## LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:	_NAIC Company Code:
Contact:	Telephone:
REQUIRED FILINGS IN THE STATE OF:	Filings Made During the Year 2024

(1)	AL CON	IPANIES BEGIN FILING LIFE/FRATERNAL STATEMEN	I EFFECTI	VE WITH	I FIRST QU	J <b>ARTER, 2019.</b>		
(1)	(2)	(3)	NIIM	(4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom	estic	Foreign	DUE DATE	SOURCE**	NOTES
	1	I. NAIC FINANCIAL STATEMENTS	State	NAIC	State			
	1	Annual Statement (8 ½"x14")	KY					*annually
		,	EO					only for
								jurat page
					VV			**See Letter
				EO	KY EO*	3/1**	NAIC	E and F
	1.1	Printed Investment Schedule detail (Pages E01-E29)	KY	20	0	5/1	1,110	*See Letter
			EO	EO		3/1*	NAIC	Е
	2	Quarterly Financial Statement (8 ½" x 14")	KY	FO	0	5/15*, 8/15*,	NATO	*See Letter
	3	Separate Accounts Annual Statement (8 ½"x14")	EO KY	EO	0	11/15*	NAIC	E *See Letter
	3	Separate Accounts Annual Statement (8 72 x14 )	EO	EO	U	3/1*	NAIC	E E
			KY	Lo	0	5/1	Tune	*See Letter
			EO					Е
	<u> </u>	II. NAIC SUPPLEMENTS		_		T	_	1
	11	Accident & Health Policy Experience Exhibit	KY EO	EO	0	4/1*	NATO	*See Letter
	12	Credit Insurance Experience Exhibit	KY	EU	0	4/1"	NAIC	E *See Letter
	12	Credit insurance Experience Exhibit	EO	EO	U	4/1*	NAIC	E
	13	Health Supplement	KY		0			*See Letter
			EO	EO		3/1*	NAIC	Е
	14	Life, Health & Annuity Guaranty Association	KY	FO	0	4/14	NATO	*See Letter
	15	Assessable Premium Exhibit, Parts 1 and 2  Long-term Care Experience Reporting Forms	EO KY	EO	0	4/1*	NAIC	E *See Letter
	15	Long-term Care Experience Reporting Forms	EO	EO	U	4/1*	NAIC	*See Letter E
	16	Management Discussion & Analysis	KY	20	0	,,,,	1,110	*See Letter
			EO	EO		4/1*	Company	Е
	17	Market Conduct Annual Statement Premium Exhibit for Year	KY EO	ЕО	0	3/1*	NAIC	*See Letter E
	18	Medicare Supplement Insurance Experience Exhibit	KY	EO	0	3/1	NAIC	*See Letter
		medicare Supprement insurance Emperience Eminer			0			
			EO	EO		3/1*	NAIC	E
	19	Medicare Part D Coverage Supplement	KY	EO	0	3/1*, 5/15*,	NAIC	
			KY EO	EO EO			NAIC NAIC	E *See Letter E
	19	Medicare Part D Coverage Supplement  Risk-Based Capital Report	KY EO KY		0	3/1*, 5/15*,		*See Letter E *See Letter
			KY EO			3/1*, 5/15*,		E *See Letter E
			KY EO KY			3/1*, 5/15*,		*See Letter E *See Letter
			KY EO KY			3/1*, 5/15*,		*See Letter E  *See Letter E  *See Letter E  **To be filed by all
			KY EO KY			3/1*, 5/15*,		*See Letter E  *See Letter E  *To be filed by all stock
			KY EO KY			3/1*, 5/15*,		*See Letter E  *See Letter E  **To be filed by all stock companies
			KY EO KY			3/1*, 5/15*,		*See Letter E  *See Letter E  *To be filed by all stock
			KY EO KY	ЕО		3/1*, 5/15*, 8/15*, 11/15*	NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more
	20	Risk-Based Capital Report	KY EO KY EO		0	3/1*, 5/15*,		*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders
			KY EO KY EO	ЕО		3/1*, 5/15*, 8/15*, 11/15*	NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter
	20	Risk-Based Capital Report	KY EO KY EO	ЕО	0	3/1*, 5/15*, 8/15*, 11/15*	NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders
	20	Risk-Based Capital Report	KY EO KY EO	ЕО	0	3/1*, 5/15*, 8/15*, 11/15*	NAIC	E *See Letter E *See Letter E **To be filed by all stock companies in the US that have 100 or more stockholders *See Letter E
	20	Risk-Based Capital Report	KY EO KY EO	ЕО	0	3/1*, 5/15*, 8/15*, 11/15*	NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter E
	20	Risk-Based Capital Report	KY EO KY EO	ЕО	0	3/1*, 5/15*, 8/15*, 11/15*	NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter E   **To be filed by all
	20	Risk-Based Capital Report  Schedule SIS	KY EO KY EO	ЕО	0	3/1*, 5/15*, 8/15*, 11/15*	NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter E  **To be filed by all domestics.
