LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME:	_NAIC Company Code:		
Contact:			
REQUIRED FILINGS IN THE STATE OF:	_Filings Made During the Year 2025		

No. Company No. Company No. Company No.	(1)	(2)	(3)		(4)		(5)	(6)	(7)
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I. NAICE FINANCIAL STATEMENTS	Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Domestic Foreign		DUE DATE	SOURCE**	NOTES	
1 Annual Statement (8 N-VLE) FO FO XXX S1 MAKE ALE O			I. NAIC FINANCIAL STATEMENTS	State	NAIC	State			
13 Printed Procession Schools default [Pages FD1-729] FO FO XXX S11 XXIC ABLE-O		1		EO	EO	XXX	3/1	NAIC	A,B,E-O
1		1.1		EO	EO	XXX	3/1	NAIC	A,B,E-O
1. NAIC SUPPLEMENTS		2	0 4 1 5 1 1 5 4 4 (01/2 142)	FO	ГО		5/15, 8/15,	NAIC	ABEO
I. NAIC SEPLEMENTS						XXX		NAIC	* *
11 Accident & Heilt Policy Experience Exhibit 10 10 10 10 10 10 10 1		3	Separate Accounts Annual Statement (8 ½"x14")	EO	EO	XXX	3/1	NAIC	A,B,E-O
11 Accident & Heilt Policy Experience Exhibit 10 10 10 10 10 10 10 1									
12 Confel Insurance Experience Enablish 13 Health Stepplement 14 15 Health Stepplement 14 15 Health Stepplement 15 16 Health Stepplement 15 16 Health Stepplement 16 Management Dissource of Australia 16 Management Dissource of Australia 17 Market Conduct Annual Statement Premium Enablish for 10 10 10 10 10 10 10 1									
13 Holfs Supplement Forman Stable, Parts and 2 Company Association Assessable Forman Stable, Parts and 2 Company ABLE-K.N.			Accident & Health Policy Experience Exhibit						
14 Life, Realith & Annuity Guaranty Association Assessable 10 10 10 10 10 10 10 1									
19 Premium Fathale, Parks Land 2		13		EO	EO	XXX	3/1	NAIC	A,B,E-K,L,N
15 Long-term Care Experience Reporting Forms		14		EO	EO	XXX	4/1	NAIC	A,B,E-K,N
16 Management Discussion & Analysis			Fremium Exmon, Farts 1 and 2						
16 Management Discussion & Analysis		15	Long-term Care Experience Reporting Forms	EO	EO	XXX	4/1	NAIC	A.B.E-K.N
11 Year		16		EO	EO	XXX	4/1	Company	
11 Year			·	FO	Т.		2/1		
19 Medicare Part D Coverage Supplement		17	Year	EO		XXX		NAIC	A,B,E-K,L,N
20 Steicheiler Part Provening Supplement		18	Medicare Supplement Insurance Experience Exhibit	EO	EO	XXX	3/1	NAIC	A,B,E-K,N
10 10 10 10 10 10 10 10		19	Medicare Part D Coverage Supplement	FΟ	FO	vvv	3/1, 5/15,	NAIC	A R F-K N
21 Schedule SIS			C 11						
22 Supplemental Compensation Exhibit									
23 Supplemental Health Care Exhibit (Parts 1 and 2) EO EO xxx 441 NAEC A.B.E.K.N									
24 Supplemental Investment Risk Interrogatories									
25 Supplemental Fern and Universal Life Insurance	-	2.5	Supplemental Health Care Exhibit (Parts I and 2)	EO	EO	XXX	4/1	NAIC	A,B,E-K,N
25 Supplemental Fern and Universal Life Insurance		24	Sunnlamental Investment Disk Interrogatories	FO	FO	vvv	4/1	NAIC	AREKN
26 Supplemental Term and Universal Life Insurance EO EO XXX 3/1 NAIC A.B.E-K.N									
27 Trusteed Surplus Statement EO EO XXX 3/1, 5/15, NAIC A,B,E-K,N		23		LO		АЛЛ		IVAIC	A,D,L-K,IV
27 Trusteed Surplus Statement		26		EO	EO	XXX	4/1	NAIC	A,B,E-K,N
28 Variable Annutics Supplement							3/1, 5/15.		
29		27	Trusteed Surplus Statement	EO	EO	XXX		NAIC	A,B,E-K,N
30 Workers' Compensation Carve-Out Supplement EO EO xxx 3/1 NAIC A,B,E-K,N		28	Variable Annuities Supplement	EO	EO	XXX	4/1	NAIC	A,B,E-K,N
Actuarial Related Items		29		EO	EO	XXX	3/1	NAIC	A,B,E-K,N
31 Actuarial Certification regarding use 2001 Preferred Class EO EO xxx 3/1 Company A,B,E-K		30	Workers' Compensation Carve-Out Supplement	EO	EO	XXX	3/1	NAIC	A,B,E-K,N
31 Actuarial Certification regarding use 2001 Preferred Class EO EO xxx 3/1 Company A,B,E-K									
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39 Request for Life PBR Exemption (if applicable) EO E/O xxx 7/1 NAIC Company A,B,E-K		20	Annuity Model Regulation	20		AAA		Company	,, 13
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42 Variable Annuities Summary of the PBR Actuarial Report 43 PBR Actuarial Report (provide upon request) 44 PBR Actuarial Report (provide upon request) 45 PBR Actuarial Seport (provide upon request) 46 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV 47 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV 48 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV 49 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI 40 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI 40 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) 40 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) 41 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) 42 Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) 43 Sitzement on required under C-3 Phase I 44 EO 45 Company 46 Company 47 Company 47 Company 48 Company 49 Guaranteed Rate Method required by Actuarial Guideline XXXVI 49 Guaranteed Rate Method required by Actuarial Guideline XXXVI 50 RBC Certification required under C-3 Phase I 50 EO 50 EO 50 EO 50 EO 50 EO 50 EO 51 RBC Certification required under C-3 Phase II 52 Statement on non-guaranteed elements - Exhibit 5 Int. #3 51 EO 52 EO 53 Statement on non-guaranteed elements - Exhibit 5 Int. #3 52 EO 53 Statement on non-guaranteed elements - Exhibit 5 Int. #3 54 Company 55 Statement on non-guaranteed elements - Exhibit 5 Int. #3 55 Statement on non-guaranteed elements - Exhibit 5 Int. #3 55 Statement on non-guaranteed elements - Exhibit 5 Int. #3									
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47 Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI 50 RBC Certification required under C-3 Phase I EO EO xxx 3/1,5/15, 8/15, 11/15 EO EO xxx 3/1,5/15, 8/15, 11/15 Company A,B,E-K 3/1,5/15, 8/15, 11/15 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		70		LO	LO	ллл	11/15	Company	13,D,L-IX
47 Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI So RBC Certification required under C-3 Phase I EO EO xxx 3/1,5/15, 8/15, 11/15 Company A,B,E-K A,B,E-K So RBC Certification required under C-3 Phase II EO EO xxx 3/1 Company A,B,E-K So RBC Certification required under C-3 Phase II EO EO xxx 3/1 Company A,B,E-K So Statement on non-guaranteed elements - Exhibit 5 Int. #3 EO EO xxx 3/1 Company A,B,E-K				-			3/1,5/15, 8/15		
Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI 50 RBC Certification required under C-3 Phase I FO EO		47		EO	EO	XXX		Company	A,B,E-K
48 Certification required by Actuarial Guideline XXXVI (Updated Market Value) Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI 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									
(Updated Market Value) Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI 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		18		FO	FO	vvv	3/1,5/15, 8/15,	Company	AREK
Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI 50 RBC Certification required under C-3 Phase I EO EO xxx 3/1,5/15, 8/15, 11/15 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		40		EU	EO	AAX	11/15	Company	Λ,D,Ľ- N
49 Guaranteed Rate Method required by Actuarial Guideline XXXVI 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							0.0 5.2 5		
XXXVI 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		49		EO	EO	xxx		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	<u> </u>		XXXVI					1)	
52 Statement on non-guaranteed elements - Exhibit 5 Int. #3 EO EO xxx 3/1 Company A,B,E-K		50	RBC Certification required under C-3 Phase I	EO	EO	XXX		Company	A,B,E-K
						XXX		1 ,	, ,
53 Statement on par/non-par policies – Exhibit 5 Int. 1&2 EO EO xxx 3/1 Company A,B,E-K			Statement on non-guaranteed elements - Exhibit 5 Int. #3			XXX			
		53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	EO	EO	XXX	3/1	Company	A,B,E-K

