

LIFE, ACCIDENT AND HEALTH / FRATERNAL INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: LOUISIANA Filings Made During the Year 2022

FRATERNAL COMPANIES BEGIN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019.

| (1) Check-list | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES* | | | (5) DUE DATE | (6) FORM SOURCE** | (7) APPLICABLE NOTES |
|-------------------------------------|---------------|--|--------------------------|------|---------|------------------------|----------------------|-------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| I. NAIC FINANCIAL STATEMENTS | | | | | | | | |
| | 1 | Annual Statement (8 1/2"x14") | 2 | EO | xxx | 3/1 | NAIC | A-O |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | 2 | EO | xxx | 3/1 | NAIC | A-O |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | A-O |
| | 3 | Separate Accounts Annual Statement (8 1/2"x14") | 2 | EO | xxx | 3/1 | NAIC | A-O |
| II. NAIC SUPPLEMENTS | | | | | | | | |
| | 11 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 12 | Credit Insurance Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 13 | Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 14 | Long-term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 15 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | A-O |
| | 16 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | A-O |
| | 17 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | A-O |
| | 18 | Risk-Based Capital Report | 2 | EO | xxx | 3/1 | NAIC | A-O |
| | 19 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | A-O |
| | 20 | Supplemental Compensation Exhibit | 2 | N/A | N/A | 3/1 | NAIC | A-O |
| | 21 | Supplemental Health Care Exhibit (Parts 1, 2 and 3) | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 22 | Supplemental Health Care Exhibit's Allocation Report | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 23 | Supplemental Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 24 | Supplemental Schedule O | 2 | EO | xxx | 3/1 | NAIC | A-O |
| | 25 | Supplemental Term and Universal Life Insurance Reinsurance Exhibit | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 26 | Trusted Surplus Statement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | A-O |
| | 27 | Variable Annuities Supplement | 2 | EO | xxx | 4/1 | NAIC | A-O |
| | 28 | VM 20 Reserves Supplement | 2 | EO | xxx | 3/1 | NAIC | A-O |
| | 29 | Workers' Compensation Carve-Out Supplement | 2 | EO | xxx | 3/1 | NAIC | A-O |
| Actuarial Related Items | | | | | | | | |
| | 31 | Actuarial Certification regarding use 2001 Preferred Class Table | 2 | EO | xxx | 3/1 | Company | A-O |
| | 32 | Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities | 2 | EO | xxx | 3/1 | Company | A-O |
| | 33 | Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D | 2 | N/A | xxx | 4/30 | Company | A-O |
| | 34 | Actuarial Opinion | 2 | EO | xxx | 3/1 | Company | A-O |
| | 35 | Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit | 2 | EO | xxx | 3/1 | Company | A-O |
| | 36 | Actuarial Opinion on Synthetic Guaranteed Investment Contracts | 2 | EO | xxx | 3/1 | Company | A-O |
| | 37 | Actuarial Opinion on X-Factors | 2 | EO | xxx | 3/1 | Company | A-O |
| | 38 | Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation | 2 | EO | xxx | 3/1 | Company | A-O |
| | 39 | Request for Life PBR Exemption (formerly Companywide Exemption) | 2 | E/O | xxx | LDI 7/1; NAIC 8/15 | Company | A-O |
| | 40 | Executive Summary of the PBR Actuarial Report | | N/A | | 4/1 | Company | A-O |
| | 41 | Life Summary of the PBR Actuarial Report | | N/A | | 4/1 | Company | A-O |
| | 42 | Variable Annuities Summary of the PBR Actuarial Report | | N/A | | 4/1 | Company | A-O |
| | 43 | PBR Actuarial Report (provide upon request) | | N/A | | | Company | A-O |
| | 44 | RAAIS required by <i>Valuation Manual</i> | 2 | N/A | xxx | 4/1 | Company | A-O |
| | 45 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | A-O |
| | 46 | Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | A-O |
| | 47 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | A-O |
| | 48 | Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | A-O |
| | 49 | Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI | 2 | EO | xxx | 3/1,5/15, 8/15, 11/15 | Company | A-O |
| | 50 | RBC Certification required under C-3 Phase I | 2 | EO | xxx | 3/1 | Company | A-O |
| | 51 | RBC Certification required under C-3 Phase II | 2 | EO | xxx | 3/1 | Company | A-O |