	20	Risk-Based Capital Report  Schedule SIS  Supplemental Compensation Exhibit	KY EO KY EO KY EO	ЕО	0	3/1*, 5/15*, 8/15*, 11/15*	NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter E   **To be filed by all domestics.  *See Letter
	20	Risk-Based Capital Report  Schedule SIS	KY EO KY EO KY EO KY EO KY	EO  EO  N/A	0	3/1*, 5/15*, 8/15*, 11/15* 3/1* 3/1*	NAIC  NAIC  NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter E  **To be filed by all domestics.  *See Letter E  *See Letter
	20 21 22 23	Risk-Based Capital Report  Schedule SIS  Supplemental Compensation Exhibit  Supplemental Health Care Exhibit (Parts 1 and 2)	KY EO KY EO KY EO KY EO KY EO	EO EO	0 0	3/1*, 5/15*, 8/15*, 11/15* 3/1*	NAIC NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter E  **To be filed by all domestics.  *See Letter E  *See Letter E
	20 21 22	Risk-Based Capital Report  Schedule SIS  Supplemental Compensation Exhibit	KY EO KY EO KY EO KY EO KY	EO  N/A  N/A  EO	0	3/1*, 5/15*, 8/15*, 11/15* 3/1* 3/1* 3/1* 4/1*	NAIC  NAIC  NAIC  NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter E  **To be filed by all domestics.  *See Letter E  *See Letter E  *See Letter E  *See Letter
	20 21 22 23	Risk-Based Capital Report  Schedule SIS  Supplemental Compensation Exhibit  Supplemental Health Care Exhibit (Parts 1 and 2)	KY EO KY EO KY EO KY EO KY EO	EO  EO  N/A	0 0	3/1*, 5/15*, 8/15*, 11/15* 3/1* 3/1*	NAIC  NAIC  NAIC	*See Letter E  *See Letter E  **To be filed by all stock companies in the US that have 100 or more stockholders  *See Letter E  **To be filed by all domestics.  *See Letter E  *See Letter E

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Charletter	T 1 #	DECLUDED BUINGS FOR THE A DOVE STATE		BER OF CO		DUE DATE	FORM	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
<b>—</b>	<u> </u>		State	NAIC	State	1	1	
	26	Supplemental Term and Universal Life Insurance	KY		0			*See Letter
I		Reinsurance Exhibit	EO	EO		4/1*	NAIC	E
	27	Trusteed Surplus Statement	KY		0	3/1*, 5/15*,		*See Letter
	21	Trusteed Surprus Statement	EO	EO	U		NAIC	
						8/15*, 11/15*	NAIC	Е
	28	Variable Annuities Supplement	KY	EO	0		NAIC	*See Letter
			EO			4/1*		E
	29	VM 20 Reserves Supplement	KY	EO	0		NAIC	*See Letter
	2)	VIVI 20 Reserves Supplement		LO	U	2/1*	IVAIC	
			EO			3/1*		Е
	30	Workers' Compensation Carve-Out Supplement	KY		0			*See Letter
			EO	EO		3/1*	NAIC	E
		4						
		Actuarial Related Items			1	•		
	31	Actuarial Certification regarding use 2001 Preferred	KY		0			*See Letter
		Class Table	EO	EO		3/1*	Company	E
	32		KY		0	5/1	Company	
I	32	Actuarial Certification Related Annuity Nonforfeiture			U	2/1/2		*See Letter
		Ongoing Compliance for Equity Indexed Annuities	EO	EO		3/1*	Company	E
	33	Actuarial Memorandum Related to Universal Life	KY		0			*See Letter
		with Secondary Guarantee Policies required by	EO		-			Е
			LO					L
		Actuarial Guideline XXXVIII 8D						
								**To be
								filed by all
I								domestics in
I								
								a holding
								company
				N/A		4/30*	Company	group
	2.4		7777	14/11	0	4/30	Company	
	34	Actuarial Opinion	KY		0			*See Letter
		_	EO	EO		3/1*	Company	E
	35	Actuarial Opinion on Separate Accounts Funding	KY		0			*See Letter
	33			EO	U	3/1*	C	
		Guaranteed Minimum Benefit	EO	EO		3/1**	Company	Е
