PROPERTY AND CASUALTY INSURERS CHECKLIST

NORTH DAKOTA INSURANCE DEPARTMENT

FILINGS CHECKLIST FOR THE STATE OF NORTH DAKOTA - Filings Made during the Year 2025

| (1) | (2) | FILINGS CHECKLIST FOR THE STATE OF NORTH I | | | ings ma | (5) | (6) | (7) |
|-------------|---------------------------------|--|-------|---|---------|------------------------|-----------|-----------|
| Check- Line | | | | (4) BER OF C | OPIES * | (3) | FORM | APPLICABL |
| list | # | REQUIRED FILINGS FOR THE ABOVE STATE (All domestic filings need to be submitted in electronic format only) | | | Foreign | DUE DATE | SOURCE ** | E |
| | | | | Domestic Foreign State NAIC State | | | | NOTES |
| | | I. NAIC FINANCIAL STATEMENTS | State | NAIC | State | | | |
| | 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 | |
| | 3 | Protected Cell Annual Statement | 1 | 0 | XXX | 3/1 | NAIC | |
| | | | | - | | | | |
| | 4 | Combined Annual Statement (8 1/2" X 14") II. NAIC SUPPLEMENTS | 1 | EO | XXX | 5/1 | NAIC | |
| | 11 | Accident & Health Policy Experience Exhibit | 1 | EO | XXX | 4/1 | NAIC | |
| | 12 | | 1 | EO | XXX | 3/1 | - | |
| | | Actuarial Opinion | | - | | | Company | |
| | 13 | Actuarial Opinion Summary | 1 | N/A | N/A | 3/15 | Company | |
| | 14 | Bail Bond Supplement | 1 | EO | XXX | 3/1 | NAIC | |
| | 15 | Combined Insurance Expense Exhibit | 1 | EO | XXX | 5/1 | NAIC | |
| | 16 | Credit Insurance Experience Exhibit | 1 | EO | XXX | 4/1 | NAIC | |
| | 17 | Cybersecurity Insurance Coverage Supplement | 1 | EO | XXX | 4/1 | NAIC | |
| | 18 | Director and Officer Insurance Coverage Supplement | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 19 | Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses | 1 | EO | XXX | 3/1 | NAIC | |
| | 20 | Financial Guaranty Insurance Exhibit | 1 | EO | XXX | 3/1 | NAIC | |
| | 21 | Insurance Expense Exhibit | 1 | EO | XXX | 4/1 | NAIC | |
| | 22 | Life, Health, and Annuity Guaranty Association Assessable Premium Exhibit, Part 1 and 2 | 1 | EO | XXX | 4/1 | NAIC | |
| | 23 | Long-Term Care Experience Reporting Forms | 1 | EO | XXX | 4/1 | NAIC | |
| | 24 | Management Discussion & Analysis | 1 | EO | XXX | 4/1 | Company | |
| | 25 | Market Conduct Annual Statement Premium Exhibit for Year | 1 | EO | XXX | 3/1 | NAIC | |
| | 26 | Medicare Part D Coverage Supplement | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 27 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | XXX | 3/1 | NAIC | |
| | 28 | Mortgage Guaranty Insurance Exhibit | 1 | EO | XXX | 4/1 | NAIC | |
| | 29 | Premiums Attributed to Protected Cells Exhibit | 1 | EO | XXX | 3/1 | NAIC | |
| | 30 | Private Flood Insurance Supplement | 1 | EO | XXX | 4/1 | NAIC | |
| | 31 | Reinsurance Attestation Supplement | 1 | EO | XXX | 3/1 | Company | |
| | 32 | Exceptions to Reinsurance Attestation Supplement | 1 | N/A | XXX | 3/1 | Company | |
| | 33 | Reinsurance Summary Supplemental | 1 | EO | XXX | 3/1 | NAIC | |
| | 34 | Risk-Based Capital Report | 1 | EO | XXX | 3/1 | NAIC | |
| | 35 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | |
| | 36 Supplemental A to Schedule T | | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 37 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 38 | Supplemental Health Care Exhibit (Parts 1 and 2) | 1 | EO | XXX | 4/1 | NAIC | |
| | 30 | Supplemental Investment Risk Interrogatories | 1 | EO | XXX | 4/1 | NAIC | |
| | 40 | Supplemental Schedule for Reinsurance Counterparty | 1 | EO | XXX | 3/1 | NAIC | |
| | | Reporting Exception - Asbestos and Pollution Contracts | | | | | | |
| | 41 | Trusteed Surplus Statement | 1 | EO | XXX | 3/1, 5/15, 8/15, 11/15 | NAIC | |

