



STATE OF RHODE ISLAND

Department of Business Regulation
INSURANCE DIVISION
1511 Pontiac Ave., Bldg. 69-2
Cranston, RI 02920

TEL #: (401) 462-9520
FAX #: (401) 462-9602

January 11, 2023

To: INDIVIDUAL(S) RESPONSIBLE FOR STATE FILINGS

From: Deb Almeida
Principal Insurance Examiner

RE: Summary of Annual and Quarterly Filing Requirements for 2023,
Property and Casualty Insurance (P&C) Companies
(All companies filing on the NAIC P&C Annual Statement blank, and alien companies filing
annual reports in other formats)

Domestic and Foreign P&C Companies should review the following attached pages:

- The NAIC's "General Instructions" for P&C Insurance Companies;
- The NAIC's "Property and Casualty Insurers Checklist", annotated for filing in R.I.;
- The R.I. Insurance Division's "Notes and Instructions"
- The R.I. Insurance Division's "Special Reporting Requirements" (most P&C Insurers need to respond to Special Report Requirements #1 through #7; Risk Retention Groups and Accredited and Approved Reinsurers may ignore this page); and
- The R.I. Insurance Division's "Contracted Producer Report" (Surplus Line companies, Risk Retention Groups, and Accredited and Approved Reinsurers may ignore this page).

FOREIGN P&C Companies are required to submit to the R.I. Insurance Division (or to the R.I. Division of Taxation for premium tax payments), on or before the due dates indicated, only those items listed in the Checklist, Section V - State Required Filings.

- Do NOT file a printed copy of the Annual Statement or Combined Statement;
- Premium Tax reports and payments are separate filings and should be sent to the Division of Taxation;
- R.I. Renewal Filing Fees and Assessments (including Retaliatory Assessments), due on 04/03/23, should NOT be included with the above filings; our invoice will be e-mailed to the company before 03/01/23.

DOMESTIC P&C Companies are required to submit the following items to the R.I. Insurance Division (or to the R.I. Division of Taxation for premium tax payments), on or before the dates indicated. **Due to the COVID-19 pandemic, all filings required to be submitted to the R.I. Insurance Division, are permitted to be submitted electronically by email to: DBR.CompanyLicensing@dbr.ri.gov. Electronic signatures will also be accepted.**

- **03/01/23:** A complete Annual Statement and a Protected Cell Annual Statement (if appropriate), and a Risk-Based Capital Report, with electronic signatures on Jurat Pages; a copy of the Checklist with Column 1 completed; and any NAIC Supplements or R.I.-Required Filings listed in Sections II or V of the Checklist as due on this date.
- Send Premium Tax reports and payments to the Division of Taxation.
- **03/13/23:** Comprehensive Annual Analysis (CAA)
- **04/01/23:** Any NAIC Supplements, and any R.I.-Required Filings listed as due on this date, including payment of R.I. Filing Fees due as per our 03/01/23 invoice.
- **05/01/23:** Comprehensive Holding Company Analysis (CHCA)
- **05/01/23:** A complete Combined Statement (if appropriate), with electronic signatures on the Jurat Page, and any NAIC Supplements or R.I. Required Filings listed as due on this date.
- **05/15/23:** A Quarterly Statement, with electronic signatures on the Jurat Page, and any NAIC Supplements or R.I.-Required Filings listed as due on this date. This filing requirement repeats on **08/15/23** and **11/15/23**.
- **05/25/23:** Comprehensive Quarterly Analysis (CQA). This requirement repeats on **8/25/23** and **11/27/23**
- **06/01/23:** Audited Financial Statements and, if appropriate, a Credit Accident & Health report due on this date.
- **07/01/23:** As appropriate, any R.I. Required Filings listed as due on this date.
- Each domestic P&C Company must also file electronically with the NAIC as part of the NAIC's total filing requirements.

Whether an alien, domestic or foreign P&C Company, please read "Notes and Instructions" before submitting any material. Thank you in advance for your cooperation. Feel free to contact me directly at Debra.almeida@dbr.ri.gov. If you have any questions regarding these filing requirements.

