PROPERTY & CASUALTY 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* Domestic Foreign			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
	Dille "	·	State	NAIC	State		BOOKEL	1,0125
	1	I. NAIC FINANCIAL STATEMENTS Annual Statement (8 ½" x 14")	ЕО	ЕО	XXX	3/1	NAIC	A,B,E-O
	1.1	Printed Investment (8 72 X 14) Printed Investment Schedule detail (Pages E01-E29)	EO	EO	XXX	3/1	NAIC	A,B,E-O
						5/15, 8/15,		
	2	Quarterly Financial Statement (8 ½" x 14")	EO	EO	XXX	11/15	NAIC	A,B,E-O
	3	Protected Cell Annual Statement	EO	0	XXX	3/1	NAIC	A,B,E-O
	4	Combined Annual Statement (8 ½" x 14")	ЕО	ЕО	XXX	5/1	NAIC	A,B,E-O
		II. NAIC SUPPLEMENTS					<u> </u>	
	11	Accident & Health Policy Experience Exhibit	ЕО	EO	XXX	4/1	NAIC	A,B,E-K,N
	12	Actuarial Opinion	EO	EO	XXX	3/1	Company	A,B,E-K
	13	Actuarial Opinion Summary	EO	N/A	XXX	3/15	Company	A,B,E-K,W
	14	Bail Bond Supplement	EO	EO	XXX	3/1	NAIC	A,B,E-K,N
	15	Combined Insurance Expense Exhibit	EO	EO	XXX	5/1	NAIC	A,B,E-K,N
	16	Credit Insurance Experience Exhibit	ЕО	ЕО	XXX	4/1	NAIC	A,B,E-K, N
	17	Cybersecurity Insurance Coverage Supplement	EO	EO	XXX	4/1	NAIC	A,B,E-K,N
	18	Director and Officer Insurance Coverage Supplement	ЕО	ЕО	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
		Exhibit of Other Liabilities By Lines of Business as				,		
	19	Reported on Line 17 of the Exhibit of Premiums and Losses	EO	ЕО	XXX	3/1	NAIC	A,B,E-K,L,N
	20	Financial Guaranty Insurance Exhibit	EO	EO	XXX	3/1	NAIC	A,B,E-K,N
	21	Insurance Expense Exhibit	ЕО	ЕО	XXX	4/1	NAIC	A,B,E-K,N
	22	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	ЕО	ЕО	xxx	4/1	NAIC	A,B,E-K, N
_	23	Long-Term Care Experience Reporting Forms	ЕО	ЕО	XXX	4/1	NAIC	A,B,E-K,N
	24	Management Discussion & Analysis	EO	EO	XXX	4/1	Company	A,B,E-K,O
	25	Market Conduct Annual Statement Premium Exhibit for Year	ЕО	ЕО	xxx	3/1	NAIC	A,B,E-K,L,N
	26	Medicare Part D Coverage Supplement	ЕО	ЕО	XXX	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E-K,N
	27	Medicare Supplement Insurance Experience Exhibit	ЕО	EO	XXX	3/1	NAIC	A,B,E-K,N
	28	Mortgage Guaranty Insurance Exhibit	EO	EO	XXX	4/1	NAIC	A,B,E-K,N
	29	Premiums Attributed to Protected Cells Exhibit	EO	EO	XXX	3/1	NAIC	A,B,E-K,N
	30	Private Flood Insurance Supplement	EO	EO	XXX	4/1	NAIC	A,B,E-K
	31	Reinsurance Attestation Supplement	EO	EO	XXX	3/1	Company	A,B,E-K
	32	Exceptions to Reinsurance Attestation Supplement	EO	N/A	XXX	3/1	Company	A,B,E-K
	33 34	Reinsurance Summary Supplemental	EO EO	EO EO	XXX	3/1 3/1	NAIC	A,B,E-K,N A,B,E-K,N
	35	Risk-Based Capital Report Schedule SIS	EO	N/A	XXX N/A	3/1	NAIC NAIC	A,B,E-K,N A,B,E-K,N
				1	11//1	3/1, 5/15,		
	36	Supplement A to Schedule T	EO	EO	XXX	8/15, 11/15	NAIC	A,B,E-K,N
	37	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	A,B,E-KN
	38	Supplemental Health Care Exhibit (Parts 1 and 2)	ЕО	EO	XXX	4/1	NAIC	A,B,E-K,N
	39	Supplemental Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	A,B,E-K,N
	40	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution	ЕО	EO	XXX	3/1	NAIC	A,B,E-K, N
	41	Contracts	FO	FO		3/1, 5/15,	NAIC	ADEKN
	41	Trusteed Surplus Statement	ЕО	ЕО	XXX	8/15, 11/15	NAIC	A,B,E-K,N
		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	Combined Annual Statement Electronic Filing	XXX	EO	XXX	5/1	NAIC	
	66 67	Combined Annual Statement .PDF Filing Supplemental Electronic Filing	XXX	EO EO	XXX	5/1 4/1	NAIC NAIC	
	68	Supplemental Electronic Filing Supplemental .PDF Filing	XXX	EO	XXX XXX	4/1	NAIC NAIC	
	69	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15,	NAIC	
	70	Quarterly .PDF Filing	XXX	EO	XXX	11/15 5/15, 8/15,	NAIC	
	70	June .PDF Filing	XXX	EO	XXX	11/15 6/1	NAIC	
	/ 1	June 11 DI 1 Hing	ллл	EO	ΑΛΛ	0/1	IVAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS			I		<u> </u>	
	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,U
	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	ЕО	ЕО	N/A	8/1	Company	B,E,U
	85	Noted in Audit Independent CPA (change)	EO	N/A	N/A		Company	B,P
		Management's Report of Internal Control Over					1 ,	
	86	Financial Reporting	EO	N/A	N/A	8/1	Company	В,Е
		Notification of Adverse Financial Condition	EO	N/A	N/A		Company	B,I

