



Date: 5/23/22

Virtual Meeting

BLANKS (E) WORKING GROUP

Wednesday, May 25, 2022

12:00 – 1:00 p.m. ET / 11:00 a.m. – 12:00 p.m. CT / 10:00 – 11:00 a.m. MT / 9:00 – 10:00 a.m. PT

ROLL CALL

Pat Gosselin, Chair	New Hampshire	John Sirovetz/Amal Mechaiel	New Jersey
Kim Hudson, Vice Chair	California	Tracy Snow	Ohio
Kevin Richard	Alaska	Diane Carter	Oklahoma
Michael Shanahan	Connecticut	Ryan Keeling	Oregon
Nicole Brittingham	Delaware	Melissa Greiner	Pennsylvania
N. Kevin Brown	District of Columbia	Shawn Frederick	Texas
Carolyn Morgan	Florida	Jake Garn	Utah
Roy Eft	Indiana	Steve Drutz	Washington
Daniel Mathis	Iowa	Jamie Taylor	West Virginia
Dan Schaefer	Michigan	Adrian Jaramillo	Wisconsin
Debbie Doggett/Danielle Smith	Missouri		
Lindsay Crawford/Justin Schrader	Nebraska		

NAIC Support Staff: Mary Caswell/Calvin Ferguson/Jill Youtsey/Julie Gann

AGENDA

1. Consider Adoption of its March 29 Minutes—*Pat Gosselin (NH)* Attachment A

2. Consider Adoption of Items Previously Deferred—*Pat Gosselin (NH)*
 - A. **2021-18BWG** – Modify the Life Insurance (State Page) to include the line of business detail reported on the Analysis of Operations by Lines of Business pages. Two new Schedule T style pages (Exhibit of Claims Settled During the Current Year and Policy Exhibit) are created to include detail captured by state on the existing Life Insurance (State Page) that could not be included due to limited space. Add definitions for life and annuity products to the lines of business definitions in the health appendix. Attachment B

3. Consider Adoption of Items Previously Re-Exposed—*Pat Gosselin (NH)*
 - A. **2021-22BWG Modified** – Add a new reporting requirement in the investment schedules for investment transactions with related parties. In addition to capturing direct loans in related parties, it will also capture information involving securitizations (or other similar investments) where the related party is a Attachment C

sponsor/originator, along with whether the underlying investment is in a related party.

4. Consider Adoption of Items Previously Exposed—*Pat Gosselin (NH)*

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| <p>A. 2022-01BWG – Add new questions to General Interrogatories Part 1 asking if the reporting entity accepts cryptocurrency for payment of premiums, which cryptocurrencies are accepted, and whether they are held for investment or immediately converted to U.S. dollars (2021-24 SAPWG).</p> | <p>Attachment D</p> |
| <p>B. 2022-02BWG – Add four new electronic-only columns to Schedule D, Part 6, Section 1, for Prior Year Book/Adjusted Carrying Value (BACV) (Column 16), Prior Year Nonadmitted Amount (Column 17), Prior Year Sub-2 Verified Value (Column 18), and Prior Year VISION Filing Number (Column 19) (2021-22 SAPWG).</p> | <p>Attachment E</p> |
| <p>C. 2022-03BWG – Split Line 5 of the Quarterly Part 1 – Loss Experience and Part 2 – Direct Premiums Written into Line 5.1 – Commercial multiple peril (non-liability portion) and Line 5.2 – Commercial multiple peril (liability portion).</p> | <p>Attachment F</p> |
| <p>D. 2022-04BWG – Add a new supplement to capture premium and loss data for Annual Statement Line 17.1, 17.2, and 17.3 of the Exhibit of Premiums and Losses (State Page) – Other Liability by more granular lines of business.</p> | <p>Attachment G</p> |
| <p>E. 2022-05BWG – Add line numbers to the status data points in the Life/Fraternal, Health, and Property/Casualty (P/C) Schedule T footnote.</p> | <p>Attachment H</p> |
| <p>F. 2022-06BWG – Revise the Health Annual Statement Test language in the annual statement instructions.</p> | <p>Attachment I</p> |
| <p>G. 2022-07BWG – Modify the Health Actuarial Opinion Instructions. Add definitions of “actuarial asset” and “actuarial liability.” Modify Section 4 – Identification, Section 5 – Scope, and Section 7 – Opinion to clarify that the actuary’s opinion covers actuarial assets as well as actuarial liabilities. Modify Section 9 to clarify that the guidance related to the type of opinion rendered by an appointed actuary covers both actuarial assets and actuarial liabilities.</p> | <p>Attachment J</p> |
| <p>H. 2022-08BWG – Modify the instructions in Section 1, Section 3, and Section 8 of the P/C Actuarial Opinion Instructions to reflect the changes adopted by the Actuarial Opinion (C) Working Group.</p> | <p>Attachment K</p> |
| <p>I. 2022-09BWG – Changes to the Life/Fraternal VM-20, Requirements for Principle-Based Reserves for Life Products, Reserves Supplement blank Part 2, and adding a Question 3, a disclosure of the year that the Life Principle-Based Reserving (PBR) Exemption was actively filed, and a confirmation of the eligibility criteria in the case of ongoing exemptions. Also, correct references to a state “granting” an exemption,</p> | <p>Attachment L</p> |

since this is often not the case (e.g., the exemption may be allowed). For the VM-20 Reserves Supplement Instructions, add instructions for the new disclosure item, Question 3. Correct the references to a state “granting” an exemption. For the Supplemental Exhibits and Schedules Interrogatories (Quarterly Statement), for Question 8, add instructions on how to respond if the company is utilizing the ongoing exemption. The same instructions can also be found in the *Valuation Manual*, Section II, Subsection 1G(1).

- J. **2022-10BWG** – Add instructions to Schedule T, State pages and the Accident and Health (A&H) Policy Experience Exhibit to clarify guidance for reporting premium adjustments by jurisdiction. Attachment M
 - K. **2022-11BWG** – Update the Life/Fraternal Blank Asset Valuation Reserve (AVR) factors to correspond with the adopted Risk-Based Capital (RBC) factors for the expanded bond designation categories. Attachment N
5. Consider Exposure of New Items—*Pat Gosselin (NH)*
- A. **2022-12BWG** – Combine the Health Analysis of Operations by Lines of Business Supplement page and the Health Care Receivable Supplement pages (Exhibits 3 and 3A) into one supplement filing set for Health Blank pages filed as a supplement by Life/Fraternal companies. Attachment O
 - B. **2022-13BWG** – Modify Five-Year Historical Data questions 68 and 69 to reference group comprehensive and modify questions 70 and 71 to reflect inclusion of all health lines of business other than group comprehensive. Crosschecks for these questions are being modifies accordingly. Attachment P
6. Consider Adoption of the Editorial Listing—*Pat Gosselin (NH)* Attachment Q
7. Receive a Property and Casualty Risk-Based Capital (E) Working Group Memorandum —*Pat Gosselin (NH)* Attachment R
8. Discuss Any Other Matters Brought Before the Working Group—*Pat Gosselin (NH)*
9. Adjournment
- The following documents are being provided as reference materials:*
- Summary of Comment Letters* Attachment S
 - Comment Letters* Attachment T

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Draft Pending Adoption

Attachment A

Draft: 4/11/2022

Blanks (E) Working Group
Virtual Meeting (*in lieu of meeting at the 2022 Spring National Meeting*)
March 29, 2022

The Blanks (E) Working Group of the Accounting Practices and Procedures (E) Task Force met March 29, 2022. The following Working Group members participated: Pat Gosselin, Chair (NH); Kim Hudson, Vice Chair (CA); William Arfanis (CT); Philip Barlow and N. Kevin Brown (DC); Tom Hudson (DE); Carolyn Morgan (FL); Daniel Mathis (IA); Roy Eft (IN); Dan Schaefer (MI); Debbie Doggett (MO); Lindsay Crawford (NE); Nakia Reid (NJ); Dale Bruggeman and Tracy Snow (OH); Holly Mills (OK); Kimberly Rankin (PA); Shawn Frederick and Jamie Walker (TX); Jake Garn (UT); Steve Drutz (WA); Adrian Jaramillo (WI); and Michael Crum (WV). Also participating was: Anna Krylova (NM).

1. Adopted its Nov. 16, 2021, Minutes

Ms. Gosselin referenced the Blanks (E) Working Group's Nov. 16 minutes, where the sponsor withdrew the previously exposed agenda item 2021-21BWG. During this meeting, the Working Group took the following action: 1) deferred proposal 2021-13BWG to allow for additional discussion; 2) adopted deferred proposal 2021-14BWG with editorial revisions; 3) rejected proposal 2021-11BWG, which was previously deferred; 4) exposed seven new proposals for a public comment period ending March 4; 5) adopted its editorial listing; and 6) approved the state filing checklists.

Mr. Hudson made a motion, seconded by Ms. Crawford, to adopt the Working Group's Nov. 16, 2021, minutes (*see NAIC Proceedings – 2021 Fall, Accounting Practices and Procedures (E) Task Force, Attachment Two*). The motion passed unanimously.

2. Withdrew an Item Previously Deferred

a. Agenda Item 2021-13BWG

Ms. Gosselin stated that this proposal adds a new supplement, Exhibit of Premiums and Losses (State Page) – Other Liability, to the property/casualty (P/C) blank to capture premium and loss data for annual statement line 17.1, line 17.2 and line 17.3. There were numerous interested party comments received for this proposal. Taking those into consideration, Ms. Gosselin requested the withdrawal of this proposal, and a new proposal is being submitted for exposure incorporating interested parties' suggested revisions. She said the new proposal is 2022-04BWG, and it is to be exposed during this meeting.

3. Adopted Items Previously Exposed

a. Agenda Item 2021-15BWG

Mr. Bruggeman stated that this blanks agenda item results from the Statutory Accounting Principles (E) Working Group's adoption of its related agenda item 2021-16, which is to increase the transparency of Federal Home Loan Bank (FHLB) borrowings classified as a funding agreement within the scope of *Statement of Statutory Accounting Principles (SSAP) No. 52—Deposit-Type Contracts* reported in *Exhibit 7 – Deposit-Type Contracts*. Exhibit 7 includes columnar reporting of various types of deposit-type contracts, including guaranteed interest contracts (GICs), annuities certain, supplemental contracts, etc. Due to the varied nature of reporting based on policy form, FHLB borrowings classified as a deposit-type contract and reported in Exhibit 7 are not readily identifiable to financial statement users. Mr. Bruggeman stated that the recommendation from the Statutory Accounting Principles (E)

Draft Pending Adoption

Attachment A

Working Group was to include a new footnote detailing the FHLB borrowings associated with every column in Exhibit 7.

Mr. Bruggeman stated that the comments from interested parties suggested adding a new line in Exhibit 7, rather than a footnote, stating that the new line would be easier to align to the associated FHLB borrowings with the respective deposit type contract columns. When this agenda item was drafted by NAIC staff, interested parties indicated preference for the footnote. While the footnote proposed by the Statutory Accounting Principles (E) Working Group was envisioned to be below the table, it deferred to the Blanks (E) Working Group support staff on the format of the footnote.

Mr. Bruggeman made a motion, seconded by Mr. Garn, to adopt the proposal (Attachment Two-A). The motion passed unanimously.

b. Agenda Item 2021-16BWG

Mr. Bruggeman stated that this blanks agenda item proposes revisions to Note 9—Income Taxes and Note 15—Leases. For Note 9, specifically 9C, the agenda item addresses differences between the portable document format (PDF) reporting of Note 9C and the data capture element of the disclosure. The data capture element has a single “Other” line for deferred tax asset (DTA) and deferred tax liability (DTL) components, whereas the instructions for Note 9C ask that additional lines be added to the illustration for additional components over 5% in the PDF document. The additional lines in the PDF were intended to be temporary to identify if there were other specific lines that needed to be added based on what companies were reporting as additional lines in the PDF. With no additional items identified, the instruction for adding these lines is now being removed.

Mr. Bruggeman stated that for Note 15, the proposal adds minor modifications by including a “thereafter” row in the minimum aggregate rental commitment table and adjusts the total formula accordingly. The comments from interested parties recommended a couple of minor editorial revisions to the formulas to reflect the removal of the lines in the income tax PDF, which NAIC staff agree with and are reflected in the final proposal.

Mr. Bruggeman made a motion, seconded by Mr. Hudson, to adopt the proposal (Attachment Two-B). The motion passed unanimously.

c. Agenda Item 2021-17BWG

Mr. Drutz stated that this proposal modifies the Analysis of Operations by Lines of Business in the health blank to include all of health lines of business included in the life/fraternal blank Analysis of Operations by Lines of Business – Accident and Health. It adds instructions for the new columns and adjusts the column references. It adds the Health Blank Analysis of Operations by Lines of Business as a supplement to the life/fraternal blank with the appropriate instructions and crosschecks. It adds crosschecks to the Health Blank Analysis of Operations by Lines of Business to the life/fraternal Analysis of Operations by Lines of Business – Accident and Health instructions.

Mr. Drutz stated that there were interested party comments received. With regards to the request to change the effective date, this proposal was changed to a supplement to accommodate interested parties’ previous request and input. There does not appear to be a need to postpone this proposal to annual 2023. Regarding the identical descriptions comment, those will remain in the instructions for now as they appear in the proposal. Mr. Drutz stated that both the life\fraternal and health statement instructions have duplication of definitions of Lines of Business. NAIC staff will put together a proposal to concentrate the definitions in the Appendix of the instructions. The P/C instructions have the Lines of Business in the Appendix, and the instructions for the individual pages refer to the Appendix.

Draft Pending Adoption

Attachment A

Mr. Drutz stated that the request to change the name of the supplement was included in the modifications highlighted in the proposal. Interested parties pointed out some issues with the crosschecks, which have been discussed with them and resolved. The crosscheck for the Analysis of Operations – Accident and Health, line 13, language will be added to include the change in the reserve that is reported in Exhibit 6, column 1. Language will be added to line 19 to clarify that the line should include the increase in policy reserves and the change in premium deficiency reserves. This language is consistent with the same line reported in the health blank. The crosschecks for line 19 and line 20 of the page will be deleted and replaced with one adding line 19 and line 20 to match up in total with the supplement lines 21 through 24, column 1. A crosscheck is being added from the Supplement, column 1 minus column 14, line 24 should equal the total in the Analysis of Operations Summary, column 6 (accident and health [A&H]), line 29. This is similar to the other crosschecks of the Analysis of Operations pages to the summary. Interested parties asked for an instruction added to the supplement to indicate that life companies that do not write any health business or hold any health reserves are not required to file the supplement.

Mr. Drutz made a motion, seconded by Mr. Hudson, to adopt the modifications to the proposal. Tip Tipton (Thrivent Financial) stated that interested parties would like the effective date to be an annual 2023. He stated that companies have indicated that they are adjusting to the previous changes to Schedule H and the changes to the Accident and Health Policy Experience Exhibit, which is also effective this year. He stated that those efforts, especially for smaller companies, will make it difficult to implement this change for annual 2022. He stated that this proposal, being effective for annual 2022, would require companies to retroactively report the data back to the first of the year.

Mr. Hudson made a subsequent motion, seconded by Mr. Drutz, to adopt the modifications, including the change in effective date to annual 2023 to accommodate interested parties' request. The motion passed unanimously. Mr. Drutz made a motion, seconded by Mr. Hudson, to adopt the modified proposal (Attachment Two-C). The motion passed.

d. Agenda Item 2021-18BWG

Ms. Walker stated that this proposal modifies the Life Insurance exhibit (State Page) to include the line of business detail reported on the Analysis of Operations by Lines of Business pages. Two new Schedule T style pages, Exhibit of Claims Settled During the Current Year and Policy Exhibit, are created to include detail captured by state on the existing Life Insurance exhibit (State Page) that could not be included due to space restrictions. This proposal adds definitions for life and annuity products to the lines of business definitions in the health appendix. She stated that considering the interested party comments, she would like to defer this proposal to allow time for further discussion and review by other regulatory groups.

Ms. Walker made a motion, seconded by Ms. Doggett, to defer the proposal for a public comment period ending April 25. The motion passed unanimously.

e. Agenda Item 2021-19BWG

Mr. Drutz stated that this proposal adds columns and lines to Underwriting and Investment Exhibits, Parts 1, 2, 2A, 2B, and 2D and the Exhibit of Premiums, Enrollment and Utilization in the annual statement bringing the lines of business reporting in line with Life/Fraternal and Property. It adds columns and lines to the Exhibit of Premiums, Enrollment and Utilization and Underwriting and Investment analysis of Claims Unpaid quarterly pages. The appropriate adjustments to the instructions are also being made.

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Attachment A

Mr. Drutz made a motion, seconded by Mr. Hudson to adopt the modifications to the proposal. The motion passed unanimously. Mr. Garn made a motion, seconded by Mr. Drutz to adopt the modified proposal (Attachment Two-D). The motion passed unanimously.

f. Agenda Item 2021-20BWG

Mr. Garn stated that this proposal, beginning at line 72 of the Life/Fraternal Five-Year Historical, adds or deletes lines to pull in the specific lines of business reported on the Life/Fraternal Analysis of Operations by Lines of Business detail pages for life (individual and group), annuities (individual and group), and Accident and Health for line 33 of those pages.

Mr. Garn stated that the changes to the life/fraternal Analysis of Operations by Lines of Business were made in the 2019 filing. The effective date of 2023 was recommended to accommodate the five years of data to coincide with this adoption. Companies have reported the five-year historical page for three years using the lines as they currently exist. As it should not be a hardship for companies to report in the current lines for one additional year and complete the full five years of data in 2023, it is recommended that the proposal remain with a 2023 effective date.

Mr. Garn said the A&H claim reserves adequacy lines are not part of the current proposal. They will remain and can be discussed further as to whether they should remain in the future. The crosscheck references will be adjusted in a future editorial listing as these may no longer work with the recent changes to Schedule H. The other editorial suggestions from the interested parties have been made and are highlighted in the proposal as modifications.

Mr. Garn made a motion, seconded by Mr. Eft to adopt the modifications to the proposal. The motion passed unanimously. Mr. Garn made a motion, seconded by Mr. Eft to adopt the modified proposal (Attachment Two-E). The motion passed unanimously.

g. Agenda Item 2021-21BWG

Mr. Bruggeman stated that this blanks agenda item results from the Statutory Accounting Principles (E) Working Group's adoption of agenda item 2021-15, which specified that residual tranches shall be reported on Schedule BA - Other Long-Term Investments and valued at the lower of amortized cost or fair value. The effective date of this required reporting is year-end 2022. This blanks item added instructions to the Investment Schedules General Instructions to exclude residual tranches or interests from being reported as bonds on Schedule D, Part 1 and added lines to Schedule BA for the reporting of those investments. He stated that the comments from interested parties recommended adding a notation that the proposal should also apply to separate accounts, as these types of investments could exist in separate account investment holdings. This change was not deemed necessary as the general account instructions are relevant for this type of investment.

Mr. Bruggeman stated that interested parties recommended modifying the title of residual tranches or interests to include the phrase "with underlying assets having characteristics of." This change has been made to the proposal. Interested parties also suggested splitting the Common Stock subcategory between Preferred Stock and Common Stock, which would require renumbering of the lines for the subsequent categories/subcategories. They state that this change would support the efforts of the newly formed Risk-Based Capital Investment Risk and Evaluation (E) Working Group as it evaluates possible changes to the RBC factors for these types of investments. While NAIC staff support this suggestion, this item has not yet been reflected in the proposal. However, it could be considered, as long as the revisions can be implemented for year-end 2022 reporting.

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Attachment A

Finally, interested parties proposed adding instructions that the investment in Residual Tranches or Interests should be assigned to the subcategory with the highest underlying asset concentration as there should not be any bifurcation of the underlying assets among the subcategories. NAIC staff conferred with state insurance regulators, who indicated support for these revisions. Mr. Bruggeman recommended adoption of proposal 2021-21BWG, incorporating the suggestions of interested parties, which: 1) split the common stock subcategory between preferred and common stock; and 2) add instructions that residual tranches should be assigned to the subcategory with the highest underlying asset concentration.

Ms. Doggett and Mr. Hudson indicated that they agreed with the breakout of the preferred stock and common stock lines. Mr. Tipton stated that interested parties approved of the breakout of preferred stock and common stock as well.

Mr. Bruggeman made a motion, seconded by Mr. Eft to adopt the modifications to the proposal. The motion passed unanimously. Mr. Bruggeman made a motion, seconded by Mr. Eft, to adopt the modified proposal (Attachment Two-F). The motion passed unanimously.

h. Agenda Item 2021-22BWG

Mr. Bruggeman stated that this blanks agenda item is in response to the Statutory Accounting Principles (E) Working Group's agenda item 2021-21 regarding related party reporting. The Working Group's agenda item had two main goals: 1) to clarify reporting of affiliate transactions within existing reporting lines in the investment schedules; and 2) to incorporate new reporting requirements for investment transactions with related parties. Pursuant to recent discussions, state insurance regulators desire additional information on investment transactions involving related parties, regardless of whether the related party is "affiliated" pursuant to the *Insurance Holding Company System Regulatory Act* (#440).

Mr. Bruggeman stated that the identification of certain investments/transactions would be identified through the use of a reporting code in the 2022 year-end investment schedules: 1) direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure; 2) securitization or similar investment involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties; 3) securitization or similar investment involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties; 4) securitization or similar investment in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role; and 5) the investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1–4.

Mr. Bruggeman stated that during its April 4 meeting at the Spring National Meeting, the Statutory Accounting Principles (E) Working Group plans to expose its related agenda item with modifications to the reporting proposal that considers comments from interested parties. The exposure will include modifications to the original proposed *SSAP No. 25—Affiliates and Other Related Parties* clarifications and revisions to the proposed annual statement reporting instructions. Accordingly, it is recommended that the Blanks (E) Working Group expose this blanks item incorporating the new language that will be concurrently exposed by the Statutory Accounting Principles (E) Working Group.

Draft Pending Adoption

Attachment A

Mr. Bruggeman made a motion, seconded by Mr. Hudson, to adopt the modifications to the proposal. The motion passed unanimously. Mr. Bruggeman made a motion, seconded by Mr. Drutz to re-expose the modified proposal (Attachment Two-G) for a public comment period ending April 25. The motion passed unanimously.

i. Agenda Item 2021-23BWG

Mr. Bruggeman stated that this blanks agenda item assumes adoption of 2021-21BWG. With the new reporting lines proposed for residuals in Schedule BA, additional revisions are needed to map those reporting lines to the asset valuation reserve (AVR) schedule. The proposed revisions will separately capture these items in a new category within AVR as they are items that are not comparable to other investments.

The comments from interested parties, similar to 2021-21BWG, recommended adding a notation that the proposal should also apply to separate accounts, as these types of investments could exist in separate account investment holdings. This change was not deemed necessary as the general account instructions are relevant for this type of investment. However, interested parties also suggested other editorial updates, and those items have been corrected in the final proposal. Mr. Bruggeman recommend adoption of 2021-21BWG, incorporating the editorial suggestions of interested parties

Mr. Bruggeman made a motion, seconded by Ms. Doggett, to adopt the modifications to the proposal. The motion passed unanimously. Mr. Bruggeman made a motion, seconded by Ms. Doggett to adopt the modified proposal (Attachment Two-H). The motion passed unanimously.

John DuBois (MassMutual) stated that the Working Group may need to look at the risk-based capital (RBC) impact. Mr. Bruggeman stated that the factors will stay the same for this year. It will be broken out in the AVR categories. They may go in a different category of risk, so there may be a covariance difference, but the factors should not have an impact for 2022. There may need to be an editorial comment in the new RBC instructions to account for that.

4. Exposed New Items

a. Agenda Item 2022-01BWG

Mr. Bruggeman stated that this blanks agenda item is in response to Statutory Accounting Principles (E) Working Group agenda item 2021-24, which the Working Group exposed in December 2021 and is up for consideration of adoption during the Spring National Meeting. The Blanks (E) Working Group's agenda item proposes a new general interrogatory within the annual reporting blanks, specific to the use or acceptance of cryptocurrencies. Examples of inquiries within the interrogatory include the identification regarding: 1) if cryptocurrencies are held by an insurance reporting entity (and if so, which reporting schedules are the cryptocurrencies reported); and 2) if cryptocurrencies are accepted for the payment of premiums. This general interrogatory was requested by regulators after the Statutory Accounting Principles (E) Working Group's May 2021 adoption of *Interpretation (INT) 21-01: Accounting for Cryptocurrencies*, which established that directly held cryptocurrencies do not meet the definition of an admitted asset for statutory accounting.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

b. Agenda Item 2022-02BWG

Mr. Bruggeman stated that this blanks agenda item is in response to Statutory Accounting Principles (E) Working Group agenda item 2021-22, which the Working Group exposed in December 2021 and is up for consideration of

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Attachment A

adoption during the Spring National Meeting. The agenda item is to expand, through electronic-only columns, the reporting on *Schedule D – Part 6 – Section 1: Valuation of Shares of Subsidiary, Controlled or Affiliated Entities* (Schedule D-6-1). Schedule D-6-1 captures investments that are defined in *SSAP No. 97—Investments in Subsidiary, Controlled and Affiliated Entities*. The proposed expansion in reporting would capture items consistent with current requirements in SSAP No. 97 and include items such as prior year’s book/adjusted carrying value (BACV), nonadmitted amount, sub-2 verified value, and VISION filing number. The addition of these items to the Schedule D, Part 6, Section 1 tables were proposed as they will assist state insurance regulators to: 1) ensure Sub 1 and Sub 2 filings are being submitted by reporting entities; and 2) identify situations where the NAIC approved value varies significantly from the value reported on Schedule D, Part 6, Section 1.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

c. Agenda Item 2022-03BWG

Mary Caswell (NAIC) stated that this affects only the P/C quarterly filing with effective date of first-quarter 2023. This proposal is to fix the reporting of line 5 to be reported as line 5.1 – Commercial multiple peril (non-liability portion) and line 5.2 – Commercial multiple peril (liability portion) on the Quarterly Part 1 and Part 2 pages to be consistent with the annual reporting. This change was missed on proposal 2020-33BWG. This is a big enough change to warrant a proposal rather than an editorial correction.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

d. Agenda Item 2022-04BWG

Ms. Gosselin stated that this proposal adds a new supplement to capture premium and loss data for the P/C blank for annual statement line 17.1, line 17.2 and line 17.3 of the Exhibit of Premiums and Losses (State Page) – Other Liability by more granular lines of business. She stated that after discussions with interested parties and state insurance regulators and reviewing their input, this proposal was drafted to replace 2021-13BWG.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

e. Agenda Item 2022-05BWG

Ms. Caswell stated that this proposal adds line numbers to the status data points of the life/fraternal, health, and P/C Schedule T footnote for ease in electronic data capture of the lines and clarification of reporting.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

f. Agenda Item 2022-06BWG

Mr. Drutz stated that this proposal is sponsored by the Health Risk-Based Capital (E) Working Group. After much discussion of the Health Test Ad Hoc Group members, and approval by the Health Risk-Based Capital (E) Working Group, the proposal was drafted to amend the health test language annual statement instructions in an effort to move those filers who write predominantly health business and file on the life blank to begin filing on the health blank.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

g. Agenda Item 2022-07BWG

Draft Pending Adoption

Attachment A

Eric King (NAIC) stated that this proposal is sponsored by the Health Actuarial (B) Task Force. It modifies the Health Actuarial Opinion Instructions to add definitions of “actuarial asset” and “actuarial liability” and modifies Section 4 (Identification), Section 5 (Scope), and Section 7 (Opinion) to clarify that the actuary’s opinion covers actuarial assets, as well as actuarial liabilities. It modifies Section 9 to clarify that the guidance related to the type of opinion rendered by an appointed actuary covers both actuarial assets and actuarial liabilities.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

h. Agenda Item 2022-08BWG

Ms. Krylova stated that this proposal modifies the instructions in Section 1, Section 3, and Section 8 of the Property/Casualty Actuarial Opinion Instructions to reflect the changes adopted by the Actuarial Opinion (C) Working Group. She stated that the first change is deletion of the paragraph on continuing education log procedures because this is no longer needed as the Task Force has ended its project of studying the continuing education logs. The second change came about as a request for guidance from industry. In consultation with the financial examiner, the technical group developed guidance on documenting the review of the qualification documentation for companies that are part of a larger group. The third change regarding the directly appointed actuaries to include an additional requirement is added in the Identification paragraph for appointed actuaries to confirm that qualification documentation has been provided to the board of directors. This statement in the Identification paragraph will assist state insurance regulators in determining whether this requirement has been met. The fourth change clarifies that the signature block requirements apply to the Statement of Actuarial Opinion only.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

i. Agenda Item 2022-09BWG

Jennifer Frasier (NAIC) stated that this proposal is sponsored by the Life Actuarial (A) Task Force with an effective date of annual 2022. She stated that the *Valuation Manual* allows for an ongoing exemption, which means that a company can file once for a life principles-based reserve (PBR) exemption, and for subsequent years, the company could just attest to its ongoing qualification. The proposal changes are meant to sync up the blanks requirements with the new allowance for an ongoing exemption. It changes to the Life/Fraternal VM-20 Reserves Supplement blank part 2, adding a question 3, a disclosure of the year that the Life PBR Exemption was actively filed, and a confirmation of the eligibility criteria in the case of ongoing exemptions. It corrects references to a state “granting” an exemption, since this is often not the case (e.g., the exemption may be allowed). For the VM-20 Reserves Supplement Instructions, it adds instructions for the new disclosure item, question 3. It corrects the references to a state “granting” an exemption. For the Supplemental Exhibits and Schedules Interrogatories (Quarterly Statement), for question 8, it adds instructions for how to respond if the company is using the ongoing exemption. The same instructions can also be found in the *Valuation Manual*, Section II, Subsection 1.G.1.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

j. Agenda Item 2022-10BWG

Mr. Bruggeman stated that this blanks agenda item is in response to Statutory Accounting Principles (E) Working Group agenda item 2022-03, which the Working Group expects to consider for exposure during the Spring National Meeting. The Statutory Accounting Principles (E) Working Group’s agenda item was drafted to propose blanks instructional changes primarily to Schedule T, which reflects premiums, allocated by states and territories.

