	As applicable	State	
	103	Form B - Holding Company Registration Statement	1	0	N/A	3/1	State	
	104	Form F - Enterprise Risk Report ****	1	0	N/A	3/1	Company	
	105	ORSA *****	1	0	N/A	10/1	Company	
	106	State Filing Fees (Renewal Statement-file on Online Renewal System)	1	0	1	3/1	State	See Note C
	107	Supplemental Report Lines of Business	1	0	N/A	3/1	Company	
	108	Premium Tax Reports	1	0	1	3/1, 5/30, 8/29, 11/29	State	See Note O
	109	List of Providers	1	0	1	3/1	Company	See Note R
	110	Grievance Report	1	0	1	3/1	Company	See Note R
	111	Health Abstract of Statement (electronic)	1	0	1	3/1	State	See Note S

Beginning 1/1/2021, North Dakota is requiring that all domestic filings be submitted to the Department in electronic format only. Domestic filings should be submitted to insurance@nd.gov.

* If XXX appears in this column, North Dakota does not require this filing if a 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 NAIC is shown as Form Source, the form should be obtained from the appropriate vendor. # Denotes a new or revised form.

*** North Dakota has 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

**** North Dakota has adopted the NAIC updated Holding Company Model Act, a Form F Filing is required annually by holding company groups. Consistent with 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

***** North Dakota has adopted the NAIC Risk Management and Own Risk 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. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

NOTES AND INSTRUCTIONS (A-S APPLY TO ALL FILINGS)

A	Required Filings Contact Person	Company Licensing (701) 328-2440
B	Mailing Address	North Dakota Insurance Department 600 East Boulevard Ave, Dept. 401 Bismarck, ND 58505
C	Address for Filing Fees	Submit the Renewal Statement for Admitted Companies using the Online Renewal System, see https://www.insurance.nd.gov
D	Mailing Address for Premium Tax Payments	Same as Note B
E	Delivery Instructions	Any hard-copy filings must be postmarked no later than the due date. A company label postmark is not acceptable. Electronic filings must be submitted by the due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. When submitting filings for two or more companies in a single package, all documents must be bundled BY COMPANY, not by document type, in order to expedite processing.
F	Late Filings	Companies will be fined \$100 per day for a late annual statement filing. A company's license may be suspended if the annual statement is delinquent. N.D.C.C. 26.1-03-16. Companies will be fined \$25 per day for delinquent renewal fees. See N.D.C.C. 26.1-02-02
G	Original Signatures	Original signatures are required on all filings from domestic companies. Foreign companies should follow the instructions in the NAIC's Annual Statement Instructions. Electronic signatures will be accepted for all 2021 filings.
H	Signature/Notarization/Certification	The following officers are required to sign the annual statement: President or Vice President, Secretary, and Treasurer; in lieu of officer signatures, a majority of Directors may sign. Electronic signatures and electronic notarization will be accepted on all 2021 filings.
I	Amended Filings	Signature requirements are the same as for the original filing.
J	Exceptions From Normal Filings	For audited financial reports, an extension request must be submitted not less than 10 days prior to the due date. N.D.A.C. 45-03-20-03.
K	Bar Codes (State or NAIC)	Please follow the instructions in the NAIC Annual Statement Instructions.
L	Signed Jurat	Except as indicated in Note R, this state waives foreign insurers from filing printed annual and quarterly statements and supplements. Submission of a hard-copy signed Jurat page is no longer required beginning in 2011.
M	NONE Filings	See NAIC Annual Statement Instructions. Exceptions to these instructions are noted on the form.

N	Filings New, Discontinued or Modified Materially Since Last Year	<p>New Filings: None</p> <p>Discontinued Filings: None</p>
O	Premium Tax Forms and Instructions	<p>Premium tax reports should not be submitted with the annual statement or supplemental filings. Reconciled due 3/1; Est. due 5/30, 8/29, 11/29. Form must be filed even if "0".</p> <p>A separate check for the payment of premium tax is required. Do not send one check for the payment of premium tax and renewal fees.</p>
P	Notification of Company Change	<p>Any company change (i.e., name, address, merger, etc.) should be sent to the Department under separate cover and must conform with the instructions for Corporate Amendments as given on the NAIC's uniform application website (www.naic.org). Do not include such notifications with the annual statement filing.</p>
Q	Request for Acknowledgment of Filing	<p>A confirmation or acknowledgment of filing will not be returned to the company.</p>
R	Required Filings by HMOs	<p>N.D.C.C. 26.1-18.1-08 requires every domestic and foreign health maintenance organization to file:</p> <ol style="list-style-type: none"> (1) An annual statement. (2) Audited financial statements. (3) A list of providers who have executed a contract that complies with 26.1-18.1-12 (4)(a). (4) A description of its grievance procedures. (5) The total number of grievances, compilation of causes underlying those grievances, and a summary of the final disposition of those grievances.
S	Health Abstract of Statement	<p>The Abstract of Statement - SFN 4802 must be submitted electronically. Print a copy if needed before clicking the "Submit" button.</p>