

PROPERTY and CASUALTY 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 for secure filing instructions.

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(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 ½” x 14”)	EO	EO	xxx	3/1	NAIC	G,H,J,K,L,O, BB
	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	xxx	5/15, 8/15, 11/15	NAIC	G,H,J,P
	3	Protected cell annual statement	EO	0	xxx	3/1	NAIC	K
	4	Combined annual statement (8 ½” x 14”)	xxx	EO	xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Accident and health policy experience exhibit	2	EO	xxx	4/1	NAIC	G,H,J,K,L,O, BB
	12	Actuarial opinion	EO	EO	xxx	3/1	Company	

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	13	Actuarial opinion summary	EO	N/A	xxx	3/15	Company	G,H,J,K,II,O
	14	Bail bond supplement	EO	EO	xxx	3/1	NAIC	
	15	Combined insurance expense exhibit	xxx	EO	xxx	5/1	NAIC	G,H,J,K,L,O, BB
	16	Credit insurance experience exhibit	EO	EO	xxx	4/1	NAIC	
	17	Cybersecurity insurance coverage supplement	1	EO	xxx	4/1	NAIC	G,H,J,II,P
	18	Director and officer insurance coverage supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
	19	Exhibit of other liabilities by lines of business as reported on line 17 of the exhibit of premiums and losses		EO		3/1	NAIC	
	20	Financial guaranty insurance exhibit	EO	EO	xxx	3/1	NAIC	K
	21	Insurance expense exhibit	EO	EO	xxx	4/1	NAIC	K
	22	Life, Health & Annuity Guaranty Association assessable premium exhibit, Parts 1 and 2	EO	EO	xxx	4/1	NAIC	K
	23	Long-term care experience reporting forms	EO	EO	xxx	4/1	NAIC	K
	24	Management discussion and analysis	EO	EO	xxx	4/1	Company	J,K,Q
	25	Market conduct annual statement premium exhibit for year		EO		3/1	NAIC	
	26	Medicare Part D coverage supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K

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	27	Medicare Supplement insurance experience exhibit	EO	EO	xxx	3/1	NAIC	K
	28	Mortgage guaranty insurance exhibit		EO	xxx	4/1	NAIC	
	29	Premiums attributed to protected cells exhibit	EO	EO	xxx	3/1	NAIC	K
	30	Private flood insurance supplement	EO	EO	xxx	4/1	NAIC	K
	31	Reinsurance attestation supplement	EO	EO	xxx	3/1	Company	K
	32	Exceptions to reinsurance attestation supplement	EO	N/A	xxx	3/1	Company	K
	33	Reinsurance summary supplemental	EO	EO	xxx	3/1	NAIC	K
	34	Risk-based capital report	EO	EO	xxx	3/1	NAIC	J,K
	35	Schedule SIS	EO	N/A	N/A	3/1	NAIC	J,K
	36	Supplement A to Schedule T	EO	EO		3/1, 5/15, 8/15, 11/15	NAIC	K
	37	Supplemental compensation exhibit	EO	N/A	N/A	3/1	NAIC	J,K
	38	Supplemental health care exhibit (Parts 1 and 2)	EO	EO	xxx	4/1	NAIC	K
	39	Supplemental investment risk interrogatories	EO	EO	xxx	4/1	NAIC	K
	40	Supplemental schedule for reinsurance counterparty reporting exception – asbestos and pollution contracts	EO	EO		3/1	NAIC	K

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	41	Trusteed surplus statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	K
		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	

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		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants letter of qualifications	EO	EO	N/A	6/1	Company	K
	82	Audited financial reports	EO	EO		6/1	Company	J,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
	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		3/1	Company	K
	89	Relief from the one-year cooling off period for independent CPA	EO	EO		3/1	Company	K
	90	Relief from the requirements for audit committees	EO	EO		3/1	Company	K
	91	Request to file consolidated audited annual statements	Note	N/A	N/A		Company	Q

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	92	Request for exemption to file management's report of internal control over financial reporting	EO	N/A	N/A		Company	K
		V. STATE REQUIRED FILINGS***						
	101	Certificate of compliance	0	0	0		State	
	102	Certificate of deposit	0	0	0		State	
	103	Combined tax prepayment	Note	0	Note	6/15, 9/15, 12/15		V
	104	Corporate governance annual disclosure***	EO	0	0	6/1	Company	A
	105	Credit life and health experience report	EO	0	1		State	FF
	106	Enterprise risk management report (Form F)****	EO	0	1	4/30	State	NN
	107	Filings checklist (with column 1 completed)	0	0	0		State	
	108	Form B-holding company registration statement	EO	0	0	4/30	Company	J, AA
	109	Form F-enterprise risk report ****	EO	0	0	4/30	Company	PP
	110	Group Capital Calculation (File with lead state only)		0				
	111	Health benefit plan report	EO	0	EO	4/1	State	MM
	112	INSURANCE TAXES and ASSESSMENTS: Annual assessment to fund operations	Electronic in iReg	0	Electronic in iReg	10/31	State in iReg	A,B,D,E

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	113	INSURANCE TAXES and ASSESSMENTS: Insurance tax return (retaliatory and fire marshal taxes, annual certificate of authority renewal)	Electronic in iReg	0	Electronic in iReg	4/1	State in iReg	A,B,D,E,G,I, V
	114	INSURANCE TAXES and ASSESSMENTS: Quarterly health premium assessment	Electronic in iReg	0	Electronic in iReg	2/15, 5/15, 8/15, 11/15	State in iReg	A,B,D,E,G,I, QQ
	115	INSURANCE TAXES and ASSESSMENTS: Tax prepayments (retaliatory and fire marshal)	Electronic in iReg	0	Electronic in iReg	6/15, 9/15, 12/15	State in iReg	A,B,D,E,V
	116	INSURANCE TAXES and ASSESSMENTS: Wet marine and transportation (formerly "ocean marine") (paper filing)	0	0	1	6/15	State	A,B,D,E,G,I, Y
	117	Insurance tax return	1	0	1	4/1	State	U
	118	Life illustration report	1	0	1		State	GG
	119	Long-term care reports	EO	0	EO	3/1, 5/1, 6/30	State	JJ
	120	Market conduct annual statement (MCAS)	0	EO	0	4/30	NAIC	HH
	121	Medical loss ratio	1	0	1			II
	122	Medicare select and supplement reports	1	0	1	3/1, 3/31, 5/31	State	KK
	123	Network adequacy	EO	N/A	EO	3/31	State	N,PP

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	124	Oregon exhibit of premiums (state page)	EO	0	xxx	3/1	State	R
	125	ORSA *****	EO	0	N/A	8/1	Company	N,OO
	126	Patient protection reports	EO	0	EO	6/30	State	LL
	127	Prompt pay reports	1	0	Note	3/1	State	EE
	128	Quarterly health enrollment report	EO	0	EO	2/1, 5/1, 8/1, 11/1	State	CC
	129	Rescission report	EO	0	EO	6/30	State	DD
	130	Signed jurat	0	0	EO	3/1	NAIC	B,G,H,J,K,L
	131	Special Oregon Schedule P, P-RA, and P-RC (for insurers who are authorized to write workers' compensation insurance)	Electronic in iReg	0	Electronic in iReg	3/1	State in iReg	A,E,I,X
	132	State filing fees	0	0	0		State	C
	133	Statement of compliance for advertising	EO	0	EO	3/1	Company	Z
	134	Behavioral health parity reporting	EO	0	EO	3/1	State	SS

*If XXX appears in this column, this state does not require this filing if a copy is filed with the state of domicile and electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. Electronic only (EO) 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.

