LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:

Contact:

_NAIC Company Code:____

REQUIRED FILINGS IN THE STATE OF:

Telephone:

Filings Made During the Year 2025

FRATERNAL COMPANIES BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019. (1)(4) NUMBER OF COPIES* (6) FORM (7) APPLICABLE (2)(3)Checklist Line # REQUIRED FILINGS FOR THE ABOVE STATE DUE DATE SOURCE* NOTES Domestic Foreign NAIC State State I. NAIC FINANCIAL STATEMENTS Annual Statement (8 1/2"x14") ΚY 1 *annually EO only for jurat page KΥ **See Letter EO EO* 3/1** NAIC E and F Printed Investment Schedule detail (Pages E01-E29) ΚY *See Letter 1.1 0 EO 3/1* NAIC F EO *See Letter 2 Quarterly Financial Statement (8 1/2" x 14") ΚY 0 5/15*, 8/15*, EO EO 11/15* NAIC E Separate Accounts Annual Statement (8 1/2"x14") KΥ 0 3 *See Letter EO 3/1* NAIC EO Е **II. NAIC SUPPLEMENTS** 11 Accident & Health Policy Experience Exhibit KY 0 *See Letter ΕO 4/1* NAIC EO 12 Credit Insurance Experience Exhibit KΥ 0 *See Letter EO 4/1* NAIC EO E 13 Health Supplement KΥ 0 *See Letter EO 3/1* NAIC EO E 14 Life, Health & Annuity Guaranty Association ΚY 0 *See Letter 4/1* Assessable Premium Exhibit, Parts 1 and 2 EO NAIC F EO 15 Long-term Care Experience Reporting Forms KY 0 *See Letter EO ΕO 4/1* NAIC E Management Discussion & Analysis KΥ 0 *See Letter 16 EO 4/1* EO Company E 17 Market Conduct Annual Statement Premium Exhibit KΥ 0 *See Letter EO 3/1* NAIC for Year EO F 18 Medicare Supplement Insurance Experience Exhibit ΚY 0 *See Letter EO 3/1* NAIC F EO KΥ 0 3/1*, 5/15*, 19 Medicare Part D Coverage Supplement *See Letter EO EO 8/15*, 11/15* NAIC E 20 **Risk-Based Capital Report** KΥ 0 *See Letter EO Е **To be filed by all stock companies in the US that have 100 or more EO NAIC 3/1* stockholders Schedule SIS ΚY 21 0 *See Letter EO Е **To be filed by all 3/1* N/A NAIC domestics. 22 Supplemental Compensation Exhibit KΥ 0 *See Letter 3/1* NAIC F EO N/A Supplemental Health Care Exhibit (Parts 1 and 2) 0 23 KY *See Letter EO EO 4/1* NAIC E 24 0 Supplemental Investment Risk Interrogatories ΚY *See Letter EO EO 4/1* NAIC E 25 Supplemental Schedule O 0 KY *See Letter EO EO 3/1* NAIC E

(1)	(2)	(3)		(4) DED OF CC	DIEC*	(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	NUM Dom	BER OF CC	PIES* Foreign	DUE DATE	FORM SOURCE**	APPLICABLE NOTES
			State	NAIC	State			
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	KY EO	EO	0	4/1*	NAIC	*See Letter E
	27	Trusteed Surplus Statement	KY EO	EO	0	3/1*, 5/15*, 8/15*, 11/15*	NAIC	*See Letter E
	28	Variable Annuities Supplement	KY EO	EO	0	4/1*	NAIC	*See Letter E
	29	VM 20 Reserves Supplement	KY	EO	0		NAIC	*See Letter
	30	Workers' Compensation Carve-Out Supplement	EO KY		0	3/1*		E *See Letter
			EO	EO		3/1*	NAIC	Е
		Actuarial Related Items			-	[
	31	Actuarial Certification regarding use 2001 Preferred Class Table	KY EO	EO	0	3/1*	Company	*See Letter E
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	KY EO	EO	0	3/1*	Company	*See Letter E
	33	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	KY EO		0			*See Letter E **To be
								filed by all domestics in a holding company
	34		KY	N/A	0	4/30*	Company	group *See Letter
	25	Actuarial Opinion	EO	EO	0	3/1*	Company	E
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	KY EO	EO	0	3/1*	Company	*See Letter E
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	KY EO	EO	0	3/1*	Company	*See Letter E
	37	Actuarial Opinion on X-Factors	KY EO	EO	0	3/1*	Company	*See Letter E
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	KY EO	EO	0	3/1*	Company	*See Letter E
	39	Request for Life PBR Exemption (if applicable)	KY EO	E/O	0	Commissioner 7/1 NAIC 8/15	Company	*See Letter E
	40		KY EO	E/O	0	//1 INAIC 0/15	Company	*See Letter E
		Executive Summary of the PBR Actuarial Report		N/A		4/1*	Company	**To be forwarded to Life Division for review
	41	Life Summary of the PBR Actuarial Report	KY EO		0			*See Letter E
				N/A		4/1*	Company	**To be forwarded to Life Division for review
	42	Variable Annuities Summary of the PBR Actuarial Report	KY EO		0			*See Letter E
								**To be forwarded to Life Division for
	42	DDD Astronic1 Demont (march 1	UV.	N/A	0	4/1*	Company	review
	43	PBR Actuarial Report (provide upon request)	KY EO	N/A	0		Company	