| | | | | | | | |
|---|--|-----|-----|-----|--------------------------|---------|--------|
| 52 | Statement on non-guaranteed elements - Exhibit 5 Int. #3 | 2 | EO | xxx | 3/1 | Company | A-O |
| 53 | Statement on par/non-par policies – Exhibit 5 Int. 1&2 | 2 | EO | xxx | 3/1 | Company | A-O |
| 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 | Separate Accounts Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| 66 | Separate Accounts .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| 67 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC | |
| 68 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC | |
| 69 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| 70 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| 71 | June .PDF Filing | xxx | EO | xxx | 6/1 | NAIC | |
| IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | | |
| 81 | Accountants Letter of Qualifications | 2 | EO | N/A | 6/1 | Company | A-O |
| 82 | Audited Financial Reports | 2 | EO | xxx | 6/1 | Company | A-O |
| 83 | Audited Financial Reports Exemption Affidavit | 0 | N/A | N/A | 5/20 (if applicable) | Company | A-O |
| 84 | Communication of Internal Control Related Matters Noted in Audit | 2 | EO | N/A | 8/1 | Company | A-O |
| 85 | Change in Independent CPA | 2 | N/A | N/A | Within 5 days of Chg | Company | A-O |
| 86 | Management's Report of Internal Control Over Financial Reporting | 2 | N/A | N/A | 8/1 | Company | A-O |
| 87 | Notification of Adverse Financial Condition | 2 | N/A | 1 | Within 5 days of receipt | Company | A-O |
| 88 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | N/A | 3/1 | Company | A-O |
| 89 | Relief from the one-year cooling off period for independent CPA | 1 | EO | N/A | 3/1 | Company | A-O |
| 90 | Relief from the Requirements for Audit Committees | 1 | EO | N/A | 3/1 | Company | A-O |
| 91 | Request for Exemption to File Management's Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | 7/1 | Company | A-O |
| 92 | Request for Exemption/Extension to File | 1 | N/A | N/A | 5/20 (if applicable) | Company | A-O |
| V. STATE REQUIRED FILINGS | | | | | | | |
| 101 | Corporate Governance Annual Disclosure*** (<i>See Note T</i>) | 1 | 0 | N/A | 6/1 | Company | A-O, T |
| 102 | Filings Checklist (with Column 1 completed) | 1 | 0 | 0 | 3/1, 5/15, 8/15, 11/15 | State | A-O |
| 103 | Form B-Holding Company Registration Statement (Inc. Form C) | 1 | 0 | N/A | 4/30 | Company | A-O |
| 104 | Form F-Enterprise Risk Report **** | 1 | 0 | N/A | 4/30 | Company | A-O |
| 105 | ORSA Summary Report ***** (<i>See Note U</i>) | 1 | 0 | N/A | 12/1 | Company | A-O, U |
| 106 | Premium tax (<i>See Note D</i>) | 1 | 0 | 1 | 3/1, 4/15, 7/15, 10/15 | State | A-O, Q |
| 107 | State Filing Fees (<i>See Note D</i>) | 1 | 0 | 1 | 3/1 | State | A-O |
| 108 | Signed Jurat (Foreign only) | 0 | 0 | 0 | Not Applicable | NAIC | A-O |
| 109 | Group Capital Calculation | 0 | 0 | 0 | Not Applicable | Company | A-O |
| 110 | Certificate of Compliance (<i>See Note V</i>) | 0 | 0 | 1 | 3/1 | State | A-O, V |
| 111 | Certificate of Deposit (<i>See Note P</i>) | 0 | 0 | 1 | 3/1 | State | A-O, P |
| 112 | Certificate of Valuation (<i>See Note V</i>) | 0 | 0 | 1 | 8/1 | State | A-O, V |
| 113 | Detailed Listing of Investments w/Code Citations (Domestic only) | 1 | 0 | 0 | 3/1 | Company | A-O |
| 114 | HIPAA Assessment Worksheet (<i>See Note R</i>) | 1 | 0 | 1 | 3/1 | State | A-O, R |
| 115 | Anti-Fraud Plan Annual Summary/Statistical Report | 1 | 0 | 1 | Due between 1/1 & 4/1 | State | A-O, S |
| 116 | Submission of Contact Information (<i>See Note W</i>) | 1 | 0 | 0 | 3/1 | State | W |

