Risk Retention Groups

COMPANY NAME:	NAIC Company Code:
Contact:	Telephone:
REQUIRED FILINGS IN THE STATE OF Lowa	Filings Made During the Year 2025

list 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 4 11 12 13 14 15 16 17 18 19 20 21 22 22 23 24 25 26 27 28	I. NAIC FINANCIAL STATEMENTS Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement Medicare Supplement Insurance Experience Exhibit	NUMBER OF COPIES* Foreign XXX XXX XXX XXX XXX O XXX XXX XXX X	3/1 3/1 3/1 5/15, 8/15, 11/15 3/1 5/1 4/1 3/15 3/1 3/1 3/1 5/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4	NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,E,G,H,K,M A,B,E,K,M A,B,E,K,M A,B,E,K,M A,B,E,K,M A,B,E,K,M A,B,E,K,M A,B,K,M
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1.1 2 3 4 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	I. NAIC FINANCIAL STATEMENTS Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/1 3/1 5/15, 8/15, 11/15 3/1 5/1 4/1 3/15 3/1 3/1 3/1 5/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4	NAIC NAIC NAIC NAIC NAIC NAIC NAIC Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,E,G,H,K,M A,B,E,K,M A,B,E,K,M N A,B,E,K,M N A,B,E,K,M A,B,K,M
2 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 4 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/1 5/15, 8/15, 11/15 3/1 5/1 5/1 4/1 3/15 3/1 3/1 3/1 5/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC NAIC NAIC Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,E,K,M A,B,E,G,H,K,M A,B,E,K,M N A,B,E,K,M A,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,B,M B,B,B,B,B,B,B,B,B,B,B,B,B,B,B
2 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 4 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/1 5/15, 8/15, 11/15 3/1 5/1 5/1 4/1 3/15 3/1 3/1 3/1 5/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC NAIC NAIC Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,E,K,M A,B,E,G,H,K,M A,B,E,K,M N A,B,E,K,M A,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,B,M B,B,B,B,B,B,B,B,B,B,B,B,B,B,B
2 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 4 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Annual Statement (8 ½" x 14") Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/1 5/15, 8/15, 11/15 3/1 5/1 5/1 4/1 3/15 3/1 3/1 3/1 5/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC NAIC NAIC Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,E,K,M A,B,E,G,H,K,M A,B,E,K,M N A,B,E,K,M A,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,B,M B,B,B,B,B,B,B,B,B,B,B,B,B,B,B
2 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 4 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Printed Investment Schedule detail (Pages E01-E29) Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/1 5/15, 8/15, 11/15 3/1 5/1 5/1 4/1 3/15 3/1 3/1 3/1 5/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC NAIC NAIC Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,E,K,M A,B,E,G,H,K,M A,B,E,K,M N A,B,E,K,M A,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,K,M B,B,B,M B,B,B,B,B,B,B,B,B,B,B,B,B,B,B
2 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 4 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Quarterly Financial Statement (8 ½" x 14") Protected Cell Annual Statement Combined Annual Statement (8 ½" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	5/15, 8/15, 11/15 3/1 5/1 4/1 3/15 3/1 3/15 3/1 3/1 5/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,E,G,H,K,M A,B,E,K,M N A,B,K,M
