TITLE COMPANIES

COMPANY NAME:		NAIC Company Code:
Contact:		Telephone:
REQUIRED FILINGS IN THE STATE OF:	INDIANA	Filings Made During the Year 2026

(1)		(3)	NI	(4) NUMBER OF COPIES*			(6)	(7)
Check	(2)	REQUIRED FILING FOR THE		Oomestic	Foreign	(5)	(6) FORM	APPLICABLE
list	Line #	ABOVE STATE	State	NAIC	State	DUE DATE	SOURCE**	NOTES
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	EO	EO	XXX	3/15	NAIC	A,B,E-Q
	1.1	Printed Investment Schedule detail (Pages E01-E30)	ЕО	ЕО	xxx	3/15	NAIC	A,B,E-Q
	2	Quarterly Financial Statement (8 ½" x 14")	ЕО	ЕО	xxx	5/15, 8/15, 11/15	NAIC	A,B,E-Q
		II. NAIC SUPPLEMENTS			1			
	11	Actuarial Opinion	EO	EO	XXX	3/15	Company	A,B,E-K
	12	Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	A,B,E-M,P
	13 14	Management Discussion & Analysis Schedule SIS	EO EO	EO N/A	XXX N/A	4/1 3/15	Company NAIC	A,B,E-M,Q
	15	Supplemental Compensation Exhibit	EO	N/A N/A	N/A N/A	3/15	NAIC	A,B,E-M,P A,B,E-M,P
	13	Supplemental Schedule of Business Written By	EU	IN/A	IN/A	3/13	NAIC	A,D,E-IVI,P
	16	Agency III. ELECTRONIC FILING	ЕО	N/A	xxx	4/1	NAIC	A,B,E-M,P
	(1	REQUIREMENTS		FO	1	2/15	NAIC	1
	61	Annual Statement Electronic Filing	XXX	EO EO	XXX	3/15 3/15	NAIC NAIC	
	62	March .PDF Filing Supplemental Electronic Filing	XXX	EO	XXX	3/15 4/1	NAIC NAIC	
	64	Supplemental PDF Filing	XXX	EO	XXX	4/1	NAIC	
	+	**	XXX		XXX	5/15, 8/15,		
	65	Quarterly Statement Electronic Filing	XXX	ЕО	xxx	5/15, 8/15, 11/15 5/15, 8/15,	NAIC	
	66	Quarterly .PDF Filing	XXX	EO	XXX	11/15	NAIC	
	67	June .PDF Filing IV. AUDIT/INTERNAL CONTROL	XXX	ЕО	XXX	6/1	NAIC	
	0.1	RELATED REPORTS	FO	FO	1 37/4	Z (1		D.EV
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	B,EV
	82 83	Audited Financial Reports Audited Financial Reports Exemption Affidavit	EO EO	EO N/A	XXX N/A	6/1 6/1	Company	B,E,F,J,W B,E,F,J,R
	83		EO	IN/A	N/A	0/1	Company	B,E,F,J,K
	84	Communication of Internal Control Related Matters Noted in Audit	ЕО	EO	N/A	8/1	Company	B,E,W
	85	Independent CPA (change)	EO	N/A	N/A		Company	B,R
	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,J
	88	Request for Exemption to File	EO	N/A	N/A		Company	B,I,R
	89	Relief from the five-year rotation requirement for lead audit partner	ЕО	ЕО	xxx	3/1	Company	B,J,R
	90	Relief from the one-year cooling off period for independent CPA	ЕО	ЕО	xxx	3/1	Company	B,J,R
	91	Relief from the Requirements for Audit Committees	ЕО	ЕО	xxx	3/1	Company	B,J,R
		V. STATE REQUIRED FILINGS			1			1
	101	Annual Company Profile Questionnaire	EO	0	N/A	4/1	Company	B,K,N,,O,Q,AA
	101	Basket Clause	EO	0	0	3/15	State	B,E,K,M,O,Q
	102	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	A,B,E,K,O
	104	Cybersecurity Annual Certificate of Compliance	EO	0	N/A	4/15	Company	A, B, E, G, H, K, N, O,Q
	105	Form F ****	EO	0	XXX	7/1	State	B,E,G,H,K,Q,Z
	108	Holding Company Registration Statement (Rule 15.1, Form B & C)	ЕО	0	xxx	7/1	State	B,E,G,H,K,Q
	109	Jurat (Include with Annual/Quarterly Statement	ЕО	ЕО	xxx	3/15,5/15,8/15, 11/15	NAIC	A,B,G,H,I
	110	ORSA****	EO	0	N/A	See Note EE	Company	B,K,Q,FF
	111	Premium Tax	EO	0	ЕО	3/15,4/15,6/15, 9/15,12/15	State	D,E,F
	112	State Filing Fees (Indiana Fee and Retaliatory Fee Statement)	ЕО	0	ЕО	3/15	State	C,E
	113	Year-End Deposit Requirements for Indiana Domestic Companies and any Foreign companies with deposit in Indiana	ЕО	0	ЕО	2/15	State	DD

^{*}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 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 updated 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