

Form 22 – Year-End (12/31) Filings of Bond Amortizations or Accruals

Report of Securities (Form 22) must be submitted by all companies, which have bonds on deposit, reporting an amortization of premium or accrual of discount for each bond on deposit with this department, as of December 31, each year. **Bond amortizations or accruals are not required to be submitted throughout the year.**

If the company requests confirmation for auditors and/or Certificates of Deposit for year-end, confirmation nor certificates cannot be prepared until the bond amortizations or accruals have been received from the company and processed by this department.

The amortizations or accruals must be submitted to this office and **received no later than February 15th**, on the Report of Securities (Form 22).

Do **NOT** combine any other changes (deposits, maturities, withdrawals or replacements) with the year-end bond amortization. Please refer to the Report of Securities (Form 22) Instructions for these transactions. New deposits, maturities and withdrawals not completed prior to December 31, will be considered the next years' business and will be dated the date all necessary documents are received by this department.

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 Year-End 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 is numbered consecutively. Year-end report should reflect the last consecutive number for the year. For example if last Form 22 filed prior to year-end was sheet #7 then year-end sheet would be #8.
3. **Company name** -name of insurance company
4. **Date** -year-end date (12/31/20?)
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Par Value Withdrawal -par value of security being withdrawn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/Previous Balance** -last reported Par/Total Balance
11. **Deposit** -total of par value deposits
12. **Withdrawal** -total of par value withdrawal
13. **Par/Total Balance** -total of Par/Previous Balance + Deposit – Withdrawal
14. **Amortized/Previous Balance** -last reported Amortized/Total Balance
15. **Deposit** -total of Amortized value deposits

16. **Withdrawal** -total of Amortized value withdrawal
17. **Amortized/Total Balance** -total of Amortized/Previous Balance + Deposit – Withdrawal
18. **Type name and title of company officer signing form**
19. **Signature of company officer must be an original not stamped**
20. 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

(Seal)

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)