*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 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. 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 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. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

Highlighted items are new, or changes, for 2022.

| NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | | | | |
|---|---|---|---|---|
| A | Required Filings Contact Person: | Stewart Guerin (225) 219-3929 sguerin@ldi.la.gov | | |
| B | Mailing Address: | <table border="1"> <tr> <td>MAILING Louisiana Department of Insurance Administrative Services P. O. Box 94214 Baton Rouge, LA 70804-9214</td> <td>PHYSICAL Louisiana Department of Insurance Administrative Services 1702 North 3rd Street Baton Rouge, LA 70802</td> </tr> </table> | MAILING Louisiana Department of Insurance Administrative Services P. O. Box 94214 Baton Rouge, LA 70804-9214 | PHYSICAL Louisiana Department of Insurance Administrative Services 1702 North 3rd Street Baton Rouge, LA 70802 |
| MAILING Louisiana Department of Insurance Administrative Services P. O. Box 94214 Baton Rouge, LA 70804-9214 | PHYSICAL Louisiana Department of Insurance Administrative Services 1702 North 3rd Street Baton Rouge, LA 70802 | | | |
| C | Mailing Address for Filing Fees (Electronic Filing): | <p>Life: \$1,000 Filing Fee, included in the Premium Tax Return (e-file)</p> <p>Fraternal: \$25 mail to:</p> <p>Louisiana Department of Insurance Insurance Premium Tax Division P. O. Box 94214 Baton Rouge, LA 70804-9214</p> | | |
| D | Mailing Address for Premium Tax Payments (Electronic Filing): | <p>Life: The Annual Premium Tax Statement (Form 1061) and Annual Municipal Premium & Tax Report (Form 1076) should be filed online through the LDI's Industry Access Portal:</p> <p>https://ia.ldi.state.la.us/IndustryAccess/</p> <p>These forms are no longer available on our website to download and send by mail.</p> <p>Questions regarding premium taxes, or filing fees, should be directed to Tommy Coco, (225) 342-1012, tcoco@ldi.la.gov</p> <p>Fraternal: Not Applicable</p> | | |
| E | Delivery Instructions: | All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, the deadline is extended to the next business day. | | |
| F | Late Filings: | All filings not delivered in accordance with Note E above will be considered late, and may be subject to regulatory action including fines and/or suspension. | | |
| G | Original Signatures: | <p>Original signatures required on all filings from Domestic companies. Due to the ongoing COVID-19 pandemic, the LDI is accepting electronic signatures, but requires that hard copies with wet signatures be filed as soon as companies are able to do so.</p> <p>Foreign companies should follow the NAIC Annual Statement Instructions.</p> | | |
| H | Signature/Notarization/Certification: | <p>Signatures of at least two principal officers are required for Annual and Quarterly Statement filings, which should be original signatures, manually signed by the appropriate corporate officers, have the corporate seal affixed thereon where appropriate, and be properly notarized.</p> <p>Due to the ongoing COVID-19 pandemic, the LDI is accepting electronic notarization for financial filings provided that the notarizations are made under the law (whether a regular provision or an emergency provision) of the notary's jurisdiction.</p> | | |
| I | Amended Filings: | Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment. | | |
| J | Exceptions from normal filings: | Foreign companies shall supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such from Louisiana. Domestic companies shall apply at least 10 days prior to the original due date. | | |

