

HMO – LSHMO Report of Statutory Deposit (Form-45443)

Instructions for Deposits, Maturities, Withdrawals or Replacements

If cash is being placed on deposit, this form is not required. To make a cash deposit provide a check issued in the name of the **Company and Indiana Department of Insurance**, a cover letter requesting that a savings account be opened, and include the Company's tax identification number. If you prefer to open a joint-custody account with other securities or certificates of deposit for deposit, please follow these instructions.

Form 45443 and affidavit must be submitted for establishing a new deposit, replacement of matured securities, or withdrawal/replacement of securities on deposit.

Maturing securities, including renewal of a bank CD; need to be submitted one to two weeks prior to its maturity to allow sufficient time for processing.

On Form 45443 the matured or replaced security will be reflected as a withdrawal and the replacement security as a deposit. A cover letter must accompany the form, requesting the matured or replaced security(ies) be released for the re-investment/re-deposit.

Form 45443 and affidavit may be scanned and emailed. Forms **MUST** be submitted with original signature (NOT stamped) of a company officer, keeping a copy for your file until a copy is signed and returned via email to you, by this department.

Completion of Form 45443

1. **Type name of Company.**
2. **NAIC#** - is the number assigned to the company by the NAIC.
3. **Date** -use the current date unless it is the year-end amortization (12/31/20?)
4. **Custodian Bank** - Name of custodian bank (location of joint custodial account with the Indiana Department of Insurance).
5. **Account#** - Joint-custodial account number.
6. **Description** - includes security name, interest rate, maturity date, cusip# and safekeeping receipt#.
7. **Deposit** - Par value of security being deposited.
8. **Withdrawal** - Par value of maturing security, being replaced or withdrawn.
9. **Previous balance** -last reported ENDING BALANCE
10. **Deposit** -total of par value deposits
11. **Withdrawal** -total of par value withdrawal
12. **Ending Balance** -total of Previous Balance + Deposit – Withdrawal
13. **Signature must be an original not stamped**
14. Incomplete forms will be returned and the transactions will not be processed.

Any questions should be directed to Darcy Shawver at (317) 232-2383 or dshawver@idoi.in.gov .

AFFIDAVIT

_____ being first duly sworn upon his/her oath, says that he/she is
____ of the _____ and is familiar with the Statutes enacted by the General Assembly of the
State of Indiana and regulations for deposit.

He/She further says that the securities listed for deposit and/or that all instruments, papers and documents evidencing and
securing, or executed in connection with, and the title to the real estate securing the mortgage loans listed are on the attached
sheets. The Report of Securities, sheet # _____ complies with all of the requirements of the Statutes of Indiana and/or
regulation for the Insurance Commissioner to the best of his/her knowledge and belief, are eligible for deposit as such
investments.

Officer of Company

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

(Seal)

My Commission expires _____

