LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:	_NAIC Company Code:
Contact:	Telephone:
REQUIRED FILINGS IN THE STATE OF	Filings Made During the Vear 2023

(1)	(2)	1PANIES BEGIN FILING LIFE/FRATERNAL STATEMENT (3)	LITECT	(4)	i i i i i i i	(5)	(6)	(7)
		(-)		BER OF CO		` '	FORM	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom State	estic NAIC	Foreign State	DUE DATE	SOURCE**	NOTES
		I. NAIC FINANCIAL STATEMENTS	State	NAIC	State			
	1	Annual Statement (8 ½"x14")	KY					*annually
	1	Amuai Statement (6 /2 X14)	EO					only for
			LO					jurat page
								jarat page
					KY			**See Lette
				EO	EO*	3/1**	NAIC	E and F
	1.1	Printed Investment Schedule detail (Pages E01-E29)	KY		0			*See Letter
			EO	EO		3/1*	NAIC	Е
	2	Quarterly Financial Statement (8 ½" x 14")	KY		0	5/15, 8/15,		*See Letter
			EO	EO		11/15*	NAIC	Е
	3	Separate Accounts Annual Statement (8 ½"x14")	KY		0			*See Letter
			EO	EO		3/1*	NAIC	Е
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	KY		0			*See Letter
	<u> </u>		EO	EO		4/1*	NAIC	Е
	12	Credit Insurance Experience Exhibit	KY		0			*See Letter
		-	EO	EO		4/1*	NAIC	Е
	13	Health Care Receivables Supplement	KY		0			*See Letter
	1		EO	EO		3/1*		Е
	14	Life, Health & Annuity Guaranty Association	KY		0			*See Letter
		Assessable Premium Exhibit, Parts 1 and 2	EO	EO		4/1*	NAIC	Е
	15	Long-term Care Experience Reporting Forms	KY		0			*See Letter
			EO	EO		4/1*	NAIC	E
	16	Management Discussion & Analysis	KY		0			*See Letter
			EO	EO		4/1*	Company	Е
	17	Medicare Supplement Insurance Experience Exhibit	KY		0			*See Letter
			EO	EO		3/1	NAIC	Е
	18	Medicare Part D Coverage Supplement	KY		0	3/1, 5/15, 8/15,		*See Letter
			EO	EO		11/15*	NAIC	Е
	19	Risk-Based Capital Report	KY		0			*See Letter
			EO	EO		3/1*	NAIC	Е
	20	Schedule SIS	KY		0			*See Letter
			EO					Е
								ታታጡ 1
								**To be
								filed by all stock
								companies
								in the US
								that have
								100 or more
				N/A		3/1*	NAIC	stockholder
	21	Supplemental Compensation Exhibit	KY		0			*See Letter
			EO					Е
								**To be
	1							filed by all
	1			N/A		3/1*	NAIC	domestics.
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	KY		0			*See Letter
	1		EO	EO		4/1*	NAIC	Е
	23	Supplemental Health Care Exhibit's Allocation Report	KY		0			*See Letter
			EO	EO		4/1*	NAIC	Е
	24	Supplemental Investment Risk Interrogatories	KY		0			*See Letter
	1		EO	EO		4/1*	NAIC	Е
	25	Supplemental Schedule O	KY	_	0			*See Letter
	1		EO	EO		3/1*	NAIC	E

(4)		(2)	1	46			(40	
(1)	(2)	(3)		(4)	proc.	(5)	(6)	(7)
Charletta	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
			State	NAIC	State			
I	26	Supplemental Term and Universal Life Insurance	KY		0			*See Letter
		Reinsurance Exhibit	EO	EO		4/1*	NAIC	E
	27	Trusteed Surplus Statement	KY		0	3/1, 5/15, 8/15,		*See Letter
	21	Trusteed Surpius Statement		БО.	U		NATO	
			EO	EO		11/15*	NAIC	Е
	28	Variable Annuities Supplement	KY	EO	0		NAIC	*See Letter
		11	EO			4/1*		Е
