

## HEALTH ENTITIES

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: \_\_\_\_\_ Filings Made During the Year 2026

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES			
			Domestic							
			State	NAIC						
<b>I. NAIC FINANCIAL STATEMENTS</b>										
1	Annual Statement (8 1/2"X14")	KY EO**	EO	KY EO**	3/1	NAIC	*Jurat page for Foreign only  **See Letter E and F			
1.1	Printed Investment Schedule detail (Pages E01-E29)	KY EO*	EO	0	3/1	NAIC	*See Letter E			
2	Quarterly Financial Statement (8 1/2" x 14")	KY EO*	EO	0	5/15, 8/15, 11/15	NAIC	*See Letter E			
<b>II. NAIC SUPPLEMENTS</b>										
11	Accident & Health Policy Experience Exhibit	KY EO*	EO	0	4/1	NAIC	*See Letter E			
12	Actuarial Opinion	KY EO*	EO	0	3/1	Company	*See Letter E			
13	Life Supplemental Data due March 1	KY EO*	EO	0	3/1	NAIC	*See Letter E			
14	Life Supplemental Data due April 1	KY EO*	EO	0	4/1	NAIC	*See Letter E			
15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	KY EO*	EO	0	3/1	Company	*See Letter E			
16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	KY EO*	EO	0	3/1	Company	*See Letter E			
17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	KY EO*	EO	xxx	4/1	NAIC	*See Letter E			
18	Long-Term Care Experience Reporting Forms	KY EO*	EO	xxx	4/1	NAIC	*See Letter E			
19	Management Discussion & Analysis	KY EO*	EO	0	4/1	Company	*See Letter E			
20	Market Conduct Annual Statement Premium Exhibit for Year	KY EO*	EO	0	3/1	NAIC	*See Letter E			
21	Medicare Part D Coverage Supplement	KY EO*	EO	0	3/1, 5/15, 8/15, 11/15	NAIC	*See Letter E			
22	Medicare Supplement Insurance Experience Exhibit	KY EO*	EO	xxx	3/1	NAIC	*See Letter E			
23	Risk-Based Capital Report	KY EO*	EO		3/1	NAIC	*See Letter E			
24	Schedule SIS	KY EO*	N/A	N/A	3/1	NAIC	*See Letter E			
25	Supplemental Compensation Exhibit	KY EO*	N/A	N/A	3/1	NAIC	*See Letter E			
26	Supplemental Health Care Exhibit (Parts 1 and 2)	KY EO*	EO	0	4/1	NAIC	*See Letter E			
27	Supplemental Investment Risk Interrogatories	KY EO*	EO	0	4/1	NAIC	*See Letter E			
<b>III. ELECTRONIC FILING REQUIREMENTS</b>										
61	Annual Statement Electronic Filing	KY EO*	EO	KY EO**	3/1***	NAIC	*Domestic need to file the entire statement  **Jurat page for Foreign only  ***See Letter E			