Draft Pending Adoption

Attachment A

NAIC staff received inquiries from three states in the fourth quarter of 2021 regarding a minor number of entities that primarily wrote health business related to the federal Affordable Care Act (ACA), which are believed to have not properly allocated premium adjustments by jurisdiction on the statutory financial statement. In summary, the agenda item directs that all premium adjustments (both increases and decreases), including but not limited to ACA premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

k. Agenda Item 2022-11BWG

Mr. Barlow stated that this proposal updates the Life/Fraternal AVR factors to correspond with the adopted RBC factors for the expanded bond designation categories. This is strictly a mechanical update. The maximum reserve factor is set to the after-tax RBC factor, and the basic contribution and reserve objective factors are a percentage of those updated maximum reserve factors.

Hearing no objection, Ms. Gosselin stated that the proposal will be considered exposed.

5. Adopted the Editorial Listing

Mr. Hudson made a motion, seconded by Ms. Gosselin, to adopt the Blanks (E) Working Group editorial listing. The motion passed unanimously (Attachment Two-I).

6. Receive the Statutory Accounting Principles (E) Working Group Memorandum

Mr. Bruggeman stated that this is a standardized year-end memorandum from the Statutory Accounting Principles (E) Working Group. It is intended to notify the Blanks (E) Working Group of revisions to the “Notes to the Financial Statements” that have been adopted for year-end 2021 reporting. It is recommended that this memorandum, detailing instructional revisions and changes to existing disclosure requirements, be posted to the NAIC website. If deemed necessary, specific proposals, if not yet submitted, will be submitted to the Blanks (E) Working Group to formalize the instruction revisions. It is requested that this information be included in the next update to the Annual Statement Instructions. A year-end review identified that the instructions in Schedule D, Part 2 on preferred stock need to be updated to be consistent with the *SSAP No. 32R—Preferred Stock* revision, because the valuation of perpetual preferred stock is no longer based on the NAIC designation.

Mr. Bruggeman made a motion, seconded by Mr. Hudson, to receive the Statutory Accounting Principles (E) Working Group memorandum (Attachment Two-J). The motion passed unanimously.

Having no further business, the Blanks (E) Working Group adjourned.

[https://naiconline.sharepoint.com/sites/naicsupportstaffhub/member meetings/2022 naic meetings/spring national meeting/committee meetings/financial condition \(e\) committee/accounting practices and procedures \(e\) tf/bwg/03 29 2022 blanks.docx](https://naiconline.sharepoint.com/sites/naicsupportstaffhub/member%20meetings/2022%20naic%20meetings/spring%20national%20meeting/committee%20meetings/financial%20condition%20(e)%20committee/accounting%20practices%20and%20procedures%20(e)%20tf/bwg/03%2029%202022%20blanks.docx)

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>10/19/2021</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Jamie Walker</u></p> <p>TITLE: <u>Deputy Commissioner</u></p> <p>AFFILIATION: <u>Texas Department of Insurance</u></p> <p>ADDRESS: _____</p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2021-18BWG</u></p> <p>Year <u>2023</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[X] Deferred Date <u>03/29/2022</u></p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Modify the Life Insurance (State Page) to include the line of business detail reported on the Analysis of Operations by Lines of Business pages. Two new Schedule T style pages (Exhibit of Claims Settled During the Current Year and Policy Exhibit) are created to include detail captured by state on the existing Life Insurance (State Page) that could not be included due space issue. Adds definitions for life and annuity products to the lines of business definitions in the health appendix

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this proposal is to make the lines of business reported on the Life Insurance (Sate Page) consistent with the lines of business being reported on the Analysis of Operations by Lines of Business pages.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

STATE PAGE

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid or direct losses incurred. To other states in which the company is licensed it should submit only a schedule for that state.

Direct premiums by state may be estimated by formula on the basis of countrywide ratios for the respective lines of business except where adjustments are required to recognize special situations.

Company’s participation in the FEGLI and SGLI policies is shown in this exhibit as direct business.

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

Fraternal entities should leave blank any data elements not applicable such as group and credit.

For definitions of lines of business, see the appendix of these instructions.

~~Column 2 — Credit Life (Group and Individual)~~

~~Include: — Business not exceeding 120 months duration.~~

~~**This column is not applicable to Fraternal Benefit Societies.**~~

~~Column 5 — Total~~

~~Line 1 — Direct Premiums for Life Contracts Excluding Reinsurance Assumed
and Without Deduction of Reinsurance Ceded — and
Line 2 — Direct Annuity Considerations for Life Contracts Excluding Reinsurance
Assumed and Without Deduction of Reinsurance Ceded~~



~~Should equal Schedule T, Columns 2 and 3, by State.~~

~~Line 3 — Deposit-type Contract Funds~~

~~Report all deposits, and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 1, Line 2 or Line 4. The amounts reported should be consistent with those reported on Schedule T, Column 7.~~

~~Line 2 — Annuity Considerations~~

~~Should equal Schedule T, Column 3 by State.~~

~~Line 3 — Deposit-type Contracts Funds~~

~~Report all deposits and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 1, Line 2 or Line 4. The amounts reported should be consistent with those reported on Schedule T, Column 7.~~

~~Line 4 Other Considerations~~

~~Include: Unallocated annuity considerations and other unallocated deposits that incorporate any mortality or morbidity risk and are not reported on Line 1, Line 2 or Line 3. The amounts reported should be consistent with those reported on Schedule T, Column 5. See the instructions to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit and Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit for allocated and unallocated annuities. Report allocated annuities in Line 2.~~

~~Line 6 Life Insurance Direct Dividends to Policyholders/Refunds to Members Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded and~~

~~Line 7 Annuity Direct Dividends to Policyholders/Refunds to Members Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded~~



~~Report dividends to policyholders/refunds to members paid or left on deposit, dividends applied to policyholders/refunds to members to pay premiums or considerations or applied to provide paid up additions or annuities. Also report dividends to policyholders/refunds to members used to shorten the endowment or premium paying period.~~

~~Line 13 Aggregate Write ins for Miscellaneous Direct Claims and Benefits Paid~~

~~Enter the total of the write ins listed in schedule Detail of Write ins Aggregated at Line 13 for Miscellaneous Direct Claims and Benefits Paid.~~

~~Lines 24 to 26 Accident and Health Insurance~~

~~Report health premiums collected during the year, excluding reinsurance accepted and without deduction of reinsurance ceded.~~

~~Report on Line 24.1 those premiums, dividends and losses allocable to the Federal Employees Health Benefits Program premiums that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.~~

~~For Line 24.2, include business not exceeding 120 months' duration.~~

~~For Line 25, the development of data into various health policy categories should be done by inventory of the policy records.~~

~~Line 24.4 Medicare Title XVIII Exempt from State Taxes or Fees~~

~~Report Medicare Title XVIII premiums that are exempted from state taxes or other fees by Section 1854(g) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This includes but is not limited to premiums written under a Medicare Advantage product, a Medicare PPO product, or a stand-alone Medicare part D product.~~

~~Details of Write ins Aggregated on Line 13 for Miscellaneous Direct Claims and Benefits Paid~~

~~List separately each category of direct claims and benefits paid for which there is no pre-printed line on the state page.~~

Column 1 – Premiums and Annuities ConsiderationsLine 12 plus Line 20 should equal Schedule T, Columns 2, by State.Line 27 plus Line 34 should equal Schedule T, Columns 3, by State.Line 47 should equal Schedule T, Columns 4, by State.Line 48 (Column 1 plus Column 2) should equal Schedule T, Columns 6, by State.Column 2 – Other Considerations

Include: Unallocated annuity considerations and other unallocated deposits that incorporate any mortality or morbidity risk and are not reported on Column 1. The amounts reported should be consistent with those reported on Schedule T, Column 5. See the instructions to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit and Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit for allocated and unallocated annuities. Report allocated annuities on Column 1.

Line 48 should equal Schedule T, Columns 5, by State.**Dividends to Policyholders/Refunds to Members**Column 3 – Paid in Cash or Left on DepositColumn 4 – Applied to Pay Renewal PremiumsColumn 5 – Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period andColumn 6 – Other

Report dividends to policyholders/refunds to members paid or left on deposit, dividends applied to policyholders/refunds to members to pay premiums or considerations or applied to provide paid-up additions or annuities. Also report dividends to policyholders/refunds to members used to shorten the endowment or premium paying period.

Claims and Benefits PaidColumn 8 – Death and Annuity BenefitsColumn 9 – Matured Endowments andColumn 10 – Surrender Values and Withdrawals for Life ContractsThese columns are only applicable to life and annuity contracts (Lines 1 through 34)Column 11 – All Other BenefitsReport claims benefits paid for accident and health contracts (Lines 35 through 47) in this column.**Death Benefits and Matured Endowments Incurred**Column 13 – Incurred During Current YearThese columns are only applicable to life and annuity contracts (Lines 1 through 34)

Column 14 – Total Claims Settlements

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Should equal Column 12 of the Exhibit of Claims Settled During Current Year by state.

Column 15 – Unpaid December 31, Current Year

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Should equal Column 15 (prior year) plus Column 13 minus Column 14.

Footnote c:

Total considerations amount should equal Schedule T, Columns 7, by State.

For Health Business:

Complete the information in Footnote d below the Accident and Health block regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to a higher level of benefits whenever participating provider networks are used.

POLICY EXHIBIT
Allocated by States and Territories

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

In Force December 31, Current Year

Sum of Columns 5, 11 and 17 should equal Column 16 of Life Insurance (State Page) by state.

Sum of Columns 6, 12 and 18 should equal Column 17 of Life Insurance (State Page) by state.

Column 5 – In Force December 31, Current Year – Number of Pols\Certs – Life Contracts

Should equal Column 5 (prior year) plus Column 1 plus Column 3

Column 6 – In Force December 31, Current Year – Amount – Life Contracts

Should equal Column 6 (prior year) plus Column 2 plus Column 4

Column 11 – In Force December 31, Current Year – Number of Pols\Certs – Annuities Contracts

Should equal Column 11 (prior year) plus Column 7 plus Column 9

Column 12 – In Force December 31, Current Year – Amount – Annuities Contracts

Should equal Column 12 (prior year) plus Column 8 plus Column 10

Column 17 – In Force December 31, Current Year – Number of Pols\Certs – Accident and Health Contracts

Should equal Column 17 (prior year) plus Column 13 plus Column 15

Column 18 – In Force December 31, Current Year – Amount – Accident and Health Contracts

Should equal Column 18 (prior year) plus Column 14 plus Column 16

EXHIBIT OF CLAIMS SETTLED DURING CURRENT YEAR
Allocated by States and Territories

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

Column 1 – By Payment in Full – Pols\Certs }
Column 2 – By Payment in Full – Amount }

Provide the amount for claims settled by full payment and the number of policies\certificates for the claims settled by full payment.

Column 3 – By payment on Compromised Claims – Pols\Certs }
Column 4 – By payment on Compromised Claims – Amount }

Provide the amount for claims settled by payment on Compromised Claims and the number of policies\certificates for the claims settled by payment on Compromised Claims.

Column 7 – Reduction by Compromise – Pols\Certs }
Column 8 – Reduction by Compromise – Amount }

Provide the amount for claims reduced by compromise and the number of policies\certificates for the claims reduced by compromise.

Column 9 – Amount Rejected – Pols\Certs }
Column 10 – Amount Rejected – Amount }

Provide the amount for claims rejected and the number of policies\certificates for the claims rejected.

Total Settled During Current Year

Column 11 – Pols\Certs

Provide the total number of policies\certificates for claims settled during the current year.

Column 12 – Amount (Col 6+8+10)

Should equal Column 14 of Life Insurance (State Page) by state.

ANNUAL STATEMENT INSTRUCTIONS – HEALTH (LIFE SUPPLEMENT)

LIFE SUPPLEMENT
TO THE HEALTH ANNUAL STATEMENT

NOTE: Only companies licensed as Life, Accident & Health insurers should complete the schedules included in the Life Supplement to the Health Annual Statement.


Detail Eliminated to Conserve Space

STATE PAGE

To be filed on or before March 1. Only companies licensed as Life, Accident & Health insurers should complete this schedule.

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid or direct losses incurred. To other states in which the company is licensed it should submit only a schedule for that state.

Direct premiums by state may be estimated by formula on the basis of countrywide ratios for the respective lines of business except where adjustments are required to recognize special situations.

Company’s participation in the FEGLI and SGLI policies is shown in this exhibit as direct business.

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

For definitions of lines of business, see the appendix of these instructions.

~~Column 2 — Credit Life (Group and Individual)~~

~~Include: — Business not exceeding 120 months duration.~~

~~Column 5 — Total~~

~~Line 1 — Direct Premiums for Life Contracts Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded ————— and~~

~~Line 2 — Direct Annuity Considerations for Life Contracts Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded~~



~~The amounts reported should be consistent with those reported on Schedule T, Column 6.~~

~~Line 3 — Deposit-type Contracts Fund~~

~~Report all deposits and other amounts received for contracts without any mortality and morbidity risk and not reported on Line 1, Line 2 or Line 4. The amounts reported should be consistent with those reported on Schedule T, Column 9.~~

~~Line 4 — Other Considerations~~

~~Include: Unallocated annuity considerations and other unallocated deposits which incorporate any mortality or morbidity risk and are not reported on Line 1, Line 2 or Line 3. See the instructions to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit and Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit for allocated and unallocated annuities. Report allocated annuities in Line 2.~~

~~Line 6 — Life Insurance Direct Dividends to Policyholders Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded~~

~~Line 7 — Annuity Direct Dividends to Policyholders Excluding Reinsurance Assumed and Without Deduction of Reinsurance Ceded~~



~~Report dividends paid or left on deposit, dividends applied to pay premiums or considerations, or applied to provide paid-up additions or annuities. Also report dividends used to shorten the endowment or premium paying period.~~

~~Line 13 — Aggregate Write-ins for Miscellaneous Direct Claims and Benefits Paid~~

~~Enter the total of the write-ins listed in schedule Detail of Write-ins Aggregated at Line 13 for Miscellaneous Direct Claims and Benefits Paid.~~

~~Lines 24~~

~~to 26 — Accident and Health Insurance~~

~~Report health premiums collected during the year, excluding reinsurance accepted and without deduction of reinsurance ceded.~~

~~Report on Line 24.1 those premiums, dividends and losses allocable to the Federal Employees Health Benefits Plan premiums that are exempted from state taxes or other fees by Section 8909(f)(1) of Title 5 of the United States Code.~~

~~For Line 24.2, include business not exceeding 120 months' duration.~~

~~For Line 25, the development of data into various health policy categories should be done by inventory of the policy records.~~

~~Details of Write-ins Aggregated on Line 13 for Miscellaneous Direct Claims and Benefits Paid~~

~~List separately each category of direct claims and benefits paid for which there is no pre-printed line on the state page.~~

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Line 48 should equal Schedule T, Columns 5, by State.**Dividends to Policyholders/Refunds to Members**Column 3 – Paid in Cash or Left on DepositColumn 4 – Applied to Pay Renewal PremiumsColumn 5 – Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period andColumn 6 – Other

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Should equal Column 12 of the Exhibit of Claims Settled During Current Year by state

Column 15 – Unpaid December 31, Current Year

These columns are only applicable to life and annuity contracts (Lines 1 through 34)

Should equal Column 15 (prior year) plus Column 13 minus Column 14.

Footnote c:

Total considerations amount should equal Schedule T, Columns 7, by State.

For Health Business:

Complete the information in Footnote d below the Accident and Health block regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to a higher level of benefits whenever participating provider networks are used.

POLICY EXHIBIT
Allocated by States and Territories

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

In Force December 31, Current Year

Sum of Columns 5, 11 and 17 should equal Column 16 of Life Insurance (State Page) by state.

Sum of Columns 6, 12 and 18 should equal Column 17 of Life Insurance (State Page) by state.

Column 5 – In Force December 31, Current Year – Number of Pols\Certs – Life Contracts

Should equal Column 5 (prior year) plus Column 1 plus Column 3

Column 6 – In Force December 31, Current Year – Amount – Life Contracts

Should equal Column 6 (prior year) plus Column 2 plus Column 4

Column 11 – In Force December 31, Current Year – Number of Pols\Certs – Annuities Contracts

Should equal Column 11 (prior year) plus Column 7 plus Column 9

Column 12 – In Force December 31, Current Year – Amount – Annuities Contracts

Should equal Column 12 (prior year) plus Column 8 plus Column 10

Column 17 – In Force December 31, Current Year – Number of Pols\Certs – Accident and Health Contracts

Should equal Column 17 (prior year) plus Column 13 plus Column 15

Column 18 – In Force December 31, Current Year – Amount – Accident and Health Contracts

Should equal Column 18 (prior year) plus Column 14 plus Column 16

EXHIBIT OF CLAIMS SETTLED DURING CURRENT YEAR
Allocated by States and Territories

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

Column 1 – By Payment in Full – Pols\Certs }
Column 2 – By Payment in Full – Amount }

Provide the amount for claims settled by full payment and the number of policies\certificates for the claims settled by full payment.

Column 3 – By payment on Compromised Claims – Pols\Certs }
Column 4 – By payment on Compromised Claims – Amount }

Provide the amount for claims settled by payment on Compromised Claims and the number of policies\certificates for the claims settled by payment on Compromised Claims.

Column 7 – Reduction by Compromise – Pols\Certs }
Column 8 – Reduction by Compromise – Amount }

Provide the amount for claims reduced by compromise and the number of policies\certificates for the claims reduced by compromise.

Column 9 – Amount Rejected – Pols\Certs }
Column 10 – Amount Rejected – Amount }

Provide the amount for claims rejected and the number of policies\certificates for the claims rejected.

Total Settled During Current Year

Column 11 – Pols\Certs

Provide the total number of policies\certificates for claims settled during the current year.

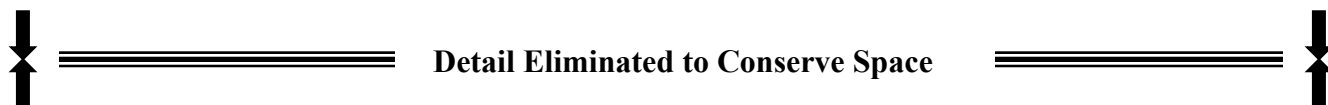
Column 12 – Amount (Col 6+8+10)

Should equal Column 14 of Life Insurance (State Page) by state.

ANNUAL STATEMENT INSTRUCTIONS – HEALTH

DEFINITIONS OF LINES OF BUSINESS – ACCIDENT AND HEALTH**Riders/Endorsements/Floaters:**

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, the rider, endorsement or floater should be reported on the same line of business as the base policy.

**Other (Specify):**

Coverage provided by entities that do not fall within any of the other categories, including stop loss, disability and long-term care. Indemnity plans where the insured person is reimbursed for covered expenses would fall within this area.

DEFINITIONS OF LINES OF BUSINESS – LIFE**Credit life insurance:**

Insurance on a debtor or debtors, pursuant to or in connection with a specific loan or other credit transaction, to provide for satisfaction of a debt, in whole or in part, upon the death of an insured debtor.

Indexed life insurance:

Any universal life insurance policy where the interest credits are linked to an external referent.

Industrial life insurance:

Insurance under which premiums are paid monthly or more often, the face amount of the policy does not exceed a stated amount, and the words “industrial policy” are printed in prominent type on the face of the policy. Also called “debit” insurance.

Interest-sensitive whole life contract:

If the gross premiums are fixed and required to be paid, it would be treated like whole life; if gross premiums are flexible and not required to be paid, it would be treated like universal life.

Group life contract:

Insurance on the lives of a group of persons under a single master contract.

Life insurance:

The primary purpose is to provide financial assistance to a beneficiary at the insured's death.

Net cash surrender value:

The maximum amount payable to the policyowner upon surrender.

Ordinary life insurance:

Contract between the company and the policy owner (often the insured). Many variations of ordinary life coverages are available to a purchaser of insurance, including participating, limited-payment periods, combinations of coverages, and decreasing (or increasing) death benefits.

Policy value:

The amount to which separately identified interest credits and mortality, expense or other charges are made under a universal life insurance policy.

Preneed:

"Preneed funeral contract or prearrangement" means an agreement by or for an individual before that individual's death relating to the purchase or provision of specific funeral or cemetery merchandise or services. For reporting purposes, also included in this category are final expense plans that may cover medical bills in addition to funeral expenses.

Secondary Guarantee:

A "secondary guarantee" means a conditional guarantee that a policy will remain in force for either:

- a. More than five years (the secondary guarantee period).
- b. Five years or less (the secondary guarantee period) if the specified premium for the secondary guarantee period is less than the net level reserve premium for the secondary guarantee period based on the CSO valuation tables defined in VM-20 Section 3.C and VM-M and the valuation interest rates defined in this Section, or if the initial surrender charge is less than 100% of the first year annualized specified premium for the secondary guaranteed period, even if its fund value is exhausted.

Term life contract:

Provides insurance over a specified period of time. If the insured dies during this term, the face amount of the policy will be paid to the beneficiary.

Universal life contract:

Includes those contracts that have terms that are not fixed and guaranteed relative to premium amounts, expense assessments or benefits accruing to the policyholder. These contracts generally provide for death benefits and nonforfeiture values and may be issued on a fixed premium basis or on a flexible premium basis where the premiums are paid at the insured's discretion.

Fixed premium universal life insurance policy:

A universal life insurance policy other than a flexible premium universal life insurance policy.

Flexible premium universal life insurance policy:

A universal life insurance policy that permits the policyowner to vary, independently of each other, the amount or timing of one or more premium payments or the amount of insurance.

Variable Universal Life:

Life insurance that provides a face amount that is adjustable to the certificate/policy holder and may allow the certificate/policy holder to vary the modal premium that is paid or may skip a payment so long as the certificate/policy value is sufficient to keep the certificate/policy in force, and under which separately identified interest credits (other than in connection with dividend accumulation, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to individual certificates or policies while providing minimum guaranteed values.

Universal life insurance policy:

A life insurance policy where separately identified interest credits (other than in connection with dividend accumulations, premium deposit funds or other supplementary accounts) and mortality and expense charges are made to the policy. A universal life insurance policy may provide for other credits and charges, such as charges for the cost of benefits provided by rider.

Variable life contract:

A policy that provides for life insurance, the amount or duration of which varies according to the investment experience of any separate account or accounts established and maintained by the insurer as to the policy.

Whole life contract:

Provides a fixed amount of insurance coverage over the life of the insured and the related benefits are normally payable only upon the insured's death.

DEFINITIONS OF LINES OF BUSINESS – ANNUITIES**Annuity contract:**

An arrangement whereby an annuitant is guaranteed to receive a series of stipulated amounts commencing either immediately or at some future date.

Contingent Deferred Annuity (CDA):

An annuity contract that establishes a life insurer's obligation to make periodic payments for the annuitant's lifetime at the time designated investments, which are not owned or held by the insurer, are depleted to a contractually defined amount due to contractually permitted withdrawals, market performance, fees and/or other charges. A CDA is an insurance product that provides protection against underperforming and downward performing markets in the form of an income guarantee on outside investment accounts owned by an insured. The income guarantee is provided through the collection of ongoing fees from within these outside investment accounts. The insured must agree to certain portfolio restrictions and must first deplete their outside investment account assets at the CDA guaranteed income amount and rate according to the contract and prior to the insurer's assumption of this amount. A CDA is considered a living benefit added to an investment account.

Fixed annuity:

A fixed annuity is a policy or contract that has a specified crediting rate periodically and unilaterally adjusted by the company not below minimum contract rate.

Guaranteed Interest Contracts (GICs):

Contracts that guarantee principal and interest for a specified period of time and include the option to purchase immediate annuities that depend on the survival of the annuitant.

Interest-indexed annuity contract:

Any annuity contract where the interest credits are linked to an external reference.