| (1) Check- list | (2) Line | (3) REQUIRED FILINGS FOR THE ABOVE STATE (All domestic filings need to be submitted in electronic format only) | | (4) ER OF C | OPIES * | | (6) FORM SOURCE ** | (7) APPLICABLE NOTES |
|-----------------------|-------------|---|-----|------------------|---------|-------------------------|--------------------------|----------------------------|
| list | # | | | Domestic Foreign | | DUE DATE | SOURCE " | NOTES |
| | | | | NAIC | State | | | |
| | | 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 | Combined Annual Statement Electronic Filing | XXX | EO | XXX | 5/1 | NAIC | |
| | 66 | Combined Annual Statement .PDF Filing | XXX | EO | XXX | 5/1 | NAIC | |
| | 67 | Supplemental Electronic Filing | XXX | EO | XXX | 4/1 | NAIC | |
| | 68 | Supplemental .PDF Filing | XXX | EO | XXX | 4/1 | NAIC | |
| | 69 | Quarterly Statement Electronic Filing | XXX | EO | XXX | 5/15, 8/15, 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | XXX | EO | XXX | 5/15, 8/15, 11/15 | NAIC | |
| | 71 | 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 | |
| | 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 | |
| | 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 to File Consolidated Audited Annual Statements | 1 | N/A | N/A | 12/31 | Company | |
| | 92 | 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 |
| | 93 | CPA Awareness Letter | 1 | N/A | XXX | 6/1 | Company | |
| | | V. STATE REQUIRED FILINGS | | | | | - | |
| | 101 | Corporate Governance Annual Disclosure *** | 1 | 0 | N/A | | Company | |
| | 102 | Form B - Holding Company Registration Statement | 1 | 0 | N/A | 3/1 | State | |
| | 103 | Form F - Enterprise Risk Report **** | 1 | 0 | 0 | 3/1 | State | |
| | 104 | ORSA ***** | 1 | 0 | 0 | 8/1 | Company | |
| | 105 | Premium Tax Reports | 1 | 0 | 1 | 3/1, 5/30, 8/29, 11/29 | State | See Note O |
| | 106 | State Filing Fees (Renewal Statement-file on Online Renewal System) | 1 | 0 | 1 | 3/1 | State | See Note C |
| | 107 | Property and Casualty Company Abstract of Statement (electronic)+ | 1 | 0 | 1 | 3/1 | State | See Note T |
| | 108 | Fire District Reporting Form | 1 | 0 | 1 | 3/1 | State | See Note R |
| | 109 | Medical Malpractice Claim Report | 1 | 0 | 1 | 3/31, 9/30 | State | |
| | 110 | Declarations of Compliance with the Auto Accident Reparations Act | 1 | 0 | 1 | As applicable | State | See Note S |
| | 111 | Certification as an Insurer of Automobile Warranty Contracts | 1 | 0 | 1 | As applicable | State | See Note U |
| | 112 | Insurance Data Security Certification | 1 | 0 | N/A | 4/15 | State | |

Beginning with the 2024 filing year, North Dakota is requiring that all domestic filings be submitted to the Department in electronic format only Via OPTins.

- * 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 <u>not</u> 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
- + Please note the change in the publishing process of the Abstract of Statement per Bulletin 2024-1 Bulletin 2024-1.pdf

| A | Required Filings Contact Person | Company Licensing (701) 328-2440 |
|---|---|---|
| В | 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 via OPTins <u>OPTins Online Tax Filing Solution for Insurance</u> |
| D | Mailing Address for Premium Tax Payments | Same as Note B |
| E | Delivery Instructions | 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. N.D.C.C. § 26.1-02-02 |
| G | Original Signatures | Original or electronic signatures will be accepted for both domestic and foreign company filings. |
| н | 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 filings. |

NOTES AND INSTRUCTIONS (A-R and T APPLY TO ALL FILINGS)

| 1 | 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 |
| К | Bar Codes (State or NAIC) | Please follow the instructions in the NAIC Annual Statement Instructions. |
| L | Signed Jurat | 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. |
| М | 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 | New Filings: None |
| | | <i>Discontinued Filings:</i> None |
| 0 | Premium Tax Forms and Instructions | Premium tax should be reported via Optins at <u>https://www.optins.org/.</u> The reconciled report is due March 1. Estimated reports are due May 30, August 29, and November 29. Reports must be filed even if zero tax is reported. A separate payment for premium tax is required. Do not send one payment in for premium tax and renewal fees. |
| P | Notification of Company Change | 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 notification with the annual statement filing.include such notifications with the annual statement filing. |
| Q | Request for Acknowledgment of Filing | A confirmation or acknowledgment of filing will not be returned to the company. |
| R | Fire District Report Forms and Instructions | The Fire District Report should be submitted via excel document found at https://www.insurance.nd.gov/companies/fire-district-payment in lieu of a hard copy report. Send to rkriege@nd.gov . No need to submit if zero premium on lines 1, 2.1, 3, 4, and 5.1. The report needs to be completed even if line 7 on the totals page is negative. Important: New penalty or 26.1-03-11. If you have questions send to rkriege@nd.gov . |
| S | Instructions for Declaration of Compliance with the Auto Accident Reparations Act | This form must be filed once (not on an annual basis) by every insurer that transacts the business of motor vehicle liability insurance in this state. |
| Т | Property and Casualty Abstract of Statement | The Abstract of Statement - SFN 4802 must be submitted electronically. Completed form will be sent via a confirmation email. |

| | | | The form must be filed by an insurer of automobile warranty contracts pursuant to Bulletin 2009-1 (see <u>https://www.insurance.nd.gov/sites/www/files/</u> documents/Bulletins/2009/Bulletin%202009-1.pdf |
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