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			Domestic		Foreign			
			State	NAIC	State			
	62	March .PDF Filing	KY EO	EO	0	3/1*	NAIC	*See Letter E
	63	Risk-Based Capital Electronic Filing	KY EO	EO	N/A	3/1*	NAIC	*See Letter E
	64	Risk-Based Capital .PDF Filing	KY EO	EO	N/A	3/1*	NAIC	*See Letter E
	65	Supplemental Electronic Filing	KY EO	EO	0	4/*1	NAIC	*See Letter E
	66	Supplemental .PDF Filing	KY EO	EO	0	4/1*	NAIC	*See Letter E
	67	Quarterly Statement Electronic Filing	KY EO	EO	0	5/15*, 8/15*, 11/15*	NAIC	*See Letter E
	68	Quarterly .PDF Filing	KY EO	EO	0	5/15*, 8/15*, 11/15*	NAIC	*See Letter E
	69	June .PDF Filing	KY EO	EO	0	6/1*	NAIC	*See Letter E
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	81	Accountants Letter of Qualifications	KY EO	EO	N/A	6/1*	Company	*See Letter E
	82	Audited Financial Reports	KY EO	EO	0	6/1*	Company	*See Letter E
	83	Audited Financial Reports Exemption Affidavit	KY EO	N/A	N/A		Company	*See Letter E
	84	Communication of Internal Control Related Matters Noted in Audit	KY EO	EO	N/A	8/1*	Company	*See Letter E
	85	Independent CPA (change)	KY EO	N/A	N/A		Company	*See Letter E
	86	Management's Report of Internal Control Over Financial Reporting	KY EO	N/A	N/A	8/1*	Company	*See Letter E
	87	Notification of Adverse Financial Condition	KY EO	N/A	N/A		Company	*See Letter E
	88	Relief from the five-year rotation requirement for lead audit partner	KY EO	EO	0	3/1*	Company	*See Letter E
	89	Relief from the one-year cooling off period for independent CPA	KY EO	EO	0	3/1*	Company	*See Letter E
	90	Relief from the Requirements for Audit Committees	KY EO	EO	0	3/1*	Company	*See Letter E
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	KY EO	N/A	N/A	3/1*	Company	*See Letter E
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Corporate Governance Annual Disclosure***	KY EO	0	0	6/1*	Company	*See Letter E
	102	Filings Checklist (with Column 1 completed)	0	0	0		State	*See Letter E
	103	Form B-Holding Company Registration Statement	KY EO	0	0	4/1*	Company	*See Letter E
	104	Form F-Enterprise Risk Report ****	KY EO	0	0	4/1*	Company	*See Letter E
	105	ORSA *****	KY EO	0	0	8/1	Company	*See Letter E
	106	Premium Tax	KY EO	0	See "D" Page 3	3/1	State	
	107	State Filing Fees	KY EO	0	KY EO	3/1	State	*See Letter E and F
	108	Signed Jurat	KY EO	0	KY EO*	3/1*, 5/15*, 8/15*, 11/15*	NAIC	*Annually only for foreign companies **See Letter E and F
	109	Group Capital Calculation ( <b>File with lead state only</b> )	KY EO	0	KY EO	4/1*	NAIC	*See Letter E

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			State	NAIC	State			
	110	Certificate of Deposit- <b>FOREIGN ONLY</b>	KY EO	0	KY EO*	3/1**	State	Foreign ONLY **See Letter E
	111	Detail Listing of Securities Held Under Safekeeping (Form 143) - DOMESTIC AND COMPANIES WILL HOLD SPECIAL DEPOSIT FOR	KY EO	0	KY EO*	3/1*, 5/15*, 8/15*, 11/15*	State	*Required for foreign companies if deposit held in KY **See Letter E
	112	Affidavit Covering Finance Committee	KY EO	0	KY EO*	3/1*, 5/15*, 8/15*, 11/15*	State	*See Letter E
	113	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	KY EO	0	0	3/1*	State	*See Letter E
	114	Direct Business Page (State Page)	KY EO	0	0	3/1*	State	*See Letter E
	115	Direct Economic Impact of KY Captive During Current Reporting Year (Form Cl-150) <b>Captive RRGs Only</b>	KY EO	0	0	3/1*	State	*See Letter E
	116	Certificate of Advertising (Form 440)	KY EO	0	KY EO	3/1*	State	*See Letter E

<b>For Companies to Use Checklist</b>	<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
A	Required Filings Contact Person:	<b><u>Contacts:</u></b>
	<p><b>Kentucky Department of Insurance Financial Standards and Examination Division</b></p> <p><b><u>Phone Number:</u> 502-564-6082</b></p> <p><b><u>Division e-mail:</u> DOI.FinancialStandardsMail@ky.gov</b></p>	<p><b>Primary: Ardena Rogers &amp; Dianna May</b></p> <p><b>Secondary: Rodney Hugle</b></p> <p><b><u>Phone Number:</u> 502-564-6082</b></p> <p><b><u>Division e-mail:</u> DOI.FinancialStandardsMail@ky.gov</b></p>
B	<p>As of 2025, ALL filing needs to be filed electronically.</p> <p>For Foreign companies, you will need to file through eServices.</p> <p>For Domestics, you will need to file through eServices.</p> <p><b><u>KY ELECTRONIC of Annual Statement documents (http://insurance.ky.gov/). Your Annual Statement contact person can create an account for Kentucky Online Gateway (KOG).</u></b></p> <p><b><u>FOR DOMESTIC COMPANY ONLY!!! (http://insurance.ky.gov/). Your Annual Statement contact person can create an account for Kentucky Online Gateway (KOG).</u></b></p>	<b>Division e-mail</b> <b><u>DOI.FinancialStandardsMail@ky.gov</u></b>
C	<p><b><u>RENEWAL FEES PAID ONLINE</u></b></p> <p>To pay online, click on services on the DOI website (<a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>). You can pay your renewal fees through your Kentucky Online Gateway (KOG) account.</p>	<p>Renewal fees paid online.</p> <p>Other fees paid online through eServices.</p>