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: RHODE ISLAND Filings Made During the Year **2023**

| (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 | | | | |
| I. NAIC FINANCIAL STATEMENTS | | | | | | | | |
| | 1 | Annual Statement (8 1/2" x 14") | 1 | EO | xxx | 3/1 | NAIC | Note G, H & L |
| | 1.1 | Printed 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 | EO | xxx | 3/1 | NAIC | |
| | 4 | Combined Annual Statement (8 1/2" x 14") | 1 | EO | xxx | 5/1 | NAIC | |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 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 | xxx | 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 and Identity 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 | Financial Guaranty Insurance Exhibit | 1 | EO | xxx | 3/1 | NAIC | |
| | 20 | Insurance Expense Exhibit | 1 | EO | xxx | 4/1 | NAIC | |
| | 21 | Life, Health & Annuity Guaranty Association Assessable Exhibit Parts 1 and 2 | 1 | EO | xxx | 4/1 | NAIC | |
| | 22 | Long-Term Care Experience Reporting Forms | 1 | EO | xxx | 4/1 | NAIC | |
| | 23 | Management Discussion & Analysis | 1 | EO | xxx | 4/1 | Company | |
| | 24 | Medicare Part D Coverage Supplement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 25 | Medicare Supplement Insurance Experience Exhibit | 1 | EO | xxx | 3/1 | NAIC | |
| | 26 | Mortgage Guaranty Insurance Exhibit | 1 | EO | Xxx | 4/1 | NAIC | |
| | 27 | Premiums Attributed to Protected Cells Exhibit | 1 | EO | | 3/1 | NAIC | |
| | 28 | Private Flood Insurance Supplement | 1 | EO | xxx | 4/1 | NAIC | |
| | 29 | Reinsurance Attestation Supplement | 1 | EO | xxx | 3/1 | Company | |
| | 30 | Exceptions to Reinsurance Attestation Supplement | 1 | N/A | xxx | 3/1 | Company | |
| | 31 | Reinsurance Summary Supplemental | 1 | EO | xxx | 3/1 | NAIC | |
| | 32 | Risk-Based Capital Report | 1 | EO | xxx | 3/1 | NAIC | |
| | 33 | Schedule SIS | 1 | N/A | N/A | 3/1 | NAIC | |
| | 34 | Supplement A to Schedule T | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 35 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 36 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 1 | EO | xxx | 4/1 | NAIC | |
| | 37 | Supplemental Health Care Exhibit's Allocation Report Supplement | 1 | EO | xxx | 4/1 | NAIC | |
| | 38 | Supplemental Investment Risk Interrogatories | 1 | EO | xxx | 4/1 | NAIC | |
| | 39 | Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts | 1 | EO | xxx | 3/1 | NAIC | |
| | 40 | Trusteed Surplus Statement | 1 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| III. ELECTRONIC FILING REQUIREMENTS | | | | | | | | |
| | 61 | Annual Statement Electronic Filing | 1 | EO | xxx | 3/1 | NAIC | |
| | 62 | March .PDF Filing | 1 | EO | xxx | 3/1 | NAIC | Note O |
| | 63 | Risk-Based Capital Electronic Filing | 1 | EO | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF Filing | 1 | EO | N/A | 3/1 | NAIC | Note O |
| | 65 | Combined Annual Statement Electronic Filing | 1 | EO | xxx | 5/1 | NAIC | |
| | 66 | Combined Annual Statement .PDF Filing | 1 | EO | xxx | 5/1 | NAIC | Note O |