(1)	(2)	(3)	NUM	(4) BER OF CC	PIFS*	(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome	estic	Foreign	DUE DATE	SOURCE**	NOTES
	44	RAAIS required by Valuation Manual	State	NAIC	State 0			*See Letter
					0			E
								**To be
								filed by all
			KY					domestic
			EO	N/A		4/1*	Company	life insurers
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	KY EO	EO	0	3/1*,5/15*, 8/15*, 11/15*	Company	*See Letter E
	46	Reasonableness of Assumptions Certification required	KY		0	3/1*,5/15*,	Company	*See Letter
		by Actuarial Guideline XXXV	EO	EO		8/15*, 1115*	Company	Е
	47	Reasonableness & Consistency of Assumptions	KY EO		0	2/1* 5/15*		*See Letter E
		Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	EO	EO		3/1*,5/15*, 8/15*, 11/15*	Company	E
	48	Reasonableness & Consistency of Assumptions	KY		0	,		*See Letter
		Certification required by Actuarial Guideline XXXVI	EO			3/1*,5/15*,	~	Е
	49	(Updated Market Value) Reasonableness of Assumptions Certification for	KY	EO	0	8/15*, 11/15*	Company	*See Letter
	49	Implied Guaranteed Rate Method required by	EO		0	3/1*,5/15*,		E
		Actuarial Guideline XXXVI		EO		8/15*, 11/15*	Company	
	50	RBC Certification required under C-3 Phase I	KY		0	2 (1 *		*See Letter
	51	RBC Certification required under C-3 Phase II	EO KY	EO	0	3/1*	Company	E *See Letter
	51	KBC Certification required under C-5 Thase II	EO	EO	0	3/1*	Company	E
	52	Statement on non-guaranteed elements - Exhibit 5 Int.	KY		0			*See Letter
	53	#3 Statement on par/non-par policies – Exhibit 5 Int. 1&2	EO KY	EO	0	3/1*	Company	E *See Letter
	33	Statement on par/non-par poncies – Exhibit 5 Int. 1&2	EO	EO	0	3/1*	Company	E E
		III. ELECTRONIC FILING REQUIREMENTS		r	1	1		
	61	Annual Statement Electronic Filing	KY EO					*annually only for
			LU					jurat page
					KY			**See Letter E and F
				EO	EO*	3/1*	NAIC	E and F
	62	March .PDF Filing	KY		0			*See Letter
	(2	Dide Deced Conital Electronic Elling	EO KY	EO	0	3/1*	NAIC	E and F *See Letter
	63	Risk-Based Capital Electronic Filing	EO	EO	0	3/1*	NAIC	E E
	64	Risk-Based Capital .PDF Filing	KY		0			*See Letter
			EO	EO		3/1*	NAIC	E
	65	Separate Accounts Electronic Filing	KY EO	EO	0	3/1*	NAIC	*See Letter E
	66	Separate Accounts .PDF Filing	KY	LO	0	5/1	inne	*See Letter
			EO	EO		3/1*	NAIC	Е
	67	Supplemental Electronic Filing	KY EO	EO	0	4/1*	NAIC	*See Letter E
	68	Supplemental .PDF Filing	KY	LO	0	1 /1	IVAIC	*See Letter
			EO	EO		4/1*	NAIC	Е
	69	Quarterly Statement Electronic Filing	KY	БО	0	5/15*, 8/15*,	NAIC	*See Letter
	70	Quarterly .PDF Filing	EO KY	EO	0	11/15* 5/15*, 8/15*,	NAIC	E *See Letter
	, 0		EO	EO	Ū	11/15*	NAIC	E
	71	June .PDF Filing	KY FO	EQ	0	(/1*	NAG	*See Letter
	+		EO	EO		6/1*	NAIC	Е
		IV. AUDIT/INTERNAL		1	1	1	1	1
		CONTROL RELATED REPORTS		1	-	1	1	
	81	Accountants Letter of Qualifications	KY EO	EO	0	6/1*	Company	*See Letter E
	82	Audited Financial Reports	KY	EU	0	0/1	Company	*See Letter
			EO	EO	-	6/1*	Company	E
	83	Audited Financial Reports Exemption Affidavit	KY		0		G	
		Audited Financial Reports Exemption Affidavit Communication of Internal Control Related Matters		N/A	0		Company	*See Letter