****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

*****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

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required filings contact person:	<p>General:</p> <p>Insurance institutions orinsreg.ins@dcbs.oregon.gov 503-947-7982</p> <p>TAXES and ASSESSMENTS, SPECIAL OREGON SCH P:</p> <p>iReg is accessed on Oregon’s website: https://dfp.oregon.gov/business/licensing/insurance/institutions/Pages/index.aspx</p> <p>TAXES and ASSESSMENTS and SPECIAL OREGON SCH P CONTACTS: orinstax.ins@dcbs.oregon.gov</p> <p>Cori Wunderlin cori.wunderlin@dcbs.oregon.gov (503) 947-7845 (Office) (971) 374-3679 (Cell)</p> <p>Gail McFarlin gail.l.mcfarlin@dcbs.oregon.gov</p>
	B	Mailing address:	<p>Street address: Department of Consumer and Business Services Division of Financial Regulation</p> <p>ATTN: INSURANCE INSTITUTIONS 350 Winter Street NE Salem OR 97301-3883</p> <p>Mailing address: Department of Consumer and Business Services Division of Financial Regulation</p> <p>ATTN: INSURANCE INSTITUTIONS P.O. Box 14480 Salem OR 97309-0405</p> <p>Tax and assessments contacts: 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>Street address: Department of Consumer and Business Services, Division of Financial Regulation</p> <p>ATTN: CASHIERING 350 Winter Street NE Salem OR 97301-3883</p> <p>Mailing address: Department of Consumer and Business Services Fiscal Services Division P.O. Box 14610 Salem OR 97309-0445</p>
E	Delivery instructions:	<p>Please file electronically when possible.</p> <p>All filings 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. Annual statement or jurat page filings should be sent to the attention of “Insurance Institutions.” Wet marine and transportation returns should be sent to the attention of “Retaliatory Analysts.”</p>
F	Late filings:	<p>Failure to comply with any of the filing requirements may result in the assessment of a civil penalty of \$500 per day for each day late, 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 charges may also be assessed</p>
G	Original signatures:	<p>Facsimile signatures are acceptable and have the same force as original signatures.</p> <p>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>Domestic insurers: The annual statement and quarterly statements must be signed by the president and secretary, or in their absence, two other principal officers of the company, with signatures notarized.</p>

			<p>Foreign insurers: 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>Domestic insurers: 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>Foreign insurers: 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>All insurers 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>Foreign insurers 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>Jurat pages can be filed electronically</p> <p>Domestic insurers: 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: orinsreg.ins@dcbs.oregon.gov</p> <p>Foreign insurers 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 financial data, a newly completed Signed Jurat page is required</p> <p>Electronic files should be submitted in PDF format to the following email: foreign.filings@dcbs.oregon.gov</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 NN)</p> <p>* Prior authorization reporting (see note QQ)</p>
	O	Annual statement instruction for electronic filing:	Domestic and foreign insurers 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>Electronic files should be submitted in PDF format to the following email: foreign.filings@dcbs.oregon.gov</p>
	Q	Consolidated management discussion and analysis and consolidated audited financial statement:	<p>Domestic insurers Domestic insurers within a consolidated group are each required to file a copy of the report.</p> <p>Electronic files should be submitted in Pdf format to the following email: orinsreg.ins@dcbs.oregon.gov</p>
	R	Oregon exhibit of premiums (state page):	Domestic insurers are to file electronic copies of the Oregon exhibit of premiums in both the original statement and the copy.

			<p>Electronic files should be submitted in PDF format to the following email: orinsreg.ins@dcbs.oregon.gov</p> <p>Foreign insurers are not required to file the Oregon exhibit of premiums</p>
	S	Designation of independent CPA:	<p>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.</p>
	T	Notification of adverse financial condition:	<p>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.</p>
	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: http://www.dfr.oregon.gov</p> <p>Direct all inquiries to: orinstax.ins@dcbs.oregon.gov</p> <p>Gail McFarlin gail.l.mcfarlin@dcbs.oregon.gov</p>
	V	Tax prepayments (retaliatory and fire marshal taxes):	<p>Companies receive their coupons for prepayments by accessing their accounts on the iReg filing system.</p> <p>Direct all inquiries to: orinstax.ins@dcbs.oregon.gov</p> <p>Cori Wunderlin cori.wunderlin@dcbs.oregon.gov (503) 947-7845 (Office) (971) 374-3679 (Cell)</p> <p>Gail McFarlin gail.l.mcfarlin@dcbs.oregon.gov</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>Domestic insurers: File two copies of this exhibit as required. Foreign Insurers: File electronically with the NAIC.</p> <p>NOTE: This exhibit should NOT be confused with the credit life and health insurance experience report, due June 1 which is required per OAR 836-060- 0041 (please refer to dfr.oregon.gov for further clarification of this report) and send to the following address:</p> <p>Department of Consumer and Business Services Rates and Forms Section-5</p> <p>PO Box 14480 Salem OR 97309-0405 503-947-7983</p>
X	Special Oregon Schedule P, P-RA, and P-RC:	<p>Each insurer authorized for casualty including Workers' Compensation insurance must file this form by March 1. The form is available on the iReg system for e-filing.</p> <p>If Schedule P shows that an additional deposit is required, the company must indicate promptly what action is being taken to increase their deposit per ORS 731.616(3). This statute allows the company 30 days to cure the deficiency, after which a fine may be assessed.</p> <p>Direct all inquiries to: Cori Wunderlin cori.wunderlin@dcbs.oregon.gov (503) 947-7845 (Office) (971) 374-3679 (Cell)</p>
Y	Wet marine and transportation (formerly referred to as "ocean marine"):	<p>All insurers that transacted marine and transportation business must submit the Ocean marine tax form, per ORS 731.828.</p> <p>The paper form is available on our website: www.dfr.oregon.gov</p> <p>Direct all inquiries to: Cori Wunderlin cori.wunderlin@dcbs.oregon.gov (503) 947-7845 (Office) (971) 374-3679 (Cell)</p>

