

# LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

**Company name:** [Click or tap here to enter text.](#) **NAIC company code:** [Click or tap here to enter text.](#)

**Contact:** [Click or tap here to enter text.](#) **Telephone:** [Click or tap here to enter text.](#)

**Required filings in the state of:** [Click or tap here to enter text.](#) **Filings made during the year 2026** [Click or tap here to enter text.](#)

**Insurers are encouraged to file electronically when possible.**

**Send confidential information securely or reach out to [Orinsreg.ins@dcbs.oregon.gov](mailto:Orinsreg.ins@dcbs.oregon.gov) for secure filing instructions.**

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURC E**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual statement (8 ½"x14")	EO	EO		3/1	NAIC	G,H,J,K,L,O,Z
	1.1	Printed investment schedule detail (Pages E01-E30)	EO	EO	xxx	3/1	NAIC	
	2	Quarterly financial statement (8 ½" x 14")	EO	EO		5/15, 8/15, 11/15	NAIC	G,H,J,K,N,Z
	3	Separate accounts annual statement (8 ½"x14")	EO	EO		3/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Accident and health policy experience exhibit	EO	EO	xxx	4/1	NAIC	K

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			Domestic		Foreign			
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	12	Credit insurance experience exhibit	EO	EO	xxx	4/1	NAIC	K,W
	13	Health supplement	EO	EO	xxx	3/1	NAIC	
	14	Life, health and annuity guaranty association assessable premium exhibit, Parts 1 and 2	EO	EO	xxx	4/1	NAIC	K
	15	Long-term care experience reporting forms	EO	EO	xxx	4/1	NAIC	K
	16	Management discussion and analysis	EO	EO		4/1	Company	K
	17	Market conduct annual statement premium exhibit for year	EO	EO		3/1	NAIC	
	18	Medicare supplement insurance experience exhibit	EO	EO	xxx	3/1	NAIC	K
	19	Medicare Part D coverage supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	20	Risk-based capital report	EO	EO	xxx	3/1	NAIC	J,K
	21	Schedule SIS	EO	N/A	N/A	3/1	NAIC	J,K
	22	Supplemental compensation exhibit	EO	N/A	N/A	3/1	NAIC	J,K
	23	Supplemental health care exhibit (Parts 1 and 2 )	EO	EO	xxx	4/1	NAIC	K
	24	Supplemental investment risk interrogatories	EO	EO	xxx	4/1	NAIC	K
	25	Supplemental Schedule O	EO	EO	xxx	3/1	NAIC	K

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			Domestic		Foreign			
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	26	Supplemental term and universal life insurance reinsurance exhibit	EO	EO	xxx	4/1	NAIC	K
	27	Trusteed surplus statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	28	Variable annuities supplement	EO	EO	xxx	4/1	NAIC	K
	29	VM 20 reserves supplement	EO	EO	xxx	3/1	NAIC	K
	30	Workers' Compensation carve-out supplement	EO	EO	xxx	3/1	NAIC	K
		<b>Actuarial Related Items</b>						
	31	Actuarial certification regarding use 2001 Preferred Class Table	EO	EO	xxx	3/1	Company	K
	32	Actuarial certification related annuity nonforfeiture ongoing compliance for equity indexed annuities	EO	EO	xxx	3/1	Company	K
	33	Actuarial memorandum related to universal life with secondary guarantee policies required by actuarial guideline XXXVIII 8D	EO	N/A	xxx	4/30	Company	K
	34	Actuarial opinion	EO	EO	xxx	3/1	Company	J,K
	35	Actuarial opinion on separate accounts funding guaranteed minimum benefit	EO	EO	xxx	3/1	Company	K

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	36	Actuarial opinion on synthetic guaranteed investment contracts	EO	EO	xxx	3/1	Company	K
	37	Actuarial opinion on x-factors	EO	EO	xxx	3/1	Company	K
	38	Actuarial opinion required by modified guaranteed annuity model regulation	0	EO	xxx	3/1	Company	CC,K
	39	Request for life PBR exemption (if applicable)	EO	E/O	xxx	Commissioner 7/1, NAIC 8/15	Company	
	40	Executive summary of the PBR actuarial report	EO	N/A	xxx	4/1	Company	K
	41	Life summary of the PBR actuarial report	EO	N/A	xxx	4/1	Company	K
	42	Variable annuities summary of the PBR actuarial report	EO	N/A	xxx	4/1	Company	K
	43	PBR actuarial report (provide upon request)	EO	N/A	xxx		Company	K
	44	RAAIS required by <i>Valuation Manual</i>	EO	N/A	xxx	4/1	Company	
	45	Reasonableness and consistency of assumptions certification required by actuarial guideline XXXV	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	46	Reasonableness of assumptions certification required by actuarial guideline XXXV	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	K

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	47	Reasonableness and consistency of assumptions certification required by actuarial guideline XXXVI (updated average market value)	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	K
	48	Reasonableness and consistency of assumptions certification required by actuarial guideline XXXVI (updated market value)	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	K
	49	Reasonableness of assumptions certification for implied guaranteed rate method required by actuarial guideline XXXVI	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	K
	50	RBC certification required under C-3 Phase I	EO	EO	xxx	3/1	Company	J,K
	51	RBC certification required under C-3 Phase II	EO	EO	xxx	3/1	Company	K
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	EO	EO	xxx	3/1	Company	K
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	EO	EO	xxx	3/1	Company	K
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	61	Annual statement electronic filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF filing	xxx	EO	xxx	3/1	NAIC	

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	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	Separate accounts electronic filing	xxx	EO	xxx	3/1	NAIC	
	66	Separate accounts .PDF filing	xxx	EO	xxx	3/1	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	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants letter of qualifications	EO	EO	N/A	6/1	Company	K
	82	Audited financial reports	EO	EO		6/1	Company	J,K,Q
	83	Audited financial reports exemption affidavit	Note	N/A	N/A		Company	J
	84	Communication of internal control related matters noted in audit	EO	EO	N/A	8/1	Company	K

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	85	Independent CPA (change)	Note	N/A	N/A		Company	S
	86	Management's report of internal control over financial reporting	EO	N/A	N/A	8/1	Company	K
	87	Notification of adverse financial condition	Note	N/A	N/A		Company	T
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	xxx	3/1	Company	K
	89	Relief from the one-year cooling off period for independent CPA	EO	EO	xxx	3/1	Company	K
	90	Relief from the requirements for audit committees	EO	EO	xxx	3/1	Company	K
	91	Request for exemption to file management's report of internal control over financial reporting	Note	N/A	N/A		Company	J
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Annual actuarial certification of SEHI compliance	EO	0	EO		State	JJ
	102	Annual report of segregated premiums	EO	0	Note	3/1	State	TT
	103	Asset adequacy issues summary	EO	0	0	3/15	State	EE
	104	Certificate of compliance	0	0	0		State	A
	105	Certificate of deposit	0	0	0		State	A
	106	Certificate of valuation	0	0	0		State	

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	107	Certification report from the exchange	EO	0	0	3/1	State	UU
	108	Combined tax prepayment	Note	0	Note	6/15, 9/15, 12/15	State	V
	109	corporate governance annual disclosure***	EO	0	EO	6/1	Company	
	110	Credit life and health experience report	1	0	1	6/1	State	KK
	111	Expanded practice dental hygienists	0	0	0	8/1	State	II
	112	Filings checklist (with Column 1 completed)	0	0	0		State	
	113	Form B-holding company registration statement	EO	0	0	4/30	Company	J,Y
	114	Form F-enterprise risk report ****	EO	0	0	4/30	Company	PP
	115	<del>Group Capital Calculation (File with lead state only)</del>		-0				
	116	Health benefit plan report	EO	0	EO	4/1	State	AA
	117	Health insurer segregation of premium accounting plan	EO	0	Note	3/1	State	VV
	118	<b>INSURANCE TAXES and ASSESSMENTS:</b>  <b>Insurance tax return</b> (retaliatory and fire marshal taxes, annual certificate of authority renewal fee)	Electronic in iReg	0	Electronic in iReg	4/1	State	A,B,D,E,F, G,I,U

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	119	<b>INSURANCE TAXES and ASSESSMENTS:</b>  <b>Tax prepayments</b> (retaliatory and fire marshal taxes combined)	Payment coupons in iReg	0	Payment coupons in iReg	6/15, 9/15, 12/15	State Payment coupons in iReg	A,B,D,E,F, G,I,V
	120	<b>INSURANCE TAXES and ASSESSMENTS:</b>  <b>Annual assessment to fund operations</b>	Payment coupons in iReg	0	Payment coupons in iReg	10/31	State payment coupons in iReg	A,B,D,E,F, G,I,ZZ
	121	<b>INSURANCE TAXES and ASSESSMENTS:</b>  <b>Quarterly health premium assessment</b> (all companies licensed for health in Oregon are required to file)	Filings and payment coupons in iReg	0	Filings and payment coupons in iReg	2/15, 5/15, 8/15, 11/15		A,B,D,E,F, G,I,YY
	122	Life illustration report	1	0	1		State	LL
	123	Life insurance finder tool (LIFT)				Ongoing	State	XX
	124	Long-term care reports	EO	0	EO	3/1, 5/1, 6/30	State	GG
	125	Market conduct annual statement (MCAS)	0	EO	0	4/30	NAIC	OO
	126	Medical loss ratio	1	0	1			MM
	127	Medicare select and supplement reports	1	0	1	3/1, 3/31, 5/31	State	NN
	128	Network adequacy	1	N/A	1	3/31	State	N,WW
	129	Oregon exhibits of premium (state page)	EO	0	xxx	3/1	NAIC	R
	130	ORSA*****	EO	0	0	8/1	Company	RR

