

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

Report of Securities (Form 22) must be submitted by all companies that have a deposit on file under a Joint Custodial Agreement. Company should be reporting an amortization of premium or accrual of discount for each security 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, neither confirmation nor certificates can be prepared until the bond amortizations or accruals have been received from the company and processed by this Department. **Certificates/confirmation cannot be provided unless the Report of Securities balances.**

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

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 as of the date all necessary documents are received by this Department.

Form 22 and affidavit may be scanned and emailed. Forms **MUST** be submitted with signed signature or electronic signature from a commercially available software, such as DocuSign or ESign, (NOT stamped) of a company officer, keeping a copy for company file until a copy is signed and returned via email, by this department.

### Completion of Year-End Form 22

1. **NAIC#** - 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. **Cusip No.** cusip # for the security
6. **Description** - provide name/type of security, date of issue, rate, and maturity date
7. **Amortized Value Deposit/Withdrawal** – change in amortized value of security as reported on the previous Form 22.
8. **Balanced Amortized** – Previous amortized balance as reported on the previous Form 22 +/- change in amortized value
10. **Par/Previous Balance** – Carry forward balance from previous Form 22
13. **Par/Total Balance** – Should equal the same as beginning balance as changes to securities should be reported in a separate transaction.
14. **Amortized/Previous Balance** – Carry forward balance from previous Form 22.
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**

9. **Signature of company officer must be an original, or electronic from a commercially available software, not stamped.**

All blanks and columns must be completed; incomplete forms and reports that do not balance will be returned and the transactions will not be processed.

**Any questions can be directed to Britney Tate; (317) 232-2386 or [btate@idoi.in.gov](mailto:btate@idoi.in.gov)**

NAIC# : \_\_\_\_\_

State Form 37207 (R/10-2000)

# REPORT OF SECURITIES

Sheet No: \_\_\_\_\_

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 Representative)

\_\_\_\_\_  
Signature (Company Representative)

**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 \_\_\_\_\_