	29	VM 20 December Cumplement	KY	EO	0		NAIC	*See Letter
	29	VM 20 Reserves Supplement		EU	U	2 /1 /	NAIC	1
			EO			3/1*		Е
	30	Workers' Compensation Carve-Out Supplement	KY		0			*See Letter
			EO	EO		3/1*	NAIC	Е
				LO		3/1	11/11/0	ь
			KY					
			EO					
		Actuarial Related Items						
	31	Actuarial Certification regarding use 2001 Preferred	KY		0			*See Letter
1	31			EC	U	2/14		
		Class Table	EO	EO		3/1*	Company	Е
	32	Actuarial Certification Related Annuity Nonforfeiture	KY		0			*See Letter
I		Ongoing Compliance for Equity Indexed Annuities	EO	EO		3/1*	Company	E
	22			LO		3/1	Company	
I	33	Actuarial Memorandum Related to Universal Life	KY		0			*See Letter
I		with Secondary Guarantee Policies required by	EO					E
		Actuarial Guideline XXXVIII 8D						
I		Testatiai Gaideinie AAA viii OD	ĺ		1			**To be
I			ĺ		1			filed by all
I			ĺ		1			domestics in
I								a holding
								company
				N/A		4/30*	Company	group
	34		KY		0			*See Letter
	34	Actuarial Opinion		F-0	U	2/14		
		-	EO	EO		3/1*	Company	Е
	35	Actuarial Opinion on Separate Accounts Funding	KY		0			*See Letter
		Guaranteed Minimum Benefit	EO	EO		3/1*	Company	Е
	2.5			LO		3/1	Company	
	36	Actuarial Opinion on Synthetic Guaranteed	KY		0			*See Letter
		Investment Contracts	EO	EO		3/1*	Company	E
	37		KY		0			*See Letter
	31	Actuarial Opinion on X-Factors		F0	U	2/1*		
		•	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	Е
	20			LO	0	3/1	Company	
	39	Request for Life PBR Exemption (if applicable)	KY		0			*See Letter
			EO	E/O		7/1*	Company	E
	40		KY		0			*See Letter
			EO					
			EU					Е
I			ĺ		1			
I			l					**To be
I		Executive Summary of the PBR Actuarial Report						forwarded
I								
I			ĺ		1			to Life
I			l					Division for
I				N/A		4/1*	Company	review.
I	41	Life Comment of the DDD A -t	LV.	21/21	0	1/ 1	Company	
I	41	Life Summary of the PBR Actuarial Report	KY		0			*See Letter
I			EO					E
I			ĺ		1			
I			ĺ		1			**To be
I			l					
I								forwarded
I			ĺ		1			to Life
I			l					Division for
I			l	N/A		4/1*	Company	review.
I	42	77 - 11 - 11 - 0 - 0 - 0	****	11/71	_	→ /1 '	Company	
I	42	Variable Annuities Summary of the PBR Actuarial	KY		0			*See Letter
I		Report	EO					Е
1		* *			1			_
I			l					4400 1
I			l					**To be
I			I		1			forwarded
I			l					to Life
I			l					
I			ĺ		1		l _	Division for
	<u>L</u>		<u> </u>	N/A	<u>L</u>	4/1*	Company	review.
	43	PBR Actuarial Report (provide upon request)	KY					
I		1 211 1 20 cuariai report (provide apon request)	EO	NT/A	0		Company	
			EU	N/A	U		Company	

			1				T	
(1)	(2)	(3)	NITIM	(4) BER OF CO	DIEC*	(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom		Foreign	DUE DATE	SOURCE**	NOTES
Checkiist	Line "	REQUIRED FIELDOST OR THE ABOVE STATE	State	NAIC	State	DOLDATE	BOCKEL	NOTES
	44	RAAIS required by Valuation Manual	KY	TUTIC	0			*See Letter
	7-7	KAAIS required by variation manual	EO					E
			LO					L
								**T- 1-
								**To be
								filed by all
								domestic
				N/A		4/1*	Company	life insurers.