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	131	Patient protection report	EO	0	EO	6/30	State	DD
	132	Premium tax – (see “taxes and assessments”, Insurance Tax Return, line 118)	XXX	0	0		State	
	133	Prompt pay reports	1	0	note	3/1	State	FF
	134	Protection of health information report	EO	0	EO	3/1	State	SS
	135	Quarterly health enrollment report	EO	0	EO	2/1, 5/1, 8/1, 11/1	State	BB
	136	Quarterly health premium assessment - (see “taxes and assessments”, line 121)	EO	0	EO	2/15, 5/15, 8/15, 11/15	State	YY
	137	Rescission report	EO	0	EO	6/30	State	HH
	138	Signed jurat	0	0	EO	3/1	NAIC	B,G,H,J,K,L
	139	State filing fees	0	0	0	3/1	State	C
	140	Statement of compliance for advertising	EO	0	EO	3/1	Company	X
	141	Life illustration report	1	0	1		State	LL
	142	Behavioral health parity reporting	EO	0	EO	3/1	State	BBB

\*If XXX appears in this column, this state does not require this filing, if copy is filed with the state of domicile and 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.

\*\*\*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 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](http://www.naic.org/public_lead_state_report.htm)

	<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
A	Required filings contact person:	<p><b>General:</b></p> <p>Insurance Institutions  <a href="mailto:orinsreg.ins@dcbs.oregon.gov">orinsreg.ins@dcbs.oregon.gov</a>            503-947-7982</p> <p><b>Tax &amp; Assessments Contacts:</b>  <a href="mailto:orinstax.ins@dcbs.oregon.gov">orinstax.ins@dcbs.oregon.gov</a></p> <p>Cori Wunderlin  <a href="mailto:cori.wunderlin@dcbs.oregon.gov">cori.wunderlin@dcbs.oregon.gov</a>            503-947-7845 (Office)            971-374-3679 (Cell)</p> <p>Gail McFarlin  <a href="mailto:gail.l.mcfarlin@dcbs.oregon.gov">gail.l.mcfarlin@dcbs.oregon.gov</a></p> <p>Shannon Oshea  <a href="mailto:shannon.oshea@dcbs.oregon.gov">shannon.oshea@dcbs.oregon.gov</a></p>
B	Mailing address:	<p><b>Please file electronically when possible</b></p> <p><b>Street Address:</b>            Department of Consumer &amp; Business Services            Division of Financial Regulation</p> <p>ATTN: Insurance Institutions            350 Winter Street NE            Salem OR 97301-3883</p> <p><b>Mailing Address:</b>            Department of Consumer &amp; Business Services            Division of Financial Regulation ATTN:            Insurance Institutions            P.O. Box 14480            Salem OR 97309-0405</p> <p><b>Tax and assessments contacts:</b>            Same addresses as above with “ATTN:            RETALIATORY TAX”</p>
C	Mailing address for filing fees:	No filing fees required.

D	Mailing address for premium tax payments:	<p><b>Street address:</b>  Department of Consumer &amp; Business Services  Division of Financial Regulation ATTN:  CASHIERING  350 Winter Street NE  Salem OR 97301-3883</p> <p><b>Mailing Address:</b>  Department of Consumer &amp; Business Services  Fiscal Services Division  P.O. Box 14610  Salem OR 97309-0445</p>
E	Delivery instructions:	<p><b>Please file electronically when possible.</b></p> <p><b>All filings</b> must be postmarked or electronically received no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. Mail tax forms separately from annual statement or jurat page filings. Tax and assessment filings must be filed electronically through iReg and not mailed.</p>
F	Late filings:	<p>Failure to comply with any of the filing requirements may result in the assessment of a civil penalty pursuant to ORS 731.988 or the expiration of your company’s certificate of authority pursuant to ORS 731.410. Other late penalties and interest may be charged for taxes and assessments.</p>
G	Original signatures:	<p>Facsimile signatures are acceptable and have the same force as original signatures. iReg forms do not require a signature. An officer must certify that the form is current by checking the box on the form.</p>
H	Signature/notarization/certification:	<p><b>Domestic insurers:</b>  The annual statement and quarterly statement jurat pages must be signed by the president and secretary, or in their absence, two other principal officers of the company, with signatures notarized.</p> <p><b>Foreign insurers:</b>  The signed jurat page must be signed by the president and secretary, or in their absence, two other principal officers of the company, with signatures notarized</p>