	36	Actuarial Opinion on Synthetic Guaranteed	KY		0			*See Letter
		Investment Contracts	EO	EO		3/1*	Company	Е
	37	myestment contracts	KY	EU	0	3/1	Company	*See Letter
	31	Actuarial Opinion on X-Factors			U			
		=	EO	EO		3/1*	Company	Е
	38	Actuarial Opinion required by Modified Guaranteed	KY		0			*See Letter
		Annuity Model Regulation	EO	EO	_	3/1*	Company	E
				EO	-		Company	
	39	Request for Life PBR Exemption (if applicable)	KY		0	Commissioner		*See Letter
			EO			7/1* NAIC		E
				E/O		8/15*	Company	
	40		1737	E/ U	0	0/15	Company	*C I
	40		KY		0			*See Letter
			EO					E
I								**To be
I		Executive Summary of the PBR Actuarial Report						
I		,		1		1		forwarded
I								to Life
I								Division for
I				N/A		4/1*	Company	review
<b>—</b>	4.0	***	**	1 <b>V</b> /A		→/ 1 ·	Company	
I	41	Life Summary of the PBR Actuarial Report	KY		0			*See Letter
I			EO					E
I								
I								**To be
I								
I								forwarded
I								to Life
I								Division for
I				NT / A		4/1*	Comm	
<b>I</b>	L			N/A		4/1"	Company	review
I	42	Variable Annuities Summary of the PBR Actuarial	KY	1	0	1		*See Letter
I		Report	EO					E
I								
I								distance of
I								**To be
I								forwarded
I								to Life
I								
I						L	1 ~	Division for
L	<u></u>		<u></u>	N/A		4/1*	Company	review
	43	PBR Actuarial Report (provide upon request)	KY		0			
I		1 211 1 200 million 10 port (provide upon request)	EO	NT / A			Company	
			EU	N/A			Company	

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Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State		+	
	44	RAAIS required by Valuation Manual	KY		0			*See Letter
			EO					E
								**To be
								filed by all
								domestic
				NT/A		4/1*	C	
				N/A	_	4/1*	Company	life insurers
	45	Reasonableness & Consistency of Assumptions	KY		0	3/1*,5/15*,		*See Letter
		Certification required by Actuarial Guideline XXXV	EO	EO		8/15*, 11/15*	Company	E
	46	Reasonableness of Assumptions Certification required	KY		0	3/1*,5/15*,		*See Letter
		by Actuarial Guideline XXXV	EO	EO		8/15*, 11/15*	Company	Е
	47	Reasonableness & Consistency of Assumptions	KY	LO	0	0/15 ,11/15	Company	*See Letter
	47				0	0/1 5/15 0/15		
		Certification required by Actuarial Guideline XXXVI	EO			3/1,5/15, 8/15,	_	Е
		(Updated Average Market Value)		EO		11/15	Company	
	48	Reasonableness & Consistency of Assumptions	KY		0			*See Letter
		Certification required by Actuarial Guideline XXXVI	EO			3/1,5/15, 8/15,		Е
		(Updated Market Value)		EO		11/15	Company	
	49	Reasonableness of Assumptions Certification for	KY		0	11/10	Company	*See Letter
	49				U	2/1 5/15 0/15		
		Implied Guaranteed Rate Method required by	EO			3/1,5/15, 8/15,		Е
	1	Actuarial Guideline XXXVI		EO		11/15	Company	ļ
	50	RBC Certification required under C-3 Phase I	KY		0		1	*See Letter
		<u> </u>	EO	EO		3/1	Company	Е
	51	RBC Certification required under C-3 Phase II	KY		0			*See Letter
	31	TOO Cordination required under C-3 I have II		EO		2/1	Commons	
			EO	EO		3/1	Company	E
	52	Statement on non-guaranteed elements - Exhibit 5 Int.	KY		0			*See Letter
		#3	EO	EO		3/1	Company	Е
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	KY		0			*See Letter
			EO	EO		3/1	Company	Е
			LO	LO		5/1	Company	
		WY EXECUTE ON THE TWO PROTURES OF THE TOTAL PROTURES.						