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| K | Bar Codes (State or NAIC): | Not Applicable |
| L | Signed Jurat: | Not Applicable |
| M | NONE Filings: | “NONE” Filings are not required. |
| N | Filings new, discontinued or modified materially since last year: | <ul style="list-style-type: none"> NEW: Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2 DISCONTINUED: Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit <p>Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form</p> |
| O | Physical Street Address: | 1702 North Third Street, Baton Rouge, LA 70802 |
| P | Certificate of Deposit (Electronic Filing): | <p>Insurers shall submit a Certificate of Deposit issued by the insurer’s domiciliary state (dated no earlier than 12/31/2020) to the following email address: administrativeservices@ldi.la.gov</p> <p><i>Questions regarding statutory deposits should be directed to Ashley Sharkey, (225) 342-1259, Ashley.Sharkey@ldi.la.gov</i></p> |
| Q | Reduction of tax when certain investments are made in Louisiana | For those insurers taking such a credit on its Louisiana premium taxes under LRS 22:832, evidence of a qualifying Louisiana investment may be established by a deposit receipt, bank statement, a letter, or other written documentation from the depository institution verifying that funds were deposited in Louisiana (Upon request). File Form 1068C at the address listed in Note D above. |
| R | HIPAA Assessment Worksheet (Electronic Filing): https://ia.lds.state.la.us/IndustryAccess/ | <p>The HIPAA Assessment Worksheet (for the reporting of premiums collected in 2021) is to be filed electronically through the Industry Access portal. For questions, please email HIPAAWorksheet@ldi.la.gov or call (225) 342-1355</p> <p>https://ia.lds.state.la.us/IndustryAccess/</p> <p>Fraternal: Not Applicable</p> |
| S | Anti-Fraud Plan (Electronic Filing): | <p>Life: Effective 1/1/2011, every insurer and HMO is required to file an anti-fraud plan with the Commissioner under LRS 22:572.1. Subsequent to the initial filing, each insurer or HMO is required to annually file both a supplemental report and an annual summary report. Please see Advisory Letter #2010-02 for further information.</p> <p>LDI “Industry Access Portal, Anti-Fraud Plans Module” https://ia.lds.state.la.us/IndustryAccess/</p> <p>(Questions regarding anti-fraud plan related filings should be directed to Mike Calamari, (225) 219-9759, mcalamari@ldi.la.gov)</p> <p>Fraternal: Not Applicable</p> |
| T | Corporate Governance Annual Disclosure: | <p>Act No. 304 of the 2015 Louisiana Regular Legislative Session requires the submission of a Corporate Governance Annual Disclosure.</p> <p>Please contact Stewart Guerin with any questions, (225) 219-3929, sguerin@ldi.la.gov</p> |
| U | ORSA Summary Report: | <p>Act No. 196 of the 2015 Louisiana Regular Legislative Session requires certain insurers to file an ORSA Summary Report.</p> <p>Please contact Stewart Guerin with any questions, (225) 219-3929, sguerin@ldi.la.gov</p> |
| V | Certificates of Compliance & Valuation (Electronic Filings): | Each insurer shall electronically submit a Certificate of Compliance & Certificate of Valuation from its domiciliary state to the following email address: administrativeservices@ldi.la.gov . |

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| | W | Submission of Contact Information (Electronic Filing): | <p>No later than March 1 each year, all risk bearing entities must provide an annual certification for certain contact types. The information on contact types is include in Regulation 117.</p> <p>How to provide annual certification. The LDI will use the existing Licensee Contacts Module of the Industry Access System for the updates and the annual certification. A risk bearing entity may use the Licensee Contacts Module or the Uniform Certificate of Authority Corporate Amendment Form 14 to notify the LDI of changes to the contact information but the annual certification will only be available through the Licensee Contacts Module of the Industry Access System.</p> <p>See the following link for further information: https://ldi.la.gov/industry/company-licensing/company-contact-changes</p> <p>Please direct any contact information question to the Division of Company Licensing, (800) 259-5300.</p> |
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**General Instructions
For Companies to Use Checklist**

Please Note: This state’s instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an “x” in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions exempt* printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplement .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the “Number of Copies” “Foreign” column for the appropriate schedules and exhibits. . **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.