

Report of Securities (Form-22)

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 22 and affidavit must be submitted for placing a new deposit, replacement of matured securities, or withdrawal/replacement of securities on deposit.

Maturing securities, which includes the 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 22 a 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 securities be released for the re-investment/re-deposit.

Form 22 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 22

1. NAIC#- is the number assigned to the company by the NAIC
2. Sheet No.- sheet # starts over each calendar year with sheet #1, then each sheet numbered consecutively
3. Company name-name of insurance company
4. Date-use the current date
5. Receipt No.-safekeeping receipt from bank
Cusip No.-cusip # for the security
6. Description-provide name/type of security, date of issue, rate, and maturity date
7. Par Value Deposit-par value of security being deposited
Par Value Withdrawal-par value of security being withdrawn
8. Amortized Value Deposit- total cost of obtaining the security
Amortized Value Withdrawal-amortized value at time of withdrawal
9. Balanced Amortized-Amortized Balance
10. Par/Total Balance (Last reported Par/Total Balance) then (+) new deposit and/or (-) withdrawal, leaving your Par/Total Balance
11. Amortized/Total Balance (Last reported Amortized/Total Balance) then (+) new deposit and/or (-) withdrawal, leaving your Amortized Total Balance
12. All blanks and columns must be completed. Incomplete forms will be returned and the transactions will not be processed.

Any questions can 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

My Commission expires _____

REPORT OF SECURITIES

COMPANY NAME: _____

Date: _____

| Receipt No. Cusip No. | Description | Par Value | | Amortized Value | | Balance Amortized |
|--------------------------|-------------|-----------|------------|-----------------|------------|-------------------|
| | | Deposit | Withdrawal | Deposit | Withdrawal | |
| | | | | | | |
| | | | | | | |

Par/Previous Balance: _____

Amortized/Previous Balance: _____

Deposit: _____

Deposit: _____

Withdrawal: _____

Withdrawal: _____

Par/Total Balance: _____

Amortized/Total Balance: _____

The above schedule represents
Changes made in security deposits
with the Indiana State Insurance
Department as of the above date.

Statutory Deposit Coordinator
Indiana Department of Insurance

Type Name/Title (Company Officer)

Original Signature (Company Officer)