| (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 | | | |
| | 67 | Supplemental Electronic Filing | 1 | EO | xxx | 4/1 | NAIC | |
| | 68 | Supplemental .PDF Filing | 1 | EO | xxx | 4/1 | NAIC | Note O |
| | 69 | Quarterly Statement Electronic Filing | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | 1 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | Note O |
| | 71 | June .PDF Filing | 1 | EO | xxx | 6/1 | NAIC | Note O |
| | | | | | | | | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 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 | | 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 | | 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 | N/A | | Company | |
| | 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | xxx | 3/1 | Company | |
| | 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | xxx | 3/1 | Company | |
| | 90 | Relief from the Requirements for Audit Committees | 1 | EO | xxx | 3/1 | Company | |
| | 91 | Request to File Consolidated Audited Annual Statements | 1 | N/A | N/A | | Company | |
| | 92 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | | Company | |
| | | | | | | | | |
| | | V. STATE REQUIRED FILINGS*** | | | | | | |
| | 101 | Certificate of Compliance | xxx | 0 | xxx | | State | |
| | 102 | Certificate of Deposit | xxx | 0 | xxx | | State | |
| | 103 | Corporate Governance Annual Disclosure*** | 1 | 0 | xxx | 6/1 | Company | |
| | 104 | Filings Checklist (with Column 1 completed) | 1 | 0 | xxx | 3/1 | State | |
| | 105 | Form B-Holding Company Registration Statement | 1 | 0 | xxx | 5/1 | Company | |
| | 106 | Form F-Enterprise Risk Report **** | 1 | 0 | xxx | 5/1 | Company | |
| | 107 | ORSA ***** | 1 | 0 | xxx | | Company | |
| | 108 | Premium Tax | 1 | 0 | 1 | 4/15 | State | Note D |
| | 109 | State Filing Fees | 1 | 0 | 1 | 4/1 | State | Note C |
| | 110 | Signed Jurat | 1 | 0 | xxx | 3/1 | NAIC | Note G, H & L |
| | 111 | Group Capital Calculation (File with Lead State only) | 1 | 0 | xxx | 5/1 | NAIC | |
| | 112 | Contracted Insurance Producer Report (R.I.G.L. §27-2.4-4) | 1 | 0 | 1 | 3/1 | Company | |
| | 113 | Professional Liability Insurance Report (R.I.G.L. §42-14-2.1 (c)) | 1 | 0 | 1 | 3/1 | Company | |
| | 114 | Credit Life/Accident & Health Filing (R.I. Ins. Reg. 9) | 0 | 1 | xxx | 6/1 | Company | |
| | 115 | Lead Liability Coverage Report (R.I. Ins. Reg. 101) | 1 | 0 | 1 | 2/1 | Company | |
| | 116 | Labor Rate Survey (R.I.G.L. §27-29-4.4 & R.I. Ins. Reg. 108) | 1 | 0 | 1 | 9/1 | Company | |
| | 117 | RI Premium Tax Reduction-Job Growth WS | 1 | 0 | 1 | 4/1 | Company | Note P |

*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.

****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

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.

| | | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|--|---|--|---|
| | A | Required Filings Contact Person: | Deb Almeida Debra.Almeida@dbr.ri.gov (401) 462-9542 |
| | B | Mailing Address: | R.I. Insurance Division 1511 Pontiac Avenue, Bldg. 69-2 Cranston, RI 02920 |
| | C | Mailing Address for Filing Fees: | Do NOT send fees prior to receipt of renewal invoice. Invoices will be sent by E-MAIL from the following address " SBS@NAIC.ORG " before March 1 st and payment is due April 3rd. Payments can be made through OPTINS. Please see Instructions below. |
| | D | Mailing Address for Premium Tax Payments: | R.I. Division of Taxation, Corporate Taxes Section 1 Capitol Hill Providence, RI 02908 Carlita Annicelli, Chief Revenue Agent E-mail: carlita.annicelli@tax.ri.gov Phone: (401) 574-8806 |
| | E | Delivery Instructions: | Domestic Insurers-Due to the COVID-19 pandemic, all filings required to be submitted to the R.I. Insurance Division, are permitted to be submitted electronically by email to: DBR.CompanyLicensing@dbr.ri.gov. Electronic signatures will also be accepted. Foreign Insurers-Due to the COVID-19 pandemic-jurat pages are NOT required this year |
| | F | Late Filings: | Insurance companies will be fined \$100 per day for late filing pursuant to R.I.G.L. §27-12-1(c). |
| | G | Original Signatures: | Domestic insurers Due to the COVID-19 pandemic, electronic signatures will be accepted for all filings. |
| | H | Signature/Notarization/Certification: | Due to the COVID-19 pandemic, electronic signatures will be accepted for all. |
| | I | Amended Filings: | Amended items should be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment. |
| | J | Exceptions from normal filings: | <u>Domestic</u> insurers: Extensions, when necessary, may be requested in accordance with R.I.G.L. §27-12-1(c). |
| | K | Bar Codes (State or NAIC): | Please follow the NAIC's "Annual Statement Instructions." |
| | L | Signed Jurat: | Due to the COVID-19 pandemic -Foreign insurers are NOT required to file a jurat page |
| | M | NONE Filings: | Please follow the NAIC's "Annual Statement Instructions." |
| | N | State of Rhode Island Information: | <u>Foreign</u> insurers: Pursuant to Rhode Island General Law §27-2-1.1, all insurers' doing business in RI are required to provide a toll-free number or to accept collect calls from RI Residents. |
| | O | Electronic Filing Requirements: | All annual, quarterly and supplemental filings in .PDF format can be submitted electronically. |
| | P | RI Premium Tax Reduction-Job Growth Worksheet | RI Job Growth Worksheet filing – link is as follows: RI Premium Tax Reduction-Job Growth – A/S Instructions & FAQ RI Premium Tax Reduction-Job Growth – Worksheet Instructions |

ELECTRONIC PAYMENTS INSTRUCTIONS THROUGH OPTINS

To continue with our mission of increasing electronic efficiencies, the RI Insurance Division is pleased to announce that we have partnered with OPTins to allow efficient electronic submissions and payments for the required Annual Statement Filing Fees effective in 2023. As we have done for the last several years, we will email the annual statement filing fee instructions and worksheet via the NAIC's SBS platform to the company's designee.