(1)	(2)	(3)	(4) NUMBER OF COPIES*		PIES*	(5)	(6) FORM SOURCE**	(7) APPLICABLE NOTES
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Domestic		Foreign	DUE DATE		
	88	Relief from the five-year rotation requirement for lead audit partner	State EO	NAIC EO	State	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 to File Consolidated Audited Annual Statements	EO	N/A	N/A	12/1/15	Company	I
	92	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			1			
	101	Annual Company Profile Questionnaire	EO	0	N/A	4/1	State	B,J,L,M,O,Y
	102	Basket Clause	EO	0	0	3/1	State	B,E,J,K,M,O
	103	Certificate of Advertising	EO	0	EO	3/1	State	A,B,E,J,M
	104	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	A,B,E,J, O
	105	Cybersecurity Annual Certification of Compliance	ЕО	0	N/A	4/15	Company	A, B, G, H, J, M, O
	106	Foreign, Mtg-Backed & Asset -Backed Sec Report	EO	0	0	3/1	State	B,E,J,M,O
	107	Form F ****	ЕО	0	N/A	7/1	State	B,E,GJ,O,X
	108	Health Care Exhibit Supplement Waiver	EO	0	N/A	2/15	State	I, J,CC
	109	Holding Company Registration Statement (Rule 15.1, Form B & C)	ЕО	0	N/A	7/1	State	B,E,G,J,O
	110	Jurat (Include with Annual/Quarterly Statement)	ЕО	ЕО	N/a	3/1, 5/15, 8/15, 11/15	NAIC	A,B,G,H
	111	ORSA *****	EO	0	N/A	See Note EE	Company	B,J, O,DD
	112	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
	113	State Filing Fees (Indiana Fee and Retaliatory Fee Statement) Do Not Include with Annual Statement	ЕО	0	ЕО	3/1	State	С,Е
	114	Year-End Deposit Requirements for Indiana Domestic Companies and any Foreign companies with a deposit in Indiana.	ЕО	0	ЕО	2/15	State	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).

2

^{**}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