Supplementary contracts with life contingencies:

A type of agreement between the insurance company and either the insured or the beneficiary, usually to provide for full or partial settlement of the amount payable upon the termination of an original contract.

Variable annuity:

A policy or contract, individual or group, that provides for annuity benefits that vary according to the investment experience of a separate account or accounts maintained by the insurer as to the policy or contract.

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL

DIRECT BUSINESS IN THE STATE OF _____

DURING THE YEAR _____

NAIC Group Code _____

LIFE INSURANCE

NAIC Company Code _____

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance										
2. Annuity considerations										
3. Deposit-type contract funds										
4. Other considerations				XXX				XXX		
5. Totals (Sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS										
Life insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 + 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. Totals										
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1308. Summary of remaining write-ins for Line 13 from overflow page										
1399. Total (Lines 1301 through 1303 + 1308) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

LIFE INSURANCE

NAIC Company Code.....

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid					Death Benefits and Matured Endowments Incurred			Policy Exhibit	
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	13 Incurred During Current Year	14 Total Claims Settlements	15 Unpaid December 31, Current Year	In Force December 31, Current Year (b)	
																16 Number of Policies/Certificates	17 Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with Secondary Guarantees																	
8. Variable																	
9. Variable Universal																	
10. Credit																	(a)
11. Other																	
12. Total Individual Life																	
Group Life																	
13. Whole																	
14. Term																	
15. Universal																	
16. Variable																	
17. Variable Universal																	
18. Credit																	(a)
19. Other																	
20. Total Group Life																	
Individual Annuities																	
21. Fixed																	
22. Indexed																	
23. Variable with Guarantees																	
24. Variable without Guarantees																	
25. Life Contingent Payout																	
26. Other																	
27. Total Individual Annuities																	
Group Annuities																	
28. Fixed																	
29. Indexed																	
30. Variable with Guarantees																	
31. Variable without Guarantees																	
32. Contingent Payout																	
33. Other																	
34. Total Group Annuities																	
Accident and Health																	
35. Comprehensive Individual								XXX	XXX	XXX			XXX	XXX	XXX		
36. Comprehensive Group								XXX	XXX	XXX			XXX	XXX	XXX		
37. Medicare Supplement								XXX	XXX	XXX			XXX	XXX	XXX		
38. Dental Only								XXX	XXX	XXX			XXX	XXX	XXX		
39. Vision Only								XXX	XXX	XXX			XXX	XXX	XXX		
40. Federal Employees Health Benefits Plan								XXX	XXX	XXX			XXX	XXX	XXX		
41. Title XVIII Medicare (d) (e)								XXX	XXX	XXX			XXX	XXX	XXX		
42. Title XIX Medicaid								XXX	XXX	XXX			XXX	XXX	XXX		
43. Credit A&H								XXX	XXX	XXX			XXX	XXX	XXX		
44. Disability Income								XXX	XXX	XXX			XXX	XXX	XXX		
45. Long-Term Care								XXX	XXX	XXX			XXX	XXX	XXX		
46. Other Health								XXX	XXX	XXX			XXX	XXX	XXX		
47. Total Accident and Health								XXX	XXX	XXX			XXX	XXX	XXX		
48. TOTAL (c)								XXX	XXX	XXX			XXX	XXX	XXX		

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..... current year \$..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$..... current year \$.....

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies:..... 2) covering number of lives:..... 3) face amount:.....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$..... Group: \$..... Total: \$.....

(d) For health business: number of persons insured under PPO managed care products..... and number of persons insured under indemnity only products.....

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....

POLICY EXHIBIT
Allocated by States and Territories

	Life Contracts						Annuity Contracts						Accident and Health Contracts					
	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year	
	1 Number of Pols/Certs	2 Amount	3 Number of Pols/Certs	4 Amount	5 Number of Pols/Certs	6 Amount	7 Number of Pols/Certs	8 Amount	9 Number of Pols/Certs	10 Amount	11 Number of Pols/Certs	12 Amount	13 Number of Pols/Certs	14 Amount	15 Number of Pols/Certs	16 Amount	17 Number of Pols/Certs	18 Amount
1. Alabama.....AL																		
2. Alaska.....AK																		
3. Arizona.....AZ																		
4. Arkansas.....AR																		
5. California.....CA																		
6. Colorado.....CO																		
7. Connecticut.....CT																		
8. Delaware.....DE																		
9. District of Columbia.....DC																		
10. Florida.....FL																		
11. Georgia.....GA																		
12. Hawaii.....HI																		
13. Idaho.....ID																		
14. Illinois.....IL																		
15. Indiana.....IN																		
16. Iowa.....IA																		
17. Kansas.....KS																		
18. Kentucky.....KY																		
19. Louisiana.....LA																		
20. Maine.....ME																		
21. Maryland.....MD																		
22. Massachusetts.....MA																		
23. Michigan.....MI																		
24. Minnesota.....MN																		
25. Mississippi.....MS																		
26. Missouri.....MO																		
27. Montana.....MT																		
28. Nebraska.....NE																		
29. Nevada.....NV																		
30. New Hampshire.....NH																		
31. New Jersey.....NJ																		
32. New Mexico.....NM																		
33. New York.....NY																		
34. North Carolina.....NC																		
35. North Dakota.....ND																		
36. Ohio.....OH																		
37. Oklahoma.....OK																		
38. Oregon.....OR																		
39. Pennsylvania.....PA																		
40. Rhode Island.....RI																		
41. South Carolina.....SC																		
42. South Dakota.....SD																		
43. Tennessee.....TN																		
44. Texas.....TX																		
45. Utah.....UT																		
46. Vermont.....VT																		
47. Virginia.....VA																		
48. Washington.....WA																		
49. West Virginia.....WV																		
50. Wisconsin.....WI																		
51. Wyoming.....WY																		
52. American Samoa.....AS																		
53. Guam.....GU																		
54. Puerto Rico.....PR																		
55. US Virgin Islands.....VI																		
56. Northern Mariana Islands.....MP																		
57. Canada.....CAN																		
58. Aggregate Other Alien.....OT																		
59. Total																		

EXHIBIT OF SETTLED DURING CURRENT YEAR
Allocated by States and Territories

	By Payment in Full		By payment on Compromised Claims		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year	
	1 Pols/Certs	2 Amount	3 Pols/Certs	4 Amount	5 Pols/Certs (Col 1+3)	6 Amount (Col 2+4)	7 Pols/Certs	8 Amount	9 Pols/Certs	10 Amount	11 Pols/Certs	12 Amount (Col 6+8+10)
1. Alabama.....AL												
2. Alaska.....AK												
3. Arizona.....AZ												
4. Arkansas.....AR												
5. California.....CA												
6. Colorado.....CO												
7. Connecticut.....CT												
8. Delaware.....DE												
9. District of Columbia.....DC												
10. Florida.....FL												
11. Georgia.....GA												
12. Hawaii.....HI												
13. Idaho.....ID												
14. Illinois.....IL												
15. Indiana.....IN												
16. Iowa.....IA												
17. Kansas.....KS												
18. Kentucky.....KY												
19. Louisiana.....LA												
20. Maine.....ME												
21. Maryland.....MD												
22. Massachusetts.....MA												
23. Michigan.....MI												
24. Minnesota.....MN												
25. Mississippi.....MS												
26. Missouri.....MO												
27. Montana.....MT												
28. Nebraska.....NE												
29. Nevada.....NV												
30. New Hampshire.....NH												
31. New Jersey.....NJ												
32. New Mexico.....NM												
33. New York.....NY												
34. North Carolina.....NC												
35. North Dakota.....ND												
36. Ohio.....OH												
37. Oklahoma.....OK												
38. Oregon.....OR												
39. Pennsylvania.....PA												
40. Rhode Island.....RI												
41. South Carolina.....SC												
42. South Dakota.....SD												
43. Tennessee.....TN												
44. Texas.....TX												
45. Utah.....UT												
46. Vermont.....VT												
47. Virginia.....VA												
48. Washington.....WA												
49. West Virginia.....WV												
50. Wisconsin.....WI												
51. Wyoming.....WY												
52. American Samoa.....AS												
53. Guam.....GU												
54. Puerto Rico.....PR												
55. US Virgin Islands.....VI												
56. Northern Mariana Islands.....MP												
57. Canada.....CAN												
58. Aggregate Other Alien.....OT												
59. Total												

ANNUAL STATEMENT BLANK – HEALTH (LIFE SUPPLEMENT)

DIRECT BUSINESS IN THE STATE OF _____

DURING THE YEAR _____

NAIC Group Code _____

LIFE INSURANCE

NAIC Company Code _____

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
	1. Life insurance									
2. Annuity considerations										
3. Deposit-type contract funds			XXX				XXX			
4. Other considerations										
5. Totals (Sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS										
Life insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										
6.4 Other										
6.5 Totals (Sum of Lines 6.1 to 6.4)										
Annuities:										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (Sum of Lines 7.1 to 7.3)										
8. Grand Totals (Lines 6.5 + 7.4)										
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. Totals										
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1308. Summary of remaining write-ins for Line 13 from overflow page										
1399. Total (Lines 1301 through 1303 + 1308) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Ordinary		2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
	6 No. of Pols. & Certifs.	7 Amount	8 No. of Ind. Pols. & Gr. Certifs.	9 Amount	10 No. of Certifs.	11 Amount	12 No. of Pols. & Certifs.	13 Amount	14 No. of Pols. & Certifs.	15 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

LIFE INSURANCE

NAIC Company Code.....

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid					Death Benefits and Matured Endowments Incurred			Policy Exhibit	
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment- Paving Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)	13 Incurred During Current Year	14 Total Claims Settlements	15 Unpaid December 31, Current Year	In Force December 31, Current Year (b)	
																16 Number of Policies/ Certificates	17 Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with Secondary Guarantees																	
8. Variable																	
9. Variable Universal																	
10. Credit																(a)	
11. Other																	
12. Total Individual Life																	
Group Life																	
13. Whole																	
14. Term																	
15. Universal																	
16. Variable																	
17. Variable Universal																	
18. Credit																(a)	
19. Other																	
20. Total Group Life																	
Individual Annuities																	
21. Fixed																	
22. Indexed																	
23. Variable with Guarantees																	
24. Variable without Guarantees																	
25. Life Contingent Payout																	
26. Other																	
27. Total Individual Annuities																	
Group Annuities																	
28. Fixed																	
29. Indexed																	
30. Variable with Guarantees																	
31. Variable without Guarantees																	
32. Contingent Payout																	
33. Other																	
34. Total Group Annuities																	
Accident and Health																	
35. Comprehensive Individual							XXX	XXX	XXX			XXX	XXX	XXX			
36. Comprehensive Group							XXX	XXX	XXX			XXX	XXX	XXX			
37. Medicare Supplement							XXX	XXX	XXX			XXX	XXX	XXX			
38. Dental Only							XXX	XXX	XXX			XXX	XXX	XXX			
39. Vision Only							XXX	XXX	XXX			XXX	XXX	XXX			
40. Federal Employees Health Benefits Plan							XXX	XXX	XXX			XXX	XXX	XXX			
41. Title XVIII Medicare (d)							XXX	XXX	XXX			XXX	XXX	XXX		(c)	
42. Title XIX Medicaid							XXX	XXX	XXX			XXX	XXX	XXX			
43. Credit A&H							XXX	XXX	XXX			XXX	XXX	XXX			
44. Disability Income							XXX	XXX	XXX			XXX	XXX	XXX			
45. Long-Term Care							XXX	XXX	XXX			XXX	XXX	XXX			
46. Other Health							XXX	XXX	XXX			XXX	XXX	XXX			
47. Total Accident and Health							XXX	XXX	XXX			XXX	XXX	XXX			
48. TOTAL (c)																	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..... current year \$..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$..... current year \$.....

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies:..... 2) covering number of lives:..... 3) face amount:.....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$..... Group: \$..... Total: \$.....

(d) For health business: number of persons insured under PPO managed care products..... and number of persons insured under indemnity only products.....

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....

POLICY EXHIBIT
Allocated by States and Territories

	Life Contracts						Annuity Contracts						Accident and Health Contracts					
	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year	
	1 Number of Pols/Certs	2 Amount	3 Number of Pols/Certs	4 Amount	5 Number of Pols/Certs	6 Amount	7 Number of Pols/Certs	8 Amount	9 Number of Pols/Certs	10 Amount	11 Number of Pols/Certs	12 Amount	13 Number of Pols/Certs	14 Amount	15 Number of Pols/Certs	16 Amount	17 Number of Pols/Certs	18 Amount
1. Alabama.....AL																		
2. Alaska.....AK																		
3. Arizona.....AZ																		
4. Arkansas.....AR																		
5. California.....CA																		
6. Colorado.....CO																		
7. Connecticut.....CT																		
8. Delaware.....DE																		
9. District of Columbia.....DC																		
10. Florida.....FL																		
11. Georgia.....GA																		
12. Hawaii.....HI																		
13. Idaho.....ID																		
14. Illinois.....IL																		
15. Indiana.....IN																		
16. Iowa.....IA																		
17. Kansas.....KS																		
18. Kentucky.....KY																		
19. Louisiana.....LA																		
20. Maine.....ME																		
21. Maryland.....MD																		
22. Massachusetts.....MA																		
23. Michigan.....MI																		
24. Minnesota.....MN																		
25. Mississippi.....MS																		
26. Missouri.....MO																		
27. Montana.....MT																		
28. Nebraska.....NE																		
29. Nevada.....NV																		
30. New Hampshire.....NH																		
31. New Jersey.....NJ																		
32. New Mexico.....NM																		
33. New York.....NY																		
34. North Carolina.....NC																		
35. North Dakota.....ND																		
36. Ohio.....OH																		
37. Oklahoma.....OK																		
38. Oregon.....OR																		
39. Pennsylvania.....PA																		
40. Rhode Island.....RI																		
41. South Carolina.....SC																		
42. South Dakota.....SD																		
43. Tennessee.....TN																		
44. Texas.....TX																		
45. Utah.....UT																		
46. Vermont.....VT																		
47. Virginia.....VA																		
48. Washington.....WA																		
49. West Virginia.....WV																		
50. Wisconsin.....WI																		
51. Wyoming.....WY																		
52. American Samoa.....AS																		
53. Guam.....GU																		
54. Puerto Rico.....PR																		
55. US Virgin Islands.....VI																		
56. Northern Mariana Islands.....MP																		
57. Canada.....CAN																		
58. Aggregate Other Alien.....OT																		
59. Total																		

EXHIBIT OF CLAIMS SETTLED DURING CURRENT YEAR
Allocated by States and Territories

	By Payment in Full		By Payment on Compromised Claims		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year	
	1 Pols/Certs	2 Amount	3 Pols/Certs	4 Amount	5 Pols/Certs (Col 1+3)	6 Amount (Col 2+4)	7 Pols/Certs	8 Amount	9 Pols/Certs	10 Amount	11 Pols/Certs	12 Amount (Col 6+8+10)
1. Alabama.....AL												
2. Alaska.....AK												
3. Arizona.....AZ												
4. Arkansas.....AR												
5. California.....CA												
6. Colorado.....CO												
7. Connecticut.....CT												
8. Delaware.....DE												
9. District of Columbia.....DC												
10. Florida.....FL												
11. Georgia.....GA												
12. Hawaii.....HI												
13. Idaho.....ID												
14. Illinois.....IL												
15. Indiana.....IN												
16. Iowa.....IA												
17. Kansas.....KS												
18. Kentucky.....KY												
19. Louisiana.....LA												
20. Maine.....ME												
21. Maryland.....MD												
22. Massachusetts.....MA												
23. Michigan.....MI												
24. Minnesota.....MN												
25. Mississippi.....MS												
26. Missouri.....MO												
27. Montana.....MT												
28. Nebraska.....NE												
29. Nevada.....NV												
30. New Hampshire.....NH												
31. New Jersey.....NJ												
32. New Mexico.....NM												
33. New York.....NY												
34. North Carolina.....NC												
35. North Dakota.....ND												
36. Ohio.....OH												
37. Oklahoma.....OK												
38. Oregon.....OR												
39. Pennsylvania.....PA												
40. Rhode Island.....RI												
41. South Carolina.....SC												
42. South Dakota.....SD												
43. Tennessee.....TN												
44. Texas.....TX												
45. Utah.....UT												
46. Vermont.....VT												
47. Virginia.....VA												
48. Washington.....WA												
49. West Virginia.....WV												
50. Wisconsin.....WI												
51. Wyoming.....WY												
52. American Samoa.....AS												
53. Guam.....GU												
54. Puerto Rico.....PR												
55. US Virgin Islands.....VI												
56. Northern Mariana Islands.....MP												
57. Canada.....CAN												
58. Aggregate Other Alien.....OT												
59. Total												

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>12/16/2021</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Dale Bruggeman</u></p> <p>TITLE: <u>Chair SAPWG</u></p> <p>AFFILIATION: <u>Ohio Department of Insurance</u></p> <p>ADDRESS: <u>50W. Town St., 3rd Fl., Ste. 300</u> <u>Columbus, OH 43215</u></p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2021-22BWG MOD</u></p> <p>Year <u>2022</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[X] Other (Specify) <u>Re-exposed</u> <u>03/29/2022</u></p>
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| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input checked="" type="checkbox"/> QUARTERLY STATEMENT | <input type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input checked="" type="checkbox"/> Title |
| <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

This item proposes new reporting requirements for investment transactions with related parties. In addition to capturing direct loans in related parties, it will also capture information involving securitizations (or other similar investments) where the related party is a sponsor / originator along with whether the underlying investment is in a related party.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

Pursuant to recent discussions, regulators desire additional information on investment transactions involving related parties, regardless of whether the related party is "affiliated" pursuant to Model #440. To preserve the affiliate definition and reporting categories for affiliated investments, these additional proposed reporting elements will be captured outside of the current affiliate reporting requirements. The new electronic columns will capture investments issued by a related party or acquired through a related party transaction or arrangement, regardless if the specific affiliate definition has been met or if there has been a disclaimer of affiliation / control.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.


Revised 7/18/2018

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, HEALTH, PROPERTY AND TITLE

SCHEDULE BA – PART 1OTHER LONG-TERM INVESTED ASSETS OWNED DECEMBER 31 OF CURRENT YEAR



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** Columns 21 through ~~26~~27 will be electronic only. **



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Column 27 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

NAIC Designation Category Footnote:

Provide the total book/adjusted carrying value amount by NAIC Designation Category that represents the amount in reported in Column 12.

SCHEDULE BA – PART 2

OTHER LONG-TERM INVESTED ASSETS ACQUIRED AND ADDITIONS MADE DURING THE YEAR

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** Columns 12 through 15-16 will be electronic only. **

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Column 15 – Maturity Date

Use only for securities included in the following subtotal lines.

Non-Registered Private Funds with Underlying Assets Having Characteristics of:

Mortgage Loans

Unaffiliated.....	1199999
Affiliated.....	1299999

State the date the mortgage loan matures.

Column 16 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE BA – PART 3

OTHER LONG-TERM INVESTED ASSETS DISPOSED, TRANSFERRED OR REPAID DURING THE YEAR

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** Columns 21 through 24-25 will be electronic only. **

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Column 24 – Maturity Date

Use only for securities included in the following subtotal lines.

Non-Registered Private Funds with Underlying Assets Having Characteristics of:

Mortgage Loans

Unaffiliated.....	1199999
Affiliated.....	1299999

State the date the mortgage loan matures.

Column 25 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE D – PART 1**LONG-TERM BONDS OWNED DECEMBER 31 OF CURRENT YEAR**




Detail Eliminated to Conserve Space



** Columns 23 through 34-35 will be electronic only. **



Detail Eliminated to Conserve Space



Column 35 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

NAIC Designation Category Footnote:

Provide the total book/adjusted carrying value amount by NAIC Designation Category that represents the amount reported in Column 11.

The sum of the amounts reported for each NAIC Designation Category in the footnote should equal Line 2509999999.

SCHEDULE D – PART 2 – SECTION 1**PREFERRED STOCKS OWNED DECEMBER 31 OF CURRENT YEAR**



Detail Eliminated to Conserve Space



** Columns 22 through ~~27~~28 will be electronic only. **



Detail Eliminated to Conserve Space



Column 28 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

NAIC Designation Category Footnote:

Provide the total book/adjusted carrying value amount by NAIC Designation Category that represents the amount reported in Column 8.

The sum of the amounts reported for each NAIC Designation Category in the footnote should equal the sum of Lines 401999999 and 402999999.


SCHEDULE D – PART 2 – SECTION 2**COMMON STOCKS OWNED DECEMBER 31 OF CURRENT YEAR**



Detail Eliminated to Conserve Space



** Columns 19 through 24-25 will be electronic only. **



Detail Eliminated to Conserve Space



Column 25 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

NAIC Designation Category Footnote:

Provide the total book/adjusted carrying value amount by NAIC Designation Category that represents the amount reported in Column 6.

SCHEDULE D – PART 3**LONG-TERM BONDS AND STOCKS ACQUIRED DURING CURRENT YEAR**

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** Columns 10 through 14-15 will be electronic only. **

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Column 14 – ISIN Identification

The International Securities Identification Numbering (ISIN) system is an international standard set up by the International Organization for Standardization (ISO). It is used for numbering specific securities, such as stocks, bonds, options and futures. ISIN numbers are administered by a National Numbering Agency (NNA) in each of their respective countries, and they work just like serial numbers for those securities. Record the ISIN number only if no valid CUSIP, CINS or PPN exists to report in Column 1.

Column 15 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE D – PART 4**LONG-TERM BONDS AND STOCKS SOLD, REDEEMED OR OTHERWISE DISPOSED OF
DURING CURRENT YEAR**


Detail Eliminated to Conserve Space


** Columns 22 through ~~26~~27 will be electronic only. **


Detail Eliminated to Conserve Space


Column 26 – ISIN Identification

The International Securities Identification Numbering (ISIN) system is an international standard set up by the International Organization for Standardization (ISO). It is used for numbering specific securities, such as stocks, bonds, options and futures. ISIN numbers are administered by a National Numbering Agency (NNA) in each of their respective countries, and they work just like serial numbers for those securities. Record the ISIN number only if no valid CUSIP, CINS or PPN exists to report in Column 1.



Column 27 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.



Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE D – PART 5**LONG-TERM BONDS AND STOCKS ACQUIRED DURING THE YEAR AND FULLY DISPOSED OF DURING CURRENT YEAR**


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** Columns 22 through ~~26~~27 will be electronic only. **


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Column 26 – ISIN Identification

The International Securities Identification Numbering (ISIN) system is an international standard set up by the International Organization for Standardization (ISO). It is used for numbering specific securities, such as stocks, bonds, options and futures. ISIN numbers are administered by a National Numbering Agency (NNA) in each of their respective countries, and they work just like serial numbers for those securities. Record the ISIN number only if no valid CUSIP, CINS or PPN exists to report in Column 1.

Column 27 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DA – PART 1**SHORT-TERM INVESTMENTS OWNED DECEMBER 31 OF CURRENT YEAR**



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** Columns 21 ~~and through~~ 22-23 will be electronic only. **



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Column 23 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

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1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

NAIC Designation Category Equivalent Footnote:

Provide the total book/adjusted carrying value amount by NAIC Designation Category Equivalent that represents the amount reported in Column 7.

The sum of the amounts reported for each NAIC Designation Category Equivalent in the footnote should equal Line 2509999999.

SCHEDULE DL – PART 1**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned December 31 Current Year
(Securities lending collateral assets reported in aggregate on Line 10 of the asset page
and not included on Schedules A, B, BA, D, DB and E.)

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** Columns 8 through 12 will be electronic only. **

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Column 12 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

The code reported for this column should be determined in a manner consistent with the instructions of other schedules for the lines shown below:

<u>Lines 001999999 through 250999999</u>	<u>Schedule D, Part 1, Column 35</u>
<u>Lines 401999999 through 450999999</u>	<u>Schedule D, Part 2, Section 1, Column 28</u>
<u>Lines 501999999 through 598999999</u>	<u>Schedule D, Part 2, Section 2, Column 25</u>
<u>Line 930999999</u>	<u>Schedule B, Part 1, Column 20</u>
<u>Line 940999999</u>	<u>Schedule BA, Part 1, Column 27</u>
<u>Line 950999999</u>	<u>Schedule DA, Part 1, Column 23</u>
<u>Line 970999999</u>	<u>Schedule E, Part 2, Column 12</u>

The column should be left blank for the following lines:

<u>Real Estate (Schedule A type)</u>	<u>9209999999</u>
<u>Cash (Schedule E, Part 1 type).....</u>	<u>9609999999</u>
<u>Other Assets.....</u>	<u>9809999999</u>

General Interrogatories:

1. The total activity for the year represents the net increase (decrease) from the prior year-end to the current year-end.
2. The average balance for the year is the average daily balance.

Average daily balance: Total of daily balances divided by the number of days. Always calculate based on a 365/366 day year. If data is missing for a given date (e.g., weekend, holiday), count the previous day's value multiple times. The actual day count for the year (365/366) would serve as the denominator in the average calculation.

3. NAIC Designation Category:

Provide the total book/adjusted carrying value amount by NAIC Designation Category that represents the amount reported in Column 6.

SCHEDULE DL – PART 2**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned December 31 Current Year
 (Securities lending collateral assets included on Schedules A, B, BA, D, DB and E
 and not reported in aggregate on Line 10 of the asset page.)

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** Columns 8 through 12 will be electronic only. **

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Column 12 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

The code reported for this column should be same for the security as reported in other schedules for the lines shown below:

Lines 001999999 through 250999999 Schedule D, Part 1, Column 35
Lines 401999999 through 450999999 Schedule D, Part 2, Section 1, Column 28
Lines 501999999 through 598999999 Schedule D, Part 2, Section 2, Column 25
Line 930999999 Schedule B, Part 1, Column 20
Line 940999999 Schedule BA, Part 1, Column 27
Line 950999999 Schedule DA, Part 1, Column 23
Line 970999999 Schedule E, Part 2, Column 12

The column should be left blank for the following lines:





Real Estate (Schedule A) 920999999
Cash (Schedule E, Part 1) 960999999
Other Assets 980999999

General Interrogatories:





1. The total activity for the year represents the net increase (decrease) from the prior year-end to the current year-end.
2. The average balance for the year is the average daily balance.

Average daily balance: Total of daily balances divided by the number of days. Always calculate based on a 365/366 day year. If data is missing for a given date (e.g., weekend, holiday), count the previous day's value multiple times. The actual day count for the year (365/366) would serve as the denominator in the average calculation.

