**Risk Pool Annual Report Checklist**

**760 IAC 1-75-8**

|  |  |
| --- | --- |
| Name: |  |
| Contact Person: |  |
| Contact Email: |  | Phone: |  |
| Contact Address: |  |

***Requirements***

***(Please number or tab each item accordingly***

|  |  |
| --- | --- |
|  |  1. $100 Annual Report Fee and $250 Internal Audit Fee |
|  |  2. Annual Fee Statement |
|   |  3. Annual Report verified by the oath of the chair of the board of trustees. The report must summarize the business activities of the trust for the immediately preceding year and must contain all of the following items:* 1. Management discussion and analysis
	2. Financial Statements
	3. Rate and reserve analysis, prepared and certified by an actuary
 |
|   |  4. Examination Report if applicable |
|  |  5. Risk pool’s contribution and rating plan. |
|  |  6. Names and addresses of all risk pool participants. |
|   |  7. List of current members of the board of trustees |
|  |  8. [Biographical affidavits](http://www.in.gov/idoi/2394.htm) must be submitted for each newly elected member of the board of trustees, trust administrator and those performing: a. actuarial; b. financial; c. legal; d. loss control; e. underwriting; and f. claims Biographical affidavits must be originally signed and notarized.  |
|  |  9. A copy of the certificate of insurance (Fidelity Bond)  |
|  | 10. Have there been any material changes to documents required to be submitted with the initial application for the certificate of Registration? Yes No If yes, please attach appropriate document(s). |
|  |  |  |
| **Please list the current outside vendors providing services to the Risk Pool:** |
| Accountant: |  |
| Actuary: |  |
| Attorney: |  |
| Claims Administrator: |  |
| Consultant: |  |
| Financial Advisor: |  |
| Stop-Loss Carrier: |  |
| Wellness Provider: |  |