PHONE: 502-564-6082 • Email: DOI.Financialstandardsmail@ky.gov Date: Company Name: Safekeeping Account No: Bank: Part A - Company Request We, the undersigned officers, having been duly authorized by the company represented above, pursuant to KRS 304.8- 180(1), to order deposits and withdrawals of assets, do hereby request the following security transaction(s) be completed (signatures below should match the Election Form on file with the KY Dept. of Insurance and both are required to process a transaction). _____(2) _____ (1) Signature Signature Print Name of Officer Title Print Name of Officer SECURITIES TO BE DEPOSITED CUSIP# Description of Bond, Stock Maturity Date *Par Value, No. of Interest Rate Amount to be DEPOSITED Shares, Principal Balance Mortgage Note or Property **SECURITIES TO BE WITHDRAWN (OR MATURED** CUSIP# *Par Value, No. of Description of Bond, Stock Interest Rate Maturity Date Amount WITHDRAWN Shares, Principal Balance Mortgage Note or Property Part B - Department of Insurance Approval The Part C - Custodian Bank's Certification aforementioned security transaction(s) are hereby The aforementioned transaction(s) were completed: approved for execution by the designated bank effective: Date: Custodian Bank Signature: Representative Signature

FORM 144 TRANSACTION SHEET FOR SECURITIES HELD UNDER SAFEKEEPING PURSUANT TO KRS 304.8-095
KENTUCKY DEPARTMENT OF INSURANCE • 500 Mero Street 2SE11 • P.O. BOX 517 • FRANKFORT, KY 40602

FORM INSTRUCTIONS TO INSURANCE COMPANIES:

Kentucky Department of Insurance

- 1. Submit one copy of this form to the Department of Insurance- Financial Standards and Examination Division by mail (information listed in heading above) or electronically by sending to DOI.FinancialStandardsMail@ky.gov
- 2. Complete only Part A of this form, leaving Parts B and C blank.

Commissioner