SCHEDULE E – PART 2 – CASH EQUIVALENTS



Detail Eliminated to Conserve Space



**** Columns 10 and through 11-12 will be electronic only. ****



Detail Eliminated to Conserve Space



Column 12 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

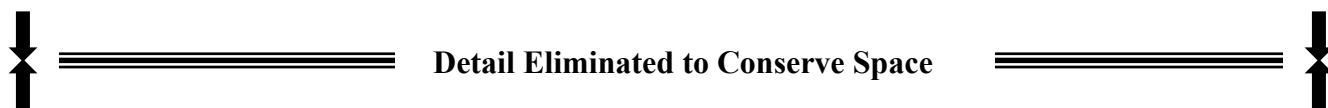
Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

NAIC Designation Category Equivalent Footnote:

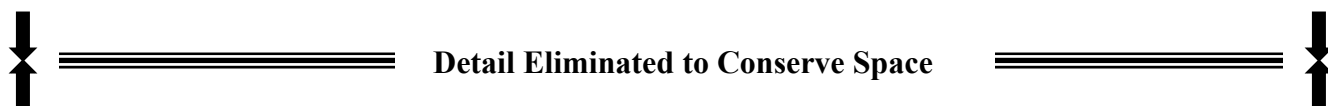
Provide the total book/adjusted carrying value amount by NAIC Designation Category Equivalent that represents the amount reported in Column 7.

The sum of the amounts reported for each NAIC Designation Category Equivalent in the footnote should equal Line 2509999999.

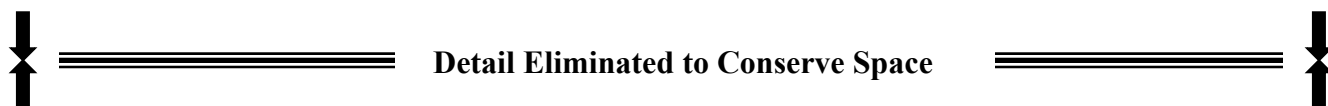
SCHEDULE B – PART 1**MORTGAGE LOANS OWNED DECEMBER 31 OF CURRENT YEAR****Detail Eliminated to Conserve Space**

Column 5 – Loan Type

If the loan was made to an officer or director of the reporting entity/subsidiary/affiliate, enter “E”. If the loan was made directly to a subsidiary or affiliate enter “S.” If the loan was made directly to a related party that doesn’t meet the affiliate definition or the reporting entity has received domiciliary state approval to disclaim control/affiliation, enter “R.” Otherwise, leave the column blank.

**Detail Eliminated to Conserve Space**

** Columns 16 through ~~19~~20 will be electronic only. **

**Detail Eliminated to Conserve Space**

Column 19 – Maturity Date

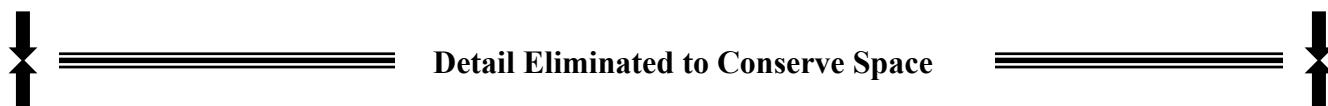
State the date the mortgage loan matures.

Column 20 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

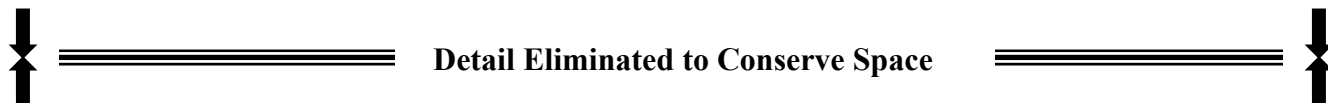
Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE B – PART 2**MORTGAGE LOANS ACQUIRED AND ADDITIONS MADE DURING YEAR****Detail Eliminated to Conserve Space**

Column 4 – Loan Type

If the loan was made to an officer or director of the reporting entity/subsidiary/affiliate, enter “E”. If the loan was made directly to a subsidiary or affiliate, enter “S.” If the loan was made directly to a related party that doesn’t meet the affiliate definition or the reporting entity has received domiciliary state approval to disclaim control/affiliation, enter “R.” Otherwise, leave the column blank.

**Detail Eliminated to Conserve Space**

** Columns 10 through 13-14 will be electronic only. **

**Detail Eliminated to Conserve Space**

Column 13 – Maturity Date

State the date the mortgage loan matures.

Column 14 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE B – PART 3**MORTGAGE LOANS DISPOSED, TRANSFERRED OR REPAID DURING THE YEAR**

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Column 4 – Loan Type

If the loan was made to an officer or director of the reporting entity/subsidiary/affiliate, enter “E.”
 If the loan was made directly to a subsidiary or affiliate enter “S.” If the loan was made directly to a related party that doesn’t meet the affiliate definition or the reporting entity has received domiciliary state approval to disclaim control/affiliation, enter “R.” Otherwise, leave the column blank.

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**** Columns 19 through 22–23 will be electronic only. ****

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Column 22 – Maturity Date

State the date the mortgage loan matures.

Column 23 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

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3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART A – SECTION 1**OPTIONS, CAPS, FLOORS, COLLARS, SWAPS AND FORWARDS OPEN**
DECEMBER 31 OF CURRENT YEAR

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** Columns 24 through ~~32~~33 will be electronic only. **

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Column 32 – CDHS Identifier

Provide a unique identifier for each Clearly Defined Hedging Strategy (CDHS) applying the provisions of SSAP No. 108 reported on this schedule (e.g., 001, 002, etc.). This identifier will also be used for reporting of the CDHS in Column 1 of Schedule DB, Part E.

This column should only be used for the following line numbers:

Purchased Options	Lines 0089999999 through 0139999999
Written Options	Lines 0579999999 through 0629999999
Swaps	Lines 1059999999 through 1099999999
Forwards	Line 1429999999

Column 33 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

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4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART A – SECTION 2**OPTIONS, CAPS, FLOORS, COLLARS, SWAPS AND FORWARDS TERMINATED
DURING CURRENT YEAR**

Detail Eliminated to Conserve Space

** Column 26 through ~~31~~32 will be electronic only. **

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Column 31 – CDHS Identifier

Provide a unique identifier for each Clearly Defined Hedging Strategy (CDHS) applying the provisions of SSAP No. 108 reported on this schedule (e.g., 001, 002, etc.). This identifier will also be used for reporting of the CDHS in Column 1 of Schedule DB, Part E.

This column should only be used for the following line numbers:

Purchased Options	Lines 0089999999 through 0139999999
Written Options	Lines 0579999999 through 0629999999
Swaps	Lines 1059999999 through 1099999999
Forwards	Line 1429999999

Column 32 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

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3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART B – SECTION 1**FUTURES CONTRACTS OPEN
DECEMBER 31 OF CURRENT YEAR**


Detail Eliminated to Conserve Space


** Columns 23 through ~~30~~31 will be electronic only. **


Detail Eliminated to Conserve Space


Column 30 – CDHS Identifier

Provide a unique identifier for each Clearly Defined Hedging Strategy (CDHS) applying the provisions of SSAP No. 108 reported on this schedule (e.g., 001, 002, etc.). This identifier will also be used for reporting of the CDHS in Column 1 of Schedule DB, Part E.

This column should only be used for the following line numbers:

Long Futures	Line 1529999999
Short Futures	Line 1599999999

Column 31 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART B – SECTION 2**FUTURES CONTRACTS TERMINATED
DURING CURRENT YEAR**


Detail Eliminated to Conserve Space


** Column 21 through ~~26-27~~ will be electronic only. **


Detail Eliminated to Conserve Space


Column 26 – CDHS Identifier

Provide a unique identifier for each Clearly Defined Hedging Strategy (CDHS) applying the provisions of SSAP No. 108 reported on this schedule (e.g., 001, 002, etc.). This identifier will also be used for reporting of the CDHS in Column 1 of Schedule DB, Part E.

This column should only be used for the following line numbers:

Long Futures	Line 1529999999
Short Futures	Line 1599999999

Column 27 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

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2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART D – SECTION 1**COUNTERPARTY EXPOSURE FOR DERIVATIVE INSTRUMENTS OPEN
DECEMBER 31 OF CURRENT YEAR**

**** Columns 14 and 15 will be electronic only. ****

Column 14 – Legal Entity Identifier (LEI)

Provide the 20-character Legal Entity Identifier (LEI) for any counterparty as assigned by a designated Local Operating Unit. If no LEI number has been assigned, leave blank.

Column 15 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART D – SECTION 2**COLLATERAL FOR DERIVATIVE INSTRUMENTS OPEN
DECEMBER 31 OF CURRENT YEAR**



Detail Eliminated to Conserve Space



**** Columns 10 and 11 will be electronic only. ****

Column 10 – Legal Entity Identifier (LEI)

Provide the 20-character Legal Entity Identifier (LEI) for counterparty as assigned by a designated Local Operating Unit. If no LEI number has been assigned, leave blank.

Column 11 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART E**DERIVATIVES HEDGING VARIABLE ANNUITY GUARANTEES AS OF DECEMBER 31 OF CURRENT YEAR**

(This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108.)

See *SSAP No. 108—Derivatives Hedging Variable Annuities Guarantees* for additional accounting guidance.

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Column 19 – Ending Deferred Balance

Specific CDHS Deferred Liability (Asset) balance at end of current reporting period.

**** Column 20 will be electronic only. ****

Column 20 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

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2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
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4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART C – SECTION 1**REPLICATION (SYNTHETIC ASSET) TRANSACTIONS (RSATs) OPEN
ON DECEMBER 31 OF CURRENT YEAR****Detail Eliminated to Conserve Space**

Column 16 – Fair Value of Cash Instrument(s) Held

Enter the fair value of cash instrument(s) used in the RSAT.

**** Column 17 will be electronic only. ****

Column 17 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

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2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
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4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

QUARTERLY STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, HEALTH, PROPERTY AND TITLE

SCHEDULE BA – PART 2

OTHER LONG-TERM INVESTED ASSETS ACQUIRED
AND ADDITIONS MADE DURING THE CURRENT QUARTER

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** Columns 14 through 17-18 will be electronic only. **

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Column 17 – Maturity Date

Use only for securities included in the following subtotal lines.

Non-Registered Private Funds with Underlying Assets Having Characteristics of:

Mortgage Loans

Unaffiliated.....	1199999
Affiliated.....	1299999

State the date the mortgage loan matures.

Column 18 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

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2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE BA – PART 3

**OTHER LONG-TERM INVESTED ASSETS DISPOSED, TRANSFERRED OR REPAID
DURING THE CURRENT QUARTER**

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** Columns 21 through 24-25 will be electronic only. **

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Detail Eliminated to Conserve Space
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Column 24 – Maturity Date

Use only for securities included in the following subtotal lines.

Non-Registered Private Funds with Underlying Assets Having Characteristics of:

Mortgage Loans

Unaffiliated..... 1199999

Affiliated..... 1299999

State the date the mortgage loan matures.

Column 25 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

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3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.


SCHEDULE D – PART 3**LONG-TERM BONDS AND STOCKS ACQUIRED DURING THE CURRENT QUARTER**



Detail Eliminated to Conserve Space



** Columns 11 through ~~15~~16 will be electronic only. **



Detail Eliminated to Conserve Space



Column 15 – ISIN Identification

The International Securities Identification Numbering (ISIN) system is an international standard set up by the International Organization for Standardization (ISO). It is used for numbering specific securities, such as stocks, bonds, options and futures. ISIN numbers are administered by a National Numbering Agency (NNA) in each of their respective countries, and they work just like serial numbers for those securities. Record the ISIN number only if no valid CUSIP, CINS or PPN exists to report in Column 1.

Column 16 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.



SCHEDULE D – PART 4**LONG-TERM BONDS AND STOCKS SOLD, REDEEMED OR OTHERWISE
DISPOSED OF DURING THE CURRENT QUARTER**




Detail Eliminated to Conserve Space



** Columns 23 through ~~27~~28 will be electronic only. **



Detail Eliminated to Conserve Space



Column 27 – ISIN Identification

The International Securities Identification Numbering (ISIN) system is an international standard set up by the International Organization for Standardization (ISO). It is used for numbering specific securities, such as stocks, bonds, options and futures. ISIN numbers are administered by a National Numbering Agency (NNA) in each of their respective countries, and they work just like serial numbers for those securities. Record the ISIN number only if no valid CUSIP, CINS or PPN exists to report in Column 1.

Column 28 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DL – PART 1**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date
 (Securities lending collateral assets reported in aggregate on Line 10 of the asset page
 and not included on Schedules A, B, BA, D, DB and E.)

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 Detail Eliminated to Conserve Space
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** Columns 8 and through 9-10 will be electronic only. **

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Column 10 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

The code reported for this column should be determined in a manner consistent with the instructions of other schedules for the lines shown below:

<u>Lines 001999999 through 250999999</u>	<u>Schedule D, Part 1, Column 35</u>
<u>Lines 401999999 through 450999999</u>	<u>Schedule D, Part 2, Section 1, Column 28</u>
<u>Lines 501999999 through 598999999</u>	<u>Schedule D, Part 2, Section 2, Column 25</u>
<u>Line 930999999</u>	<u>Schedule B, Part 1, Column 20</u>
<u>Line 940999999</u>	<u>Schedule BA, Part 1, Column 27</u>
<u>Line 950999999</u>	<u>Schedule DA, Part 1, Column 23</u>
<u>Line 970999999</u>	<u>Schedule E, Part 2, Column 12</u>

The column should be left blank for the following lines:

<u>Real Estate (Schedule A type)</u>	<u>9209999999</u>
<u>Cash (Schedule E, Part 1 type).....</u>	<u>9609999999</u>
<u>Other Assets.....</u>	<u>9809999999</u>

General Interrogatories:

1. The total activity for the year to date represents the net increase (decrease) from the prior year-end to the current statement date.
2. The average balance for the year to date is the average daily balance.

Average daily balance: Total of daily balances divided by the number of days that have passed in the year as of the reporting date. If data is missing for a given date (e.g., weekend, holiday), count the previous day's value multiple times. The actual day count for the year to date would serve as the denominator in the average calculation.

SCHEDULE DL – PART 2**SECURITIES LENDING COLLATERAL ASSETS**

Reinvested Collateral Assets Owned Current Statement Date
 (Securities lending collateral assets included on Schedules A, B, BA, D, DB and E
 and not reported in aggregate on Line 10 of the asset page.)

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 Detail Eliminated to Conserve Space
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** Columns 8 and through 9-10 will be electronic only. **

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 Detail Eliminated to Conserve Space
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Column 10 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

The code reported for this column should be same for the security as reported in other schedules for the lines shown below:

<u>Lines 001999999 through 250999999</u>	<u>Schedule D, Part 1, Column 35</u>
<u>Lines 401999999 through 450999999</u>	<u>Schedule D, Part 2, Section 1, Column 28</u>
<u>Lines 501999999 through 598999999</u>	<u>Schedule D, Part 2, Section 2, Column 25</u>
<u>Line 930999999</u>	<u>Schedule B, Part 1, Column 20</u>
<u>Line 940999999</u>	<u>Schedule BA, Part 1, Column 27</u>
<u>Line 950999999</u>	<u>Schedule DA, Part 1, Column 23</u>
<u>Line 970999999</u>	<u>Schedule E, Part 2, Column 12</u>

The column should be left blank for the following lines:

<u>Real Estate (Schedule A)</u>	<u>9209999999</u>
<u>Cash (Schedule E, Part 1)</u>	<u>9609999999</u>
<u>Other Assets</u>	<u>9809999999</u>

General Interrogatories:

1. The total activity for the year to date represents the net increase (decrease) from the prior year-end to the current statement date.
2. The average balance for the year to date is the average daily balance.

Average daily balance: Total of daily balances divided by the number of days that have passed in the year as of the reporting date. If data is missing for a given date (e.g., weekend, holiday), count the previous day's value multiple times. The actual day count for the year to date would serve as the denominator in the average calculation.

SCHEDULE E – PART 2 – CASH EQUIVALENTS

INVESTMENTS OWNED END OF CURRENT QUARTER

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**** Columns 10 and 11 will be electronic only. ****

Column 10 – Legal Entity Identifier (LEI)

Provide the 20-character Legal Entity Identifier (LEI) for any issuer as assigned by a designated Local Operating Unit. If no LEI number has been assigned, leave blank.

Column 11 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE B – PART 2**MORTGAGE LOANS ACQUIRED AND ADDITONS MADE DURING THE CURRENT QUARTER**

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Column 4 – Loan Type

If the loan was made to an officer or director of the reporting entity/subsidiary/affiliate, enter “E.” If the loan was made directly to a subsidiary or affiliate, enter “S.” If the loan was made directly to a related party that doesn’t meet the affiliate definition or the reporting entity has received domiciliary state approval to disclaim control/affiliation, enter “R.” Otherwise, leave the column blank.

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**** Columns 10 through 13-14 will be electronic only. ****

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Column 13 – Maturity Date

State the date the mortgage loan matures.

Column 14 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE B – PART 3**MORTGAGE LOANS DISPOSED, TRANSFERRED OR REPAID DURING THE CURRENT QUARTER****Detail Eliminated to Conserve Space**

Column 4 – Loan Type

If the loan was made to an officer or director of the reporting entity/subsidiary/affiliate, enter “E.” If the loan was made directly to a subsidiary or affiliate, enter “S.” If the loan was made directly to a related party that doesn’t meet the affiliate definition or the reporting entity has received domiciliary state approval to disclaim control/affiliation, enter “R.” Otherwise, leave the column blank.

Detail Eliminated to Conserve Space

** Columns 19 through 22-23 will be electronic only. **

Detail Eliminated to Conserve Space

Column 22 – Maturity Date

State the date the mortgage loan matures.

Column 23 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART A – SECTION 1**OPTIONS, CAPS, FLOORS, COLLARS, SWAPS AND FORWARDS OPEN**

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**** Columns 24 through ~~32~~33 will be electronic only. ****

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Column 32 – CDHS Identifier

Provide a unique identifier for each Clearly Defined Hedging Strategy (CDHS) reported on this schedule (e.g., 001, 002, etc.). This identifier will also be used for reporting of the CDHS in Column 1 of Schedule DB, Part E.

This column should only be used for the following line numbers:

Purchased Options	Lines 0089999999 through 0139999999
Written Options	Lines 0579999999 through 0629999999
Swaps	Lines 1059999999 through 1099999999
Forwards	Lines 1429999999

Column 33 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART B – SECTION 1**FUTURES CONTRACTS OPEN**

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** Column 23 through ~~28-29~~ will be electronic only. **

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Column 28 – CDHS Identifier

Provide a unique identifier for each Clearly Defined Hedging Strategy (CDHS) reported on this schedule (e.g., 001, 002, etc.). This identifier will also be used for reporting of the CDHS in Column 1 of Schedule DB, Part E.

This column should only be used for the following line numbers:

Long Futures	Line 1529999999
Short Futures	Line 1599999999

Column 29 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART D – SECTION 1**COUNTERPARTY EXPOSURE FOR DERIVATIVE INSTRUMENTS OPEN
AS OF CURRENT STATEMENT DATE**



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**** Columns 14 and 15 will be electronic only. ****

Column 14 – Legal Entity Identifier (LEI)

Provide the 20-character Legal Entity Identifier (LEI) for counterparty as assigned by a designated Local Operating Unit. If no LEI number has been assigned, leave blank.

Column 15 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART D – SECTION 2**COLLATERAL FOR DERIVATIVE INSTRUMENTS OPEN
AS OF CURRENT STATEMENT DATE**



Detail Eliminated to Conserve Space



**** Columns 10 and 11 will be electronic only.****

Column 10 – Legal Entity Identifier (LEI)

Provide the 20-character Legal Entity Identifier (LEI) for counterparty as assigned by a designated Local Operating Unit. If no LEI number has been assigned, leave blank.

Column 11 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART E**DERIVATIVES HEDGING VARIABLE ANNUITY GUARANTEES AS OF CURRENT QUARTER**

This schedule is specific for the derivatives and the hedging programs captured in SSAP No. 108.

See *SSAP No. 108—Derivatives Hedging Variable Annuities Guarantees* for additional accounting guidance.

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Column 19 – Ending Deferred Balance

Specific CDHS Deferred Liability (Asset) balance at end of current reporting period.

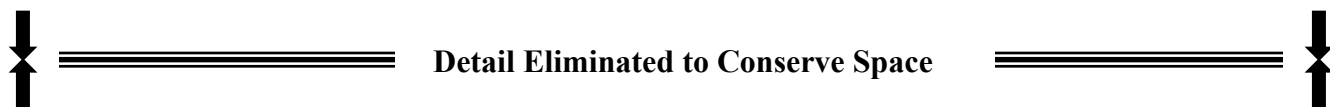
**** Column 20 will be electronic only.****

Column 20 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

SCHEDULE DB – PART C – SECTION 1**REPLICATION (SYNTHETIC ASSET) TRANSACTIONS (RSATs) OPEN AT CURRENT STATEMENT DATE**

Column 16 – Fair Value of Cash Instrument(s) Held

Enter the fair value of cash instrument(s) used in the RSAT.

**** Column 17 will be electronic only.****

Column 17 – Investments Involving Related Parties

Required for all investments involving related parties including, but not limited to, those captured as affiliate investments. This disclosure intends to capture information on investments held that reflect interactions involving related parties, regardless of whether the related party meets the affiliate definition, or the reporting entity has received domiciliary state approval to disclaim control/affiliation.

Enter one of the following codes to identify the role of the related party in the investment.

1. Direct loan or direct investment (excluding securitizations) in a related party, for which the related party represents a direct credit exposure.
2. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer, or other similar influential role and for which 50% or more of the underlying collateral represents investments in or direct credit exposure to related parties.
3. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies involving a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role and for which less than 50% (including 0%) of the underlying collateral represents investments in or direct credit exposure to related parties.
4. Securitization or similar investment vehicles such as mutual funds, limited partnerships and limited liability companies in which the structure reflects an in-substance related party transaction but does not involve a relationship with a related party as sponsor, originator, manager, servicer or other similar influential role.
5. The investment is identified as related party, but the role of the related party represents a different arrangement than the options provided in choices 1-4.
6. The investment does not involve a related party.

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>12/17/2021</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Dale Bruggeman</u></p> <p>TITLE: <u>Chair SAPWG</u></p> <p>AFFILIATION: <u>Ohio Department of Insurance</u></p> <p>ADDRESS: <u>50W. Town St., 3rd Fl., Ste. 300</u> <u>Columbus, OH 43215</u></p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2022-01BWG</u></p> <p>Year <u>2022</u></p> <p>Changes to Existing Reporting <input checked="" type="checkbox"/> [X]</p> <p>New Reporting Requirement <input type="checkbox"/> []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact <input checked="" type="checkbox"/> [X]</p> <p>Modifies Required Disclosure <input type="checkbox"/> []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p><input type="checkbox"/> [] Rejected For Public Comment</p> <p><input type="checkbox"/> [] Referred To Another NAIC Group</p> <p><input checked="" type="checkbox"/> [X] Received For Public Comment</p> <p><input type="checkbox"/> [] Adopted Date _____</p> <p><input type="checkbox"/> [] Rejected Date _____</p> <p><input type="checkbox"/> [] Deferred Date _____</p> <p><input type="checkbox"/> [] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> [X] ANNUAL STATEMENT | <input checked="" type="checkbox"/> [X] INSTRUCTIONS | <input type="checkbox"/> [] CROSSCHECKS |
| <input type="checkbox"/> [] QUARTERLY STATEMENT | <input checked="" type="checkbox"/> [X] BLANK | |
| <input checked="" type="checkbox"/> [X] Life, Accident & Health/Fraternal | <input type="checkbox"/> [] Separate Accounts | <input checked="" type="checkbox"/> [X] Title |
| <input checked="" type="checkbox"/> [X] Property/Casualty | <input type="checkbox"/> [] Protected Cell | <input type="checkbox"/> [] Other _____ |
| <input checked="" type="checkbox"/> [X] Health | <input type="checkbox"/> [] Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Add new questions to General Interrogatories Part 1 on whether the reporting entity accepts cryptocurrency for payment of premiums, which cryptocurrencies are accepted and whether they are held for investment or immediately converted to U.S. dollars.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

Per the Statutory Accounting Principles (E) Working Group's (SAPWG) related agenda item (Ref 2021-24), the proposal adds a new general interrogatory to get some additional information on the when cryptocurrencies are directly held or permitted for the remittance of premiums, and to better understand if and how cryptocurrencies are being utilized by insurance companies.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

Revised 7/18/2018

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, HEALTH, PROPERTY AND TITLE

GENERAL INTERROGATORIESPART 1 – COMMON INTERROGATORIESGENERAL

- 1.2 N/A is an acceptable response only if Interrogatory 1.1 was answered NO.

=====**Detail Eliminated to Conserve Space**=====

INVESTMENT

25. For the purposes of this interrogatory, “exclusive control” means that the company has the exclusive right to dispose of the investment at will, without the necessity of making a substitution thereof. For purposes of this interrogatory, securities in transit and awaiting collection, held by a custodian pursuant to a custody arrangement or securities issued subject to a book entry system are considered to be in actual possession of the company.

If bonds, stocks and other securities owned December 31 of the current year, over which the company has exclusive control are: (1) securities purchased for delayed settlement, or (2) loaned to others, the company should respond “NO” to 25.01 and “YES” to 26.1.

=====**Detail Eliminated to Conserve Space**=====

33. This interrogatory applies to any investment required to be filed with the SVO (or that would have been required if not exempted in the *Purposes and Procedures Manual of the NAIC Investment Analysis Office*), whether in the general account or separate accounts.

The existence of Z securities does not mean that a reporting entity is not complying with the procedures. As long as the entity has filed its Z securities with the SVO within 120 days of purchase, compliance with the procedures has been met. If an entity wishes to provide the counts of Z securities, include those counts in the explanation lines. An explanation is only expected if the answer to the compliance question is NO.

38.1 Answer “YES” if the company directly owns cryptocurrencies. Answer “NO” if the company does not directly own cryptocurrencies or only holds cryptocurrencies indirectly through funds (ETFs, Mutual Funds, etc.) *INT 21-01: Accounting for Cryptocurrencies* established that directly held cryptocurrencies do not meet the definition of cash or an admitted asset and are therefore considered to be a nonadmitted asset for statutory accounting.

38.2 If the answer to 38.1 is “YES”, specify on which schedule they are reported. (e.g., Schedule BA, etc.)

39.2 If the answer to 39.1 is “YES”, indicate if it is the policy of the reporting entity to directly hold cryptocurrency accepted as payment for premiums or immediately convert to U.S. dollars. Select “YES” for both questions if some cryptocurrencies are held directly and others are immediately converted to U.S. dollars.

39.21 Answer “YES” if it is the policy of the reporting entity to directly hold cryptocurrency that was accepted as payment for premiums.

39.22 Answer “YES” if it is the policy of the reporting entity to immediately convert cryptocurrency accepted as payment for premiums to U.S. dollars.

39.3 If the answer to 38.1 or 39.1 is “YES”, complete Columns 1 through 3 for each cryptocurrency accepted for payments of premiums or held directly.

Name of Cryptocurrency:

Provide the name of each cryptocurrency accepted for payments of premiums or held directly.

Immediately Converted to USD, Directly Held, or Both:

For each cryptocurrency listed, provide one of the following responses:

- Immediately converted to USD
- Directly held.
- Both.