3 4 11 11: 11: 11: 11: 11: 11: 12: 12: 22: 2	3 4 11 12 13 14 15 16 17 18 19 20 21 22 22 23 24 25 26 27 28	Protected Cell Annual Statement Combined Annual Statement (8 1/8" x 14") II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/1 5/1 4/1 3/15 3/1 3/1 3/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,E,K,M N A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M
20 22 22 22 22 23 33 33 33	4 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	0 XXX XXX XXX XXX 0 XXX XXX XX	5/1 4/1 3/15 3/1 3/1 3/1 4/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1 4/1	NAIC NAIC Company Company NAIC NAIC	A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M
11: 12: 14: 16: 17: 18: 19: 20: 20: 20: 20: 20: 20: 20: 20	112 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/15 3/1 3/1 5/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1	Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M
11: 12: 14: 16: 17: 18: 19: 20: 20: 20: 20: 20: 20: 20: 20	112 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Accident & Health Policy Experience Exhibit Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/15 3/1 3/1 5/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1	Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M
11: 12: 14: 16: 17: 18: 19: 20: 20: 20: 20: 20: 20: 20: 20	112 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Actuarial Opinion Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/15 3/1 3/1 5/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1	Company Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M
1: 1: 1: 1: 1: 1: 1: 1: 2: 2: 2: 2: 2: 2: 2: 2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Actuarial Opinion Summary Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/1 3/1 5/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1	Company NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,E,K,M A,B,K,M A,B,K,M
14 11: 11: 11: 12: 20: 22: 22: 22: 22: 22: 23: 33: 33: 33:	14	Bail Bond Supplement Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX	3/1 5/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,E,K,M A,B,K,M A,B,K,M
1: 10 11 11 11 11 20 22 22 22 22 22 22 23 33 33 33	15 16 17 18 19 20 21 22 23 24 25 26 27 28	Combined Insurance Expense Exhibit Credit Insurance Experience Exhibit Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	0 XXX XXX XXX XXX XXX XXX XXX X	5/1 4/1 4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,K,M A,B,K,M A,B,K,M A,B,K,M A,B,E,K,M A,B,K,M A,B,K,M
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20 22 22 22 22 24 26 26 27 26 27 27 28 30 33 33 33	17 18 19 20 21 22 23 24 25 26 27 28	Cybersecurity Insurance Coverage Supplement Director and Officer Insurance Coverage Supplement Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX XXX XXX XXX XXX XXX XXX XXX	4/1 5/15, 8/15, 11/15 3/1 3/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC NAIC NAIC NAIC	A,B,K,M A,B,K,M A,B,E,K,M A,B,K,M A,B,K,M
2: 2 2: 2 2: 2 2: 2 2: 2 2: 2 2: 3 3: 3 3	19 20 21 22 23 24 25 26 27 28	Exhibit of Other Liabilities by Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX XXX XXX XXX XXX	3/1 3/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC NAIC NAIC	A,B,K,M A,B,E,K,M A,B,K,M A,B,K,M
20 22 22 22 22 22 22 22 22 33 33 33 33	20 21 22 23 24 25 26 27 28	on Line 17 of the Exhibit of Premiums and Losses Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX XXX XXX XXX XXX XXX	3/1 4/1 4/1 4/1 4/1	NAIC NAIC NAIC	A,B,E,K,M A,B,K,M A,B,K,M