I	Amended filings:	<p><b>Domestic insurers:</b> An amended annual statement must be filed within 45 days after the end of the calendar month in which the error was discovered.</p> <p><b>Foreign insurers:</b> When there is an amendment to the annual statement you must file an amended signed jurat page within 10 days of the amendment. If there are signature requirements for the original filing, the same requirements should be followed for any amendment.</p> <p>Amendments to tax and assessment filings must be made electronically in iReg</p>
J	Exceptions from normal filings:	<p><b>All insurers</b> must provide a written request pursuant to NAIC Annual Statement Instructions at least 10 days prior to the filing due date to receive Oregon’s approval on any exemption or extension.</p> <p><b>Foreign insurers</b> must include a written copy of the exemption or extension granted by its state of domicile.</p> <p>Generally, extension requests made on or after the filing due date will not be granted.</p>
K	Bar codes:	Please follow the instructions in the NAIC annual statement instructions.
L	Signed jurat:	<p><b>Jurat pages can be filed electronically</b></p> <p><b>Domestic insurers:</b> The annual statement and quarterly statement jurat pages must be signed by the president and secretary, or in their absence, two other principal officers of the company, with signatures notarized.</p> <p>Electronic files should be submitted in PDF format to the following email: <a href="mailto:orinsreg.ins@dcbs.oregon.gov">orinsreg.ins@dcbs.oregon.gov</a></p> <p><b>Foreign insurers</b> will file a completed signed jurat page as confirmation of NAIC electronic filing. The signature requirements for the signed jurat page are the same as the requirements for the annual statement Jurat page. In the event that you refile or amend any</p>

		<p>financial data, a newly completed Signed Jurat page is required</p> <p>Electronic files should be submitted in PDF format to the following email: <a href="mailto:foreign.filings@dcbs.oregon.gov">foreign.filings@dcbs.oregon.gov</a></p>
M	NONE filings:	See NAIC annual statement instructions for supplemental interrogatories.
N	Filings new, discontinued or modified materially since last year:	<p>* Patient protection – grievance and appeals reporting (see note CC)</p> <p>* Prior authorization reporting (see note ZZ)</p>
O	Annual statement instruction for electronic filing:	<b>Domestic and foreign insurers</b> are required to file annual statements and supplements electronically with the NAIC. Foreign insurers: See note K.
P	Quarterly statements for foreign companies:	<p>Only required if requested by commissioner.</p> <p><b>Electronic files should be submitted in PDF format to the following email:</b> <a href="mailto:foreign.filings@dcbs.oregon.gov">foreign.filings@dcbs.oregon.gov</a></p>
Q	Consolidated management discussion and analysis and consolidated audited financial statement:	<p><b>Domestic insurers</b> within a consolidated group are each required to file a copy of the report.</p> <p><b>Electronic files should be submitted in Pdf format to the following email:</b> <a href="mailto:orinsreg.ins@dcbs.oregon.gov">orinsreg.ins@dcbs.oregon.gov</a></p>
R	Oregon exhibit of premiums (state page):	<p><b>Domestic insurers</b> are to file electronic copies of the Oregon Exhibit of Premiums in both the original statement and the copy.</p> <p>Electronic files should be submitted in PDF format to the following email: <a href="mailto:orinsreg.ins@dcbs.oregon.gov">orinsreg.ins@dcbs.oregon.gov</a></p> <p><b>Foreign insurers are not required to file the Oregon exhibit of premiums</b></p>
S	Designation of independent CPA:	If the CPA is not the CPA who prepared the immediately preceding filed audited financial report for the insurer, the insurer shall notify the commissioner of the engagement no later than the 30th day after the effective date of the engagement.

T	Notification of adverse financial condition:	An insurer that has received a report of adverse financial condition shall forward a copy of the report to the commissioner no later than the fifth business day after receiving the report and shall provide the CPA with evidence that the report was furnished to the commissioner.
U	Insurance tax return (includes retaliatory tax, fire marshal tax, and certificate of authority renewal fee):	<p>Companies will file their tax returns electronically on the iReg filing system on our website: <a href="http://dfr.oregon.gov">dfr.oregon.gov</a></p> <p><b>Direct all inquiries to:</b>  <a href="mailto:orinstax.ins@dcbs.oregon.gov">orinstax.ins@dcbs.oregon.gov</a></p> <p>Cori Wunderlin  <a href="mailto:cori.wunderlin@dcbs.oregon.gov">cori.wunderlin@dcbs.oregon.gov</a>  503-947-7845 (Office)  971-374-3679 (Cell)</p> <p>Gail McFarlin  <a href="mailto:gail.l.mcfarlin@dcbs.oregon.gov">gail.l.mcfarlin@dcbs.oregon.gov</a></p>
V	Combined tax prepayments (includes retaliatory tax and fire marshal tax):	<p>Companies receive their coupons for prepayments by accessing their accounts on the iReg filing system.</p> <p><b>Direct all inquiries to:</b>  <a href="mailto:orinstax.ins@dcbs.oregon.gov">orinstax.ins@dcbs.oregon.gov</a></p> <p>Cori Wunderlin  <a href="mailto:Cori.Wunderlin@dcbs.oregon.gov">Cori.Wunderlin@dcbs.oregon.gov</a>  503-947-7845 (Office)  971-374-3679 (Cell)</p> <p>Gail McFarlin  503-947-7218  <a href="mailto:gail.l.mcfarlin@dcbs.oregon.gov">gail.l.mcfarlin@dcbs.oregon.gov</a></p> <p>Please keep in mind, however, that your company will not receive such notice if your prior year's Retaliatory Tax and Fire Marshal Tax liability was less than \$400, since no prepayment is required.</p>
W	Credit insurance experience exhibit:	<p><b>Domestic insurers:</b>  File two copies of this exhibit as required.</p> <p><b>Foreign insurers:</b>  File electronically with the NAIC. <b>NOTE:</b> This exhibit should <b>NOT</b> be confused with the <b>credit life and health insurance experience report</b>, due June 1 which is required per OAR 836-060-0041 (please refer to <a href="http://dfr.oregon.gov">dfr.oregon.gov</a>)</p>

		<p>for further clarification of this report) and send to the following address:</p> <p><b>Department of Consumer &amp; Business Services Rates and Forms Section-5 PO Box 14480 Salem OR 97309-0405 503-947-7983</b></p>
X	Statement of compliance for advertising:	<p>This report is due annually, submitted at the same time as the company’s Annual Statement on or before March 1. OAR 836-020-0280(2)</p> <p>There is no template for this report.</p> <p>This report can be submitted via SERFF using the TOI “annual required reports” and the sub-TOI “accident and health advertising certificate of compliance.”</p> <p><b>Direct all inquiries to:</b> Marc Rivers <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
Y	Holding company registration:	<p><b>Every domestic insurer</b> that is a member of an insurance holding company system shall register on or before April 30 for the previous calendar year per ORS 732.551(1)(2).</p> <p>Electronic files should be submitted in PDF format to the following email: <a href="mailto:orinsreg.ins@dcbs.oregon.gov">orinsreg.ins@dcbs.oregon.gov</a></p> <p><b>Foreign insurers</b> need not register if the statutes or rules of its domicile are substantially similar to those of Oregon.</p>
Z	Annual/quarterly statement cover:	<p><b>Electronic files are encouraged.</b> If a hard copy is submitted the covers are to be similar in color to the required NAIC Filing Blank Instructions.</p>
AA	Health benefit plan report:	<p>This report is to be filed annually on or before <b>April 1</b> per ORS 743.004. This report should be submitted electronically through the iReg reporting portal.</p> <p>Exemption requests are not currently required and null or blank reports are not required.</p> <p><b>Website:</b></p>

		<p><a href="https://dfr.oregon.gov/business/reg/health/Pages/health-benefit-plan-reports.aspx">https://dfr.oregon.gov/business/reg/health/Pages/health-benefit-plan-reports.aspx</a></p> <p><b>Reporting portal:</b>  <a href="https://www4.cbs.state.or.us/exs/ins/ireg/">https://www4.cbs.state.or.us/exs/ins/ireg/</a></p> <p><b>Direct all inquiries to:</b>  Marc Rivers  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
BB	Quarterly health enrollment report:	<p>This report is filed electronically on a quarterly basis per ORS 743B.100, 743.007, OAR 836-010-0051 and OAR 836-053-1180. Exemption requests must be filed electronically by May 1 each calendar year.</p> <p><b>Website:</b>  <a href="https://dfr.oregon.gov/business/reg/health/Pages/quarterly-health-enrollment-reporting.aspx">https://dfr.oregon.gov/business/reg/health/Pages/quarterly-health-enrollment-reporting.aspx</a></p> <p><b>Reporting portal:</b>  <a href="https://www4.cbs.state.or.us/exs/ins/ireg/">https://www4.cbs.state.or.us/exs/ins/ireg/</a></p> <p><b>Direct all inquiries to:</b>  Spencer Peacock  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
CC	Actuarial opinion required by modified guaranteed annuity model regulation:	<p><b>Domestic and foreign insurers:</b> state filing not required as Oregon has not adopted the “modified guaranteed annuity model regulation.”</p>
DD	Patient protection reports:	<p>These reports are to be filed annually. Each report can be submitted through SERFF using the TOI “annual required reports” and the sub-TOI specified under each report.</p> <p><b>Grievance and appeals reports due June 30</b></p> <p>ORS 743B.250; OAR 836-053-1070; OAR 836-053-1080 (subject to change).</p> <p>SERFF sub-TOI: Patient protection – grievances and appeal</p> <p><b>Network adequacy due June 30:</b>  ORS 743B.202; OAR 836-053-1190 (subject to change).</p> <p>SERFF sub-TOI: Patient Protection – Network Adequacy</p>

		<p><b>Quality assessment due June 30:</b> ORS 743B.200; OAR 836-053-1170 (subject to change).</p> <p>SERFF sub-TOI: Patient Protection – Quality Assessment</p> <p><b>Utilization review due June 30:</b> ORS 743B.423; OAR 836-053-1130 (subject to change).</p> <p>SERFF sub-TOI: Patient Protection – Utilization Review</p> <p><b>Website:</b> <a href="https://dfr.oregon.gov/business/reg/health/patient-protection-reports/Pages/index.aspx">https://dfr.oregon.gov/business/reg/health/patient-protection-reports/Pages/index.aspx</a></p> <p><b>Direct all inquiries to:</b> Marc Rivers <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
EE	Asset adequacy issues summary:	<p><b>Domestic insurers:</b> State required filing only – refer to OAR 836-031-0680 for a description of the requirement.</p> <p><b>Foreign insurers</b> are not required to file this document.</p>
FF	Prompt pay reports:	<p>This report is filed annually on or before March 1. ORS 743B.450; OAR 836-080-0080; OAR 836-080-0085 (subject to change)</p> <p><b>The reporting form is on our website:</b> <a href="https://dfr.oregon.gov/business/reg/insurer/Documents/3431.pdf">https://dfr.oregon.gov/business/reg/insurer/Documents/3431.pdf</a></p> <p>This report can now be submitted via SERFF using the TOI “annual required reports” and sub-TOI “prompt pay.”</p> <p><b>Direct all inquiries to:</b> Marc Rivers <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
GG	Long-term care reports:	<p>These reports are to be filed annually. Each report can be submitted through SERFF using the TOI “annual required reports” and the sub-TOI specified under each report.</p> <p><b>Rescissions due March 1</b></p>

		<p>OAR 836-052-0576(7) SERFF sub-TOI: Long Term Care - Recissions [sic] Exhibit:  <a href="https://dfr.oregon.gov/laws-rules/Documents/OAR/div52-0576_ex1.pdf">https://dfr.oregon.gov/laws-rules/Documents/OAR/div52-0576_ex1.pdf</a></p> <p><b>Suitability report due May 1</b></p> <p>OAR 836-052-0726(8) SERFF sub-TOI: Long Term Care - Suitability Exhibit:  <a href="https://dfr.oregon.gov/laws-rules/Documents/OAR/div52-0726_ex2.pdf">https://dfr.oregon.gov/laws-rules/Documents/OAR/div52-0726_ex2.pdf</a></p> <p><b>Claim denials due June 30</b></p> <p>OAR 836-052-0636(4) SERFF sub-TOI: Long Term Care – Claim Denials Exhibit: Form 440-2500 <a href="https://dfr.oregon.gov/laws-rules/Documents/OAR/2500.doc">https://dfr.oregon.gov/laws-rules/Documents/OAR/2500.doc</a></p> <p><b>Lapses and replacements due June 30</b>  OAR 836-052-0636 (1) – (3) SERFF sub-TOI: Long-term care – lapses and replacements Exhibit: Form 440-2735  <a href="http://dfr.oregon.gov/laws-rules/Documents/OAR/2735.doc">http://dfr.oregon.gov/laws-rules/Documents/OAR/2735.doc</a></p> <p><b>Direct all inquiries to:</b>  Marc Rivers  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
HH	Rescission report:	<p>Due annually on or before June 30 (both domestic and foreign)</p> <p>ORS 743B.013(6)</p> <p>ORS 743B.105(8)</p> <p>ORS 743B.310(3)</p> <p>OAR 836-053-0825(4)</p> <p>OAR 836-053-0830(3)</p> <p>OAR 836-053-0835(4)</p> <p>(subject to change)</p> <p>No specific template is provided.</p> <p>This report can now be submitted via SERFF using the TOI “Annual Required Reports” and sub-TOI “Health Rescissions Reporting,”</p>

		<p><b>Direct all inquiries to:</b>  Marc Rivers  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
II	Expanded practice dental hygienists:	<p>This report is due on <b>Aug. 1</b>, required only in even-numbered years per OAR 836-011-0600(2) (both domestic and foreign)</p> <p><b>Template available at:</b>  <a href="https://dfr.oregon.gov/business/reg/health/Pages/expanded-practice-dental-hygienists.aspx">https://dfr.oregon.gov/business/reg/health/Pages/expanded-practice-dental-hygienists.aspx</a></p> <p><b>Direct all inquiries to:</b>  Marc Rivers  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
JJ	Annual actuarial certification of SEHI compliance:	<p>ORS 743.737 (13) (b); ORS 743.733 This report is required as a component of a health rate filing. If you do not file health rates in Oregon, these reports are not required. There is no explicit due date since they can be filed multiple times a year.</p> <p><b>Direct all inquiries to:</b>  Michael Sink  Product regulation</p> <p>Department of Consumer &amp; Business Services  PO Box 14480  Salem OR 97309-0405  971-673-2031</p>
KK	Credit life and health experience report:	<p>OAR 836-060-0041 (subject to change) <b>due June 1</b>. This report should show a breakdown between underwritten and non-underwritten business.</p> <p><b>Direct all inquiries to:</b>  Andrew Bux  Product regulation</p> <p>Department of Consumer &amp; Business Services  PO Box 14480  Salem OR 97309-0405  503-476-5746</p>
LL	Life illustration report:	<p>OAR 836-051-0590 (subject to change)</p> <p><b>Direct all inquiries to:</b>  Maleeia Pruitt  (971)-239-5814  Product regulation</p>