Accepted for Payment of Premiums:

If the cryptocurrencies are accepted for the payment of premiums provide the response of “YES” in the column otherwise the response in the column should be “NO”.

OTHER

3840. The purpose of this General Interrogatory is to capture information about payments to any trade association, service organization, and statistical or rating bureau. A “service organization” is defined as every person, partnership, association or corporation that formulates rules, establishes standards, or assists in the making of rates or standards for the information or benefit of insurers or rating organizations.

3941. The purpose of this General Interrogatory is to capture information about legal expenses paid during the year. These expenses include all fees or retainers for legal services or expenses, including those in connection with matters before administrative or legislative bodies. It excludes salaries and expenses of company personnel, legal expenses in connection with investigation, litigation and settlement of policy claims, and legal fees associated with real estate transactions, including mortgage loans on real estate. Do not include amounts reported in General Interrogatories No. ~~3840~~ and No. ~~4042~~.

4042. The purpose of this General Interrogatory is to capture information about expenditures in connection with matters before legislative bodies, officers or departments of government paid during the year. These expenses are related to general legislative lobbying and direct lobbying of pending and proposed statutes or regulations before legislative bodies and/or officers or departments of government. Do not include amounts reported in General Interrogatories No. ~~3840~~ and No. ~~3941~~.

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL, HEALTH, PROPERTY AND TITLE

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

GENERAL



Detail Eliminated to Conserve Space

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [] No []



Detail Eliminated to Conserve Space

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A []

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No []

38.2 If the response to 38.1 is yes, on what schedule are they reported?

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No []

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly Yes [] No []

39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

<u>1</u> Name of Cryptocurrency	<u>2</u> Immediately Converted to USD, Directly Held, or Both	<u>3</u> Accepted for Payment of Premiums

GENERAL INTERROGATORIES

OTHER

- 3840.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ _____
- 3840.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

- 3941.1 Amount of payments for legal expenses, if any? \$ _____
- 3941.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

- 4042.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? \$ _____
- 4042.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$
	\$
	\$
	\$

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NAIC BLANKS (E) WORKING GROUP

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<p style="text-align: right;">DATE: <u>12/17/2021</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Dale Bruggeman</u></p> <p>TITLE: <u>Chair SAPWG</u></p> <p>AFFILIATION: <u>Ohio Department of Insurance</u></p> <p>ADDRESS: <u>50W. Town St., 3rd Fl., Ste. 300</u> <u>Columbus, OH 43215</u></p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2022-02BWG MOD</u></p> <p>Year <u>2022</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[X] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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|---|---|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input checked="" type="checkbox"/> Title |
| <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Add four new electronic only columns to Schedule D, Part 6, Section 1 for Prior Year Book/Adjusted Carrying Value (Column 16), Prior Year Nonadmitted Amount (Column 17), Prior Year Sub-2 Verified Value (Column 18) and Prior Year VISION Filing Number (Column 19).

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

Per the Statutory Accounting Principles (E) Working Group's (SAPWG) related agenda item (Ref 2021-22), the addition of these electronic only columns will help regulators 1) ensure Sub-1 and Sub-2 filings are being submitted by reporting entities, and 2) identify situations where the NAIC approved value varies significantly from the value reported on Schedule D, Part 6, Section 1.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, HEALTH, PROPERTY AND TITLE

SCHEDULE D – PART 6 – SECTION 1**VALUATION OF SHARES OF SUBSIDIARY, CONTROLLED OR AFFILIATED COMPANIES**

If a reporting entity has any common stock or preferred stock reported for any of the following required categories or subcategories, it shall report the subtotal amount of the corresponding category or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total or grand total line and number:

↓ **====** **Detail Eliminated to Conserve Space** **====** ↓

** Column 12 through ~~45~~19 will be electronic only. **

Column 12 – Legal Entity Identifier (LEI)

Provide the 20-character Legal Entity Identifier (LEI) for any issuer as assigned by a designated Local Operating Unit. If no LEI number has been assigned, leave blank.

↓ **====** **Detail Eliminated to Conserve Space** **====** ↓

Column 15 – ISIN Identification

The International Securities Identification Numbering (ISIN) system is an international standard set up by the International Organization for Standardization (ISO). It is used for numbering specific securities, such as stocks, bonds, options and futures. ISIN numbers are administered by a National Numbering Agency (NNA) in each of their respective countries, and they work just like serial numbers for those securities. Record the ISIN number only if no valid CUSIP, CINS or PPN exists to report in Column 1.

Column 16 – Prior Year Book/Adjusted Carrying Value

This should equal the Book/Adjusted Carrying Value (Column 7) amount reported in the prior year annual statement for each specific security.

Column 17 – Prior Year Nonadmitted Amount

This should equal the Nonadmitted Amount (Column 9) amount, if any, reported in the prior year annual statement for each specific security. ~~Provide the amount nonadmitted, if any, included in Column 10 of the prior year Annual Statement.~~

Column 18 – Prior Year Sub-2 Verified Value

If per SSAP No. 97 or by direction of the domiciliary regulator, the SCA is required to be filed with the NAIC, provide the prior year's Sub-2 "Total Value Claimed."

Column 19 – Prior Year VISION Filing Number

If per SSAP No. 97 or by direction of the domiciliary regulator, the SCA is required to be filed with the NAIC, provide the prior year NAIC VISION filing number.

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NAIC BLANKS (E) WORKING GROUP

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<p style="text-align: right;">DATE: <u>01/19/2022</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Mary Caswell and Calvin Ferguson</u></p> <p>TITLE: _____</p> <p>AFFILIATION: <u>NAIC</u></p> <p>ADDRESS: _____</p>	<p style="text-align: center;"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # <u>2022-03BWG</u></p> <p>Year <u>2023</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;"><u>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</u></p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;"><u>DISPOSITION</u></p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[X] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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| <input type="checkbox"/> ANNUAL STATEMENT | <input type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input checked="" type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: 1st Quarter 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Split Line 5 of the Quarterly Part 1 – Loss Experience and Part 2 – Direct Premiums Written into Line 5.1 – Commercial multiple peril (non-liability portion) and Line 5.2 – Commercial multiple peril (liability portion).

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this proposal is to fix the reporting of Line 5 to be reported as Line 5.1 – Commercial multiple peril (non-liability portion) and Line 5.2 – Commercial multiple peril (liability portion) on the Quarterly Part 1 and Part 2 to be consistent with the annual reporting. This change was missed on proposal 2020-33BWG.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

QUARTERLY STATEMENT BLANK – PROPERTY

PART 1 – LOSS EXPERIENCE and PART 2 – DIRECT PREMIUMS WRITTEN

Line of Business	
1.	Fire
2.1	Allied lines
2.2	Multiple peril crop.....
2.3	Federal flood
2.4	Private crop
2.5	Private flood
3.	Farmowners multiple peril
4.	Homeowners multiple peril
5.1	Commercial multiple peril (non-liability portion).....
5.2	Commercial multiple peril (liability portion).....
6.	Mortgage guaranty
8.	Ocean marine.....
9.	Inland marine.....
10.	Financial guaranty
11.1.	Medical professional liability -occurrence.....
11.2.	Medical professional liability -claims made
12.	Earthquake.....
13.1	Comprehensive (hospital and medical) individual.....
13.2	Comprehensive (hospital and medical) group.....
14.	Credit accident and health
15.1	Vision only
15.2	Dental only
15.3	Disability income
15.4	Medicare supplement
15.5	Medicaid Title XIX.....
15.6	Medicare Title XVIII
15.7	Long-term care
15.8	Federal employees health benefits plan
15.9	Other health
16.	Workers' compensation
17.1.	Other liability occurrence
17.2.	Other liability-claims made
17.3.	Excess Workers' Compensation.....
18.1.	Products liability-occurrence.....
18.2.	Products liability-claims made
19.1	Private passenger auto no-fault (personal injury protection).....
19.2	Other private passenger auto liability.....
19.3	Commercial auto no-fault (personal injury protection).....
19.4	Other commercial auto liability.....
21.1	Private passenger auto physical damage
21.2	Commercial auto physical damage
22.	Aircraft (all perils).....
23.	Fidelity
24.	Surety
26.	Burglary and theft.....
27.	Boiler and machinery
28.	Credit
29.	International
30.	Warranty.....
31.	Reinsurance-Nonproportional Assumed Property
32.	Reinsurance-Nonproportional Assumed Liability
33.	Reinsurance-Nonproportional Assumed Financial Lines.....
34.	Aggregate write-ins for other lines of business
35.	TOTALS
DETAILS OF WRITE-INS	
3401.	.....
3402.	.....
3403.	.....
3498.	Sum. of remaining write-ins for Line 34 from overflow page
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)

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NAIC BLANKS (E) WORKING GROUP

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<p style="text-align: right;">DATE: <u>02/01/2022</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Patricia Gosselin</u></p> <p>TITLE: _____</p> <p>AFFILIATION: <u>New Hampshire Insurance Department</u></p> <p>ADDRESS: <u>215 S. Fruit St., Ste. 14</u> <u>Concord, NH 03301</u></p>	<p style="text-align: center;"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # <u>2022-04BWG</u> Year <u>2023</u> Changes to Existing Reporting [X] New Reporting Requirement []</p> <p style="text-align: center;"><u>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</u></p> <p>No Impact [X] Modifies Required Disclosure []</p> <p style="text-align: center;"><u>DISPOSITION</u></p> <p>[] Rejected For Public Comment [] Referred To Another NAIC Group [X] Received For Public Comment [] Adopted Date _____ [] Rejected Date _____ [] Deferred Date _____ [] Other (Specify) _____</p>
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| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Add a new supplement to capture premium and loss data for Annual Statement Lines 17.1, 17.2 & 17.3 of the Exhibit of Premiums and Losses (State Page) – Other Liability by more granular lines of business.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this proposal is to provide regulators more granular detail of the premium and losses of the diverse lines of business reported on Annual Statement Lines 17.1, 17.2 & 17.3 of the Exhibit of Premiums and Losses (State Page).

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

Exhibit of Other Liabilities by Lines of Business
As Reported on Line 17 of The Exhibit of Premiums and Losses

All reporting entities reporting “Other Liability” on Line 17 of the Exhibit of Premiums and Losses must prepare this exhibit. The exhibit is to be prepared and filed by all reporting entities no later than March 1 of each year.

The purpose of the Exhibit of Other Liabilities by Lines of Business is to provide more information on the diverse lines of business filed on Annual Statement Line 17. The exhibit should be reported on a direct basis (before assumed and ceded reinsurance).

Column 1 – Prior Year Written Premium

Line 12 should equal Exhibit of Premiums and Losses Grand Total Page Column 1, Line 17.1 + Line 17.2 + Line 17.3 from the prior year annual statement.

Column 2 – Current Year Written Premium

Line 12 should equal Exhibit of Premiums and Losses Grand Total Page Column 1, Line 17.1 + Line 17.2 + Line 17.3 from the current year annual statement.

Column 3 – Current Year Losses Paid (Deducting Salvage)

Line 12 should equal Exhibit of Premiums and Losses Grand Total Page Column 5, Line 17.1 + Line 17.2 + Line 17.3 from the current year annual statement.

Column 4 – Current Year Losses Unpaid (Case Base)

Line 12 should equal Underwriting and Investment Exhibit, Part 2A Column 1, Line 17.1 + Line 17.2 + Line 17.3 from the current year annual statement.

Line 1 – Completed Operations

For definitions of lines of business, see the appendix of these instructions.

Line 2 – Errors & Omissions (E&O)

Include: Errors and Omissions Liability Professional Liability Other Than Medical

Professional Errors and Omissions Liability

Fiduciary Liability

For definitions of lines of business, see the appendix of these instructions.

Line 3 – Directors & Officers (D&O)

For definitions of lines of business, see the appendix of these instructions.

Line 4 – Environmental Liability

Include: Environmental Pollution Liability

Nuclear Energy Liability

For definitions of lines of business, see the appendix of these instructions.

Line 5 – Excess Workers' Compensation

For definitions of lines of business, see the appendix of these instructions.

Column 1 should equal Exhibit of Premiums and Losses Grand Total Page Column 1, Line 17. 3 from the prior year annual statement.

Column 2 should equal Exhibit of Premiums and Losses Grand Total Page Column 1, Line 17. 3 from the current year annual statement.

Column 3 should equal Exhibit of Premiums and Losses Grand Total Page Column 5, Line 17. 3 from the current year annual statement.

Column 4 should equal Underwriting and Investment Exhibit, Part 2A Column 1, Line 17. 3 from the current year annual statement.

Line 6 – Commercial Excess & Umbrella

Include: Commercial portion of excess and umbrella liability

Exclude: Personal umbrella liability reported on Line 7

For definitions of lines of business, see the appendix of these instructions.

Line 7 – Personal Umbrella

Include: Personal umbrella liability

Exclude: Commercial portion of excess and umbrella liability reported on Line 6

For definitions of lines of business, see the appendix of these instructions.

Line 8 – Employment Liability

Include: Contingent Liability

Employee Benefit Liability

Employers' Liability

Employment Practices Liability

For definitions of lines of business, see the appendix of these instructions.

Line 9 – Aggregate Write-ins for Facilities & Premises (CGL)

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 9 for Facilities & Premises (CGL).

Line 10 – Internet & Cyber

Include: Internet Liability
Cyber Liability

For definitions of lines of business, see the appendix of these instructions.

Line 11 – Aggregate Write-ins for Other

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 11 for Other.

Line 12 – Total

Should equal the sum of Lines 1 through 11.

Details of Write-ins Aggregated at Line 9 for Facilities & Premises (CGL)

List separately each category of Facilities & Premises (CGL).

Include: Construction and Alteration Liability
Contractual Liability
Elevators and Escalators Liability
Liquor Liability
Personal Injury Liability
Premises and Operations Liability
Commercial General Liability (CGL)
Comprehensive Personal Liability
Day Care Centers
Fire Legal Liability
Municipal Liability
Veterinarian

For definitions of lines of business, see the appendix of these instructions.

If the total of Line 9 is less than 10% of the total reported on Line 12 then the aggregate amount can be reported as a lump sum. The description used should be “Aggregate of facilities & premises (CGL) lines of business less than 10% of category”.

If the total of Line 9 is 10% or greater of the total reported on Line 12 then each line of business (shown above) that is 10% or greater of the total reported on Line 9 should be listed separately. The description used should be one of the lines of business shown above.

All lines of business less than 10% of the total reported on Line 9 can be reported as a lump sum. The description used should be “Aggregate of facilities & premises (CGL) lines of business less than 10% of category”.

Example 1:

	Amount	Percent
<u>Current Year Direct Written Premium</u>		
<u>Total Line 12</u>	<u>\$1,000,000</u>	
<u>Total Line 9</u>	<u>\$400,000</u>	<u>40.00%</u>
<u>10% of Line 12</u>	<u>\$100,000</u>	
<u>10% of Line 9</u>	<u>\$40,000</u>	
<u>Lines of Business in Line 9</u>		
<u>Commercial General Liability</u>	<u>\$250,000</u>	<u>62.50%</u>
<u>Personal Injury Liability</u>	<u>\$100,000</u>	<u>25.00%</u>
<u>Municipal Liability</u>	<u>\$25,000</u>	<u>6.25%</u>
<u>Day Care Centers</u>	<u>\$15,000</u>	<u>3.75%</u>
<u>Elevators and Escalators Liability</u>	<u>\$10,000</u>	<u>2.50%</u>
<u>Total</u>	<u>\$400,000</u>	<u>100.0%</u>

In this example the total reported on Line 9 is \$400,000 and is 10% or greater of the total reported on Line 12 passing the initial threshold of reporting detail of the lines of business reported on Line 9.

The detail of the lines of business reported on Line 9 shows five lines of business reported on the line. Two of those lines (Commercial General Liability and Personal Injury Liability) are 10% or greater of the total reported on Line 9 and three of those lines of business (Municipal Liability, Day Care Centers and Elevators and Escalators Liability) are less than 10% of the total reported on Line 9.

Commercial General Liability and Personal Injury Liability pass the threshold for reporting as a separate item in the aggregate write-ins and would be reported individually and not aggregated with any other lines of business.

Municipal Liability, Day Care Centers and Elevators and Escalators Liability do not pass the threshold for reporting as a separate item in the aggregate write-ins and would be aggregated together with the line description "Aggregate of facilities & premises (CGL) lines of business less than 10% of category".

Example 2:

	Amount	Percent
<u>Current Year Direct Written Premium</u>		
<u>Total Line 12</u>	<u>\$5,000,000</u>	
<u>Total Line 9</u>	<u>\$400,000</u>	<u>8.00%</u>
<u>10% of Line 12</u>	<u>\$500,000</u>	
<u>10% of Line 9</u>	<u>\$40,000</u>	
<u>Lines of Business in Line 9</u>		
<u>Commercial General Liability</u>	<u>\$250,000</u>	<u>62.50%</u>
<u>Personal Injury Liability</u>	<u>\$100,000</u>	<u>25.00%</u>
<u>Municipal Liability</u>	<u>\$25,000</u>	<u>6.25%</u>
<u>Day Care Centers</u>	<u>\$15,000</u>	<u>3.75%</u>
<u>Elevators and Escalators Liability</u>	<u>\$10,000</u>	<u>2.50%</u>
<u>Total</u>	<u>\$400,000</u>	<u>100.0%</u>

In this example the total reported on Line 9 is \$400,000 and is less than 10% of the total reported on Line 12 failing the initial threshold of reporting detail of the lines of business reported on Line 9.

All the lines of business reported on Line 9 would aggregated together and reported in the write-ins with the line description “Aggregate of facilities & premises (CGL) lines of business less than 10% of category”.

Details of Write-ins Aggregated at Line 11 for Other

List separately each category of other not included in Lines 1 through 10 for which there is no pre-printed line.

For definitions of lines of business, see the appendix of these instructions.

If the total of Line 11 is less than 10% of the total reported on Line 12 then the aggregate amount can be reported as a lump sum. The description used should be “Aggregate of other lines of business less than 10% of category”.

If the total of Line 11 is 10% or greater of the total reported on Line 12 then each line of business that is 10% or greater of the total reported on Line 11 should be listed separately.

All lines of business less than 10% of the total reported on Line 11 can be reported as a lump sum. The description used should be “Aggregate of other lines of business less than 10% of category”.

Example 1:

	<u>Amount</u>	<u>Percent</u>
<u>Current Year Direct Written Premium</u>		
<u>Total Line 12</u>	<u>\$1,000,000</u>	
<u>Total Line 11</u>	<u>\$100,000</u>	<u>10.00%</u>
<u>10% of Line 12</u>	<u>\$100,000</u>	
<u>10% of Line 11</u>	<u>\$10,000</u>	
<u>Lines of Business in Line 11</u>		
<u>Other LOB #1</u>	<u>\$45,000</u>	<u>45.00%</u>
<u>Other LOB #2</u>	<u>\$30,000</u>	<u>30.00%</u>
<u>Other LOB #3</u>	<u>\$9,000</u>	<u>9.00%</u>
<u>Other LOB #4</u>	<u>\$8,000</u>	<u>8.00%</u>
<u>Other LOB #5</u>	<u>\$8,000</u>	<u>8.00%</u>
<u>Total</u>	<u>\$100,000</u>	<u>100.0%</u>

In this example the total reported on Line 11 is \$100,000 and is 10% or greater of the total reported on Line 12 passing the initial threshold of reporting detail of the lines of business reported on Line 11.

The detail of the lines of business reported on Line 11 shows five lines of business reported on the line. Two of those lines (Other LOB #1 and Other LOB #2) are 10% or greater of the total reported on Line 11 and three of those lines of business (Other LOB #3, Other LOB #4 and Other LOB #5) are less than 10% of the total reported on Line 11.

Other LOB #1 and Other LOB #2 pass the threshold for reporting as a separate item in the aggregate write-ins and would be reported individually and not aggregated with any other lines of business.

Other LOB #3, Other LOB #4 and Other LOB #5 do not pass the threshold for reporting as a separate item in the aggregate write-ins and would be aggregated together with the line description “Aggregate of other lines of business less than 10% of category”.

Example 2:

	<u>Amount</u>	<u>Percent</u>
<u>Current Year Direct Written Premium</u>		
<u>Total Line 12</u>	<u>\$5,000,000</u>	
<u>Total Line 11</u>	<u>\$100,000</u>	<u>2.00%</u>
<u>10% of Line 12</u>	<u>\$500,000</u>	
<u>10% of Line 11</u>	<u>\$10,000</u>	
<u>Lines of Business in Line 11</u>		
<u>Other LOB #1</u>	<u>\$45,000</u>	<u>45.00%</u>
<u>Other LOB #2</u>	<u>\$30,000</u>	<u>30.00%</u>
<u>Other LOB #3</u>	<u>\$9,000</u>	<u>9.00%</u>
<u>Other LOB #4</u>	<u>\$8,000</u>	<u>8.00%</u>
<u>Other LOB #5</u>	<u>\$8,000</u>	<u>8.00%</u>
<u>Total</u>	<u>\$100,000</u>	<u>100.0%</u>

In this example the total reported on Line 11 is \$100,000 and is less than 10% of the total reported on Line 12 failing the initial threshold of reporting detail of the lines of business reported on Line 11.

All the lines of business reported on Line 11 would aggregated together and reported in the write-ins with the line description “Aggregate of other lines of business less than 10% of category”.

ANNUAL STATEMENT BLANK – PROPERTY

SUPPLEMENT FOR THE YEAR OF THE

Affix Bar Code Above

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS
AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES
 (To Be Filed by March 1)

NAIC Group Code NAIC Company Code

Company Name

	Direct Business Only			
	Prior Year	Current Year		
	<u>1</u> Written Premium	<u>2</u> Written Premium	<u>3</u> Losses Paid (deducting salvage)	<u>4</u> Losses Unpaid (Case Base)
1. Completed Operations.....
2. Errors & Omissions (E&O).....
3. Directors & Officers (D&O).....
4. Environmental Liability.....
5. Excess Workers' Compensation.....
6. Commercial Excess & Umbrella.....
7. Personal Umbrella.....
8. Employment Liability.....
9. Aggregate write-ins for Facilities & Premises (CGL).....
10. Internet & Cyber Liability.....
11. Aggregate write-ins for other.....
12. Total ASL 17 – Other Liability (Sum of Lines 1 through 11)
DETAILS OF WRITE-INS				
0901.....
0902.....
0903.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)
1101.....
1102.....
1103.....
1198. Summary of remaining write-ins for Line 11 from overflow page.....
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

RESPONSES

- 1. Will an actuarial opinion be filed by March 1?

.....



Detail Eliminated to Conserve Space

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?

APRIL FILING

- 2829. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
2930. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
3031. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
3132. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
3233. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?
3334. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?
3435. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?
3536. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?
3637. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

- 3738. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Mary Caswell and Calvin Ferguson</u> TITLE: _____ AFFILIATION: <u>NAIC</u> ADDRESS: _____ _____ _____	DATE: <u>02/10/2022</u>	FOR NAIC USE ONLY
	Agenda Item # <u>2022-05BWG MOD</u> Year <u>2022</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [X] New Reporting Requirement <input type="checkbox"/> []	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT
	No Impact <input checked="" type="checkbox"/> [X] Modifies Required Disclosure <input type="checkbox"/> []	DISPOSITION
	<input type="checkbox"/> [] Rejected For Public Comment <input type="checkbox"/> [] Referred To Another NAIC Group <input checked="" type="checkbox"/> [X] Received For Public Comment <input type="checkbox"/> [\] Adopted Date _____ <input type="checkbox"/> [] Rejected Date _____ <input type="checkbox"/> [] Deferred Date _____ <input type="checkbox"/> [] Other (Specify) _____	

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> [X] ANNUAL STATEMENT | <input type="checkbox"/> [] INSTRUCTIONS | <input type="checkbox"/> [] CROSSCHECKS |
| <input checked="" type="checkbox"/> [X] QUARTERLY STATEMENT | <input checked="" type="checkbox"/> [X] BLANK | |
| <input checked="" type="checkbox"/> [X] Life, Accident & Health/Fraternal | <input type="checkbox"/> [] Separate Accounts | <input checked="" type="checkbox"/> [X] Title |
| <input checked="" type="checkbox"/> [X] Property/Casualty | <input type="checkbox"/> [] Protected Cell | <input type="checkbox"/> [] Other _____ |
| <input checked="" type="checkbox"/> [X] Health | <input type="checkbox"/> [] Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Add line numbers to the status data points in the Schedule T footnote.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this proposal is to clarify the line numbers each status is to be reported.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT BLANK – HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS
Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit- Type Contracts



DETAILS OF WRITE-INS										
58001.	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58002.	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58003.	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....

- (a) Active Status Counts:
- | | | | |
|--|-------|---|-------|
| L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG ..... | ..... | R - Registered - Non-domiciled RRGs ..... | ..... |
| E - Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... | ..... | Q - Qualified - Qualified or accredited reinsurer ..... | ..... |
| N - None of the above - Not allowed to write business in the state ..... | ..... |  | ..... |
-
- | | | | |
|---|-------|---|-------|
| 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG ..... | ..... | 4. Q - Qualified - Qualified or accredited reinsurer ..... | ..... |
| 2. R - Registered - Non-domiciled RRGs ..... | ..... | 5. N - None of the above - Not allowed to write business in the state ..... | ..... |
| 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... | ..... |  | ..... |
| 2. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI) ..... | ..... | 5. N - None of the above - Not allowed to write business in the state ..... | ..... |
| 2. R - Registered - Non-domiciled RRGs ..... | ..... |  | ..... |

(b) Explanation of basis of allocation by states, premiums by state, etc.

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS
Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only				
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5 (b)	7 Deposit -Type Contracts
2 Life Insurance Premiums	3 Annuity Considerations					



DETAILS OF WRITE-INS							
58001.	XXX	.....	.....	.....	.....	.....	.....
58002.	XXX	.....	.....	.....	.....	.....	.....
58003.	XXX	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	.....	.....	.....	.....	.....	.....
58999. Total (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX	.....	.....	.....	.....	.....	.....
9401.	XXX	.....	.....	.....	.....	.....	.....
9402.	XXX	.....	.....	.....	.....	.....	.....
9403.	XXX	.....	.....	.....	.....	.....	.....
9498. Summary of remaining write-ins for Line 94 from overflow page.....	XXX	.....	.....	.....	.....	.....	.....
9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above)	XXX	.....	.....	.....	.....	.....	.....

