

Life, Accident and Health Insurers / Fraternal Benefit Societies

Required Filings in the State of *Washington*

Filings Made During the Year 2025

| (1) Check -list | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES* | | | (5) DUE DATE | (6) FORM SOURCE ** | (7) APPLIC- -ABLE NOTES |
|-------------------------------------|---------------|---|--------------------------|------|---------|-------------------------------|-----------------------------|----------------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| I. NAIC FINANCIAL STATEMENTS | | | | | | | | |
| | 1 | Annual Statement (8 ½"x14") | 0 | EO | xxx | 3/1 | NAIC | |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 0 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 0 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 ½"x14") | 0 | EO | xxx | 3/1 | NAIC | |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 0 | EO | xxx | 4/1 | NAIC | |
| | 12 | Credit Insurance Experience Exhibit | 0 | EO | xxx | 4/1 | NAIC | |
| | 13 | Health Supplement | 0 | EO | xxx | 3/1 | NAIC | |
| | 14 | Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 | 0 | EO | xxx | 4/1 | NAIC | |
| | 15 | Long-term Care Experience Reporting Forms | 0 | EO | xxx | 4/1 | NAIC | |
| | 16 | Management Discussion & Analysis | 0 | EO | xxx | 4/1 | Company | |
| | 17 | Market Conduct Annual Statement Premium Exhibit for Year | 0 | EO | xxx | 3/1 | NAIC | N |
| | 18 | Medicare Supplement Insurance Experience Exhibit | 0 | EO | xxx | 3/1 | NAIC | |
| | 19 | Medicare Part D Coverage Supplement | 0 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 20 | Risk-Based Capital Report | 0 | EO | xxx | 3/1 | NAIC | |
| | 21 | Schedule SIS | EO | N/A | N/A | 3/1 | NAIC | |
| | 22 | Supplemental Compensation Exhibit | EO | N/A | N/A | 3/1 | NAIC | |
| | 23 | Supplemental Health Care Exhibit (Parts 1 and 2) | 0 | EO | xxx | 4/1 | NAIC | |
| | 24 | Supplemental Investment Risk Interrogatories | 0 | EO | xxx | 4/1 | NAIC | |
| | 25 | Supplemental Schedule O | 0 | EO | xxx | 3/1 | NAIC | |
| | 26 | Supplemental Term and Universal Life Insurance Reinsurance Exhibit | 0 | EO | xxx | 4/1 | NAIC | |
| | 27 | Trusteed Surplus Statement | 0 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 28 | Variable Annuities Supplement | 0 | EO | xxx | 4/1 | NAIC | |
| | 29 | VM 20 Reserves Supplement | 0 | EO | xxx | 3/1 | NAIC | |
| | 30 | Workers' Compensation Carve-Out Supplement | 0 | EO | xxx | 3/1 | NAIC | |
| Actuarial Related Items | | | | | | | | |
| | 31 | Actuarial Certification regarding use 2001 Preferred Class Table | 0 | EO | xxx | 3/1 | Company | |
| | 32 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | 0 | EO | xxx | 3/1 | Company | |
| | 33 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | EO | N/A | xxx | 4/30 | Company | |
| | 34 | Actuarial Opinion | 0 | EO | xxx | 3/1 | Company | |
| | 35 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | 0 | EO | xxx | 3/1 | Company | |
| | 36 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | 0 | EO | xxx | 3/1 | Company | |
| | 37 | Actuarial Opinion on X-Factors | 0 | EO | xxx | 3/1 | Company | |
| | 38 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | 0 | EO | xxx | 3/1 | Company | |
| | 39 | Request for Life PBR Exemption (if applicable) | EO | EO | xxx | Commissioner 7/1 NAIC 8/15 | Company | |
| | 40 | Executive Summary of the PBR Actuarial Report | 0 | N/A | xxx | 4/1 | Company | |
| | 41 | Life Summary of the PBR Actuarial Report | 0 | N/A | xxx | 4/1 | Company | |
| | 42 | Variable Annuities Summary of the PBR Actuarial Report | 0 | N/A | xxx | 4/1 | Company | |
| | 43 | PBR Actuarial Report (provide upon request) | 0 | N/A | xxx | | Company | |
| | 44 | RAAIS required by <i>Valuation Manual</i> | EO | N/A | xxx | 4/1 | Company | |
| | 45 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | 0 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 46 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | 0 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | |

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|-----------------------|---------------|--|--------------------------|------|---------|-----------------------|-----------------------------|---------------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | 47 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | 0 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 48 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) | 0 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 49 | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI | 0 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | |
| | 50 | RBC Certification required under C-3 Phase I | 0 | EO | xxx | 3/1 | Company | |
| | 51 | RBC Certification required under C-3 Phase II | 0 | EO | xxx | 3/1 | Company | |
| | 52 | Statement on non-guaranteed elements - Exhibit 5 Int. #3 | 0 | EO | xxx | 3/1 | Company | |
| | 53 | Statement on par/non-par policies – Exhibit 5 Int. 1&2 | 0 | EO | xxx | 3/1 | Company | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 61 | Annual Statement Electronic Filing | 0 | EO | xxx | 3/1 | NAIC | |
| | 62 | March .PDF Filing | 0 | EO | xxx | 3/1 | NAIC | |
| | 63 | Risk-Based Capital Electronic Filing | 0 | EO | N/A | 3/1 | NAIC | |
| | 64 | Risk-Based Capital .PDF Filing | 0 | EO | N/A | 3/1 | NAIC | |
| | 65 | Separate Accounts Electronic Filing | 0 | EO | xxx | 3/1 | NAIC | |
| | 66 | Separate Accounts .PDF Filing | 0 | EO | xxx | 3/1 | NAIC | |
| | 67 | Supplemental Electronic Filing | 0 | EO | xxx | 4/1 | NAIC | |
| | 68 | Supplemental .PDF Filing | 0 | EO | xxx | 4/1 | NAIC | |
| | 69 | Quarterly Statement Electronic Filing | 0 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 70 | Quarterly .PDF Filing | 0 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 71 | June .PDF Filing | 0 | EO | xxx | 6/1 | NAIC | |
| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
| | 81 | Accountants Letter of Qualifications | 0 | EO | N/A | 6/1 | Company | |
| | 82 | Audited Financial Reports | 0 | EO | xxx | 6/1 | Company | |
| | 83 | Audited Financial Reports Exemption Affidavit | 0 | N/A | N/A | | Company | |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 0 | EO | N/A | 8/1 | Company | S |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | Only on CPA Change | Company | |
| | 86 | Management's Report of Internal Control Over Financial Reporting | EO | N/A | N/A | 8/1 | Company | S |
| | 87 | Notification of Adverse Financial Condition | 1 | N/A | N/A | Within 5 days | 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 for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | | Company | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Corporate Governance Annual Disclosure*** | EO | 0 | 0 | 6/1 | Company | |
| | 102 | Filings Checklist (with Column 1 completed) | 0 | 0 | 0 | None | | |
| | 103 | Form B-Holding Company Registration Statement | EO | 0 | 0 | 5/1 | Company | O |
| | 104 | Form F-Enterprise Risk Report **** | EO | 0 | 0 | 5/1 | Company | O |
| | 105 | ORSA***** | EO | 0 | 0 | Varies | Company | O |
| | 106 | Premium Tax (life) / Renewal Fee (fraternal) | EO | 0 | EO | 3/1 | State | |
| | 107 | State Filing Fees | 1 | 0 | EO | 3/1 | State | |
| | 108 | Signed Jurat | 0 | 0 | 0 | | NAIC | |
| | 109 | Group Capital Calculation (File with lead state only) | 1 | 0 | 0 | 5/1 | NAIC | T |
| | 110 | Liquidity Stress Testing (File with lead state only) | 0 | 0 | 0 | | NAIC | U |

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|-----------------------|---------------|---|--------------------------|------|---------|-----------------|-----------------------------|----------------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | 111 | Schedule SIS .PDF Filing | 1 | N/A | 0 | 3/1 | NAIC | |
| | 112 | Supplemental Compensation Exhibit .PDF Filing | 1 | N/A | 0 | 3/1 | NAIC | |
| | 113 | WSHIP Notice of Assessment Report | 1 | N/A | 1 | 3/1 | State | P |
| | 114 | Regulatory Asset Adequacy Issues Summary (RAAIS) .PDF Filing | 1 | N/A | 0 | 4/1 | Company | |
| | 115 | Supplemental Data Statement .xlsx | 1 | N/A | 1 | 4/1 | State | Q |
| | 116 | Management's Report of Internal Control Over Financial Reporting .PDF Filing (if more than \$500 million in premiums) | 1 | N/A | 0 | 8/1 | Company | S |
| | 117 | Annual Report of Segregated Premiums .PDF Filing | 1 | 0 | 0 | 3/1 | State | R |

*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

For life insurers only:

The dental-only data required by RCW 48.43.743 is already provided in the *Accident and Health Policy Experience Exhibit for Year*.