	45	Reasonableness & Consistency of Assumptions	KY		0	3/1,5/15, 8/15,		*See Letter
		Certification required by Actuarial Guideline XXXV	EO	EO		11/15*	Company	Е
	46	Reasonableness of Assumptions Certification required	KY		0	3/1,5/15, 8/15,		*See Letter
		by Actuarial Guideline XXXV	EO	EO		11/15*	Company	Е
	47	Reasonableness & Consistency of Assumptions	KY	LO	0	11/15	Company	*See Letter
	47				0	2/1 5/15 0/15		E E
		Certification required by Actuarial Guideline XXXVI	EO	FO		3/1,5/15, 8/15,	C	E
		(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			*See Letter
I		Implied Guaranteed Rate Method required by	EO	1	1	3/1,5/15, 8/15,		E
I		Actuarial Guideline XXXVI		EO	1	11/15*	Company	_
	50	RBC Certification required under C-3 Phase I	KY	1 20	0	11,15	Company	*See Letter
	50	KDC Cerunication required under C-3 Filase I	EO	EO		3/1*	Commons	E E
	~.	DDGG 10 1 1 1 GADI W		EO		3/1**	Company	
I	51	RBC Certification required under C-3 Phase II	KY		0		1 _	*See Letter
			EO	EO		3/1*	Company	Е
	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
		The first of the f	EO	EO		3/1*	Company	Е
			LO	LO		3/1	Company	ь
		HI ELECTRONIC EILING DEOLUDEMENTS		l .	l .			
		III. ELECTRONIC FILING REQUIREMENTS				T	T	
	61	Annual Statement Electronic Filing	KY					*annually
			EO					only for
								jurat page
								**See Letter
					KY			E and F
				EO	EO*	3/1*	NAIC	2 and 1
	62	March .PDF Filing	KY	LO	LO	3/1	TWHE	*See Letter
	02	Match .1 D1 1 ming	EO	EO	0	5/15*	NAIC	E and F
-	<i>(</i> 2	D'I D. I.C. 's IEI s. ' E'I'		EO		3/13	NAIC	
	63	Risk-Based Capital Electronic Filing	KY		0			*See Letter
			EO	EO		3/1*	NAIC	Е
	64	Risk-Based Capital .PDF Filing	KY		0			*See Letter
	<u></u>		EO	EO		3/1*	NAIC	Е
I	65	Separate Accounts Electronic Filing	KY	1	0			*See Letter
I		-	EO	EO	1	3/1*	NAIC	Е
	66	Separate Accounts .PDF Filing	KY	1	0			*See Letter
	00	Soparate Accounts a Di Tining	EO	EO		3/1*	NAIC	E
-	67	Supplemental Electronic Filing	KY	EU	0	J/ 1	IVAIC	*See Letter
	67	Supplemental Electronic Filing		F0	0	A /1 +	NIATO	1
			EO	EO		4/1*	NAIC	E
	68	Supplemental .PDF Filing	KY	l _	0			*See Letter
			EO	EO		4/1	NAIC	Е
	69	Quarterly Statement Electronic Filing	KY		0	5/15, 8/15,		*See Letter
			EO	EO		11/15*	NAIC	Е
	70	Quarterly .PDF Filing	KY	1	0	5/15, 8/15,		*See Letter
	, ,	Zumonij ii Di Timig	EO	EO		11/15*	NAIC	E
—	71	June .PDF Filing	KY	20	0	11/13	1,7110	*See Letter
	/1	Juile .FDF FIIIIIg		EO	0	C/1 ±	NAIC	
ļ			EO	EO	ļ	6/1*	NAIC	Е
			KY					
			EO					
		IV. AUDIT/INTERNAL						
<u></u>	<u> </u>	CONTROL RELATED REPORTS	<u></u>					
	81	Accountants Letter of Qualifications	KY					*See Letter
			EO	EO	0	6/1*	Company	E
	82	Audited Financial Reports	KY	120	0	0/ 1	Company	*See Letter
	02	Audited Financial Reports		EO	"	C/1 ±	Committee	
-	02	A 1'- 1E' - 1D + 00'-1 - '-	EO	EO		6/1*	Company	E
	83	Audited Financial Reports Exemption Affidavit	KY		0			*See Letter
Ī	I		EO	N/A	1	1	Company	E

(1)	(2)	(3)		(4)		(5)	(6) FORM	(7) APPLICABLE
GI 111		DESCRIPTION OF THE PROPERTY OF		BER OF CO		D	FORM	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	84	Communication of Internal Control Related Matters	KY		0			*See Letter
		Noted in Audit	EO	EO		8/1*	Company	E
	85	Independent CPA (change)	KY		0		• •	*See Letter
	0.5	independent CLA (change)		N/A	U		Company	
			EO	IN/A			Company	E
	86	Management's Report of Internal Control Over	KY		0			*See Letter
		Financial Reporting	EO					E
								**To be
								filed by
								companies
								with \$500
								million or
								more in
				N/A		8/1*	Company	premiums.