2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3	21 22 23 24 25 26 27 28	Financial Guaranty Insurance Exhibit Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX XXX XXX XXX XXX	4/1 4/1 4/1 4/1	NAIC NAIC NAIC	A,B,K,M A,B,K,M
2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3	21 22 23 24 25 26 27 28	Insurance Expense Exhibit Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX XXX XXX XXX XXX	4/1 4/1 4/1 4/1	NAIC NAIC NAIC	A,B,K,M A,B,K,M
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2: 2: 2: 2: 2: 2: 3: 3: 3: 3:	24 25 26 27 28	Long Term Care Experience Reporting Forms Management Discussion & Analysis Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX XXX	4/1		
2: 22: 2: 2: 2: 3: 3: 3: 3:	25 26 27 28	Market Conduct Annual Statement Premium Exhibit for Year Medicare Part D Coverage Supplement	XXX		Company	1 D II : :
20 22 22 33 33 33 33	26 27 28	Medicare Part D Coverage Supplement		2/1		A,B,K,M
2: 2: 2: 3: 3: 3: 3:	27 28		VVV		NAIC	A,B,K,M
2: 2: 3: 3: 3: 3: 3:	28	Medicare Supplement Insurance Experience Exhibit		3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,K,M
2: 3: 3: 3: 3:			XXX	3/1	NAIC	A,B,E,K,M
30 33 33 33		Mortgage Guaranty Insurance Exhibit Premiums Attributed to Protected Cells Exhibit	XXX	4/1	NAIC	A,B,E,K,M
3 3: 3:	30	Private Flood Insurance Supplement	XXX	4/1 4/1	NAIC NAIC	A,B,K,M A,B,K,M
32		Reinsurance Attestation Supplement	XXX	3/1	Company	A,B,E,K,M
	32	Exceptions to Reinsurance Attestation Supplement	XXX	3/1	Company	A,B,E,K,M
	33	Reinsurance Summary Supplemental	XXX	3/1	NAIC	A,B,E,K,M
	34	Risk-Based Capital Report	N/A	3/1	NAIC	A,B,E,G,H,K,M
	35	Schedule SIS	N/A	3/1	NAIC	A,B,E,K,M
	36 37	Supplement A to Schedule T Supplemental Compensation Exhibit	XXX N/A	3/1, 5/15, 8/15, 11/15 3/1	NAIC NAIC	A,B,K,M A,B,E,K,M
	38	Supplemental Health Care Exhibit (Parts 1 and 2)	XXX	4/1	NAIC	A,B,E,K,M
	39	Supplemental Investment Risk Interrogatories	XXX	4/1	NAIC	A,B,E,K,M
	40	Supplemental Schedule for Reinsurance Counterparty	XXX	3/1	NAIC	A,B,E,K,M
		Reporting Exception - Asbestos and Pollution Contracts				
4	41	Trusteed Surplus Statement	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A,B,K,M
		III. ELECTRONIC FILING REQUIREMENTS (vi		2.4	27.17.0	
6		Annual Statement Electronic Filing	0	3/1	NAIC	N
	62 63	March .PDF Filing Risk-Based Capital Electronic Filing	0	3/1 3/1	NAIC NAIC	N N
	64	Risk-Based Capital PDF Filing	0	3/1	NAIC	N
	65	Combined Annual Statement Electronic Filing	0	5/1	NAIC	N
	66	Combined Annual Statement .PDF Filing	0	5/1	NAIC	N
	67	Supplemental Electronic Filing	0	4/1	NAIC	N
	68	Supplemental .PDF Filing	0	4/1	NAIC	N
	69	Quarterly Statement Electronic Filing	0	5/15, 8/15, 11/15	NAIC	N
	70	Quarterly .PDF Filing	0	5/15, 8/15, 11/15	NAIC	N
7	71	June .PDF Filing	0	6/1	NAIC	N
	0.1	IV. AUDITED FINANCIAL STATEMENTS	*****	6/1		L D I'
	81	Accountants Letter of Qualifications	XXX	6/1	Company	A,B,K
	82	Audited Financial Reports	XXX	6/1	Company	A,B,K
	83	Audited Financial Reports Exemption Affidavit	N/A	6/1	Company	A,B,K
84	84	Communication of Internal Control Related Matters Noted in Audit	N/A	8/1	Company	A,B,K
Q	85	Independent CPA (change)	N/A	6/1	Company	A,B,K
	86	Management's Report of Internal Control Over Financial	M/A	8/1	Company	A,B,K
0,		Reporting	1.2/1		Company	,,
8'	87	Notification of Adverse Financial Condition	N/A	6/1	Company	A,B,K
8	88	Relief from the five-year rotation requirement for	N/A	3/1	Company	A,B,K,S
		lead audit partner				
8	89	Relief from the one-year cooling off period for independent CPA	N/A	3/1	Company	A,B,K,S