No supplemental data is needed from life insurers for that requirement.

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| NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | | |
|---|---|---|
| A | Required Filings Contact Person: | CompanySupervisionFilings@oic.wa.gov or 360-725-7200 |
| B | Electronic Filing Address: | https://fortress.wa.gov/oic/onlineservices/Login.aspx?module=FIN |
| C | Mailing Address for Filing Fees: | Life: See the Premium Tax form. Fraternal: See the License Renewal form. |
| D | Mailing Address for Premium Tax Payments: | Life: Premium tax information provided separately. Fraternal: License renewal information provided separately. |
| E | Delivery Instructions: | If the due date is a Saturday, Sunday, or legal holiday, the due date is the next business day. |
| F | Late Filings: | Life: The commissioner shall suspend or revoke the certificate of authority. Fraternal: \$100 per day. The commissioner may suspend authority to do business after giving notice. |
| G | Original Signatures: | Domestic: Original required, except the CPA firm-supplied documents may use a facsimile or reproduction signature. Electronic signatures and notarization are allowed and are an alternative if prudent safety measures or government actions prevent officers or other signers from signing documents in person. Insurers unable to get the required signatures or notary must request an exception from the OIC under Note J. Foreign: Set by the domestic regulator. |
| H | Signature/Notarization/Certification: | Jurat: At least two officers must sign. |
| I | Amended Filings: | Domestic: See SSAP No. 3, the NAIC instructions, and the OIC Electronic Submission Directive Foreign: Set by the domestic regulator. |
| J | Exceptions from normal filings: | Domestic: Send written requests to CompanySupervisionFilings@oic.wa.gov . For time extensions, state the date the reporting entity will file. Foreign: Extensions or exemptions are made by the domestic regulator. Do not file requests or notices with the OIC. |
| K | Bar Codes (State or NAIC): | Domestic: Use NAIC bar codes on paper filings. Not needed on electronic filings. Foreign: Set by the domestic regulator. |
| L | Signed Jurat: | Domestic: This is an NAIC program for foreign insurers, so it is different from the Washington rules regarding signatures. Foreign: No; not applicable. |
| M | NONE Filings: | Domestic: Please put consecutive “none” pages on one page. Foreign: Set by the domestic regulator. |
| N | Filings new, discontinued or modified materially since last year: | None. |
| O | Holding Company Forms: | Domestic: File electronically at the address shown in Note B. Contact: Ron Pastuch at 360-725-7211 or Ron.Pastuch@oic.wa.gov . |
| P | Washington State Health Insurance Pool (WSHIP) Notice of Assessment Report: | Life: The report is web-based and can be found at http://www.insurance.wa.gov/for-insurers/financials/wship/index.html The phone numbers for questions can be accessed through the FAQs link. Fraternal: Not applicable. |
| Q | Supplemental Data input | Life: Insurers offering a health benefit plan must provide supplemental data to comply with RCW 48.43.049. There is now a .xlsx form to fill out and file via the Electronic Filing Portal. The .xlsx form is available at http://www.insurance.wa.gov/2025-financial-filing-checklists . Fraternal: Not applicable. |
| R | Annual Report of Segregated Premiums | Life: For OIC-regulated entities on the Washington Health Benefit Exchange that have an approved premium segregation plan, there is a form to report and certify. This is not applicable to any life company for the reporting year, so please do not file it. Fraternal: Not applicable. |
| S | Internal Control Documents | File these as soon as they’re issued , but no later than 60 days after the filing of the audited financial statements. |

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| | | |
|---|---------------------------------|---|
| T | Group Capital Calculation (GCC) | Year End 2024 GCC Instructions Year End 2024 GCC Template |
| U | Liquidity Stress Testing (LST) | Currently no domestic companies that are required to file the LST as Washington lead state filers. We will provide links to the LST instructions and templates once they become available from NAIC. |

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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 **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts.PDF Filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplement.PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the quarterly statement data.

The **Quarterly.PDF Filing** is the .pdf for quarterly statement data.

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.

This is a courtesy summary; it does not relieve the reporting entity from complying with all statutes and regulations.