- (a) Active Status Counts:
- | | | | |
|--|-------|---|-------|
| L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG ..... | ..... | R - Registered - Non-domiciled RRGs ..... | ..... |
| E - Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... | ..... | Q - Qualified - Qualified or accredited reinsurer ..... | ..... |
| N - None of the above - Not allowed to write business in the state ..... | ..... |  | ..... |
-
- | | | | |
|---|-------|---|-------|
| 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG ..... | ..... | 4. Q - Qualified - Qualified or accredited reinsurer ..... | ..... |
| 2. R - Registered - Non-domiciled RRGs ..... | ..... | 5. N - None of the above - Not allowed to write business in the state ..... | ..... |
| 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state ..... | ..... |  | ..... |
| 2. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI) ..... | ..... | 5. N - None of the above - Not allowed to write business in the state ..... | ..... |
| 2. R - Registered - Non-domiciled RRGs ..... | ..... |  | ..... |

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Column 1, Line 1 indicate which: _____

ANNUAL STATEMENT BLANK – PROPERTY

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						

Detail Eliminated to Conserve Space

DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998.	Sum. of remaining write-ins for Line 58 from overflow page								
58999.	XXX								
	XXX								

(a) Active Status Counts:

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	4. O – Qualified - Qualified or accredited reinsurer
2. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI)	5. D – Domestic Surplus Lines Insurer (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile
3. D – Domestic Surplus Lines Insurer (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile	6. N – None of the above – Not allowed to write business in the state
1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4. R – Registered - Non-domiciled RRGs
2. R – Registered - Non-domiciled RRGs	5. N – None of the above – Not allowed to write business in the state
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI)	6. N – None of the above – Not allowed to write business in the state
1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	4. R – Registered - Non-domiciled RRGs
2. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI)	5. Q – Qualified - Qualified or accredited reinsurer
3. D – Domestic Surplus Lines Insurer (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile	6. N – None of the above – Not allowed to write business in the state

(b) Explanation of basis of allocation of premiums by states, etc.

ANNUAL STATEMENT BLANK – TITLE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN
By States and Territories

States, Etc.	1 Active Status (a)	2 Premium Rate (b)	Direct Premiums Written			6 Other Income	7 Net Premiums Earned	8 Direct Losses and Allocated Loss Adjustment Expenses Paid	9 Direct Losses and Allocated Loss Adjustment Expenses Incurred	10 Direct Known Claim Reserve
			Agency Operations							
			3 Direct Operations	4 Non-affiliated Agencies	5 Affiliated Agencies					

Detail Eliminated to Conserve Space

DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page								
58999.	XXX	XXX							
	XXX	XXX							

(a) Active Status Counts:

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	4. O – Qualified - Qualified or accredited reinsurer
2. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	5. D – Domestic Surplus Lines Insurer (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile
3. D – Domestic Surplus Lines Insurer (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile	6. N – None of the above – Not allowed to write business in the state
1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4. R – Registered - Non-domiciled RRGs
2. R – Registered - Non-domiciled RRGs	5. N – None of the above – Not allowed to write business in the state
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state	6. N – None of the above – Not allowed to write business in the state
1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	4. R – Registered - Non-domiciled RRGs
2. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI)	5. Q – Qualified - Qualified or accredited reinsurer
3. D – Domestic Surplus Lines Insurer (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile	6. N – None of the above – Not allowed to write business in the state

(b) Each type of rate must be coded with a combination of the five activity codes (R, S, X, C, and/or E) listed in the instructions. Use the code combination corresponding to the state's statutory definitions of title insurance premium. If more than one combination of activities is indicated in the statutory definition, all relevant combinations must be listed. See the Schedule T instructions.

QUARTERLY STATEMENT BLANK – HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date – Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts

Detail Eliminated to Conserve Space

DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page.....									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX								
	XXX								

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	R - Registered - Non-domiciled RRGs
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	Q - Qualified - Qualified or accredited reinsurer
N - None of the above - Not allowed to write business in the state	
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4. Q - Qualified - Qualified or accredited reinsurer
2. R - Registered - Non-domiciled RRGs	5. N - None of the above - Not allowed to write business in the state
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	
2. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)	5. N - None of the above - Not allowed to write business in the state
3. R - Registered - Non-domiciled RRGs	

QUARTERLY STATEMENT BLANK – LIFE\FRATERNAL

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year To Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only				
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 Through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations			

Detail Eliminated to Conserve Space

DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX						
58999. Total (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX						
9401.	XXX						
9402.	XXX						
9403.	XXX						
9498. Summary of remaining write-ins for Line 94 from overflow page.....	XXX						
9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above)	XXX						

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	R - Registered - Non-domiciled RRGs
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	Q - Qualified - Qualified or accredited reinsurer
N - None of the above - Not allowed to write business in the state	
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4. Q - Qualified - Qualified or accredited reinsurer
2. R - Registered - Non-domiciled RRGs	5. N - None of the above - Not allowed to write business in the state
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state	
2. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)	5. N - None of the above - Not allowed to write business in the state
3. R - Registered - Non-domiciled RRGs	

QUARTERLY STATEMENT BLANK – PROPERTY

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN
Current Year to Date – Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date



DETAILS OF WRITE-INS							
58001.	XXX	.....	.....	.....	.....	.....	.....
58002.	XXX	.....	.....	.....	.....	.....	.....
58003.	XXX	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	.....	.....	.....	.....	.....	.....
58999. TOTALS (Lines 58001 through 58003 plus 58998) Line 58 above	XXX	.....	.....	.....	.....	.....	.....

(a) Active Status Counts:

1. Licensed or Chartered - Licensed insurance carrier or domiciled RRG .....	.....	R - Registered - Non-domiciled RRGs .....	.....
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI) .....	.....	Q - Qualified - Qualified or accredited reinsurer .....	.....
D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile .....	.....	N - None of the above - Not allowed to write business in the state .....	.....
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG .....	.....	4. Q - Qualified - Qualified or accredited reinsurer .....	.....
2. R - Registered - Non-domiciled RRGs .....	.....	5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile .....	.....
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI) .....	.....	6. N - None of the above - Not allowed to write business in the state .....	.....
4. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG .....	.....	4. R - Registered - Non-domiciled RRGs .....	.....
5. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI) .....	.....	5. Q - Qualified - Qualified or accredited reinsurer .....	.....
6. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile .....	.....	6. N - None of the above - Not allowed to write business in the state .....	.....

QUARTERLY STATEMENT BLANK – TITLE

SCHEDULE T—EXHIBIT OF PREMIUMS WRITTEN
Current Year to Date – By States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses and Allocated Loss Adjustment Expenses Paid (Deducting Salvage)		Direct Known Claim Reserve	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date



DETAILS OF WRITE-INS							
58001.	XXX	.....	.....	.....	.....	.....	.....
58002.	XXX	.....	.....	.....	.....	.....	.....
58003.	XXX	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	.....	.....	.....	.....	.....	.....
58999. TOTALS (Lines 58001 through 58003 plus 58998) Line 58 above	XXX	.....	.....	.....	.....	.....	.....

(a) Active Status Counts:

1. Licensed or Chartered - Licensed insurance carrier or domiciled RRG .....	.....	R - Registered - Non-domiciled RRGs .....	.....
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state .....	.....	Q - Qualified - Qualified or accredited reinsurer .....	.....
N - None of the above - Not allowed to write business in the state .....	.....		.....
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG .....	.....	4. Q - Qualified - Qualified or accredited reinsurer .....	.....
2. R - Registered - Non-domiciled RRGs .....	.....	5. N - None of the above - Not allowed to write business in the state .....	.....
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state .....	.....		.....
4. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)	5. N - None of the above - Not allowed to write business in the state
5. R - Registered - Non-domiciled RRGs

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>02/28/2022</u></p> <p>CONTACT PERSON: <u>Crystal Brown</u></p> <p>TELEPHONE: <u>816-783-8146</u></p> <p>EMAIL ADDRESS: <u>cbrown@naic.org</u></p> <p>ON BEHALF OF: <u>Health Risk-Based Capital (E) WG</u></p> <p>NAME: <u>Steve Drutz</u></p> <p>TITLE: <u>Chair</u></p> <p>AFFILIATION: <u>WA Office of the Insurance Commissioner</u></p> <p>ADDRESS: _____</p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2022-06BWG MOD</u></p> <p>Year <u>2022</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[X] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Revise the Health Annual Statement Test language

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of the change is to move those filers who write predominantly health business and file on the life blank to begin filing on the health blank.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

The Health Test Ad Hoc Group of the Health Risk-Based Capital (E) Working Group continues to discuss and review any potential modifications to premium and reserve ratios. The group will continue to evaluate if there should be changes and if so, will propose this to the Blanks (E) Working Group in a separate proposal for consideration in future years.

The references to the Life & Property & Casualty General Interrogatories were changed from pulling from RBC to instead pull from the Analysis of Operations By Lines of Business – Accident and Health and Underwriting & Investment Exhibit, Part 1B, respectively. The life General Interrogatory references will be further updated if proposal 2021-17BWG is adopted.

12-16-21 – Exposed to the Health and Life Risk-Based Capital (E) Working Groups for 40 days.

1-5-22 – Revised Health Annual Statement Instructions – General Interrogatories – Line 2.1 – Premium Numerator for additional clarity.

1-27-22 – Revised the Life and P/C Annual Statement Instructions – General Interrogatories for the Reserve Numerator.

1-28-22 – Two comment letters received. Re-exposed to the Health and Life Risk-Based Capital (E) Working Groups for changes to the Reserve Numerator for 15 days. Comments due 2-14-22.

2-14-22 – No comments were received.

2-25-22 – Health Risk-Based Capital Working Group agreed to refer the proposal to the Blanks (E) Working Group for exposure and consideration.

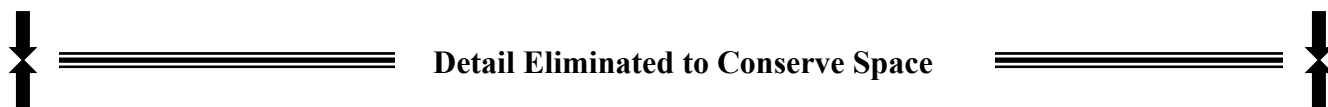
** This section must be completed on all forms.

Revised 7/18/2018

ANNUAL STATEMENT INSTRUCTIONS – HEALTH

INSTRUCTIONS

For Completing Health Annual Statement Blank



Detail Eliminated to Conserve Space

GENERAL

The annual statement is to be completed in accordance with the *Annual Statement Instructions* and *Accounting Practices and Procedures Manual* except to the extent that state law, rules or regulations are in conflict with these publications. In cases of conflict, the health annual statement will be filed pursuant to such state's filing requirements. The domiciliary state's insurance regulatory authority shall maintain full discretion in determining which NAIC annual statement blank must be filed. The annual statement blank filed with the domiciliary state shall be the blank submitted to, and maintained by, the NAIC, and barring conflict as described above, should be filed with all jurisdictions in which the reporting entity is licensed.

1. Health Statement Test:

If a reporting entity completes the health annual statement for the reporting year, the reporting entity must complete the Health Statement Test.

The Health Statement Test is designed to determine whether a reporting entity reports predominantly health lines of business. Health lines include hospital or medical policies or certificates, comprehensive major medical expense insurance and managed care contracts and exclude other health coverage such as credit insurance, disability income coverage, automobile medical coverage, workers' compensation, accidental death and dismemberment policies and long-term care policies.

Passing the Test:

A reporting entity is deemed to have passed the Health Statement Test if the values for the premium and reserve ratios in the Health Statement Test equal or exceed 95% for both the reporting and prior year and will continue to report on the Health Statement.

Failing the Test:

If a reporting entity, licensed as a life, accident and health or property and casualty insurer in its domiciliary state, is required to file the health annual statement for the reporting year and does not pass the Health Statement Test in the reporting year, it will revert to the annual statement form and risk-based capital report associated with the type of license held in its domestic state in the first quarter of the second year following the reporting year. If a reporting entity, licensed as a health insurer in its domiciliary state, is required to file the health annual statement for the reporting year and does not pass the Health Statement Test in the reporting year, it should continue to file the health annual statement.

Variations from following these instructions:

If a reporting entity’s domestic regulator requires the reporting entity to complete an annual statement form and risk-based capital report that differs from these instructions, the domestic regulator shall notify the reporting entity in writing by June 1 of the year following the reporting year in which a Health Statement Test is submitted.

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GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

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Detail Eliminated to Conserve Space
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PART 2 – HEALTH INTERROGATORIES

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Detail Eliminated to Conserve Space
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- This General Interrogatory is designed to determine whether a reporting entity reports predominantly health lines of business. Health lines include hospital or medical policies or certificates, comprehensive major medical expense insurance and managed care contracts and exclude other health coverage such as credit insurance, disability income coverage, automobile medical coverage, workers’ compensation, accidental death and dismemberment policies and long-term care policies.

All reporting entities should file the test.

Premium and reserve information is obtained from the annual statement sources referenced on the form or from the related risk-based capital report for the corresponding premium descriptions relating to the current and prior reporting periods.

Item	Description	Reporting Year Annual Statement Data	Prior Year Annual Statement Data
2.1	Premium Numerator	Health Premium values listed in the Analysis of Operations by Lines of Business— (Gain and Loss Exhibit), Line 1, Column 24 through Column 89 plus Line 1, Column 9 <u>in part (in part excluding for credit A&H and dread disease coverage, LTC, Disability Income), Column 10 of the reporting year’s annual statement of the reporting year’s annual statement.</u>	Health Premium values listed in the Analysis of Operations by Lines of Business— (Gain and Loss Exhibit), Line 1, Column 24 through Column 8 plus Line 1, Column 9 <u>in part (excluding in part for credit A&H and dread disease coverage, LTC, Disability Income) Column 10 of the reporting year’s annual statement of the reporting year’s annual statement.</u>
2.2	Premium Denominator	Net Premium Income <u>Premium and Annuity Considerations</u> (Page 4, Line 2, Column 2) of the reporting year’s annual statement.	Premium and Annuity Considerations <u>Net Premium Income</u> (Page 4, Line 2, Column 2) of the prior year’s annual statement.

2.3	Premium Ratio	2.1/2.2	2.1/2.2
2.4 (a)	Reserve Numerator	Health Reserve – Underwriting and Investment Exhibit, Part 2B (Column 3 + 4, Line 13 minus Line 11) exclude Line 10 health care receivables, dread disease coverage, and credit A&H + Part 2D (Line 8, Column 1 minus Column 9) include stand-alone health care related plans only (i.e. stand-alone prescription drug plans, etc.), exclude dread disease coverage, credit A&H, LTC, Disability Income, etc. of the reporting year’s annual statement.	Health Reserve – Underwriting and Investment Exhibit, Part 2B (Column 3 + 4, Line 13 minus Line 11) exclude Line 10 health care receivables, dread disease coverage, and credit A&H + Part 2D (Line 8, Column 1 minus Column 9) include stand-alone health care related plans only (i.e. stand-alone prescription drug plans, etc.), exclude dread disease coverage, credit A&H, LTC, Disability Income, etc. of the reporting year’s annual statement.
2.5	Reserve Denominator	Claims Unpaid and Aggregate Reserves (Page 3, Column 3, Lines 1 + 2 + 4 + 7) of the reporting year’s annual statement.	Claims Unpaid and Aggregate Reserves (Page 3, Column 3, Lines 1 + 2 + 4 + 7) of the prior year’s annual statement.
2.6	Reserve Ratio	2.4/2.5	2.4/2.5

- (a) Alternative Reserve Numerator – Alternative Reserve Numerator – Company records may be used to adjust the reserve numerator to provide consistency between the values reported in the reserve numerator (2.4) and the premium numerator (2.1).

DRAFTING NOTE: The Prior Year Annual Statement Data column will go in to affect Annual 2023


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ANNUAL STATEMENT INSTRUCTIONS – LIFE\FRATERNAL

INSTRUCTIONS

For Completing Life, Accident and Health Companies/Fraternal Benefit Societies Annual Statement Blank

FOREWORD

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GENERAL

The annual statement is to be completed in accordance with the *Annual Statement Instructions* and *Accounting Practices and Procedures Manual* except to the extent that state law, rules or regulations are in conflict with these publications. In cases of conflict, the life, accident and health annual statement will be filed pursuant to such state's filing requirements. The domiciliary state's insurance regulatory authority shall maintain full discretion in determining which NAIC annual statement blank must be filed. The annual statement blank filed with the domiciliary state shall be the blank submitted to, and maintained by, the NAIC, and barring conflict as described above, should be filed with all jurisdictions in which the reporting entity is licensed.

1. **Health Statement Test:**

If a reporting entity is licensed as a life and health insurer and completes the life, accident and health annual statement for the reporting year, the reporting entity must complete the Health Statement Test. However, a reporting entity that is required to also file the Separate Accounts Statement is not subject to the results of the Health Statement Test, and should continue to complete the life, accident and health/fraternal blank.

The Health Statement Test is designed to determine whether a reporting entity reports predominantly health lines of business. Health lines include hospital or medical policies or certificates, comprehensive major medical expense insurance and managed care contracts and exclude other health coverage such as credit insurance, disability income coverage, automobile medical coverage, workers' compensation, accidental death and dismemberment policies and long-term care policies.

Passing the Test:

A reporting entity is deemed to have passed the Health Statement Test if:

The values for the premium and reserve ratios in the Health Statement Test equal or exceed 95% for both the reporting and prior year.

AND

~~The entity passing Health Statement Test is licensed and actively issuing and/or renewing business in five states or less.~~

AND

~~At least seventy five percent (75%) of the entity's current year premiums are written in its domiciliary state.~~

OR

~~The values for the premium and reserve ratios in the Health Statement Test equal 100% for both the reporting and prior year, regardless of the number of states in which the entity is licensed.~~

If a reporting entity is a) licensed as a life and health insurer; b) completes the Life, Accident and Health annual statement for the reporting year; and c) passes the Health Statement Test (as described above), the reporting entity must complete the health statement beginning with the first quarter's statement for the second year following the reporting year in which the reporting entity passes the Health Statement Test and must also file the corresponding risk-based capital report and the life supplements for that year-end.

Variations from following these instructions:

If a reporting entity's domestic regulator requires the reporting entity to complete an annual statement form and risk-based capital report that differs from these instructions, the domestic regulator shall notify the reporting entity in writing by June 1 of the year following the reporting year in which a Health Statement Test is submitted.

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GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

↓ **Detail Eliminated to Conserve Space** ↓

PART 2 – LIFE ACCIDENT HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

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- This General Interrogatory is designed to determine whether a reporting entity reports predominantly health lines of business. Health lines include hospital or medical policies or certificates, comprehensive major medical expense insurance and managed care contracts and exclude other health coverage such as credit insurance, disability income coverage, automobile medical coverage, workers compensation, accidental death and dismemberment policies and long-term care policies.

All reporting entities should file the test; however, a reporting entity that is required to also file the Separate Accounts Statement is not subject to the results of the Health Statement Test, and should continue to complete the life, accident and health/fraternal blank.

Premium and reserve information is obtained from the annual statement sources referenced on the form or from the related risk-based capital report for the corresponding premium descriptions relating to the current and prior reporting periods.

Item	Description	Reporting Year Annual Statement Data	Prior Year Annual Statement Data
2.1	Premium Numerator	<p>Health Premium values listed in the the Analysis of Operations By Lines of Business – Accident and Health: statement value column (Column 1) of the reporting year’s Life RBC report:</p> <p>Individual Lines:</p> <p>Usual and Customary Major Medical and Hospital Comprehensive (Individual & Group) (Columns 1 & 2, Line 1)</p> <p>Medicare Supplement (Column 4, Line 1)</p> <p>Medicare Part D (Column 13 (in part), Line 1)</p> <p>Dental and Vision (Columns 5 & 6, Line 1)</p> <p>Medicare (Column 8, Line 1)</p> <p>Medicaid (including Medicaid Pass Through Payments Reported as Premium) (Column 9, Line 1)</p> <p>Group Lines:</p> <p>Usual and Customary Major Medical and Hospital</p> <p>Medicare Supplement</p> <p>Medicare Part D</p> <p>Stop Loss and Minimum Premium (Column 13 (in part), Line 1)</p> <p>Dental and Vision</p> <p>Federal Employee Health and Benefit Plan (Column 7, Line 1)</p> <p>Line 1, Columns 2-9 (Column 9 Medicaid should include Medicaid Pass-Through Payments Reported as Premium)</p> <p>Line 1, Column 13 in part (include only Medicare Part D and Stop Loss and Minimum Premium)</p>	<p>Health Premium values listed in the statement value column (Column 1) of the reporting year’s Life RBC report Analysis of Operations By Lines of Business – Accident and Health:</p> <p>Individual Lines:</p> <p>Comprehensive (Individual & Group) (Columns 1 & 2, Line 1)</p> <p>Usual and Customary Major Medical and Hospital Medicare Supplement (Column 4, Line 1)</p> <p>Medicare Part D (Column 13 (in part), Line 1)</p> <p>Dental and Vision (Columns 5 & 6, Line 1)</p> <p>Medicare (Column 8, Line 1)</p> <p>Medicaid (including Medicaid Pass Through Payments Reported as Premium) (Column 9, Line 1)</p> <p>Group Lines:</p> <p>Usual and Customary Major Medical and Hospital</p> <p>Medicare Supplement</p> <p>Medicare Part D</p> <p>Stop Loss and Minimum Premium (Column 13 (in part), Line 1)</p> <p>Dental and Vision</p> <p>Federal Employee Health and Benefit Plan (Column 7, Line 1)</p> <p>Line 1, Columns 2-9 (Column 9 Medicaid should include Medicaid Pass-Through Payments Reported as Premium)</p> <p>Line 1, Column 13 in part (include only Medicare Part D and Stop Loss and Minimum Premium)</p>
2.2	Premium Denominator	Premium and Annuity Considerations (Page 4, Line 1) of the reporting year’s annual statement	Premium and Annuity Considerations (Page 4, Line 1) of the prior year’s annual statement
2.3	Premium Ratio	2.1/2.2	2.1/2.2
2.4(a)	Reserve Numerator	Net A&H Policy and Contract Claims without Credit Health (Exhibit 8, Part 1, Line 4.4, Columns 9 and Column 11 (excluding Dread Disease, Disability Income and Long-Term Care)) plus Aggregate Reserves for A&H Policies without Credit Health (Exhibit 6, Column 1 less Columns 10, 11, 12 and Dread Disease included in Column 13) for Unearned Premiums (Line 1) and Future Contingent Benefits (Line 4)	Net A&H Policy and Contract Claims without Credit Health (Exhibit 8, Part 1, Line 4.4, Columns 9 and Column 11 (excluding Dread Disease, Disability Income, and Long-Term Care)) plus Aggregate Reserves for A&H Policies without Credit Health (Exhibit 6, Column 1 less Columns 10, 11, 12 and Dread Disease included in Column 13) for Unearned Premiums (Line 1) and Future Contingent Benefits (Line 4)
2.5	Reserve Denominator	Aggregate Reserve (Page 3, Column 1, Lines 1+2+4.1+4.2) minus additional actuarial reserves (Exhibit 6, Column 1, Lines 3+11 plus Exhibit 5, Misc. Reserves Section, Line 0799999)	Aggregate Reserve (Page 3, Column 1, Lines 1+2+4.1+4.2) minus additional actuarial reserves (Exhibit 6, Column 1, Lines 3+11 plus Exhibit 5, Misc. Reserves Section, Line 0799999)
2.6	Reserve Ratio	2.4/2.5	2.4/2.5

(a) Alternative Reserve Numerator – Company records may be used to adjust the reserve numerator to provide consistency between the values reported in the reserve numerator (2.4) and the premium numerator (2.1).

DRAFTING NOTE: The Prior Year Annual Statement Data column will go in to affect Annual 2023

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

INSTRUCTIONS

For Completing Property and Casualty Annual Statement Blank

FOREWORD

=====**Detail Eliminated to Conserve Space**=====

GENERAL

The annual statement is to be completed in accordance with the *Annual Statement Instructions* and *Accounting Practices and Procedures Manual* except to the extent that state law, rules or regulations are in conflict with these publications. In cases of conflict, the property and casualty annual statement will be filed pursuant to such state's filing requirements. The domiciliary state's insurance regulatory authority shall maintain full discretion in determining which NAIC annual statement blank must be filed. The annual statement blank filed with the domiciliary state shall be the blank submitted to, and maintained by, the NAIC, and barring conflict as described above, should be filed with all jurisdictions in which the reporting entity is licensed.

1. **Health Statement Test:**

If a reporting entity is licensed as a property and casualty insurer and completes the property and casualty annual statement for the reporting year, the reporting entity must complete the Health Statement Test. However, a reporting entity that is required to also file the Protected Cell Statement is not subject to the results of the Health Statement Test and should continue to complete the property blank.

The Health Statement Test is designed to determine whether a reporting entity reports predominantly health lines of business. Health lines include hospital or medical policies or certificates, comprehensive major medical expense insurance and managed care contracts and exclude other health coverage such as credit insurance, disability income coverage, automobile medical coverage, workers' compensation, accidental death and dismemberment policies and long-term care policies.

Passing the Test:

A reporting entity is deemed to have passed the Health Statement Test if:

The values for the premium and reserve ratios in the Health Statement Test equal or exceed 95% for both the reporting and prior year.

~~AND~~

~~The entity passing Health Statement Test is licensed and actively issuing and/or renewing business in five states or less.~~

~~AND~~

~~At least seventy five percent (75%) of the entity's current year premiums are written in its domiciliary state.~~

~~OR~~

~~The values for the premium and reserve ratios in the Health Statement Test equal 100% for both the reporting and prior year, regardless of the number of states in which the entity is licensed.~~

If a reporting entity is a) licensed as a property and casualty insurer; b) completes the property and casualty annual statement for the reporting year; and c) passes the Health Statement Test (as described above), the reporting entity must complete the health statement beginning with the first quarter's statement for the second year following the reporting year in which the reporting entity passes the Health Statement Test and must also file the corresponding risk-based capital report and the property/casualty supplements for that year-end.

Variations from following these instructions:

If a reporting entity's domestic regulator requires the reporting entity to complete an annual statement form and risk-based capital report that differs from these instructions, the domestic regulator shall notify the reporting entity in writing by June 1 of the year following the reporting year in which a Health Statement Test is submitted.

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GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

↓ **Detail Eliminated to Conserve Space** ↓

PART 2 – PROPERTY AND CASUALTY INTERROGATORIES

↓ **Detail Eliminated to Conserve Space** ↓

2. This General Interrogatory is designed to determine whether a reporting entity reports predominantly health lines of business. Health lines include hospital or medical policies or certificates, comprehensive major medical expense insurance and managed care contracts and exclude other health coverage such as credit insurance, disability income coverage, automobile medical coverage, workers compensation, accidental death and dismemberment policies and long-term care policies.

All reporting entities should file the test; however, a reporting entity that is required to also file the Protected Cell Statement is not subject to the results of the Health Statement Test, and should continue to complete the property blank.

Premium and reserve information is obtained from the annual statement sources referenced on the form or from the related risk-based capital report for the corresponding premium descriptions relating to the current and prior reporting periods.