90	Relief from the Requirements for Audit Committees	N/A	3/1	Company	A,B,K,S
91	Request to File Consolidated Audited Annual Statements	N/A	12/31	Company	A,B,K,S
92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	N/A	12/31	Company	A,B,K,S
	V. STATE REQUIRED FILINGS				
106	Signed Jurat – from Annual Statement	EO	3/1,	NAIC	A,F,G,H,K,L,W
107	Signed Jurat – from Quarterly Financial Statement	EO	5/15, 8/15, 11/15	NAIC	A,F,G,H,K,L,V
108	Change of Address	1	Anytime	Company	U
109	Application for renewal of Risk Retention Group	XXX	XXX	State	C,D,W
	Registration and fees				
110	Premium Taxes	EO	3/1	State	C,D,W

^{*}If XXX appears in this column, Iowa 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 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.

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	· · · · · · · · · · · · · · · · · · ·	Company Regulation
		Company.Regulation@iid.iowa.gov
В	Mailing Address:	Iowa Insurance Division
		1963 Bell Avenue, Suite 100
		Des Moines, IA 50315
C	Mailing Address for Premium Taxes:	Payment made electronically.
		Direct via Premium Pro® or
		https://nonsub.tritechsoft.com/
D	Premium Tax Contact:	(515)654-6529
		<u>Premium.tax@iid.iowa.gov</u>
E	Delivery Instructions:	All items must be by Due Date, Sunday
		Due Date requires next business day
		receipt.
G	Original Signatures:	Filings may not contain bare electronic,
		scanned, or photocopied signatures.
		Domestic companies must submit either:
		1) original ink signatures on hard copy
		documents; or 2) authenticated electronic,
		scanned, or photocopied signatures
		pursuant to Iowa Code sections
		554D.103(8) and 554D.111. A domestic
		company can demonstrate that electronic,
		scanned, or photocopied signatures are
		authentic by providing either a)
		notarization that complies with Iowa
		Code chapter 9B or b) other adequate
		means showing that the electronic sound,
		symbol, or process that constitutes the
		signature is logically associated with or
		adopted by the person who signed the
		document, such as an electronic signature
		tool or platform. Please note that the
		State of Iowa has promulgated rules for
		notarizing electronic signatures and for
		using remote notaries. See 721 Iowa
		Admin. Code rr. 43.6, 43.9.
Н	Signature/Notarization/Certification:	President or Vice President and Secretary
K	Bar Codes (State or NAIC)	Please follow the instructions in the
		NAIC Annual Statement Instructions.
L	Signed Jurat	This state waives foreign insurers from
	Beginning with the Annual Statement filed for the year ended	filing printed annual and quarterly
	December 31, 2020, the signed Annual Jurat will be submitted	statements and supplements. Annual
	electronically with the premium tax return. (see instructions in W	Jurat to be electronically filed as a pdf
	below)	attachment with Premium Tax return.
	The signed Quarterly Jurat will continue to be sent via email (see	Quarterly Jurat to be electronically
	instructions in V below)	submitted as outlined in Note V.
M	NONE Filings:	See NAIC Annual Statement instructions.
		Exceptions to these instructions are noted
		on the form
N	To be filed with the NAIC only.	Document or electronic filing is to be
		made with the NAIC office
S	Consolidated Audits	The State of Iowa accepts the domestic
		state as the only state that can grant
		permission to file on a consolidated basis
		or grant permission for exemption to file.
U		Must be filed as a separate document as
	Use UCAA Form 14	your annual statement does not trigger a
		change of address for our office.
V		Document must be filed electronically
	The subject line of the email must be in the following format:	with this state by submitting a pdf copy of
	RRG–NAIC#-Jurat page quarter 1(2 or 3)	the document by due date to:
	example: RRG-54321-jurat page quarter 1	electronic.filing@iid.iowa.gov a paper
	A separate email must be submitted by each company. Any companies	
	submitting multiple documents in one email will be subject to late filing fees.	

		copy will not be accepted as a completed filing.
W	Beginning with filings due on March 1, 2021 the following documents and corresponding payments must be filed electronically via TriTech Software: Premium Tax Return Signed Annual Jurat Page	Subscribers to Premium Pro® may utilize the software to generate and submit the forms. Non-subscribers will generate and submit electronic documents at https://nonsub.tritechsoft.com/

General Instructions For Companies to Use Checklist

Please Note:

This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The March .PDF Filing is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The *Risk -Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental .PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Statement Electronic Filing includes the complete quarterly statement data.

The Quarterly Statement .PDF Filing is the .pdf file for quarterly statement data.

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The Combined Annual Statement .PDF Filing is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The June .PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally on its web site: www.iid.iowa.gov). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.