		<p>Department of Consumer &amp; Business Services          PO Box 14480          Salem OR 97309-0405</p>
MM	Medical loss ratio:	<p>C.F.R. 158.110 (subject to change) This report is required as a component of a health rate filing. If you do not file health rates in Oregon, these reports are not required. There is no explicit due date since they can be filed multiple times a year.</p> <p><b>Direct all inquiries to:</b>          Michael Sink          Product regulation</p> <p>Department of Consumer &amp; Business Services          PO Box 14480          Salem OR 97309-0405          971-673-2031</p>
NN	Medicare select and supplement reports:	<p><b>Medicare select grievance report due March 31 annually</b></p> <p>ORS 743.683; OAR 836-052-0139 (12)(f) (subject to change)</p> <p>This report can now be submitted via SERFF using the TOI “annual required reports” and the sub-TOI “Medicare Select grievance report.”</p> <p><b>Direct all inquiries to:</b>          Marc Rivers  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p> <p><b>Medicare Select quarterly: Updated list of network providers due quarterly.</b></p> <p>OAR 836- 052-0139 (7)(b) (subject to change)</p> <p>This report can now be submitted via SERFF using the TOI “annual required reports” and the sub-TOI “Medicare Select quarterly: Updated list of network providers.”</p> <p><b>Direct all inquiries to:</b>          Marc Rivers  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p> <p><b>Medicare Supplement refund calculation report due May 31</b></p>

		<p>OAR 836-052-0145 (2) (subject to change)</p> <p><b>Direct all inquiries to:</b>  Elizabeth McMahon  Product regulation  <a href="mailto:elizabeth.a.mcmahon@dcbs.oregon.gov">elizabeth.a.mcmahon@dcbs.oregon.gov</a>  503-428-1418</p> <p><b>Multiple Medicare Supplement report due March 1 annually</b></p> <p>OAR 836-052-0185 (subject to change)</p> <p>This report can now be submitted via SERFF using the TOI “Annual Required Reports” and the sub-TOI “Multiple Medicare Supplement Report.”</p> <p><b>Direct all inquiries to:</b>  Marc Rivers  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
OO	Market conduct annual statement (MCAS):	<p><b>NAIC Project Website:</b>  <a href="https://content.naic.org/mcas-2022.htm">https://content.naic.org/mcas-2022.htm</a></p> <p><b>Oregon contact:</b>  Spencer Peacock  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
PP	RAAIS required by actuarial opinion and memorandum regulation (Model 822), Section 7A(5)	File only upon request.
QQ	Enterprise risk management report (Form F)	<p><b>Every domestic insurer</b> that is a member of an insurance holding company system shall register on or before April 30 for the previous calendar year per ORS 732.551(1)(2) &amp; 732.569. This report is only required to be filed with the lead state of the group.</p> <p>Electronic files should be submitted in PDF format to the following email:  <a href="mailto:orinsreg.ins@dcbs.oregon.gov">orinsreg.ins@dcbs.oregon.gov</a></p> <p><b>Foreign insurers</b> need not register if the statutes or rules of its domicile are substantially similar to those of Oregon.</p>
RR	Own risk solvency assessment (ORSA)	<b>Due Aug. 1</b>

		<p>Required if insurer has over \$500 million or the group has over \$1 billion in direct written premium pursuant to ORS 732.662</p> <p>Send securely or email <a href="mailto:orinsreg.ins@dcbs.oregon.gov">orinsreg.ins@dcbs.oregon.gov</a> for secure filing instructions.</p>
SS	Protection of health information report	<p>This report is to be filed by all authorized insurers, including health care service contractors, that offer: an essential health benefit plan per ORS 743B.005; short-term health policy, the duration of which does not exceed six months including renewals; a student health policy; A Medicare Supplement policy; a dental only policy. (See ORS 192.556(7) and ORS 743B.005(16) for details).</p>
TT	Annual report of segregated premiums	<p>OAR 836-011-0050 annual report of segregated premiums shall be electronically filed with financial regulation in PDF format.</p> <p>If an insurer did not write any business, you do not need to file this report.</p> <p><b>Domestic insurers:</b> Electronic files should be submitted in PDF format to the following email: <a href="mailto:orinsreg.ins@dcbs.oregon.gov">orinsreg.ins@dcbs.oregon.gov</a></p> <p><b>Foreign insurers:</b> Only those authorized by the Oregon Health Insurance Marketplace need to file this report.</p> <p>Electronic files should be submitted in PDF format to the following email: <a href="mailto:foreign.filings.ins@dcbs.oregon.gov">foreign.filings.ins@dcbs.oregon.gov</a></p> <p><b>The reporting form is located on our website:</b> Annual report of segregated premiums Form #440-4997 (oregon.gov)</p>
UU	Certification report from the exchange	<p>OAR 836-011-0050</p> <p>Certification that the insurer is certified as a qualified insurer through the exchange and has been approved as a participating carrier in the Marketplace. These certifications are provided to the insurer by the Oregon Health Insurance Marketplace and is filed with the annual statement.</p>