		III. ELECTRONIC FILING REQUIREMENTS					•	•
	61	Annual Statement Electronic Filing	KY					*annually
			EO					only for
								jurat page
								Jurat page
								**C T
								**See Letter
					KY			E and F
				EO	EO*	3/1*	NAIC	
	62	March .PDF Filing	KY		0			*See Letter
			EO	EO		3/1*	NAIC	E and F
	63	Risk-Based Capital Electronic Filing	KY		0	<i>5,</i> 1	1	*See Letter
	0.5	Kisk-Based Capital Electronic Fining		FO	U	2/14	NATO	
			EO	EO		3/1*	NAIC	Е
	64	Risk-Based Capital .PDF Filing	KY		0			*See Letter
			EO	EO		3/1*	NAIC	E
	65	Separate Accounts Electronic Filing	KY		0			*See Letter
	0.5	Separate recounts Electronic I ming	EO	EO		3/1*	NAIC	E
		a		EU	_	3/1.	NAIC	
	66	Separate Accounts .PDF Filing	KY	1 _	0	l		*See Letter
	<u></u>		EO	EO		3/1*	NAIC	Е
	67	Supplemental Electronic Filing	KY		0			*See Letter
			EO	EO		4/1*	NAIC	Е
	68	Supplemental .PDF Filing	KY	120	0	., .	11110	*See Letter
	00	Supplemental .FDF FIIIIIg		F0	U	4/1 *	NIATO	
			EO	EO		4/1*	NAIC	Е
	69	Quarterly Statement Electronic Filing	KY	1	0	5/15*, 8/15*,	1	*See Letter
			EO	EO		11/15*	NAIC	E
	70	Quarterly .PDF Filing	KY		0	5/15*, 8/15*,		*See Letter
			EO	EO		11/15*	NAIC	E
	71	Luca DDE Eilina		EU		11/13	INAIC	
	71	June .PDF Filing	KY	F.0	0	C (1 sh	1	*See Letter
			EO	EO		6/1*	NAIC	Е
	<u>L</u>		<u></u>	<u> </u>			<u> </u>	<u></u>
		IV. AUDIT/INTERNAL						
		CONTROL RELATED REPORTS						
	0.1		1777		^	I	1	±C 1
	81	Accountants Letter of Qualifications	KY		0	l	1 _	*See Letter
			EO	EO		6/1*	Company	E
	82	Audited Financial Reports	KY		0		1	*See Letter
		*	EO	EO		6/1*	Company	E
	92	Audited Financial Deposits Evenuetics Affiliation	KY	120	0	J. 1	Company	<del></del>
	83	Audited Financial Reports Exemption Affidavit		37/1	U			1
	1		EO	N/A			Company	ļ
	84	Communication of Internal Control Related Matters	KY				1	*See Letter
	1	Noted in Audit	EO	EO	0	8/1*	Company	Е
	•		•	•		•		•

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			NUM	BER OF CO	PIES*		(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	estic	Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	85	Independent CPA (change)	KY		0			*See Letter
	0.5	independent er i (enange)	EO	N/A	Ü		Company	E
	_			IN/A			Company	
	86	Management's Report of Internal Control Over	KY		0			*See Letter
		Financial Reporting	EO					E
		1 0						
								**To be
								filed by
								companies
								with \$500
								million or
								more in
				37/4		0/1#		
				N/A		8/1*	Company	premiums.