(1)	(2)	(3)	NUM	(4) BER OF CO	PIES*	(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom	estic	Foreign	DUE DATE	SOURCE**	NOTES
	0.5		State	NAIC	State			*0 1 //
	85	Independent CPA (change)	KY EO	N/A	0		Company	*See Letter E
	86	Management's Report of Internal Control Over Financial Reporting	KY EO	10/11	0		Company	*See Letter E
				N/A		8/1*	Company	**To be filed by companies with \$500 million or more in premiums
	87	Notification of Adverse Financial Condition	KY EO	N/A	0	0/1	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	0	5/1*	Company	*See Letter E
			LO	10/24			Company	L
	101	V. STATE REQUIRED FILINGS Corporate Governance Annual Disclosure***		1	0			*See Letter
	101	Corporate Governance Annual Disclosure			0			E
			KY EO**	0		6/1*	Company	**Filed with Lead State if filed at the insurance group level
	102	Filings Checklist (with Column 1 completed)	0	0	0	-	State	8
	103	Form B-Holding Company Registration Statement	KY EO**		0			*See Letter E **Filed with Lead
				0		4/1*	Company	State if filed at the insurance group level
	104	Form F-Enterprise Risk Report ****	KY EO**		0			*See Letter E
				0		4/1*	Company	**Filed with Lead State
	105	ORSA****	KY EO**		0		Company	*See Letter E
								**Filed with Lead State if filed at the insurance
	106	Premium Tax	KY	0	0	8/1*	Company	group level
	107	State Filing Fees	EO** KY	0	0	See "D" Page 3	State	*See Letter
	108	Signed Jurat	EO** KY	0		3/1*	State	E *Annually
	100		EO					only for foreign companies
					KY EO*			**See Letter

(1)	(2)	(3)	NUIM	(4) BER OF CC	DIEC*	(5)	(6) FORM	(7) APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
			State	NAIC	State			
	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	0			State	*Foreign ONLY
					KY EO*	3/1*		**See Letter E
	111	Details Listing of Securities Held Under Safekeeping (Form 143)	KY EO***	0			State	*Required for foreign companies if deposit held in KY
								**See Letter E
								***To be filed by all domestics and
					KY EO*	3/1**, 5/15**, 8/15**, 11/15**		forwarded to KY Custodian
	112	Affidavit Covering Finance Committee	KY EO***	0	0		State	*See Letter E
						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	*See Letter E
	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	*See Letter E

For Companies to Use Checklist	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
Α	Required Filings Contact Person:	<u>Contacts:</u>
	Kentucky Department of Insurance Financial Standards and Examination Division	Primary: Rodney Hugle & Ardena Rogers
	<u>Phone Number:</u> 502-564-6082	Secondary: Victoria Lloyd
	Division e-mail: DOI.FinancialStandardsMail@ky.gov	<u>Phone Number:</u> 502-564-6082
		<u>Division e-mail:</u> DOI.FinancialStandardsMail@ky.gov
В	: As of 2024, ALL filing needs to be filed electroinically	Mailing Address for Regular Mail: Department of Insurance
	For Foreign companies, you will need til file through eServices.	P.O. Box 517 Frankfort, KY 40602- 0517
	For Domestics, you will need to file through our divisional email box	<u>Attn:</u> 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 <u>DOI.FinancialStandardsMail@ky.gov</u>	
		Division e-mail <u>DOI.FinancialStandardsMail@ky.gov</u>
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:
	Premium tax forms can be accessed on the Dept. of Revenue's website (<u>http://revenue.ky.gov/forms</u>) <i>Click</i> on "Current Year Forms." NOTE: Please <u>DO NOT</u> Submit PREMIUM TAX payments to the KY Department of Insurance.	Department of Revenue P.O. Box 1303 Frankfort, KY 40602-1303 OR <u>Physical Address:</u> Department of Revenue 501 High Street Frankfort, KY 40601 <u>Phone Number: 502-564-4810</u>
E	Delivery Instructions: PAY ATTENTION TO YOUR DEADLINES	ALL filings must be 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	Electronical Signatures: REQUIRED FOR DOMESTIC COMPANIES	Electronical 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:	<i>Foreign and domestic</i> companies must a exceptation via divisional email (<u>doi.financialstandardsmail@ky.gov</u>) 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:	<u>For ALL companies</u> , 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 Email: <u>DOI.Financialstandardsmail@ky.gov</u>
N	Kentucky Annual Filing Instructions: <u>REFER TO http://insurance.ky.gov/</u>	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.
0	Company's Responsibility to Review/Update their Information on Kentucky Department of Insurance website: <u>http://insurance.ky.gov/</u>	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
		<mark>changes in officers, directors, or major</mark> <mark>shareholders.</mark>
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

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