Chances are, your company is already set up to process filings and make payments in OPTins. If not, please follow the steps below.

As in years past, the Annual Statement Filing Fees are due on April 1st. Now that we have been set up to receive this annual fee and applicable worksheet through OPTins, ***please DO NOT mail in the Annual Statement Filing Fee worksheets or check payments.***

What does this mean for you?

After you receive your emailed annual statement filing fee instructions and worksheet via the NAIC's SBS platform, you will need to complete your worksheet and then log into OPTins.

Step One: Go through the three-step filing wizard.

Step Two: This will allow you to download and save available forms (only applicable for Foreign Companies) or attach your completed worksheet.

Step Three: The amount owed to the state of Rhode Island will have to be entered. Note: the \$10 NAIC Transaction fee will be included with your fee to Rhode Island.

What are the next steps if you don't have an OPTins account?

If you have not created an OPTins account, the steps to implement an account and submit your filing and payment are very simple. Go to https://optins.org/getting_started.htm. There you will find the implementation paperwork and easy-to-follow instructions. You will submit one of the following forms: Implementation Forms- All Other (ACH debit or ACH Credit)

It is important to register early because to set up a new account takes 7-10 business days. Contact the OPTins Marketing Team at optinsmktg@naic.org or call (816) 783-8787 if you have any questions regarding the implementation process.

Any questions or comments for the RI Insurance Division should be directed to Debra.Almeida@dbr.ri.gov.

**DEPARTMENT OF BUSINESS REGULATION
INSURANCE DIVISION**
1511 Pontiac Ave., Bldg 69-2
Cranston, RI 02920
<http://www.dbr.ri.gov/divisions/insurance/>

~ RHODE ISLAND SPECIAL REPORTING REQUIREMENTS 2023 ~

RESPOND ACCORDINGLY

Fraternal Organizations #2 only
Life Insurers #2, #5, #8, #9, and #10
Property and Casualty Insurers #1, #2, #3 and #5 through #7
Surplus Line Insurers #3 and #7 only
Surplus Line Brokers #1 and #4 only
Self-Insured Entities #3 & #7 only
Title Companies #2 only
Health Insurers (HMOs or HMDIs) #2 only

INSURERS WHO DO NOT HAVE TO RESPOND:

Risk Retention Groups
Accredited or Approved Reinsurers

- #1 Insurance Coverage for Lead Poisoning** **Due February 1**
[230-RICR-20-05-9](#) §9.10 enumerates the filing requirements. Property and Casualty Insurers shall file reports on an individual company basis utilizing the respective form provided in [Insurance Bulletin 2018-11](#). Surplus Line Brokers shall file on an individual licensee basis utilizing the respective form provided in Exhibit B. Exhibit A and Exhibit B are form-fillable; when done completing, save a copy to your computer and then email the saved copy to dbr.specialreports@dbr.ri.gov. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.
- #2 Annual Contracted Producers Report** **Due March 1**
[230-RICR-20-50-5](#) §5.7 requires each insurer doing business in Rhode Island to file this report with the Department and pay the applicable fee. The report and fee must be submitted via [Opt/Ins](#). Filing instructions are found [here](#) on Opt/Ins’ [website](#). Please click [here](#) for FAQ’s. All individual producers appointed by an insurer must be included on the report. “Appointed” mean an insurance producer acting as an agent of an insurer. “Insurer” is defined [HERE](#). Payment of \$30 per producer is required for each producer to which \$100.00 or more was paid in commission for Rhode Island business during the prior calendar year. To streamline this process, the Department created a spreadsheet template with the requirements for this report. If you need additional rows in the spreadsheet, please feel free to use your own spreadsheet as long as the required information (as found on the template) is captured. You must attach a spreadsheet in accordance with the instructions found in the FAQ’s. If you have any questions, please send an email to dbr.acpr@dbr.ri.gov.
- #3 Professional Liability Annual Report** **Due March 1**
All entities, including self-insured entities, providing professional liability insurance coverage to licensed healthcare professionals or licensed healthcare facilities are required to submit annual reports. [R.I. Gen. Laws § 42-14-2.1\(c\)](#) enumerates the filing requirements. Reports must be submitted electronically to dbr.specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.
- #4 Surplus Line Broker Annual Report** **Due April 1**
[R.I. Gen. Laws §27-3-38](#) (d) and [230-RICR-20-50-1§1.7](#) requires every licensed surplus line broker to report the total number of policies and premium written in the preceding calendar year utilizing the annual report form provided in [Insurance Bulletin 2018-9](#). The annual report is form-fillable; when done completing, save a copy to your computer and then email the saved copy to dbr.specialreports@dbr.ri.gov. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report. Do not send Form T-71A to the Department of Business Regulation. This form is required by the RI Division of Taxation and should be sent to that agency for proper reporting/filing.