	87	Notification of Adverse Financial Condition	KY		0			*See Letter
			EO	N/A			Company	E
	88	Relief from the five-year rotation requirement for lead	KY	- "	0			*See Letter
	00				U	2/1/2		
		audit partner	EO	EO		3/1*	Company	Е
	89	Relief from the one-year cooling off period for	KY		0			*See Letter
		independent CPA	EO	EO		3/1*	Company	Е
	00	D. I. C.C. at D at C. A. I. C		LO	0	3/ 1	Company	
1	90	Relief from the Requirements for Audit Committees	KY		0	1	_	*See Letter
			EO	EO		3/1*	Company	Е
	91	Request for Exemption to File Management's Report	KY		0			*See Letter
	1 -	of Internal Control Over Financial Reporting	EO	N/A			Company	E
<b> </b>	1	or internal Control Over Pinancial Reporting	EU	1 <b>V</b> /A			Company	E
		V. STATE REQUIRED FILINGS				<u> </u>		
	101	Corporate Governance Annual Disclosure***			0			*See Letter
	101	Corporate Governance Annual Disclosure			U			
								Е
								**Filed
								with Lead
								State if filed
								at the
			KY					insurance
				0		C/1 \psi		
			EO**	0		6/1*	Company	group level
	102	Filings Checklist (with Column 1 completed)	0	0	0		State	
	103	Form B-Holding Company Registration Statement	KY		0			*See Letter
			EO**					E
			LO					ь
								**Filed
								with Lead
								State if filed
								State if filed
								at the
								at the insurance
				0		4/1*	Company	at the insurance
	104	Form F.Entarprise Diel Danor ****	VV	0	0	4/1*	Company	at the insurance group level
	104	Form F-Enterprise Risk Report ****	KY	0	0	4/1*	Company	at the insurance group level *See Letter
	104	Form F-Enterprise Risk Report ****	KY EO**	0	0	4/1*	Company	at the insurance group level
	104	Form F-Enterprise Risk Report ****		0	0	4/1*	Company	at the insurance group level *See Letter
	104	Form F-Enterprise Risk Report ****		0	0	4/1*	Company	at the insurance group level *See Letter E
	104	Form F-Enterprise Risk Report ****		0	0	4/1*	Company	at the insurance group level *See Letter E  **Filed
	104	Form F-Enterprise Risk Report ****			0			at the insurance group level  *See Letter E  **Filed with Lead
			EO**	0		4/1*	Company	at the insurance group level *See Letter E  **Filed with Lead State
	104	Form F-Enterprise Risk Report ****  ORSA*****	EO**		0			at the insurance group level  *See Letter E  **Filed with Lead
			EO**					at the insurance group level *See Letter E  **Filed with Lead State  *See Letter
			EO**					at the insurance group level *See Letter E  **Filed with Lead State
			EO**					at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E
			EO**					at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed
			EO**					at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E
			EO**					at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State
			EO**					at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed
			EO**					at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the
			EO**	0		4/1*	Company	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance
			EO**					at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the
	105	ORSA****	KY EO**	0	0	4/1*	Company	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance
			KY EO**	0		4/1* 8/1*	Company	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance
	105	ORSA****  Premium Tax	KY EO**	0	0	4/1*	Company	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level
	105	ORSA****	KY EO**  KY EO**	0	0	4/1*  8/1*  See "D" Page 3	Company	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance
	105	ORSA****  Premium Tax	KY EO**  KY EO**	0 0	0	4/1*  8/1*  See "D" Page 3	Company  Company  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level
	105 106 107	ORSA****  Premium Tax  State Filing Fees	KY EO** KY EO** KY EO**	0	0	4/1* 8/1*	Company	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E
	105	ORSA****  Premium Tax	KY EO** KY EO** KY EO** KY	0 0	0	4/1*  8/1*  See "D" Page 3	Company  Company  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E  **See Letter E  **Annually
	105 106 107	ORSA****  Premium Tax  State Filing Fees	KY EO** KY EO** KY EO**	0 0	0	4/1*  8/1*  See "D" Page 3	Company  Company  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E  **Annually only for
	105 106 107	ORSA****  Premium Tax  State Filing Fees	KY EO** KY EO** KY EO** KY	0 0	0	4/1*  8/1*  See "D" Page 3	Company  Company  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E  **Annually only for