	87	Notification of Adverse Financial Condition	KY	14/11	0	0/1	Company	*See Letter
	87	Notification of Adverse Financial Condition			U		~	
			EO	N/A			Company	Е
	88	Relief from the five-year rotation requirement for lead	KY		0			*See Letter
		audit partner	EO	EO		3/1*	Company	Е
	89	Relief from the one-year cooling off period for	KY		0	5/1	Company	*See Letter
	07			FC	U	2/14		
	1	independent CPA	EO	EO		3/1*	Company	Е
	90	Relief from the Requirements for Audit Committees	KY		0			*See Letter
		-	EO	EO		3/1*	Company	Е
	91	Request for Exemption to File Management's Report	KY	1 -	0			*See Letter
	1 /1	of Internal Control Over Figure 1.1 Barration		NT/A	0		Comme	
<u> </u>	<u> </u>	of Internal Control Over Financial Reporting	EO	N/A			Company	E
			KY					*See Letter
			EO					E
		V. STATE REQUIRED FILINGS		1				
-	101		1737		1			*C T
	101	Corporate Governance Annual Disclosure***	KY					*See Letter
			EO**					E
								**Filed
								with Lead
								State if filed
								at the
								insurance
				0	0	6/1*	Company	group level
	102	Filings Checklist (with Column 1 completed)	0	0	0			8 - 1
-				U	U			*G T
	103	Form B-Holding Company Registration Statement	KY					*See Letter
			EO**					E
								**To be
								filed by all
				1				domestics in
Ī				1				a holding
								company
				0	0	4/1*	Company	group
	104	Form F-Enterprise Risk Report ****	KY	Ť	0	4/1*		*See Letter
	104	1 om 1 -Emerprise Kisk Keport · · · ·			0	4/1		
			EO**					Е
				1				
Ī				1				**Filed
								with Lead
				0			Company	State
1	105	ODCA****	1737	-	0	8/1*	Company	
	105	ORSA****	KY		0	8/1*		*See Letter
			EO					E
Ī				1				
Ī				1				**Filed
								with Lead
Ī				1				State if filed
Ī				1				at the
								insurance
				0			Company	group level
	106	Premium Tax	See		0		Company	515up 16161
Ī	100	1 ICHILUIII 1 dX		1	U			
			"D"					
	<u>L</u>		Page 3	0		See "D" Page 3	State	
	107	State Filing Fees	KY		KY			*See Letter
Ī	1	6	EO	0	EO*	3/1*	State	E
L	1		LO		LO	J/ 1	State	

(1)	(2)	(3)	NUM	(4) BER OF CO	OPIES*	(5)	(6) FORM SOURCE**	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	estic	Foreign	DUE DATE	SOURCE**	NOTES
	108	Signed Jurat	State KY EO	NAIC	State KY EO*			*annually
			EO		EO			only for foreign
								companies
	100		****	0		KY EO*	NAIC	**See Letter E
	109	Group Capital Calculation (File with lead state only)	KY EO	0	0	4/1*	NAIC	*See Letter E
	110	Certificate of Deposit-Foreign ONLY	0					*Foreign ONLY
				0	KY EO*	3/1**	State	**See Letter E
	111	Details Listing of Securities Held Under Safekeeping (Form 143)	KY EO***				State	*Required for foreign companies if deposit held in KY
								**See Letter E
								***To be filed by all domestics and forwarded
				0	KY EO*	3/1, 5/15, 8/15, 11/15**		to KY Custodian
	112	Affidavit Covering Finance Committee	KY EO**		0		State	*See Letter E
				0		3/1*		**To be filed by all domestics
	113	Schedule of Miscellaneous Investments (Form 460 and 470)	KY EO**	0	0	3/1, 5/15, 8/15, 11/15*	State	*See Letter E
	114	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	KY EO**	0	0	3/1*	State	
	115	Direct Business Page (State Page)	KY EO	0	0	3/1*	State	**To be filed by all domestics
	116	Direct Economic Impact of KY Captive During Current Reporting Year (Form Cl-150) Captive RRGs Only	KY EO	0	0	3/1*	State	*See Letter E
	117	Certificate of Advertising (Form 440)	KY EO**	0	KY EO	3/1*	State	

For	NOTES AND INSTRUCTIONS (A-K APPLY TO	
Companies	ALL FILINGS)	
to Use		
Checklist		
A	Required Filings Contact Person:	Contacts:
	Kentucky Department of Insurance	Primary: Rodney Hugle & Ardena
	Financial Standards and Examination Division	Rogers