Item	Description	Reporting Year Annual Statement Data	Prior Year Annual Statement Data
2.1	Premium Numerator	<p>Health Premium values listed in the statement value Net Premiums Written column (Column 146) of the reporting year's P&C RBC report U&I Part 1B:</p> <p>Individual Lines: Usual and Customary Major Medical and Hospital Comprehensive (hospital and medical) (individual and group) (Lines 13.1 and 13.2) Medicare Supplement (Line 15.4) Medicare Part D (Line 15.9, in part) Dental and Vision (Lines 15.1 and 15.2) Medicare (Line 15.6) Medicaid (including Medicaid Pass Through Payments Reported as Premium) (Line 15.5)</p> <p>Group Lines: Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Stop Loss and Minimum Premium (Line 15.9, in part) Dental and Vision Federal Employee Health and Benefit Plan (Line 15.8) Lines 13.1 and 13.2 Lines 15.1, 15.2, 15.4, 15.6, and 15.8 Line 15.5 (should include Medicare Pass-Through Payments Reported as Premium) Line 15.9 in part (include only Medicare Part D and Stop Loss and Minimum Premium)</p>	<p>Health Premium values as listed in the statement value column (Column 1) of the prior year's P&C RBC report:</p> <p>Individual Lines Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Dental and Vision</p> <p>Group Lines Usual and Customary Major Medical and Hospital Medicare Supplement Medicare Part D Stop Loss and Minimum Premium Dental and Vision Federal Employee Health and Benefit Plan Lines 13.1 and 13.2 Lines 15.1, 15.2, 15.4, 15.6, and 15.8 Line 15.5 (should include Medicare Pass-Through Payments Reported as Premium) Line 15.9 in part (include only Medicare Part D and Stop Loss and Minimum Premium)</p>
2.2	Premium Denominator	Premiums Earned (Page 4, Line 1) of the reporting year's annual statement	Premium Earned (Page 4, Line 1) of the prior year's annual statement
2.3	Premium Ratio	2.1/2.2	2.1/2.2
2.4(a)	Reserve Numerator	<p>Part 2A, Unpaid Losses and Loss Adjustment Expenses (Columns 8+9, Lines 13+15 (excluding Line 15.3 Disability Income, Line 15.7 Long-Term Care), Line 15.9 Other Health - Dread Disease only in part (include only Medicare Part D and Stop Loss and Minimum Premium)) plus Part 1A, Recapitulation of all Premiums (Columns 1+2, Lines 13+15 (excluding Line 15.3 Disability Income, Line 15.7 Long-Term Care), Line 15.9 Other Health - Dread Disease only in part (include only Medicare Part D and Stop Loss and Minimum Premium)) of the reporting year's annual statement.</p>	<p>Part 2A, Unpaid Losses and Loss Adjustment Expenses (Columns 8+9, Lines 13+15 (excluding Line 15.3 Disability Income, Line 15.7 Long-Term Care), Line 15.9 Other Health - Dread Disease only in part (include only Medicare Part D and Stop Loss and Minimum Premium)) plus Part 1A, Recapitulation of all Premiums (Columns 1+2, Lines 13+15 (excluding Line 15.3 Disability Income, Line 15.7 Long-Term Care), Line 15.9 Other Health - Dread Disease only in part (include only Medicare Part D and Stop Loss and Minimum Premium)) of the prior year's annual statement.</p>
2.5	Reserve Denominator	Unpaid Loss and LAE (Page 3, Column 1, Lines 1+2+3) plus Part 1A, Recapitulation of all Premiums (Line 35, Columns 1+2) of the reporting year's annual statement.	Unpaid Loss and LAE (Page 3, Column 1, Lines 1+2+3) plus Part 1A, Recapitulation of all Premiums (Line 35, Columns 1+2) of the prior year's annual statement.
2.6	Reserve Ratio	2.4/2.5	2.4/2.5

- (a) Alternative Reserve Numerator – Company records may be used to adjust the reserve numerator to provide consistency between the values reported in the reserve numerator (2.4) and the premium numerator (2.1).

DRAFTING NOTE: The Prior Year Annual Statement Data column will go in to affect Annual 2023

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>03/02/2022</u></p> <p>CONTACT PERSON: <u>Eric King</u></p> <p>TELEPHONE: <u>816-708-7982</u></p> <p>EMAIL ADDRESS: <u>eking@naic.org</u></p> <p>ON BEHALF OF: <u>ASOP 28 Task Force, ASB</u></p> <p>NAME: <u>Annette James, Chair, ASOP 28 Task Force</u></p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2022-07BWG</u></p> <p>Year <u>2022</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[X] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input type="checkbox"/> BLANK | |
| <input type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Instructions to Annual Health Statement Blank, Actuarial Opinion (Actuarial Opinion Instructions):

Modify section 1A. (Definitions), of the actuarial opinion instructions to add definitions of “actuarial asset” and “actuarial liability”.

Modify sections 4 (Identification section), section 5 (Scope section), and section 7 (Opinion section) of the actuarial opinion instructions to ensure that the opinion’s prescribed wording clearly indicates that the actuary’s opinion covers actuarial assets as well as actuarial liabilities.

Modify section 9 of the actuarial opinion instructions to ensure that guidance related to the type of opinion rendered by an appointed actuary covers both actuarial assets and actuarial liabilities.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this proposal is to revise the language in sections 1A 4, 5, 7 and 9 of the orange blank annual statement instructions related to the actuarial opinion to ensure that all items (actuarial assets and liabilities) within the scope of the statement of actuarial opinion are treated consistently. Currently, reserves and liabilities are referenced in sections 1A 4, 5, 7 and 9 of the orange blank annual statement instructions. Since actuarial assets are included in the scope of the actuarial opinion, it is important that these instructions provide guidance to appointed actuaries that apply to all actuarial items, assets as well as liabilities, included in the scope of the actuarial opinion.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

Revised 7/18/2018

ANNUAL STATEMENT INSTRUCTIONS – HEALTH

ACTUARIAL OPINION

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1A. Definitions

“Insurer” means an entity authorized to write accident and health contracts under the laws of any state and which files on the Health Blank.

“Actuarial Memorandum” means a document or other presentation prepared as a formal means of conveying the appointed actuary’s professional conclusions and recommendations, of recording and communicating the methods and procedures, of assuring that the parties addressed are aware of the significance of the appointed actuary’s opinion or findings and that documents the analysis underlying the opinion. The expected content of the memorandum is further described in Section 1C.

“Actuarial asset” means an actuarial item presented as an asset in the annual statement and included in the scope of the Statement of Actuarial Opinion.

“Actuarial liability” means an actuarial item presented as a liability in the annual statement and included in the scope of the Statement of Actuarial Opinion.

Detail Eliminated to Conserve Space

4. The IDENTIFICATION section should specifically indicate the appointed actuary’s relationship to the company, qualifications for acting as appointed actuary, date of appointment, and should specify that the appointment was made by the Board of Directors, or its equivalent or by a committee of the Board.

A person who is not a Member of the American Academy of Actuaries but is recognized by the Academy as qualified must attach, each year, a copy of the approval letter from the Academy.

This section should contain only one of the following:

For a Member of the American Academy of Actuaries who is an employee of the organization, the opening paragraph of the opinion should contain all the following sentences if the appointed actuary is using the prescribed wording:

“I, (name and title of actuary), am an employee of (named organization) and a member of the American Academy of Actuaries. I was appointed on [date of appointment] in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.”

For a consultant who is a Member of the American Academy of Actuaries, the opening paragraph of the opinion should contain all the following sentences if the appointed actuary is using the prescribed wording:

“I, (name and title of consultant), am associated with the firm of (name of firm). I am a member of the American Academy of Actuaries and have been retained by the (name of organization) to render an opinion with regard to loss reserves, actuarial liabilities, actuarial assets and related items. I was appointed on [date of appointment] in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.”

For an employee other than a member of the American Academy of Actuaries, the opening paragraph of the opinion should contain both the following sentences if the appointed actuary is using the prescribed wording:

“I, (name and title), am an employee of (name of organization) and am recognized by the American Academy of Actuaries as qualified to perform actuarial valuations for organizations of this kind. I was appointed on [date of appointment] in accordance with the requirements of the annual statement instructions.”

For a consultant other than a member of the American Academy of Actuaries, the opening paragraph of the opinion should contain all the following sentences if the appointed actuary is using the prescribed wording:

“I, (name and title of consultant), am associated with the firm of (name of firm). I am recognized by the American Academy of Actuaries as qualified to perform actuarial valuations for organizations of this kind and have been retained by the (name of organization) with regard to such valuation. I was appointed on [date of appointment] in accordance with the requirements of the annual statement instructions.”

Detail Eliminated to Conserve Space

5. The SCOPE section should contain only the following statement (including all specified lines even if the value is zero) if the appointed actuary is using the prescribed wording:

“I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities, actuarial assets, and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 20__.

- A. Claims unpaid (Page 3, Line 1);
- B. Accrued medical incentive pool and bonus payments (Page 3, Line 2);
- C. Unpaid claims adjustment expenses (Page 3, Line 3);
- D. Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting and Investment Exhibit, Part 2D;
- E. Aggregate life policy reserves (Page 3, Line 5);
- F. Property/casualty unearned premium reserves (Page 3, Line 6);
- G. Aggregate health claim reserves (Page 3, Line 7);
- H. Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement; and
- I. Specified actuarial items presented as assets in the annual statement.”

Items H and I are not intended to include the liabilities and assets associated with benefits provided to employees of the organization, or the organization’s directors or trustees, except to the extent that such benefits are provided through insurance or annuity contracts of a type that the organization is authorized to issue in the ordinary course of its business. For example, liabilities for employee pensions generally would not be within the scope of the Actuarial Opinion. However, if the organization is licensed to issue life insurance, then liabilities arising from life insurance policies or certificates issued by the organization to its employees would be within the scope of the Actuarial Opinion just as would the comparable liabilities arising from policies or contracts issued to unrelated parties.

If there are any items included in items H or I, they should be listed using appropriate annual statement captions and line references. The phrase “Not Applicable” should be placed under the item description for either item H or I if there is nothing to be listed. Any listings under items H and I do not constitute either “additional wording” or “revised wording” for purposes of the Table of Key Indicators.

If for either item H or item I there is more than one line item to be listed, the line items under the general H or I heading should be numbered sequentially.



The amounts of any assets listed under item I should be the gross amount of the asset (Page 2, Column 1 of the Annual Statement), not the net admitted amount (Page 2, Column 3).

For items A through G listed in the SCOPE section and each sub-line for items H and I, the item label should be followed by the amount of that item as reported in the annual statement. These stated amounts do not constitute either “additional wording” or “revised wording” for purposes of the Table of Key Indicators. Where the phrase “Not Applicable” is used in item H or item I, it means that there are no such items to be included in the Opinion, so there should be no value shown as a stated amount.

For example:

I. Specified actuarial items presented as assets in the annual statement, as follows:

1. Accrued retrospective premiums (Page 2, line 15.3, column 1)


Detail Eliminated to Conserve Space


7. The OPINION section should include only the following statement if the appointed actuary is using the prescribed wording:

“In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the state of [state of domicile] and:

(Use of one the following phrases, as appropriate, is considered prescribed wording. Replacing “[list states]” with an actual list of states in parentheses is also considered prescribed wording.)

the loss reserves and actuarial liabilities are at least as great as the minimum aggregate amounts required by any state,

or

the loss reserves and actuarial liabilities are at least as great as the minimum aggregate amounts required by any state with the exception of the following states [list states]. For each listed state a separate statement of actuarial opinion was submitted to that state that complies with the requirements of that state;

- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Make a reasonable provision for all actuarial assets of the organization under the terms of its contracts and agreements;
- F. On a combined basis, make a reasonable provision for all actuarial assets and actuarial liabilities of the organization under moderately adverse conditions;
- GE. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end; and
- HF. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit, Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.”

Detail Eliminated to Conserve Space

9. If the appointed actuary is able to form an opinion that is not qualified, adverse or inconclusive as those terms are defined below, he or she should issue a statement of unqualified opinion. If the opinion is adverse, qualified or inconclusive, the appointed actuary should issue an adverse, qualified or inconclusive opinion explicitly stating the reason(s) for such opinion. In all circumstances the category of opinion should be explicitly identified in the TABLE of KEY INDICATORS section of the Actuarial Opinion.

An adverse opinion is an actuarial opinion in which the appointed actuary determines that the reserves and liabilities are not good and sufficient, actuarial assets are not reasonable, or the actuarial assets and actuarial liabilities on a combined basis are not reasonable under moderately adverse conditions. (An adverse opinion does not meet one or more of items D, E, or F of Section 7.)

When, in the actuary’s opinion, the reserves or actuarial assets included in the scope of the opinion for a certain item or items are in question because they cannot be reasonably estimated or the actuary is unable to render an opinion on those items, the actuary should issue a qualified opinion. Such a qualified opinion should state whether the stated reserve amount makes a good and sufficient provision for the actuarial liabilities associated with the specified reserves, actuarial assets are reasonable, and combined actuarial assets and actuarial liabilities are reasonable under moderately adverse conditions except for the item or items to which the qualification relates. The actuary is not required to issue a qualified opinion if the actuary reasonably believes that the item or items in question are not likely to be material. (A qualified opinion does not meet one or more of the items A, B, C or HF of Section 7.)

The actuary’s ability to give an opinion is dependent upon data, analyses, assumptions and related information that are sufficient to support a conclusion. If the actuary cannot reach a conclusion due to deficiencies or limitations in the data, analyses, assumptions or related information, then the actuary should issue an inconclusive opinion. An inconclusive opinion shall include a description of the reasons a conclusion could not be reached.

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>03/01/2022</u></p> <p>CONTACT PERSON: <u>Kris DeFrain</u></p> <p>TELEPHONE: <u>816-783-8229</u></p> <p>EMAIL ADDRESS: <u>kdefrain@naic.org</u></p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Anna Krylova</u></p> <p>TITLE: <u>Chair</u></p> <p>AFFILIATION: <u>Actuarial Opinion Working Group</u></p> <p>ADDRESS: <u>Anna.Krylova@state.nm.us</u> <u>505-470-3580</u></p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2022-08BWG</u> Year <u>2022</u> Changes to Existing Reporting [X] New Reporting Requirement []</p> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X] Modifies Required Disclosure []</p> <p style="text-align: center;">DISPOSITION</p> <p>[] Rejected For Public Comment [] Referred To Another NAIC Group [X] Received For Public Comment [] Adopted Date _____ [] Rejected Date _____ [] Deferred Date _____ [] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input type="checkbox"/> BLANK | |
| <input type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Changes and clarifying guidance in Sections 1, 3, and 8 of the Actuarial Opinion Instructions.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

See next page for details

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

Revised 7/18/2018

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE

Proposed changes include some clean-up and clarifications in the P/C Statement of Actuarial Opinion Instructions. Changes were adopted by Actuarial Opinion (C) Working Group on 3/1/2022.

Section 1:

- Guidance on continuing education (CE) logs is no longer required because the Casualty Actuarial and Statistical (C) Task Force's CE Log project will not be reoccurring. Actuaries will refer to their respective societies for guidance on CE Logs.
- Additional guidance is provided on documentation of the board review of Qualification Documentation (QD) for companies that are part of a group whose parent board reviews QD on behalf of all subsidiaries. Guidance on this question has been requested by the industry and the Working Group has consulted the Financial Examination Handbook (E) Technical Group on the appropriate response.

Section 3: An additional requirement is added in the IDENTIFICATION paragraph for Appointed Actuaries to confirm that qualification documentation has been provided to the Board of Directors. This statement in the IDENTIFICATION paragraph will assist regulators in determining whether this requirement has been met.

Section 8: Clarification that the signature block requirements apply to the Statement of Actuarial Opinion only. The Actuarial Report should reproduce the same information, though not necessarily in the same format. It has been reported that Appointed Actuaries often provide the required information in a slightly different format within the Actuarial Report, necessitating Financial Examiners to create meaningless findings/objections just because the information doesn't follow the exact format. The Working Group members agree that the prescribed format is applicable to the Actuarial Opinion only and the format in the Actuarial Report may vary.

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

ACTUARIAL OPINION

1. There is to be included with or attached to Page 1 of the Annual Statement the statement of the Appointed Actuary, entitled “Statement of Actuarial Opinion” (Actuarial Opinion), setting forth his or her opinion relating to reserves specified in the SCOPE paragraph. The Actuarial Opinion, both the narrative and required Exhibits, shall be in the format of and contain the information required by this section of the *Annual Statement Instructions – Property and Casualty*.

Upon initial engagement, the Appointed Actuary must be appointed by the Board of Directors by Dec. 31 of the calendar year for which the opinion is rendered. The Company shall notify the domiciliary commissioner within five business days of the initial appointment with the following information:

- a. Name and title (and, in the case of a consulting actuary, the name of the firm).
- b. Manner of appointment of the Appointed Actuary (e.g., who made the appointment and when).
- c. A statement that the person meets the requirements of a Qualified Actuary (or was approved by the domiciliary commissioner) and that documentation was provided to the Board of Directors.

Once this notification is furnished, no further notice is required with respect to this person unless the Board of Directors takes action to no longer appoint or retain the actuary or the actuary no longer meets the requirements of a Qualified Actuary.

If subject to the *U.S. Qualification Standards*, the Appointed Actuary shall annually attest to having met the continuing education requirements under Section 3 of the *U.S. Qualification Standards* for issuing Actuarial Opinions. As agreed with the actuarial organizations, the Casualty Actuarial Society (CAS) and Society of Actuaries (SOA) will determine the process for receiving the attestations for their respective members and make available the attestations to the public. An Appointed Actuary subject to the *U.S. Qualification Standards* and not a member of the CAS or SOA shall select one of the above organizations to submit their attestation.

~~In accordance with the CAS and SOA’s continuing education review procedures, an Appointed Actuary who is subject to the *U.S. Qualification Standards* and selected for review shall submit a log of their continuing education in a form determined by the CAS and SOA. The log shall include categorization of continuing education approved for use by the Casualty Actuarial and Statistical Task Force. As agreed with the actuarial organizations, the CAS and SOA will provide an annual consolidated report to the NAIC identifying the types and subject matter of continuing education being obtained by Appointed Actuaries. An Appointed Actuary subject to the *U.S. Qualification Standards* and not a member of the CAS or SOA shall follow the review procedures for the organization in which they submitted their attestation.~~

The Appointed Actuary shall provide to the Board of Directors qualification documentation on occasion of their appointment, and on an annual basis thereafter, directly or through company management. The documentation should include brief biographical information and a description of how the definition of “Qualified Actuary” is met or expected to be met (in the case of continuing education) for that year. The documentation should describe the Appointed Actuary’s responsible experience relevant to the subject of the Actuarial Opinion. The Board of Directors shall document ~~the company’s~~ their review of those materials and any other information they may deem relevant, including information that may be requested directly from the Appointed Actuary. It is generally expected that the review of the Appointed Actuary’s qualification documentation should take place at the level within a holding company structure that is responsible for overseeing insurance operations. If a statutory entity is a subsidiary or a non-lead pool member with an Appointed Actuary whose qualifications were reviewed by the pool lead or principal’s Board, the statutory entity’s Board can satisfy the review requirement by acknowledging the parent Board’s review. This can be done by noting in the meeting minutes the name of the principal or lead entity and the date the parent Board reviewed the qualification documentation, or by attaching a copy of the parent Board’s meeting minutes reflecting their review of the qualification documentation. The qualification documentation shall be considered workpapers and be available for inspection upon regulator request or during a financial examination.

If an actuary who was the Appointed Actuary for the immediately preceding filed Actuarial Opinion is replaced by an action of the Board of Directors, the Insurer shall within five (5) business days notify the Insurance Department of the state of domicile of this event. The Insurer shall also furnish the domiciliary commissioner with a separate letter within ten (10) business days of the above notification stating whether in the twenty-four (24) months preceding such event there were any disagreements with the former Appointed Actuary regarding the content of the opinion on matters of the risk of material adverse deviation, required disclosures, scope, procedures, type of opinion issued, substantive wording of the opinion or data quality. The disagreements required to be reported in response to this paragraph include both those resolved to the former Appointed Actuary's satisfaction and those not resolved to the former Appointed Actuary's satisfaction. The letter should include a description of the disagreement and the nature of its resolution (or that it was not resolved). Within this same ten (10) business days, the Insurer shall in writing also request such former Appointed Actuary to furnish a letter addressed to the Insurer stating whether the Appointed Actuary agrees with the statements contained in the Insurer's letter and, if not, stating the reasons for which he or she does not agree. The former Appointed Actuary shall provide a written response to the insurer within ten (10) business days of such request, and the Insurer shall furnish such responsive letter from the former Appointed Actuary to the domiciliary commissioner together with its own responses.

The Appointed Actuary must report to the Board of Directors each year on the items within the scope of the Actuarial Opinion. The Actuarial Opinion and the Actuarial Report must be made available to the Board of Directors. The minutes of the Board of Directors should indicate that the Appointed Actuary has presented such information to the Board of Directors and identify the manner of presentation (e.g., webinar, in-person presentation, written). A separate Actuarial Opinion is required for each company filing an Annual Statement. When there is an affiliated company pooling arrangement, one Actuarial Report for the aggregate pool is sufficient, but there must be addendums to the Actuarial Report to cover non-pooled reserves for individual companies.

The Actuarial Opinion and the supporting Actuarial Report and workpapers should be consistent with the appropriate Actuarial Standards of Practice (ASOPs), including, but not limited to, ASOP No. 23, ASOP No. 36, ASOP No. 41 and ASOP No. 43, as promulgated by the Actuarial Standards Board.



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1C. Reporting Requirements for Pooled Companies

For each company in the pool, the Appointed Actuary shall include a description of the pool, identification of the lead company and a listing of all companies in the pool, their state of domicile and their respective pooling percentages.

Exhibits A and B for each company in the pool should represent the company's share of the pool and should reconcile to the financial statement for that company.

The following paragraph applies to companies that have a 0% share of the pool (no reported Schedule P data). The company shall submit an Actuarial Opinion that reads similar to that provided for the lead company. For example, the IRIS ratio and risk of material adverse deviation discussions, and other relevant comments shall relate to the risks of the lead company in the pool. The Exhibit B responses to question 5 should be \$0 and to question 6 should be "not applicable." Exhibits A and B of the lead company should be attached as an addendum to the PDF file and/or hard copy being filed (but would not be reported by the 0% companies in their data capture).

2. The Actuarial Opinion must consist of an IDENTIFICATION paragraph identifying the Appointed Actuary; a SCOPE paragraph identifying the subjects on which an opinion is to be expressed and describing the scope of the Appointed Actuary's work; an OPINION paragraph expressing his or her opinion with respect to such subjects; and one or more additional RELEVANT COMMENTS paragraphs. These four sections must be clearly designated.

- 3. The IDENTIFICATION paragraph should indicate the Appointed Actuary’s relationship to the Company, qualifications for acting as Appointed Actuary and date of appointment and specify that the appointment was made by the Board of Directors. Additionally, the IDENTIFICATION paragraph should include a statement asserting that the Appointed Actuary has complied with the requirement to provide qualification documentation to the Board of Directors, either directly or through company management.

If the Appointed Actuary was approved by the Academy to be a “Qualified Actuary,” with or without limitation, or if the Appointed Actuary is not a Qualified Actuary but was approved by the domiciliary commissioner, the company must attach, each year, the approval letter and reference such in the identification paragraph.



Detail Eliminated to Conserve Space

- 8. ~~The Actuarial Opinion and the Actuarial Report~~ should conclude with the signature of the Appointed Actuary responsible for providing the Actuarial Opinion and the ~~respective dates~~ date when the Actuarial Opinion was rendered ~~and the Actuarial Report finalized~~. The signature and date should appear in the following format:

 Signature of Appointed Actuary
 Printed name of Appointed Actuary
 Employer’s name
 Address of Appointed Actuary
 Telephone number of Appointed Actuary
 Email address of Appointed Actuary
 Date opinion was rendered

The same information should be reproduced within the Actuarial Report, along with the date the Actuarial Report was finalized.



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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>03/03/2022</u></p> <p>CONTACT PERSON: <u>Pat Allison</u></p> <p>TELEPHONE: <u>816-783-8528</u></p> <p>EMAIL ADDRESS: <u>pallison@naic.org</u></p> <p>ON BEHALF OF: <u>LATF</u></p> <p>NAME: <u>Mike Boerner, Chair</u></p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p>	<p style="text-align: center;"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # <u>2022-09BWG</u></p> <p>Year <u>2022</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;"><u>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</u></p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;"><u>DISPOSITION</u></p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[X] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input checked="" type="checkbox"/> QUARTERLY STATEMENT | <input type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

See next page for details of changes to the VM-20 Reserves Supplement and Supplemental Exhibits and Schedules Interrogatories (Quarterly Statement).

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

Changing the reporting for the Life PBR Exemption, corresponding to changes in the Life PBR Exemption in the Valuation Manual.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

IDENTIFICATION OF ITEM(S) TO CHANGE

VM-20 Reserves Supplement Blank:

- Part 2: Add Question 3, a disclosure of the year that the Life PBR Exemption was actively filed and a confirmation of the eligibility criteria in the case of ongoing exemptions. Also, correct references to a state “granting” an exemption, since this is often not the case (e.g., the exemption may be allowed).

VM-20 Reserves Supplement Instructions:

- Add instructions for the new disclosure item, Question 3. Also, correct references to a state “granting” an exemption, since this is often not the case (e.g., the exemption may be allowed).

Supplemental Exhibits and Schedules Interrogatories (Quarterly Statement):

- For Question 8, add instructions for how to respond if the company is utilizing the ongoing exemption. The same instructions can also be found in the *Valuation Manual*, Section II, Subsection 1.G.1.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

VM-20 RESERVES SUPPLEMENT – PART 2**Life PBR Exemption**

This section of the Supplement should be completed by a company that ~~has filed~~ was allowed and been granted a Life PBR Exemption ~~from~~ by its state of domicile. Depending on state requirements, “allowed” may mean “granted”, “acknowledged”, “not rejected”, or similar language.

If a company ~~has~~ was ~~allowed~~ a Life PBR Exemption ~~by its state of domicile~~ been granted a Life PBR Exemption, the company must indicate the source of the Life PBR Exemption, which could be defined in a state statute, a state regulation or in the NAIC-adopted *Valuation Manual*. If the source of the ~~granted~~ Life PBR Exemption is not the NAIC-adopted *Valuation Manual*, the company must disclose the criteria of the state’s Life PBR Exemption that the company has met, and the company must disclose the minimum reserve requirements that are required by the state of domicile. If the minimum reserve requirements of the state of domicile are the same as those specified in the NAIC-adopted *Valuation Manual*, the company may indicate: “Same as NAIC VM”. If the criteria for the Life PBR Exemption is the same as or substantially similar to the NAIC-adopted *Valuation Manual*, the company must also disclose the calendar year that the Life PBR Exemption was filed with and allowed by its state of domicile. If that calendar year is prior to the year of the annual statement, then the company must confirm that they meet the criteria for an ongoing exemption.

Companies whose individual ordinary life business is exempted from the requirements of VM-20 pursuant to a Life PBR Exemption are not required to complete Part 1 of this VM-20 Supplement.