Z	Statement of compliance for advertising:	<p>An insurer that advertises health products must file per OAR 836-020-0280(2). If an insurer is authorized for health but does not write or advertise health products, you do not need to file this statement.</p> <p>This report can now be submitted via SERFF. For additional information please contact DFR.DataTeam@dcbs.oregon.gov</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>
AA	Holding company registration:	<p>Every domestic insurer 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: orinsreg.ins@dcbs.oregon.gov</p> <p>Foreign insurers need not register if the statutes or rules of its domicile are substantially similar to those of Oregon.</p>
BB	Annual/quarterly statement cover:	<p>Electronic files are encouraged. If a hard copy is submitted the covers are to be similar in color to the required NAIC Filing Blank Instructions.</p>
CC	Quarterly health enrollment report:	<p>This report is filed electronically on a quarterly basis per ORS 743.745, 743.818, OAR 836-010-0051 and OAR 836-053-1180.</p> <p>Exemption requests must be filed electronically by 5/1 each calendar year.</p> <p>Website: https://dfr.oregon.gov/business/reg/health/Pages/quarterly-health-enrollment-reporting.aspx</p> <p>Reporting Portal: https://www4.cbs.state.or.us/exs/ins/ireg/</p> <p>Direct all inquiries to: Spencer Peacock DFR.DataTeam@dcbs.oregon.gov</p>

DD	Rescission report:	<p>Due 6/30 (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 the sub-TOI “Health Rescissions Reporting”.</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>
EE	Prompt pay reports:	<p>This report is filed annually. ORS 836-080-0085 (subject to change)</p> <p>The reporting form is on our website: https://dfr.oregon.gov/business/reg/insurer/Documents/3431.pdf</p> <p>This report can now be submitted via SERFF using the TOI “Annual Required Reports” and the sub-TOI “Prompt Pay”.</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>
FF	Credit life and health experience report:	<p>OAR 836-060-0041 (subject to change)</p> <p>Due June 1. This report should show a breakdown between underwritten and non-underwritten business.</p> <p>Direct all inquiries to: Andrew Bux Product regulation</p> <p>Department of Consumer and Business Services</p>

			PO Box 14480 Salem OR 97309-0405 503-476-5746
	GG	Life illustration report:	OAR 836-051-0590 (subject to change) Direct all inquiries to: Maleeia Pruitt Product regulation Department of Consumer and Business Services PO Box 14480 Salem OR 97309-0405 971-239-5814
	HH	Market conduct annual statement (MCAS):	NAIC project website: https://content.naic.org/mcas-2022.htm Direct all inquiries to: Spencer Peacock DFR.DataTeam@dcbs.oregon.gov
	II	Medical loss ratio:	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. Direct all inquiries to: Michael Sink Product regulation Department of Consumer and Business Services PO Box 14480 Salem OR 97309-0405 971-673-2031
	JJ	Long-term care reports:	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. Rescissions is due march 1: OAR 836-052-0576(7) SERFF sub-TOI: Long-term care – Recissions [sic] Exhibit: https://dfr.oregon.gov/laws-

