

**TRANSACTION SHEET FOR SECURITIES HELD UNDER SAFEKEEPING  
FOR WORKERS' COMPENSATION SELF-INSURED GROUPS (FORM 145)**

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
Ticket No. \_\_\_\_\_

Prior Balance on Deposit @ Par	\$	
Adjustments (Interest, Dividends, Miscellaneous)	\$	
Current Balance @ Par	\$	
Amount Deposited @ Par	\$	
Amount Withdrawn @ Par	\$	
New Balance on Deposit @ Par	\$	

*Current balance equals bank statement balance  
as of date of transaction sheet.*

**Part A - Company Request**

Please approve the following proposed transactions for securities which are maintained under safekeeping at the

\_\_\_\_\_ (Name of Bank) \_\_\_\_\_ (City and State) \_\_\_\_\_ (Safekeeping Account No.)

We, the undersigned, having been duly authorized by the \_\_\_\_\_, (Name of Fund)

\_\_\_\_\_, to order the deposit and withdrawal of assets, (City and State)

do hereby request the following security transaction(s) be completed.

(1) \_\_\_\_\_ (Signature) (2) \_\_\_\_\_ (Signature)

Name of Officer _____	Title _____	Name of Officer _____	Title _____
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**SECURITIES TO BE DEPOSITED**

<u>Par Value</u> , No. of Shares, Principal Balance	<u>CUSIP</u>	<u>Description of Security</u>	<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Deposit Amount <b>At Market</b></u>
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**SECURITIES TO BE WITHDRAWN (OR MATURED)**

<u>Par Value</u> , No. of Shares, Principal Balance	<u>CUSIP</u>	<u>Description of Security</u>	<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Withdrawn Amount <b>At Market</b></u>
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**Ending market value must equal or exceed the amount required on Form #147 Workers' Comp Group Security Deposit Held Under Safekeeping.**

**NOTE: WHEN DUPLICATING, SIDE TWO SHOULD NOT BE ON A SEPARATE PAGE**

**Part B – Department of Insurance Approval**

The aforementioned security transaction(s) are hereby approved for execution by the designated bank, effective this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Sharon P. Clark  
Commissioner  
Department of Insurance  
Commonwealth of Kentucky

**Part C - Custodian Bank's Certification**

The aforementioned security transaction(s) were completed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ for the account of \_\_\_\_\_, (Name of Fund) and the Office of Insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Bank Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
City and State

**INSTRUCTIONS TO FUNDS**

1. This form must be executed in quadruplicate and mailed to the Department of Insurance before any security transactions can be instituted. Original signatures must be reflected on all four copies thereof.
2. Complete only Part A of this form, leaving Parts B and C blank.
3. In duplicating this form for future transactions, please be sure to copy all of this form before forwarding request to the Office of Insurance.

Immediately after the custodian bank executes the requested security transaction(s), the Fund will be forwarded one copy of the completed Form 145 for its records.

▪ ***If extra space is needed for listing securities, attach additional pages to this form.***