

LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2025

(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		Foreign			
			State	NAIC	State			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 1/2"x14")	EO	EO	xxx	3/1	NAIC	A,B,E-O
	1.1	Printed Investment Schedule detail (Pages E01-E29)	EO	EO	xxx	3/1	NAIC	A,B,E-O
	2	Quarterly Financial Statement (8 1/2" x 14")	EO	EO	xxx	5/15, 8/15, 11/15	NAIC	A,B,E-O
	3	Separate Accounts Annual Statement (8 1/2"x14")	EO	EO	xxx	3/1	NAIC	A,B,E-O
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	12	Credit Insurance Experience Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	13	Health Supplement	EO	EO	xxx	3/1	NAIC	A,B,E-K,L,N
	14	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	15	Long-term Care Experience Reporting Forms	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	16	Management Discussion & Analysis	EO	EO	xxx	4/1	Company	A,B,E-K
	17	Market Conduct Annual Statement Premium Exhibit for Year	EO	EO	xxx	3/1	NAIC	A,B,E-K,L,N
	18	Medicare Supplement Insurance Experience Exhibit	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	19	Medicare Part D Coverage Supplement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	20	Risk-Based Capital Report	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	21	Schedule SIS	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	22	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	A,B,E-K,N
	23	Supplemental Health Care Exhibit (Parts 1 and 2)	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	24	Supplemental Investment Risk Interrogatories	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	25	Supplemental Schedule O	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	27	Trusted Surplus Statement	EO	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	28	Variable Annuities Supplement	EO	EO	xxx	4/1	NAIC	A,B,E-K,N
	29	VM 20 Reserves Supplement	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
	30	Workers' Compensation Carve-Out Supplement	EO	EO	xxx	3/1	NAIC	A,B,E-K,N
Actuarial Related Items								
	31	Actuarial Certification regarding use 2001 Preferred Class Table	EO	EO	xxx	3/1	Company	A,B,E-K
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	EO	EO	xxx	3/1	Company	A,B,E-K
	33	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	EO	N/A	xxx	4/30	Company	A,B,E-K
	34	Actuarial Opinion	EO	EO	xxx	3/1	Company	A,B,E-J,
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	EO	EO	xxx	3/1	Company	A,B,E-K
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	EO	EO	xxx	3/1	Company	A,B,E-K
	37	Actuarial Opinion on X-Factors	EO	EO	xxx	3/1	Company	A,B,E-K
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	EO	EO	xxx	3/1	Company	A,B,E-K
	39	Request for Life PBR Exemption (if applicable)	EO	E/O	xxx	Commissioner 7/1 NAIC 8/15	Company	A,B,E-K
	40	Executive Summary of the PBR Actuarial Report	EO	N/A	xxx	4/1	Company	A,B,E-K,L
	41	Life Summary of the PBR Actuarial Report	EO	EO	xxx	4/1	Company	A,B,E-L
	42	Variable Annuities Summary of the PBR Actuarial Report	EO	EO	xxx	4/1	Company	A,B,E-L
	43	PBR Actuarial Report (provide upon request)	EO	EO	xxx	4/1	Company	A,B,E-L
	44	RAAIS required by <i>Valuation Manual</i>	EO	N/A	EO upon request	4/1	Company	A,B,E-J,V
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	49	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	EO	EO	xxx	3/1,5/15, 8/15, 11/15	Company	A,B,E-K
	50	RBC Certification required under C-3 Phase I	EO	EO	xxx	3/1	Company	A,B,E-K
	51	RBC Certification required under C-3 Phase II	EO	EO	xxx	3/1	Company	A,B,E-K
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	EO	EO	xxx	3/1	Company	A,B,E-K
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	EO	EO	xxx	3/1	Company	A,B,E-K

(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		Foreign			
			State	NAIC	State			
III. ELECTRONIC FILING REQUIREMENTS								
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Separate Accounts Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	66	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS								
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	B,E,T
	82	Audited Financial Reports	EO	EO	xxx	6/1	Company	B,E,F,I
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A	6/1	Company	B,E,F,I,P
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	N/A	8/1	Company	B,E,U
	85	Independent CPA (change)	EO	N/A	N/A		Company	B,P
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	B,E
	87	Notification of Adverse Financial Condition	EO	N/A	N/A		Company	B,I
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	xxx	3/1	Company	B,I,P
	89	Relief from the one-year cooling off period for independent CPA	EO	EO	xxx	3/1	Company	B,I,P
	90	Relief from the Requirements for Audit Committees	EO	EO	xxx	3/1	Company	B,I,P
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A		Company	B,I,P
V. STATE REQUIRED FILINGS								
	102	Annual Company Profile Questionnaire	EO	0	N/A	4/1	State	B,G,L,M,O,Y
	103	Basket Clause	EO	0	0	3/1	State	B,E,G,J,K,M,O
	104	Certificate of Advertising	EO	0	EO	3/1	State	A,B,E,G,J
	105	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	A,B,E,G,J, O
	106	Cybersecurity Annual Certification of Compliance	EO	0	N/A	4/15	Company	E, M, O
	107	Foreign Investments and Other Structured Securities under (IC 27-1-12-2(b)(17A), (17B) & (31)	EO	0	0	3/1	State	B,E,G,L,K,M,O
	108	Form F ****	EO	0	N/A	7/1	State	B,E,G, J,O,X
	109	Health Care Exhibit Supplement Waiver	EO	0	N/A	2/15	State	I,CC
	110	Holding Company Registration (Rule 15.1, Form B & C)	EO	0	N/A	7/1	State	B,E,G, J,O
	111	Jurat (Include with Annual/Quarterly Statement)	EO	EO	N/A	3/1,5/15,8/15 11/15	NAIC	A,B,G,H
	112	ORSA*****	EO	0	N/A	See Note EE	Company	B,G,J,O,DD
	113	Premium Tax (Do Not Include with Annual Statement)	EO	0	EO	3/1,4/15,6/15, 9/15,12/15	State	D,E,F,Z
	114	State Filing Fees (Indiana Fee and Retaliatory Fee Statement) Do Not Include with Annual Statement	EO	0	EO	3/1	State	C,E
	115	Year-End Deposit Requirements for Indiana Domestic Companies and any Foreign Companies with a deposit in Indiana. (Not Applicable to Fraternal)	EO	0	EO	2/15	State	G,BB

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

***For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.

****For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

*****For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. It is the Department's preference that ORSA filing be submitted on or before September 1. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm