

**UNITED STATES BRANCH OF NON-US INSURERS (including Non-US Surplus-lines insurers)
That DO NOT use MICHIGAN as a Port of Entry**

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

(1) Check -list	(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"x14")	N/A	N/A	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E29)	N/A	N/A	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 ½" x 14")	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Separate Accounts Annual Statement (8 ½"x14")	N/A	N/A	xxx	3/1	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	12	Statement of Actuarial Opinion	N/A	N/A	xxx	3/1	Company	A-K
	13	Actuarial Opinion Summary	N/A	N/A	0	3/15	Company	A-K
	14	Bail Bond Supplement	N/A	N/A	xxx	3/1	NAIC	A-K
	15	Credit Insurance Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	16	Director and Officer Insurance Coverage Supplement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	17	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	N/A	N/A	xxx	3/1	NAIC	A-K
	18	Insurance Expense Exhibit – property and casualty	N/A	N/A	xxx	4/1	NAIC	A-K, M
	19	Cybersecurity and Identity Theft Insurance Coverage Supplement	N/A	N/A	xxx	4/1	NAIC	A-K, M
	20	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	N/A	N/A	xxx	4/1	NAIC	A-K, M
	21	Long Term Care Experience Reporting Forms	N/A	N/A	xxx	4/1	NAIC	A-K, M
	22	Management Discussion & Analysis	N/A	N/A	xxx	4/1	Company	A-K
	23	Market Conduct Annual Statement Premium Exhibit for Year	N/A	N/A	xxx	3/1	NAIC	A-K, M
	24	Medicare Part D Coverage Supplement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	25	Medicare Supplement Insurance Experience Exhibit	N/A	N/A	xxx	3/1	NAIC	A-K, M
	26	Mortgage Guaranty Insurance Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	27	Risk-Based Capital Report	N/A	N/A	N/A	3/1	NAIC	A-K
	28	Schedule SIS	N/A	N/A	N/A	3/1	NAIC	A-K, M
	29	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	N/A	N/A	xxx	3/1	Company	A-K, M
	30	Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1.1	N/A	N/A	xxx	3/1	Company	A-K, M
	31	Supplemental Compensation Exhibit	N/A	N/A	N/A	3/1	NAIC	A-K, M
	32	Supplemental Health Care Exhibit (Parts 1 and 2)	N/A	N/A	xxx	4/1	NAIC	A-K, M
	33	Supplemental Investment Risk Interrogatories	N/A	N/A	xxx	4/1	NAIC	A-K, M
	34	Supplemental Schedule O	N/A	N/A	xxx	3/1	NAIC	A-K, M
	35	Trusteed Surplus Statement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	36	Workers' Compensation Carve Out Supplement	N/A	N/A	xxx	3/1	NAIC	A-K, M
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	62	March .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	63	Risk-Based Capital Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	64	Risk-Based Capital .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	65	Separate Accounts Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	66	Separate Accounts .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	67	Supplemental Electronic Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	68	Supplemental .PDF Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	69	Quarterly Statement Electronic Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	70	Quarterly .PDF Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	71	June .PDF Filing	N/A	N/A	xxx	6/1	NAIC	A-K, M

IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
81	Accountants Letter of Qualifications	N/A	N/A	N/A	6/1	Company	A-K, O	
82	Audited Financial Reports	N/A	N/A	xxx	6/1	Company	A-K, O	
83	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	6/1	Company	A-K	
84	Communication of Internal Control Related Matters Noted in Audit	N/A	N/A	xxx	8/1	Company	A-K, Q	
85	Independent CPA (change)	N/A	N/A	N/A	6/1	Company	A-K, O	
86	Management's Report of Internal Control Over Financial Reporting	N/A	N/A	N/A	8/1	Company	A-K	
87	Notification of Adverse Financial Condition	N/A	N/A	EO	SEE NOTE	Company	A-K, P	
88	Request for Exemption to File	N/A	N/A	N/A	SEE NOTE	Company	A-K, R	
89	Request to File Consolidated Audited Annual Statements	N/A	N/A	N/A	12/1	Company	A-K	
90	Relief from the five-year rotation requirements for lead audit partner	N/A	N/A	N/A	3/1	Company	A-K	
91	Relief from the one-year cooling off period for independent CPA	N/A	N/A	N/A	3/1	Company	A-K	
92	Relief from the Requirements for Audit Committee	N/A	N/A	N/A	3/1	Company	A-K	
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)	N/A	N/A			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	N/A	N/A		SEE NOTE	State	D	
107	State Filing Fees	N/A	N/A		SEE NOTE	State	C	
108	Signed Jurat	N/A	N/A	0	SEE NOTE	NAIC	L	
109	Group Capital Calculation (File with lead state only)	N/A	N/A	0				
110	Accident and Sickness Insurance Advertising Certificate of Compliance per Admin Rule 500.668 – only applies to insurers writing disability insurance. Submit via SERFF.	N/A	N/A	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)	N/A	N/A	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 or create a new account to submit the MB0116 Form.	N/A	N/A	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 available on the ATPA website: http://www.michigan.gov/msp/divisions/grantscommunityservices/atpa	N/A	N/A	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.	N/A	N/A	1	8/15	State – FIS 0075	A-K	
115	Annual State of total business on the form filed with the domiciliary regulator of the country of origin (include a copy in English)	N/A	N/A	1	When available	Company	A-K	
116	Complaint and Grievance Summary for Health Carriers (File Via SERFF)	N/A	N/A	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)	N/A	N/A	EO	4/1	State-FIS 0322	A-K
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***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.