	Mayo-Underwood Building	Rogers
	500 Mero Street, 2SE11	
	P.O. Box 517	Secondary: Victoria Lloyd
	Frankfort, KY 40601	, , , , , , , , , , , , , , , , , , ,
	,	Phone Number: 502-564-6082
	Phone Number: 502-564-6082	
		Division e-mail:
	<u>Division e-mail:</u>	DOI.FinancialStandardsMail@ky.gov
	DOI.FinancialStandardsMail@ky.gov	
В	Mailing Address: Mailing Address for KY	Mailing Address for Regular Mail:
	ELECTRONIC, Hand or Overnight delivery:	Walning Address for Regular Wall.
	22201101(10) 211111 01 0 (01111g110 001) 01 (11)	Department of Insurance
	(Please note our address has changed)	P.O. Box 517
		Frankfort, KY 40602- 0517
	Department of Insurance	
	500 Mero Street 2SE11	
	Frankfort, KY 40601	Attn: Financial Standards &
		Examination Division
	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).	
	EOD DOMESTIC COMPANY ON YOU	
	FOR DOMESTIC COMPANY ONLY!!! To upload their Annual Statement documents.	
	Division e-mail	
	DOI.FinancialStandardsMail@ky.gov	Division e-mail
	2 0 212 MARIA MARIAMA CALLINO T	DOI.FinancialStandardsMail@ky.gov
C	Mailing Address for Filing Fees: RENEWAL FEES	
	PAID ONLINE	Renewal fees paid online.
	To non-ordina aliahi (I. DOI	
	To pay online, click on services on the DOI website	Other fees mailed to the address
	(http://insurance.ky.gov/). You can pay your renewal fees through your Kentucky Online Gateway (KOG)	Other fees mailed to the address above.
	account.	anove.
	account.	
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D	Mailing Address for Premium Tax Payments: (see	Post Office Box:
	below) Premium tax forms can be accessed on the Dept. of Revenue's website (http://revenue.ky.gov/forms) Click on "Current Year Forms."	Department of Revenue P.O. Box 1303 Frankfort, KY 40602-1303 OR Physical Address:
	NOTE: Please <u>DO NOT</u> Submit PREMIUM TAX payments to the KY Department of Insurance.	Department of Revenue 501 High Street Frankfort, KY 40601 Phone Number: 502-564-4810
	,	
E	Delivery Instructions: PAY ATTENTION TO YOUR DEADLINES	ALL filings must be postmarked or electronic stamped no later than the indicated due date, 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	Original Signatures: REQUIRED FOR DOMESTIC COMPANIES	Original signatures are required on 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 insurers' principal officers.
I	Amended Filings: APPLIES TO DOMESTIC COMPANIES ONLY	For domestic companies, amended items 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 supply a written copy 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.

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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."
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 P.O. Box 517 Frankfort, KY 40602-0517
		Email: DOI.Financialstandardsmail@ky.gov
N	Kentucky Annual Filing Instructions: REFER TO http://insurance.ky.gov/	For additional instructions, please see the attached Kentucky Annual Filing Instructions listed on the Kentucky Department of Insurance website. The instructions should appear directly above the NAIC checklists provided for each type of entity.
O	Company's Responsibility to Review/Update their Information on Kentucky Department of Insurance website: http://insurance.ky.gov/	All companies should refer to the 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 for foreign companies only
		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 stamp the envelope "confidential."
Q	Direct Economic Impact of Kentucky Captive During Current Reporting Year (Form CI-150): FOR "DOMESTIC" RISK RETENTION GROUPS ONLY	Note S pertains to domestic risk retention groups.