

**PROPERTY AND CASUALTY INSURERS CHECKLIST**  
**NORTH DAKOTA INSURANCE DEPARTMENT**

**FILINGS CHECKLIST FOR THE STATE OF NORTH DAKOTA - Filings Made during the Year 2024**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE (All domestic filings need to be submitted in electronic format only)	(4) NUMBER OF COPIES *			(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABL E NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2" X 14")	1	EO	XXX	3/1	NAIC	
	1.1	Investment Schedule detail (pages E01-E29)	1	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" X 14")	1	EO	XXX	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	1	0	XXX	3/1	NAIC	
	4	Combined Annual Statement (8 1/2" X 14")	1	EO	XXX	5/1	NAIC	
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	
	12	Actuarial Opinion	1	EO	XXX	3/1	Company	
	13	Actuarial Opinion Summary	1	N/A	N/A	3/15	Company	
	14	Bail Bond Supplement	1	EO	XXX	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	1	EO	XXX	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	1	EO	XXX	4/1	NAIC	
	17	Cybersecurity & Identify Theft Insurance Coverage Supplement	1	EO	XXX	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	1	EO	XXX	3/1	NAIC	
	20	Financial Guaranty Insurance Exhibit	1	EO	XXX	3/1	NAIC	
	21	Insurance Expense Exhibit	1	EO	XXX	4/1	NAIC	
	22	Life, Health, and Annuity Guaranty Association Assessable Premium Exhibit, Part 1 and 2	1	EO	XXX	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	
	24	Management Discussion & Analysis	1	EO	XXX	4/1	Company	
	25	Market Conduct Annual Statement Premium Exhibit for Year	1	EO	XXX	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	
	28	Mortgage Guaranty Insurance Exhibit	1	EO	XXX	4/1	NAIC	
	29	Premiums Attributed to Protected Cells Exhibit	1	EO	XXX	3/1	NAIC	
	30	Private Flood Insurance Supplement	1	EO	XXX	4/1	NAIC	
	31	Reinsurance Attestation Supplement	1	EO	XXX	3/1	Company	
	32	Exceptions to Reinsurance Attestation Supplement	1	N/A	XXX	3/1	Company	
	33	Reinsurance Summary Supplemental	1	EO	XXX	3/1	NAIC	
	34	Risk-Based Capital Report	1	EO	XXX	3/1	NAIC	
	35	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	36	Supplemental A to Schedule T	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	37	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	38	Supplemental Health Care Exhibit (Parts 1 and 2)	1	EO	XXX	4/1	NAIC	
	39	Supplemental Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	
	40	Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts	1	EO	XXX	3/1	NAIC	
	41	Trusteed Surplus Statement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE (All domestic filings need to be submitted in electronic format only)	(4) NUMBER OF COPIES *			(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<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	
	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	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO	XXX	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A	Within 5 days of change	Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	1	Within 5 days of change	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	0	EO	N/A	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	0	EO	N/A	3/1	Company	
	90	Relief from the Requirements for Audit Committees	0	EO	N/A	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	12/31	Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	5/22	Company	See Note J
	93	CPA Awareness Letter	1	N/A	XXX	6/1	Company	
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Corporate Governance Annual Disclosure ***	1	0	N/A		Company	
	102	Form B - Holding Company Registration Statement	1	0	N/A	3/1	State	
	103	Form F - Enterprise Risk Report ****	1	0	0	3/1	State	
	104	ORSA *****	1	0	0	8/1	Company	
	105	Premium Tax Reports	1	0	1	3/1, 5/30, 8/29, 11/29	State	See Note O
	106	State Filing Fees (Renewal Statement-file on Online Renewal System)	1	0	1	3/1	State	See Note C
	107	Property and Casualty Company Abstract of Statement (electronic)	1	0	1	3/1	State	See Note T
	108	Fire District Reporting Form	1	0	1	3/1	State	See Note R
	109	Medical Malpractice Claim Report	1	0	1	3/31, 9/30	State	
	110	Declarations of Compliance with the Auto Accident Reparations Act	1	0	1	As applicable	State	See Note S
	111	Certification as an Insurer of Automobile Warranty Contracts	1	0	1	As applicable	State	See Note U
	112	Insurance Data Security Certification	1	0	N/A	4/15	State	

For 2024, North Dakota is requiring that all domestic filings be submitted to the Department in electronic format only Via OPTins.