VV	Health insurer segregation of premium accounting plan:	Any insurer, fraternal benefit society, health maintenance organization or health care service contractor authorized to transact health insurance in Oregon and offering health benefit plans through the Oregon Health Insurance Marketplace. Once filed and approved, only changes need to be filed.
WW	Network adequacy report (annual)	<p><b>Due March 31</b></p> <p>OAR 836-053-0300 through 836-053-0350 This report can now be submitted via SERFF for additional information please contact <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p> <p><b>Reporting information is on our website:</b> <a href="https://dfr.oregon.gov/business/reg/health/Pages/a_nnual-network-adequacy.aspx">https://dfr.oregon.gov/business/reg/health/Pages/a_nnual-network-adequacy.aspx</a></p> <p><b>Direct all inquiries to:</b> Colette Hittner <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
XX	Life insurance finder tool (LIFT)	<p><b>Ongoing requirement</b></p> <p>All companies licensed with a Life line of business must respond within 60-days</p> <p><b>Reporting portal:</b> <a href="https://www4.cbs.state.or.us/exs/ins/ireg/">https://www4.cbs.state.or.us/exs/ins/ireg/</a></p> <p><b>Webpage:</b> <a href="https://www4.cbs.state.or.us/exs/ins/lift/">https://www4.cbs.state.or.us/exs/ins/lift/</a></p> <p><b>Direct all inquiries to:</b> Marc Rivers <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
YY	Quarterly health premium assessment (all companies licensed for health in Oregon are required to file):	<p>Companies receive their coupons by accessing their accounts on the iReg filing system: <a href="https://www4.cbs.state.or.us/exs/ins/ireg/">https://www4.cbs.state.or.us/exs/ins/ireg/</a></p> <p><b>Direct all inquiries to:</b> Cori Wunderlin <a href="mailto:cori.wunderlin@dcbs.oregon.gov">cori.wunderlin@dcbs.oregon.gov</a> 503-947-7845 (Office) 971-374-3679 (Cell)</p> <p><a href="mailto:orinstax.ins@dcbs.oregon.gov">orinstax.ins@dcbs.oregon.gov</a></p> <p>Gail McFarlin <a href="mailto:gail.l.mcfarlin@dcbs.oregon.gov">gail.l.mcfarlin@dcbs.oregon.gov</a></p>

		<p><b>*All companies licensed for Health in Oregon are required to file.</b></p> <p><b>Guidance for health insurance premium assessment:</b>  <a href="http://dfr.oregon.gov/business/insuranceindustry/health-ins-regulation/Pages/reinsurance-main.aspx">http://dfr.oregon.gov/business/insuranceindustry/health-ins-regulation/Pages/reinsurance-main.aspx</a></p>
ZZ	Annual assessment to fund operations	<p><b>PAYMENT DUE Oct. 31:</b></p> <p>Assessment is calculated by DFR and uploaded to iReg by Oct. 1. Invoices are not sent to insurers. If no assessment is showing, then the insurer does not owe current year's assessment. There is no form to file. Payment coupons must be printed from iReg and mailed with check to address on the payment coupon.  <a href="https://www4.cbs.state.or.us/exs/ins/ireg/">https://www4.cbs.state.or.us/exs/ins/ireg/</a></p> <p><b>Direct all inquiries to:</b>  Cori Wunderlin  <a href="mailto:cori.wunderlin@dcbs.oregon.gov">cori.wunderlin@dcbs.oregon.gov</a>  503-947-7845 (Office)  971-374-3679 (Cell)</p>
AAA	Prior authorization reports:	<p>This report is filed annually <b>on or before Jan. 31</b> via SERFF using the TOI "annual required reports" and the sub-TOI "prior authorization."</p> <p>ORS 743B.250(8); OAR 836-053-1070; OAR 836-053-1080</p> <p><b>Direct all inquiries to:</b>  Marc Rivers  <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a></p>
BBB	Behavioral health parity reporting:	<p>This report is to be filed annually on or before March 1. All insurance companies that offer individual or group health benefit plans in Oregon that provide behavioral health benefits are required to submit. Each report can be submitted through SERFF using the TOI "Annual Required Reports" and the sub-TOI "Behavioral Health Parity."</p> <p>ORS 743B.427; OAR 836-053-1405; OAR 836-053-1425; OAR 836-053-1430</p> <p><b>Website:</b>  <a href="https://dfr.oregon.gov/business/reg/health/Pages/mental-health-parity.aspx">https://dfr.oregon.gov/business/reg/health/Pages/mental-health-parity.aspx</a></p>

		<b>Direct all inquiries to:</b> Marc Rivers, <a href="mailto:DFR.DataTeam@dcbs.oregon.gov">DFR.DataTeam@dcbs.oregon.gov</a>
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## 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 submitting 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 **separate accounts electronic filing** includes the separate accounts annual statement and investment schedule detail.

The **separate accounts.PDF filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **supplemental electronic filing** includes all supplements due April 1, per the *annual statement instructions*.

The **supplement.PDF filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **quarterly electronic filing** includes the quarterly statement data.

The **quarterly.pdf filing** is the .pdf for quarterly statement data.

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. 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 before submitting a filing.



400-6125 (11/25/COM)