			<p>rules/Documents/OAR/div52-0576_ex1.pdf</p> <p>Suitability report is due May 1: OAR 836-052-0726(8) SERFF sub-TOI: Long Term Care - Suitability Exhibit: https://dfr.oregon.gov/laws-rules/Documents/OAR/div52-0726_ex2.pdf</p> <p>Claim denials is due June 30: OAR 836-052-0636(4) SERFF sub-TOI: Long Term Care – Claim Denials Exhibit: Form 440-2500 http://dfr.oregon.gov/laws-rules/Documents/OAR/2500.doc</p> <p>Lapses and replacements is due June 30: OAR 836-052-0636(1) - (3) SERFF sub-TOI: Long-term care – Lapses and replacements exhibit: Form 440-2735 http://dfr.oregon.gov/laws-rules/Documents/OAR/2735.doc</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>
	KK	Medicare select and supplement reports:	<p>Medicare select grievance report is due March 31: ORS 743.683; OAR 836-052-0139 (12)(f) (subject to change) This report can now be submitted via SERFF using the TOI “annual required reports” and the sub-TOI “medicare select grievance report.”</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p> <p>Medicare select quarterly: Updated list of network providers. Due quarterly OAR 836-052-0139 (7)(b) (subject to change) 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>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>

			<p>Medicare supplement refund calculation report is due May 31: OAR 836-052-0145 (2) (subject to change)</p> <p>Direct all inquiries to: Elizabeth McMahon, product regulation Elizabeth.A.McMahon@dcbs.oregon.gov 503-428-1418</p> <p>Medicare Supplement report is due March 1: OAR 836-052-0185 (subject to change) This report can now be submitted via SERFF using the TOI “annual required reports” and the sub-TOI “multiple Medicare Supplement report.”</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>
	LL	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>Grievance and appeals reports are due June 30 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>Network adequacy is due June 30: ORS 743B.202; OAR 836-053-1190 (subject to change).</p> <p>SERFF sub-TOI: Patient Protection – Network Adequacy</p> <p>Quality assessment is due June 30: ORS 743B.200; OAR 836-053-1170 (subject to change).</p> <p>SERFF sub-TOI: Patient protection – quality assessment</p> <p>Utilization Review is due June 30: ORS 743B.423; OAR 836-053-1130 (subject to change).</p>

			<p>SERFF sub-TOI: Patient protection – utilization review</p> <p>Website: https://dfr.oregon.gov/business/reg/health/patient-protection-reports/Pages/index.aspx</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>
	MM	Health benefit plan report:	<p>This report is to be filed electronically on or before April 1 per ORS 743.748.</p> <p>Exemption requests are not currently required, and null or blank reports are not required.</p> <p>Website: https://dfr.oregon.gov/business/reg/health/Pages/health-benefit-plan-reports.aspx</p> <p>Reporting portal: https://www4.cbs.state.or.us/exs/ins/ireg/</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>
	NN	Enterprise risk management report (Form F)	<p>Every domestic insurer 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) and 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: orinsreg.ins@dcbs.oregon.gov</p> <p>Foreign insurers need not register if the statutes or rules of its domicile are substantially similar to those of Oregon.</p>
	OO	Own risk solvency assessment (ORSA)	<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>

			Send securely or email orinsreg.ins@dcbs.oregon.gov for secure filing instructions.
	PP	Network adequacy report (annual)	<p>Due March 31 OAR 836-053-0300 through 836-053-0350 This report can now be submitted via SERFF for additional information please contact DFR.DataTeam@dcbs.oregon.gov</p> <p>Reporting information is on our website: https://dfr.oregon.gov/business/reg/health/Pages/annual-networkadequacy.aspx</p> <p>Direct all inquiries to: Colette Hittner DFR.DataTeam@dcbs.oregon.gov</p>
	QQ	Quarterly health premium assessment:	<p>All companies licensed for health in Oregon are required to file. Companies receive their payment coupons by accessing their accounts on the iReg filing system: https://www4.cbs.state.or.us/exs/ins/ireg/</p> <p>Direct all inquiries to: orinstax.ins@dcbs.oregon.gov</p> <p>Cori Wunderlin cori.wunderlin@dcbs.oregon.gov 503-947-7845 (Office) 971-374-3679 (Cell)</p> <p>Gail McFarlin gail.l.mcfarlin@dcbs.oregon.gov</p>
	RR	Prior authorization reports:	<p>This report is filed annually on or before 1/31 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>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>

	SS	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>Website: https://dfr.oregon.gov/business/reg/health/Pages/mental-health-parity.aspx</p> <p>Direct all inquiries to: Marc Rivers DFR.DataTeam@dcbs.oregon.gov</p>
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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 *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. 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.

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