	105 106 107	ORSA****  Premium Tax  State Filing Fees	KY EO** KY EO** KY EO** KY	0 0	0	4/1*  8/1*  See "D" Page 3	Company  Company  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E  *Annually only for foreign
	105 106 107	ORSA****  Premium Tax  State Filing Fees	KY EO** KY EO** KY EO** KY	0 0	0	4/1*  8/1*  See "D" Page 3	Company  Company  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E  **Annually only for
	105 106 107	ORSA****  Premium Tax  State Filing Fees	KY EO** KY EO** KY EO** KY	0 0	0 0	4/1*  8/1*  See "D" Page 3	Company  Company  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E  *Annually only for foreign companies
	105 106 107	ORSA****  Premium Tax  State Filing Fees	KY EO** KY EO** KY EO** KY	0 0 0	0 0 0	8/1* See "D" Page 3 3/1*	Company  State  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E  *Annually only for foreign companies  **See Letter
	105 106 107	ORSA****  Premium Tax  State Filing Fees	KY EO** KY EO** KY EO** KY	0 0	0 0	4/1*  8/1*  See "D" Page 3	Company  Company  State	at the insurance group level  *See Letter E  **Filed with Lead State  *See Letter E  **Filed with Lead State if filed at the insurance group level  *See Letter E  *Annually only for foreign companies

(1)	(2)	(3)		(4)		(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	NUM. Dome	BER OF CO	PIES* Foreign	DUE DATE	FORM SOURCE**	APPLICABLE NOTES
CHECKHST	Line "	REQUIRED FIEMOST OR THE TIBO VESTITE	State	NAIC	State	DCLDITTE	BOCKEL	NOTES
	109	Group Capital Calculation (File with lead state only)	KY					*See Letter
	10)	Group Cupital Calculation (The With Icaa State only)	EO	0	0	4/1/*	NAIC	E
	110	Certificate of Deposit-Foreign ONLY	0		KY		State	*Foreign
					EO*			ONLY
								**See Letter
				0		3/1*		Е
	111	Details Listing of Securities Held Under Safekeeping	KY	0	KY		State	*Required
		(Form 143)	EO***		EO*			for foreign
								companies if
								deposit held
								in KY
								**See Letter
								Е
								***To be
								filed by all
								domestics
								and
								forwarded
						3/1**, 5/15**,		to KY
						8/15**, 11/15**		Custodian
	112	Affidavit Covering Finance Committee	KY	0		*	State	*See Letter
		6	EO**					Е
								**To be
								filed by all
					0	3/1*		domestics
	113	Schedule of Miscellaneous Investments (Form 460 and 470)	KY	0	0	3/1*, 5/15*,	State	*See Letter
	113	Schedule of Miscellaneous investments (Form 400 and 470)	EO**			8/15*, 11/15*	State	E
	114	Reconciliation and Summary of Assets and Reserve	KY	0	0	·	State	*See Letter
		Requirements (Form 480)	EO**			3/1*		Е
	115	Direct Business Page (State Page)	KY	0	0	3/1*	State	**To be
			EO					filed by all
								domestics
	116	Direct Economic Impact of KY Captive During	KY	0	0	3/1*	State	*See Letter
		Current Reporting Year (Form Cl-150) Captive RRGs	EO					Е
		Only						
	117	Certificate of Advertising (Form 440)	KY	0	KY	3/1*	State	*See Letter
			EO**		EO			E

For Companies to Use Checklist	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person:	Contacts:
	Kentucky Department of Insurance Financial Standards and Examination Division	Primary: Rodney Hugle & Ardena Rogers
	<u>Phone Number:</u> 502-564-6082 <u>Division e-mail: DOI.FinancialStandardsMail@ky.gov</u>	Secondary: Victoria Lloyd
		Phone Number: 502-564-6082  Division e-mail: DOI.FinancialStandardsMail@ky.gov
В	: As of 2024, ALL filing needs to be filed electroinically For Foreign companies, you will need til file through	Mailing Address for Regular Mail:  Department of Insurance P.O. Box 517
	eServices.  For Domestics, you will need to file through our divisional email box	Frankfort, KY 40602-0517  Attn: Financial Standards & Examination Division
	KY ELECTRONIC of Annual Statement documents (http://insurance.ky.gov/). Your Annual Statement contact person can create an account for Kentucky Online Gateway (KOG).	
	FOR DOMESTIC COMPANY ONLY!!! To upload their Annual Statement documents. Division e-mail DOI.FinancialStandardsMail@ky.gov	
		Division e-mail DOI.FinancialStandardsMail@ky.gov
С	RENEWAL FEES PAID ONLINE  To pay online, click on services on the DOI website	Renewal fees paid online.
	(http://insurance.ky.gov/). You can pay your renewal fees through your Kentucky Online Gateway (KOG) account.	Other fees mailed to the address above.