- #5 Credit Life/Accident & Health Filing** **Due June 1**
[230-RICR-20-60-1](#) §1.10 enumerates the filing requirements. **Effective in 2018**, to streamline and eliminate duplicate reporting, insurers subject to filing will only be required to file with the National Association of Insurance Commissioners (NAIC) Support and Services Office a report of consumer credit insurance written on a calendar year basis. The report shall utilize the Credit Insurance Supplement—Annual Statement Blank as approved by the NAIC, and shall contain data separately for each state, rather than an allocation of the company’s countrywide experience. The filing shall be made in accordance with and no later than the due date in the Instructions to the Annual Statement. **Duplicate reporting to the commissioner is no longer required.**
- #6. Auto Body Labor Rate Survey Reports** **Due Sept 1**
[R.I. Gen. Laws § 27-29-4.4](#) and [230-RICR-20-05-10](#) §10.7 (formerly Insurance Regulation 108), enumerate the filing requirements. Prior to May 1 the Department will publish a Bulletin on its website providing a list of those insurers and insurance groups determined by the Department to have ≥1% market share that are required to conduct a survey and submit the report to the Department by September 1. Insurers and insurance groups determined to have <1% market share may voluntarily conduct the survey and file the report by September 1st or negotiate the payment of auto body labor rates with each licensed Full Collision Repair Auto Body Facility. Please visit the Department’s website yearly to determine if your insurer is required to conduct the survey based upon market share. The Bulletin will also provide information for insurers with <1% market share. Insurers may submit reports on a group basis. For those licensees subject to filing with the Department, reports must be submitted electronically to dbr.specialreports@dbr.ri.gov. A hard copy is no longer required.
- #7. Professional Liability Claim Settlement Report** **Due: See below**
 Requires all entities, including self-insured entities, providing professional liability insurance coverage to licensed healthcare professionals or licensed healthcare facilities to report within thirty (30) days after notice of the claim, settlement, judgment or arbitration award. Please see [R.I. Gen. Laws § 42-14-2.1](#)(a) for detailed reporting requirements. Reports must be submitted electronically to dbr.specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead utilizing the guidance enumerated in the statute and/or Regulation. If there is nothing to report, do not submit a report – the absence of a filed report will be deemed to be a “none” report.
- #8. Life Illustrations Certifications** **Due: Annually**
 Life Illustrations Certifications subject to [230-RICR-20-25-14](#) §14.11 and Advertising Certifications of Compliance subject to [230-RICR-20-25-5](#) §5.10 must be filed via SERFF as informational filings. The correct TOI to use is “L08 Life - Other” or “A10 Annuities – Other”, whichever is applicable. A filing fee of \$25 is required if the retaliatory fee is not greater. Filings will not be accepted via any method other than SERFF.
- #9. Long-Term Care Reporting** **Due: June 30**
 Long-Term Care Reporting Requirements subject to [230-RICR-20-35--01 §1.15](#) must be filed via SERFF using the Special Reports filing type. The correct TOI to use is “LTC06 Long Term Care - Other”. Reports will not be accepted via any method other than SERFF. A filing fee of \$25 is required if the retaliatory fee is not greater.
- #10. Retained Asset Account Reporting** **Due: Annually**
 Retained Asset Account reports subject to the [R.I. Gen. Laws § 27-4.9-6](#) must be filed via SERFF using the Special Reports filing type. The correct TOI to use is “L08 Life - Other”. Reports will not be accepted via any method other than SERFF. A filing fee of \$25 is required if the retaliatory fee is not greater.
- #11. Lender Placed Insurance Annual Data Reports** **Due: April 1**
 Any insurer who is required to submit an Annual Data Report with both Rhode Island and National loss ratio should do so through an electronic submission to dbr.specialreports@dbr.ri.gov. There is no specific form required for this report. The Department suggests that the report be filed on company letterhead with all required information.

PLEASE FORWARD TO APPROPRIATE AREAS WITHIN YOUR COMPANY