<b>D</b>	<p>Mailing Address for Premium Tax Payments: (see below)</p> <p>Premium tax forms can be accessed on the Dept. of Revenue's website (<a href="http://revenue.ky.gov/forms">http://revenue.ky.gov/forms</a>) Click on "Current Year Forms."</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>NOTE:</b> Please <u>DO NOT</u> Submit PREMIUM TAX payments to the KY Department of Insurance.</p> </div>	<p><b>Post Office Box:</b></p> <p>Department of Revenue P.O. Box 1303 Frankfort, KY 40602-1303 OR</p> <p><b>Physical Address:</b> Department of Revenue 501 High Street Frankfort, KY 40601</p> <p><b>Phone Number:</b> 502-564-4810</p>
<b>E</b>	Delivery Instructions: <b>PAY ATTENTION TO YOUR DEADLINES</b>	ALL filings must be electronic stamped no later than the indicated due date, regardless of the due date falling on a weekend or holiday.
<b>F</b>	Late Filings: <b>FINES FOR LATE FILINGS</b>	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.
<b>G</b>	Electronical Signatures: <b>REQUIRED FOR DOMESTIC COMPANIES</b>	<p>Electronical signatures are required on ALL filings from domestic companies.</p> <p>Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.</p>
<b>H</b>	Signature/Notarization/Certification: <b>REQUIRED BY KENTUCKY STATUTE</b>	Per KRS 304.3-240(1)-shall be verified by oaths of a least two (2) of the insurers' principal officers.
<b>I</b>	Amended Filings: <b>APPLIES TO DOMESTIC COMPANIES ONLY</b>	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.
<b>J</b>	Exceptions from normal filings:	<i>Foreign and domestic</i> companies must send an extension via divisional email ( <a href="mailto:doi.financialstandardsmail@ky.gov">doi.financialstandardsmail@ky.gov</a> ) to the attention of the Director. Any extension requested should applied for at least 10 days prior to the due date.

<b>K</b>	Signed Jurat:	<p>Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.</p> <p>Kentucky REQUIRES Foreign companies to file a copy of a Signed Jurat Page by March 1 as part of their Annual Statement Filings.</p>
<b>L</b>	Filings new, discontinued or modified materially since last year:	<p><b>For ALL companies</b>, please see “Note O” and “Note P” below. Domestics, please refer to “Note R.”</p>
<b>M</b>	<b>Notification of Adverse Financial Condition</b>	<p><b>Notice of Adverse Financial Condition</b> 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):</p> <p>Neriette Eldridge, EWA Kentucky Department of Insurance</p> <p>Email: <a href="mailto:DOL.Financialstandardsmail@ky.gov">DOL.Financialstandardsmail@ky.gov</a></p>
<b>N</b>	<p><b>Kentucky Annual Filing Instructions:</b></p> <p><b><u>REFER TO <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a></u></b></p>	<p>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.</p>
<b>O</b>	<p><b>Company’s Responsibility to Review/Update their Information on</b></p> <p><b>Kentucky Department of Insurance website:</b> <b><u><a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a></u></b></p>	<p>All companies should refer to the Kentucky Department of Insurance website under “<i>Company Info</i>” 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</p> <p><b>Please be advised:</b></p> <p><b>*the Form 12 – deals with changes to the Service of Process</b></p> <p><b>*The Form 14 – deals with address changes</b></p>

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