(1)	(2)	(2)	1	(4)		(5)	(0)	(7)
(1)	(2)	(3)	(4) NUMBER OF COPIES* Domestic Foreign		(5)	(6) FORM	(7) APPLICABLE	
Checklist	Line#	REQUIRED FILINGS FOR THE ABOVE STATE			DUE DATE	SOURCE**	NOTES	
		W. ELECTRONIC EN INC DECLUDEMENTS	State	NAIC	State			
	<i>C</i> 1	III. ELECTRONIC FILING REQUIREMENTS		FO	ı	2/1	NAIG	
	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	ЕО	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	ЕО	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	ЕО	N/A	N/A	8/1	Company	В,Е
	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	ЕО	ЕО	xxx	3/1	Company	B,I,P
	89	Relief from the one-year cooling off period for independent CPA	ЕО	ЕО	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	ЕО	N/A	N/A		Company	B,I,P
		V. STATE REQUIRED FILINGS						
	102	A IG P CI O	EO		NT/4	4/3	Ct :	DOLMON
	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)	ЕО	0	N/A	7/1	State	B,E,G, J,O
	111	Jurat (Include with Annual/Quarterly Statement)	ЕО	ЕО	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)	ЕО	0	ЕО	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	ЕО	0	ЕО	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)	ЕО	0	ЕО	2/15	State	G,BB
						-		, –

 $^{{}^{\}star}$ 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 <u>not</u> 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 <u>not</u> 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