- \* If XXX appears in this column, North Dakota does not require this filing if a 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 NAIC is shown as Form Source, the form should be obtained from the appropriate vendor. # Denotes a new or revised form.
- \*\*\* North Dakota has 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)
- \*\*\*\* North Dakota has adopted the NAIC updated Holding Company Model Act, a Form F Filing is required annually by holding company groups. Consistent with 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)
- \*\*\*\*\* North Dakota has adopted the NAIC Risk Management and Own Risk 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. 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)

**NOTES AND INSTRUCTIONS (A-R and T APPLY TO ALL FILINGS)**

	A	Required Filings Contact Person	Company Licensing (701) 328-2440
	B	Mailing Address	North Dakota Insurance Department 600 East Boulevard Ave, Dept. 401 Bismarck, ND 58505
	C	Address for Filing Fees	Submit the Renewal Statement for Admitted Companies via OPTins <a href="#">OPTins Online Tax Filing Solution for Insurance</a>
	D	Mailing Address for Premium Tax Payments	Same as Note B
	E	Delivery Instructions	Electronic filings must be submitted by the due date.  If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.  When submitting filings for two or more companies in a single package, all documents must be bundled BY COMPANY, not by document type, in order to expedite processing.
	F	Late Filings	Companies will be fined \$100 per day for a late annual statement filing. A company's license may be suspended if the annual statement is delinquent. N.D.C.C. § 26.1-03-16. Companies will be fined \$25 per day for delinquent renewal fees. N.D.C.C. § 26.1-02-02
	G	Original Signatures	Original or electronic signatures will be accepted for both domestic and foreign company filings.
	H	Signature/Notarization/Certification	The following officers are required to sign the annual statement: President or Vice President, Secretary, and Treasurer; in lieu of officer signatures, a majority of Directors may sign.  Electronic signatures and electronic notarization will be accepted on all filings.
	I	Amended Filings	Signature requirements are the same as for the original filing.

J	Exceptions From Normal Filings	For audited financial reports, an extension request must be submitted not less than 10 days prior to the due date. N.D.A.C. § 45-03-20-03
K	Bar Codes (State or NAIC)	Please follow the instructions in the NAIC Annual Statement Instructions.
L	Signed Jurat	This state waives foreign insurers from filing printed annual and quarterly statements and supplements. Submission of a hard-copy signed Jurat page is no longer required beginning in 2011.
M	NONE Filings	See NAIC Annual Statement Instructions. Exceptions to these instructions are noted on the form.
N	Filings New, Discontinued or Modified Materially Since Last Year	<p><b>New Filings:</b>  Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses  Market Conduct Annual Statement Premium Exhibit for Year</p> <p><b>Discontinued Filings:</b>  Supplemental Health Care Exhibit's Allocation Report Supplement</p> <p>Fire Insurance Premiums and Losses Report</p>
O	Premium Tax Forms and Instructions	<p>Premium tax should be reported via Optins at <a href="https://www.optins.org/">https://www.optins.org/</a>.</p> <p>The reconciled report is due March 1. Estimated reports are due May 30, August 29, and November 29. Reports must be filed even if zero tax is reported. A separate payment for premium tax is required. Do not send one payment in for premium tax and renewal fees.</p>
P	Notification of Company Change	Any company change (i.e., name, address, merger, etc.) should be sent to the Department under separate cover and must conform with the instructions for Corporate Amendments as given on the NAIC's uniform application website ( <a href="http://www.naic.org/">www.naic.org/</a> ). Do not include such notification with the annual statement filing. include such notifications with the annual statement filing.
Q	Request for Acknowledgment of Filing	A confirmation or acknowledgment of filing will not be returned to the company.
R	Fire District Report Forms and Instructions	<p>The Fire District Report should be submitted via excel document found at <a href="https://www.insurance.nd.gov/companies/fire-district-payment">https://www.insurance.nd.gov/companies/fire-district-payment</a> in lieu of a hard copy report.</p> <p>Send to <a href="mailto:rkriege@nd.gov">rkriege@nd.gov</a> .</p> <p>No need to submit if zero premium on lines 1, 2.1, 3, 4, and 5.1. The report needs to be completed even if line 7 on the totals page is negative.</p> <p>Important: New penalty or 26.1-03-11. If you have questions send to <a href="mailto:rkriege@nd.gov">rkriege@nd.gov</a>.</p>
S	Instructions for Declaration of Compliance with the Auto Accident Reparations Act	This form must be filed once (not on an annual basis) by every insurer that transacts the business of motor vehicle liability insurance in this state.
T	Property and Casualty Abstract of Statement	The Abstract of Statement - SFN 4802 must be submitted electronically. Completed form will be sent via a confirmation email.
U	Instructions for Certification as an Insurer of Automobile Warranty Contracts	The form must be filed by an insurer of automobile warranty contracts pursuant to Bulletin 2009-1 (see <a href="https://www.insurance.nd.gov/sites/www/files/documents/Bulletins/2009/Bulletin%202009-1.pdf">https://www.insurance.nd.gov/sites/www/files/documents/Bulletins/2009/Bulletin%202009-1.pdf</a> )