

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: MICHIGAN **Filings Made During the Year 2024**

(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	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E29) @	EO	EO	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 ½" x 14")	EO	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Protected Cell Annual Statement	EO	0	xxx	3/1	NAIC	A-K, M
	4	Combined Annual Statement (8 ½" x 14")	EO	EO	xxx	5/1	NAIC	A-K, M, U
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	EO	EO	xxx	4/1	NAIC	A-K, M
	12	Actuarial Opinion	EO	EO	xxx	3/1	Company	A-K
	13	Actuarial Opinion Summary	EO	N/A	N/A	3/15	Company	A-K
	14	Bail Bond Supplement	xxx	EO	xxx	3/1	NAIC	A-K, M
	15	Combined Insurance Experience Exhibit	xxx	EO	xxx	5/1	NAIC	A-K, M
	16	Credit Insurance Experience Exhibit	EO	EO	xxx	4/1	NAIC	A-K, M
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	EO	EO	xxx	4/1	NAIC	A-K, M
	18	Director and Officer Insurance Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K
	19	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	EO	EO	xxx	3/1	NAIC	A-K
	20	Financial Guaranty Insurance Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	21	Insurance Expense Exhibit	EO	EO	xxx	4/1	NAIC	A-K, M
	22	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	xxx	4/1	NAIC	A-K, M
	23	Long-Term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	A-K, M
	24	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	A-K
	25	Market Conduct Annual Statement Premium Exhibit for Year	EO	EO	xxx	3/1	NAIC	A-K, M
	26	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	27	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	A-K, M
	28	Mortgage Guaranty Insurance Exhibit	EO	EO	xxx	4/1	NAIC	A-K, M
	29	Premiums Attributed to Protected Cells Exhibit	EO	EO	xxx	3/1	NAIC	A-K, M
	30	Private Flood Insurance Supplement	EO	EO	xxx	4/1	NAIC	A-K, M
	31	Reinsurance Attestation Supplement	EO	EO	xxx	3/1	Company	A-K
	32	Exceptions to Reinsurance Attestation Supplement	EO	N/A	xxx	3/1	Company	A-K
	33	Reinsurance Summary Supplemental	EO	EO	xxx	3/1	NAIC	A-K
	34	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	A-K
	35	Schedule SIS	EO	N/A	N/A	3/1	NAIC	A-K, M
	36	Supplement A to Schedule T	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	37	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	A-K, M
	38	Supplemental Health Care Exhibit (Parts 1 and 2)	EO	EO	xxx	4/1	NAIC	A-K, M
	39	Supplemental Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	A-K, M
	40	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	EO	EO	xxx	3/1	NAIC	A-K, M
	41	Trusteed Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	A-K, M
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	A-K, M
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	A-K, M
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	A-K, M
	65	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	A-K, M
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	A-K, M
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	A-K, M
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	A-K, M