D	Mailing Address for Premium Tax Payments: (see below)	Post Office Box:
	Walning Address for Frenhulli Tax Fayments. (see below)	1 ost Office Box.
	Premium tax forms can be accessed on the Dept. of	Department of Revenue
	Revenue's website (http://revenue.ky.gov/forms) Click on "Current Year Forms."	P.O. Box 1303 Frankfort, KY 40602-1303
		OR
	NOTE:	<u>Physical Address:</u> Department of Revenue
	Please <u>DO NOT</u> Submit	501 High Street
	PREMIUM TAX payments to the KY Department of Insurance.	Frankfort, KY 40601
	INT Department of insurance.	<b>Phone Number: 502-564-4810</b>
E	Delivery Instructions: PAY ATTENTION TO YOUR DEADLINES	ALL filings must be electronic stamped no later than the indicated due date,
	DEADLINES	regardless of the due date falling on a
		weekend or holiday.
F	Late Filings: FINES FOR LATE FILINGS	Companies will be fined \$100 per day for ALL late filings, even in situations
		where a request for extension has been
		received in writing and approved. For all late filings received WITHOUT
		extension approval, and additional civil
		penalty of \$1,000 may be assessed.
G	Electronical Signatures: REQUIRED FOR DOMESTIC	Electronical signatures are required on
	COMPANIES	ALL filings from domestic companies.
		Foreign companies should follow the
		NAIC Annual Statement Instructions regarding signatures.
Н	Signature/Notarization/Certification: REQUIRED BY KENTUCKY STATUTE	Per KRS 304.3-240(1)-shall be verified by oaths of a least two (2) of the
	KENTOCKI SIMICIE	insurers' principal officers.
I	Amended Filings: APPLIES TO DOMESTIC	For domestic companies, amended items
	COMPANIES ONLY	must be filed within ten (10) days of the amendment, along with an explanation
		of the amendment. Same applies for
		original filings where signatures are
		required.
J	Exceptions from normal filings:	Foreign and domestic companies must a
		exceptation via divisional email (doi.financialstandardsmail@ky.gov) to
		the attention of the Director. Any
		extension requested should apply at least 10 days prior to the due date.

K	Signed Jurat:	Please follow the NAIC Annual
		Statement Instructions provided on the Kentucky Department of Insurance website.
		Kentucky REQUIRES Foreign companies to file a copy of a Signed Jurat Page by March 1 as part of their Annual Statement Filings.
L	Filings new, discontinued or modified materially since last year:	For ALL companies, please see "Note O" and "Note P" below. Domestics, please refer to "Note R."
24	N. C. C. L.	N. C. L. C.
M	Notification of Adverse Financial Condition	Notice of Adverse Financial Condition is due five (5) business days after receipt of the accountant's report and must be sent to the Kentucky Department of Insurance Early Warning Analyst (EWA):
		Russell Coy, EWA Kentucky Department of Insurance
		Email: DOI.Financialstandardsmail@ky.gov
N	Kentucky Annual Filing Instructions:	For additional instructions, please see the attached Kentucky Annual Filing
	REFER TO http://insurance.ky.gov/	Instructions listed on the Kentucky Department of Insurance website. The instructions should appear directly above the NAIC checklists provided for each type of entity.
0	Company's Responsibility to Review/Update their	All companies should refer to the
	Information on  Kentucky Department of Insurance website: <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>	Kentucky Department of Insurance website under "Company Info" to review and verify their company information. If corrections or updates need to be made, companies should notify the Kentucky Department of Insurance by submitting the appropriate form(s) on the NAIC UCAA Corporation Amendments Application
		Please be advised:
		*the Form 12 – deals with changes to the Service of Process
		*The Form 14 – deals with address changes

		*The Form 2C – is the only form that deals with the home office address change
		*Biographical affidavits should ONLY be submitted for NEW Presidents <mark>for foreign companies only</mark>
		For Domestic Companies, biographical affidavits need to be submitted for any changes in officers, directors, or major shareholders.
P	Actuarial Opinion Summary: REQUIRED FROM DOMESTICS	All domestic companies are required to file the Actuarial Opinion Summary. Only one (1) copy of the summary is needed and file through the divisional email of DOI.Financialstandardsmail@ky.gov