69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	A-K, M
	IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	A-K, O
82	Audited Financial Reports	EO	EO	xxx	6/1	Company	A-K, O
83	Audited Financial Statements Exemption Affidavit	EO	N/A	N/A	6/1	Company	A-K
84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	xxx	8/1	Company	A-K, Q
85	Independent CPA (change)	EO	N/A	N/A	6/1	Company	A-K, O
86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	A-K
87	Notification of Adverse Financial Condition	EO	N/A	EO	SEE NOTE	Company	A-K, P
88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	xxx	3/1	Company	A-K
89	Relief from the one-year cooling off period for independent CPA	EO	EO	xxx	3/1	Company	A-K
90	Relief from the Requirements for Audit Committees	EO	EO	xxx	3/1	Company	A-K
91	Request to File Consolidated Audited Annual Statements	EO	N/A	EO	12/1	Company	A-K
92	Request for Exemption to File	EO	N/A	N/A	SEE NOTE	Company	A-K, R
	V. STATE REQUIRED FILINGS						
101	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	A-K
102	Filings Checklist (with Column 1 completed)	xxx	0			State	A-K
103	Form B-Holding Company Registration Statement	EO	0	N/A	5/1	Company	A-K, S
104	Form F-Enterprise Risk Report (per Section 1325a of the Michigan Insurance Code) ****	EO	0	N/A	5/1	Company	A-K, S
105	ORSA (This filing is intended to be submitted to the lead state if filed at the insurance group level. See Chapter 17 of the Michigan Insurance Code.) *****	EO	0	N/A	SEE ***** BELOW	Company	A-K
106	Premium tax		0		SEE NOTE	State	D
107	State Filing Fees		0		SEE NOTE	State	C
108	Signed Jurat	1	0	0	SEE NOTE	NAIC	L
109	Group Capital Calculation (File with lead state only)	EO	0	N/A	5/1	Company	A-K, S
110	Accident and Sickness Insurance Advertising Certificate of Compliance per Admin Rule 500.668 – only applies to insurers writing disability insurance. Submit via SERFF.	EO	0	EO	3/1	Company	A-K
111	Assessable Premium for Michigan Assigned Claims Plan pursuant to P.A. 204 of 2012 – submission required by all property and casualty insurers except surplus lines insurers (form available directly from the Michigan Assigned Claims Plan (MACP) website at the following link: http://www.michacp.org/documents/MACP-200.pdf)	1	0	1	3/1	State – Michigan Assigned Claims Plan	A-K
112	Assessable Premium Calculation for Michigan Basic Property pursuant to MCL 500.2932 – submission required by all property and casualty insurers (The Michigan Basic Property Insurance Association (MBPIA) has moved to online submission of this form. Beginning January 1, 2022, the Assessable Premium Calculation for Michigan Basic Property will be available for online submission. Please visit www.mbpia.com and select the Member Companies tab. Log in to your account or create a new account to submit the MB0116 Form.	1	0	1	3/1	State – Mich. Basic Prop. Ins. Assoc.	A-K
113	ATPA Annual Assessment pursuant to P.A. 174 of 1992 – submission required by all auto insurers. Link to form available on the ATPA website http://www.michigan.gov/msp/divisions/grantscommunityservices/atpa	1	0	1	3/31	State – ATPA	A-K

114	MCCA Annual Assessment Determination pursuant to MCL 500.3104 – submission required by all property and casualty insurers with no MCCA assessable exposures (send to Michigan Catastrophic Claims Association) PLEASE NOTE: All property and casualty insurers; those with MCCA assessable exposures and those with no MCCA assessable exposures, need to read this form for reporting instructions.	1	0	1	8/15	State – FIS 0075	A-K
115	Qualifying Assets under Section 901(1) of the Michigan Insurance Code	EO	0	N/A	3/1	State – FIS 0076	A-K, T
116	Complaint and Grievance Summary for Health Carriers (File Via SERFF)	EO	0	EO	4/15	State- FIS 0318	A-K
117	Michigan Health Insurance Enrollment, Premiums and Losses (Companies should note that beginning with the 2015 reporting year, the FIS 0322 must be submitted electronically to DIFS. The submission website address, along with an authentication code and more detailed instructions, will be sent to the Statutory Statement Contact on or before March 1)	EO	0	EO	4/1	State – FIS 0322	A-K
118	Michigan Insurance Data Security Law – 500.555(9). Form FIS 2360: Information Security Program Annual Certification or Form FIS 2378: Domestic Insurer Exemption Certification.	EO	0	N/A	2/15	State – FIS 2360 or FIS 2378	A-K, W
119	Officer and Director Biographical Information	EO	0	xxx	SEE NOTE	NAIC	A-K, V

***If XXX appears in this column, this state 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.**

*****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. Michigan has adopted the NAIC Corporate Governance Annual Disclosure Model Act through Public Act 520 of 2018 effective January 1, 2020.**

******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. ORSA filings are required in Michigan starting in 2018.**

@If schedule is included in the annual statement submitted as item #1, an additional copy is not required.