QUARTERLY STATEMENT BLANK – LIFE/FRATERNAL

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

Response



Detail Eliminated To Conserve Space

- 8. Will the Life PBR Statement of Exemption be filed with the state of domicile by July 1st and electronically with the NAIC with the second quarterly filing per the Valuation Manual (by August 15)? (2nd Quarter Only) The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. In the case of an ongoing statement of exemption, enter "SEE EXPLANATION" and provide as an explanation that the company is utilizing an ongoing statement of exemption.

AUGUST FILING

- 9. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>03/03/2022</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Dale Bruggeman</u></p> <p>TITLE: <u>Chair SAPWG</u></p> <p>AFFILIATION: <u>Ohio Department of Insurance</u></p> <p>ADDRESS: <u>50W. Town St., 3rd Fl., Ste. 300</u> <u>Columbus, OH 43215</u></p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2022-10BWG</u> Year <u>2022</u> Changes to Existing Reporting [X] New Reporting Requirement []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X] Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p>[] Rejected For Public Comment [] Referred To Another NAIC Group [X] Received For Public Comment [] Adopted Date _____ [] Rejected Date _____ [] Deferred Date _____ [] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input checked="" type="checkbox"/> QUARTERLY STATEMENT | <input type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Add instructions to Schedule T, State pages and Accident and Health Policy Experience Exhibit to clarify guidance for reporting premium adjustments by jurisdiction.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this proposal is to clarify the reporting premium adjustments by jurisdiction due to an issue identified in reporting of Affordable Care Act (ACA) premium adjustments not being reported by jurisdiction. A minority of companies put premium adjustments in aggregate other alien instead of allocating by jurisdiction. Although ACA premium was the issue identified, the reporting instructions revisions are for premium adjustments.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

Proposal being exposed concurrently with SAPWG.

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – HEALTH

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

A schedule must be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, or has direct amounts paid, incurred or unpaid for provisions of health care services. In addition, a schedule must be prepared and submitted that contains the grand total (GT) for the company. To other states in which the company is licensed it should submit a schedule for that state.

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits, and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

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SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

Premiums are reported on a written basis, gross of reinsurance.

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits, and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

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Line 58 – Aggregate Other Alien

Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Line 58 for Other Alien.” All U.S. business shall be allocated by state regardless of license status.

Line 60 – Reporting Entity Contributions for Employee Benefit Plans

Report the reporting entity’s share of costs for employee benefit plans. Exclude any premiums paid by employees; these should be allocated to the states as above.

Line 61 – Total (Direct Business)

The sum of Column 2, 3, 4, 5, 6, 7 and 8, Line 61 should equal the Underwriting and Investment Exhibit, Part 1, Column 1, Line 12.

Details of Write-ins Aggregated at Line 58 for Other Alien

List separately each alien jurisdiction for which there is no pre-printed line on Schedule T.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

If the premium from an alien jurisdiction is due to relocation of current policyholders, the amount may be aggregated and reported as “Other Alien.” Premiums from jurisdictions in which there is active writing must be reported by jurisdiction and include premium from relocated policyholders residing in the respective jurisdiction.

Identify each alien jurisdiction by using a **three-character (ISO Alpha 3) country code followed by the name of the country (e.g., DEU Germany)**. For premium that can be aggregated and reported as “Other Alien” as stated in the previous paragraph, use “ZZZ” for the country code and “Other Alien” for the country name. A comprehensive listing of country codes is available in the appendix of these instructions.

Include summary of remaining write-ins for Line 58 from the Overflow page on the separate line indicated.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

STATE PAGE

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid or direct losses incurred. To other states in which the company is licensed it should submit only a schedule for that state.

Direct premiums by state may be estimated by formula on the basis of countrywide ratios for the respective lines of business except where adjustments are required to recognize special situations.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Company’s participation in the FEGLI and SGLI policies is shown in this exhibit as direct business.

This exhibit should be shown excluding reinsurance assumed. Reinsurance ceded should not be deducted.

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SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

This schedule is intended to exhibit the amount of premium and annuity considerations, and deposit-type contracts allocated to each state. For Life Companies only, this Schedule also provides: (a) the starting point for the calculation of state premium taxes, and (b) the starting point for the calculation of premium-based, state guaranty association assessments. (The basis for such assessments is developed in the Life, Health and Annuity Guaranty Association Assessable Premium Exhibit, not in Schedule T.) See the instructions to the Life, Health and Annuity Guaranty Association Assessable Premium Exhibit for allocated and unallocated annuities reported in Columns 3, 5, and 7.

Report premiums and annuity considerations for life and health contracts and deposit-type contracts for direct business. Exclude contract proceeds left with the reporting entity, such as amounts for supplemental contracts, dividend or refund accumulations and other similar items. Dividends or refunds on contracts that are used to pay renewal life and accident and health insurance premiums or annuity considerations should be included in the amounts allocated to the states and territories in Columns 2, 3, 4 and 5.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Refer to *SSAP No. 50—Classifications of Insurance or Managed Care Contracts* for life, accident and health and deposit-type contract definitions, *SSAP No. 51R—Life Contracts* and *SSAP No. 52—Deposit-Type Contracts* for accounting guidance.

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Line 58 – Aggregate Other Alien

Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Line 58 for Other Alien.” All U.S. business must be allocated by state regardless of license status.



Detail Eliminated to Conserve Space

Details of Write-ins Aggregated on Line 58 for Other Alien

List separately each alien jurisdiction for which there is no pre-printed line on Schedule T.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

If the premium from an alien jurisdiction is due to relocation of current policyholders, the amount may be aggregated and reported as “Other Alien.” Premiums from jurisdictions in which there is active writing must be reported by jurisdiction and include premium from relocated policyholders residing in the respective jurisdiction.

Identify each alien jurisdiction by using a **three-character (ISO Alpha 3) country code followed by the name of the country (e.g., DEU Germany)**. For premium that can be aggregated and reported as “Other Alien” as stated in the previous paragraph, use “ZZZ” for the country code and “Other Alien” for the country name. A comprehensive listing of country codes is available in the appendix of these instructions.

Include summary of remaining write-ins for Line 58 from the Overflow page on the separate line indicated.



Detail Eliminated to Conserve Space

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

EXHIBIT OF PREMIUMS AND LOSSES

DIRECT BUSINESS IN THE STATE OF...

(Statutory Page 14 Data)

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid, direct losses incurred or direct losses unpaid. To other states in which the company is licensed it should submit only a schedule for that state.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

For definitions of lines of business, see the appendix of these instructions.

Data for Annual Statement Line 30 – Warranty should be reported prospectively (i.e., prior-year amounts need not be restated) starting with the 2008 reporting year.

Data for Annual Statement Line 29 – International should be reported on the page for “Other Alien” and the “Grand Total” page.

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SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

This schedule is intended to report premiums, losses and other items allocated to each state or territory during the current reporting period, regardless of the reporting entity’s license status in that state or territory. Allocation of premiums and the other items reported on this schedule should be based on the physical location of the insured risk (except individual and group health insurance). Amounts reported as losses should be assigned to the state in which the associated premium has been allocated.

All U.S. business must be allocated by state regardless of license status.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

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↑ **Detail Eliminated to Conserve Space** ===== ↓

Line 58 – Aggregate Other Alien

Enter the total of the write-ins listed in Schedule Details of Write-ins Aggregated at Line 58 for Other Alien. All U.S. business must be allocated by state regardless of license status.

Details of Write-ins Aggregated at Line 58 for Other Alien

List separately each alien jurisdiction for which there is no pre-printed line on Schedule T.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

If the premium from an alien jurisdiction is due to relocation of current policyholders, the amount may be aggregated and reported as “Other Alien.” Premiums from jurisdictions in which there is active writing must be reported by jurisdiction and include premium from relocated policyholders residing in the respective jurisdiction.

Identify each alien jurisdiction by using a **three-character (ISO Alpha 3) country code followed by the name of the country (e.g., DEU Germany)**. For premium that can be aggregated and reported as “Other Alien” as stated in the previous paragraph, use “ZZZ” for the country code and “Other Alien” for the country name. A comprehensive listing of country codes is available in the appendix of these instructions.

Include summary of remaining write-ins for Line 58 from the Overflow page on the separate line indicated.

Explanation of basis of allocation of premiums by states, etc

Provide a detailed explanation of the by-state and territory allocation of premium and other considerations used by the reporting entity. The explanation should be detailed enough to determine compliance with state laws and regulations.

Footnote (a):

Provide the total of each active status code in Column 1. The sum of all the counts of all active status codes should equal 57.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, HEALTH AND PROPERTY

SCHEDULE T – PART 2

**INTERSTATE COMPACT –EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

This exhibit is to be completed by all reporting entities. The purpose of the Interstate Compact is to promote and protect the interest of consumers of individual and group annuity, life insurance, disability income and long-term care insurance products through establishing a central clearinghouse to receive and provide prompt review of insurance products covered under the Compact pursuant to adopted uniform product standards. The Interstate Compact uses premium volume information statutorily reported to the NAIC for several purposes including the composition of the Compact Commission Management Committee. Data to be reported on this schedule should include all premiums for that line of business, not just for those policies that apply to the Compact.

Report direct business only.

Report premiums based on the instructions for allocating premiums between lines of business and jurisdictions for Schedule T.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.


Detail Eliminated to Conserve Space

Line 58 – Aggregate Other Alien

Enter the total of all alien business in the appropriate columns. Details by countries are not required.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Life and Fraternal

Line 59 – Totals

Column 1 amount should equal Schedule T, Line 59, Column 2.

Column 2 amount should equal Schedule T, Line 59, Column 3.

Column 5 amount should equal Schedule T, Line 59, Column 7.

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This exhibit is required to be filed no later than April 1.

A schedule must be prepared and submitted to the state of domicile for each jurisdiction in which the company has Written Premium (Direct), Earned Premium (Direct, Assumed and Ceded) or Incurred Claims (Direct, Assumed and Ceded). In addition, a schedule must be prepared and submitted that contains the grand total (GT) for the company.

1. The name of the company must be clearly shown at the top of each page or pages.
2. The Exhibit will show information concerning direct business on policy forms approved for use in the United States with a final total for all policy forms (including non-U.S. policy forms) on the bottom line of the Exhibit.

The Exhibit will show information for each listed product for Individual, Group, and Other business categories. Subtotals by product within the individual category are required for all columns.

3. This Exhibit should not include any data pertaining to double indemnity, waiver of premiums and other disability benefits embodied in life contracts.
4. Include membership charges, modal loadings, and policy fees, if any, with premiums earned (Column 2).

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.



Detail Eliminated to Conserve Space



QUARTERLY STATEMENT INSTRUCTIONS – HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

CURRENT YEAR TO DATE – ALLOCATED BY STATES AND TERRITORIES

All U.S. business must be allocated by state regardless of license status. Premiums are reported on a year-to-date written basis, gross of reinsurance.

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.


Detail Eliminated to Conserve Space


Line 58 – Aggregate Other Alien

Enter the total of write-ins listed in schedule Details of Write-ins Aggregated at Line 58 for Other Alien. All U.S. business shall be allocated by state regardless of license status.

Line 60 – Reporting Entity Contributions for Employee Benefit Plans

Report the reporting entity’s share of costs for employee benefit plans. Exclude any premiums paid by employees; these should be allocated to the states as above.

Details of Write-ins Aggregated at Line 58 for Other Alien

List separately each alien jurisdiction for which there is no pre-printed line on Schedule T.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

If the premium from an alien jurisdiction is due to relocation of current policyholders, the amount may be aggregated and reported as “Other Alien.” Premiums from jurisdictions in which there is active writing must be reported by jurisdiction and include premium from relocated policyholders residing in the respective jurisdiction.

Identify each alien jurisdiction by using a **three-character (ISO Alpha 3) country code followed by the name of the country (e.g., DEU Germany)**. For premium that can be aggregated and reported as “Other Alien” as stated in the previous paragraph, use “ZZZ” for the country code and “Other Alien” for the country name. A comprehensive listing of country codes is available in the appendix of the annual statement instructions.

Include summary of remaining write-ins for Line 58 from the Overflow page on the separate line indicated.

Footnote (a):

Provide the total of each active status code in Column 1. The sum of all the counts of all active status codes should equal 57.

QUARTERLY STATEMENT INSTRUCTIONS – LIFE\FRATERNAL

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

CURRENT YEAR TO DATE – ALLOCATED BY STATES AND TERRITORIES

This schedule is intended to exhibit the amount of premium and annuity considerations, and deposit-type contracts allocated to each state. All U.S. business must be allocated by state regardless of license status. Report year-to-date premiums and annuity considerations for life and accident and health contracts and deposit-type contracts for direct business. Exclude contract proceeds left with the reporting entity, such as amounts for supplemental contracts, dividend or refund accumulations and other similar items. Dividends or refunds on contracts that are used to pay renewal life and accident and health insurance premiums or annuity considerations should be included in the amounts allocated to the states and territories in Columns 2, 3, 4 and 5.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Refer to *SSAP No. 50—Classifications of Insurance or Managed Care Contracts*, for life, accident and health and deposit-type contract definitions; *SSAP No. 51R—Life Contracts*; and *SSAP No. 52—Deposit-Type Contracts*, for accounting guidance.

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↓ ↑ **Detail Eliminated to Conserve Space** =====

Line 58 – Aggregate Other Alien

Enter the total of the write-ins listed in schedule “Details of Write-ins Aggregated at Line 58 for Other Alien.” All U.S. business must be allocated by state regardless of license status.

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↓ ↑ **Detail Eliminated to Conserve Space** =====

Details of Write-ins Aggregated on Line 58 for Other Alien

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All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

If the premium from an alien jurisdiction is due to relocation of current policyholders, the amount may be aggregated and reported as “Other Alien.” Premiums from jurisdictions in which there is active writing must be reported by jurisdiction and include premium from relocated policyholders residing in the respective jurisdiction.

Identify each alien jurisdiction by using a **three-character (ISO Alpha 3) country code followed by the name of the country (e.g., DEU Germany)**. For premium that can be aggregated and reported as “Other Alien” as stated in the previous paragraph, use “ZZZ” for the country code and “Other Alien” for the country name. A comprehensive listing of country codes is available in the appendix of the annual statement instructions.

Include summary of remaining write-ins for Line 58 from the Overflow page on the separate line indicated.

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↓ ↑ **Detail Eliminated to Conserve Space** =====

QUARTERLY STATEMENT INSTRUCTIONS – PROPERTY

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

CURRENT YEAR TO DATE – ALLOCATED BY STATES AND TERRITORIES

This schedule is intended to report premiums, losses and other items allocated to each state or territory during the current reporting period, regardless of the reporting entity’s license status in that state or territory. Allocation of premiums and the other items reported on this schedule should be based on the physical location of the insured risk (except individual and group health insurance). Amounts reported as losses should be assigned to the state in which the associated premium has been allocated.

All U.S. business must be allocated by state regardless of license status.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.



Line 58 – Aggregate Other Alien

Enter the total of write-ins listed in schedule Details of Write-ins Aggregated at Line 58 for Other Alien. All U.S. business shall be allocated by state regardless of license status.

Details of Write-ins Aggregated at Line 58 for Other Alien

List separately each alien jurisdiction for which there is no pre-printed line on Schedule T.

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Identify each alien jurisdiction by using a **three-character (ISO Alpha 3) country code followed by the name of the country (e.g., DEU Germany)**. For premium that can be aggregated and reported as “Other Alien” as stated in the previous paragraph, use “ZZZ” for the country code and “Other Alien” for the country name. A comprehensive listing of country codes is available in the appendix of the annual statement instructions.

Include summary of remaining write-ins for Line 58 from the Overflow page on the separate line indicated.

Footnote (a):

Provide the total of each active status code in Column 1. The sum of all the counts of all active status codes should equal 57.

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>3/10/2022</u></p> <p>CONTACT PERSON: <u>Dave Fleming</u></p> <p>TELEPHONE: <u>816-783-8121</u></p> <p>EMAIL ADDRESS: <u>dfleming@naic.org</u></p> <p>ON BEHALF OF: <u>Life Risk-Based Capital (E) Working Group</u></p> <p>NAME: <u>Philip Barlow</u></p> <p>TITLE: <u>Chair</u></p> <p>AFFILIATION: <u>District of Columbia</u></p> <p>ADDRESS: _____</p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2022-11BWG MOD</u></p> <p>Year <u>2022</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact []</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[X] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input checked="" type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Update the AVR factors to correspond with the adopted RBC factors for the expanded bond designation categories.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The AVR factors are linked to the after-tax RBC factors. The Life Risk-Based Capital (E) Working Group adopted changes to the life and fraternal RBC factors for the expanded NAIC Designation Categories for bonds for 2021 yearend reporting. The AVR factors will need to be adjusted where the RBC factors have been changed.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

A worksheet showing comparison of AVR and after-tax RBC factors for 2017, the changes made for the 2018 tax changes and the AVR factors being proposed for 2022 is posted at the Life Risk-Based Capital (E) Working Group website.

The AVR maximum reserve factors were updated to reflect the existing relationship to the RBC after-tax factors. The AVR basic contribution and reserve object factors were updated to reflect the existing relationships to the maximum reserve factors.

** This section must be completed on all forms.

ANNUAL STATEMENT BLANK -LIFE\FRATERNAL AND SEPARATE ACCOUNTS

ASSET VALUATION RESERVE
 BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
 DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
LONG-TERM BONDS												
1		Exempt Obligations.....		XXX	XXX		0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A.....		XXX	XXX		0.00050.0002		0.00160.0007		0.00330.0013	
2.2	1	NAIC Designation Category 1.B.....		XXX	XXX		0.00050.0004		0.00160.0011		0.00330.0023	
2.3	1	NAIC Designation Category 1.C.....		XXX	XXX		0.00050.0006		0.00160.0018		0.00330.0035	
2.4	1	NAIC Designation Category 1.D.....		XXX	XXX		0.00050.0007		0.00160.0022		0.00330.0044	
2.5	1	NAIC Designation Category 1.E.....		XXX	XXX		0.00050.0009		0.00160.0027		0.00330.0055	
2.6	1	NAIC Designation Category 1.F.....		XXX	XXX		0.00050.0011		0.00160.0034		0.00330.0068	
2.7	1	NAIC Designation Category 1.G.....		XXX	XXX		0.00050.0014		0.00160.0042		0.00330.0085	
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7).....		XXX	XXX		XXX		XXX		XXX	
3.1	2	NAIC Designation Category 2.A.....		XXX	XXX		0.0021		0.00640.0063		0.01060.0105	
3.2	2	NAIC Designation Category 2.B.....		XXX	XXX		0.00240.0025		0.00640.0076		0.01060.0127	
3.3	2	NAIC Designation Category 2.C.....		XXX	XXX		0.00240.0036		0.00640.0108		0.01060.0180	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3).....		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A.....		XXX	XXX		0.00990.0069		0.02630.0183		0.03760.0262	
4.2	3	NAIC Designation Category 3.B.....		XXX	XXX		0.0099		0.02630.0264		0.03760.0377	
4.3	3	NAIC Designation Category 3.C.....		XXX	XXX		0.00990.0131		0.02630.0350		0.03760.0500	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3).....		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A.....		XXX	XXX		0.02450.0184		0.05720.0430		0.08170.0615	
5.2	4	NAIC Designation Category 4.B.....		XXX	XXX		0.02450.0238		0.05720.0555		0.08170.0793	
5.3	4	NAIC Designation Category 4.C.....		XXX	XXX		0.02450.0310		0.05720.0724		0.08170.1034	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3).....		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A.....		XXX	XXX		0.06300.0472		0.11280.0846		0.18800.1410	
6.2	5	NAIC Designation Category 5.B.....		XXX	XXX		0.06300.0663		0.11280.1188		0.18800.1980	
6.3	5	NAIC Designation Category 5.C.....		XXX	XXX		0.06300.0836		0.11280.1498		0.18800.2496	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3).....		XXX	XXX		XXX		XXX		XXX	
7	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8		Total Unrated Multi-Class Securities Acquired by Conversion.....		XXX	XXX		XXX		XXX		XXX	
9		Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4 +7+8)		XXX	XXX		XXX		XXX		XXX	
PREFERRED STOCKS												
10	1	Highest Quality.....		XXX	XXX		0.0005		0.0016		0.0033	
11	2	High Quality.....		XXX	XXX		0.0021		0.0064		0.0106	
12	3	Medium Quality.....		XXX	XXX		0.0099		0.0263		0.0376	
13	4	Low Quality.....		XXX	XXX		0.0245		0.0572		0.0817	
14	5	Lower Quality.....		XXX	XXX		0.0630		0.1128		0.1880	
15	6	In or Near Default.....		XXX	XXX		0.0000		0.2370		0.2370	
16		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
SHORT-TERM BONDS												
18		Exempt Obligations.....		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A.....		XXX	XXX		0.00050.0002		0.00160.0007		0.00330.0013	
19.2	1	NAIC Designation Category 1.B.....		XXX	XXX		0.00050.0004		0.00160.0011		0.00330.0023	
19.3	1	NAIC Designation Category 1.C.....		XXX	XXX		0.00050.0006		0.00160.0018		0.00330.0035	
19.4	1	NAIC Designation Category 1.D.....		XXX	XXX		0.00050.0007		0.00160.0022		0.00330.0044	
19.5	1	NAIC Designation Category 1.E.....		XXX	XXX		0.00050.0009		0.00160.0027		0.00330.0055	
19.6	1	NAIC Designation Category 1.F.....		XXX	XXX		0.00050.0011		0.00160.0034		0.00330.0068	
19.7	1	NAIC Designation Category 1.G.....		XXX	XXX		0.00050.0014		0.00160.0042		0.00330.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7).....		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A.....		XXX	XXX		0.0021		0.00640.0063		0.01060.0105	
20.2	2	NAIC Designation Category 2.B.....		XXX	XXX		0.00240.0025		0.00640.0076		0.01060.0127	
20.3	2	NAIC Designation Category 2.C.....		XXX	XXX		0.00240.0036		0.00640.0108		0.01060.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3).....		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A.....		XXX	XXX		0.00990.0069		0.02630.0183		0.03760.0262	
21.2	3	NAIC Designation Category 3.B.....		XXX	XXX		0.0099		0.02630.0264		0.03760.0377	
21.3	3	NAIC Designation Category 3.C.....		XXX	XXX		0.00990.0131		0.02630.0350		0.03760.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3).....		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A.....		XXX	XXX		0.02450.0184		0.05720.0430		0.08170.0615	
22.2	4	NAIC Designation Category 4.B.....		XXX	XXX		0.02450.0238		0.05720.0555		0.08170.0793	
22.3	4	NAIC Designation Category 4.C.....		XXX	XXX		0.02450.0310		0.05720.0724		0.08170.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3).....		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A.....		XXX	XXX		0.06300.0472		0.11280.0846		0.18800.1410	
23.2	5	NAIC Designation Category 5.B.....		XXX	XXX		0.06300.06630		0.11280.1188		0.18800.1980	
23.3	5	NAIC Designation Category 5.C.....		XXX	XXX		0.06300.0836		0.11280.1498		0.18800.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3).....		XXX	XXX		XXX		XXX		XXX	
24	6	NAIC 6.....		XXX	XXX		0.0000		0.2370		0.2370	
25		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24).....		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26		Exchange Traded.....		XXX	XXX		0.0005		0.0016		0.0033	
27	1	Highest Quality.....		XXX	XXX		0.0005		0.0016		0.0033	
28	2	High Quality.....		XXX	XXX		0.0021		0.0064		0.0106	
29	3	Medium Quality.....		XXX	XXX		0.0099		0.0263		0.0376	
30	4	Low Quality.....		XXX	XXX		0.0245		0.0572		0.0817	
31	5	Lower Quality.....		XXX	XXX		0.0630		0.1128		0.1880	
32	6	In or Near Default.....		XXX	XXX		0.0000		0.2370		0.2370	
33		Total Derivative Instruments.....		XXX	XXX		XXX		XXX		XXX	
34		Total (Lines 9+ 17+ 25+ 33).....		XXX	XXX		XXX		XXX		XXX	

**ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT**

Line Number	NAIC Designation	Description	1 Book/ Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
		MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgages – CM1 – Highest Quality.....			XXX		0.0011		0.0057		0.0074	
36		Farm Mortgages – CM2 – High Quality.....			XXX		0.0040		0.0114		0.0149	
37		Farm Mortgages – CM3 – Medium Quality.....			XXX		0.0069		0.0200		0.0257	
38		Farm Mortgages – CM4 – Low Medium Quality.....			XXX		0.0120		0.0343		0.0428	
39		Farm Mortgages – CM5 – Low Quality.....			XXX		0.0183		0.0486		0.0628	
40		Residential Mortgages – Insured or Guaranteed.....			XXX		0.0003		0.0007		0.0011	
41		Residential Mortgages – All Other.....			XXX		0.0015		0.0034		0.0046	
42		Commercial Mortgages – Insured or Guaranteed.....			XXX		0.0003		0.0007		0.0011	
43		Commercial Mortgages – All Other – CM1 – Highest Quality.....			XXX		0.0011		0.0057		0.0074	
44		Commercial Mortgages – All Other – CM2 – High Quality.....			XXX		0.0040		0.0114		0.0149	
45		Commercial Mortgages – All Other – CM3 – Medium Quality.....			XXX		0.0069		0.0200		0.0257	
46		Commercial Mortgages – All Other – CM4 – Low Medium Quality.....			XXX		0.0120		0.0343		0.0428	
47		Commercial Mortgages – All Other – CM5 – Low Quality.....			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48		Farm Mortgages.....			XXX		0.0480		0.0868		0.1371	
49		Residential Mortgages – Insured or Guaranteed.....			XXX		0.0006		0.0014		0.0023	
50		Residential Mortgages - All Other.....			XXX		0.0029		0.0066		0.0103	
51		Commercial Mortgages - Insured or Guaranteed.....			XXX		0.0006		0.0014		0.0023	
52		Commercial Mortgages - All Other.....			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53		Farm Mortgages.....			XXX		0.0000		0.1942		0.1942	
54		Residential Mortgages - Insured or Guaranteed.....			XXX		0.0000		0.0046		0.0046	
55		Residential Mortgages - All Other.....			XXX		0.0000		0.0149		0.0149	
56		Commercial Mortgages - Insured or Guaranteed.....			XXX		0.0000		0.0046		0.0046	
57		Commercial Mortgages - All Other.....			XXX		0.0000		0.1942		0.1942	
58		Total Schedule B Mortgages (Sum of Lines 35 through 57).....			XXX		XXX		XXX		XXX	
59		Schedule DA Mortgages.....			XXX		0.0034		0.0114		0.0149	
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>04/26/2022</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Steve Drutz</u></p> <p>TITLE: <u>Chief Financial Analyst</u></p> <p>AFFILIATION: <u>WA Office of the Insurance Commissioner</u></p> <p>ADDRESS: _____</p>	<p style="text-align: center;"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # <u>2022-12BWG</u></p> <p>Year <u>2023</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p style="text-align: center;"><u>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</u></p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p style="text-align: center;"><u>DISPOSITION</u></p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
---	---

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Combine the Health AnOps Supplement page and the Health Care Receivable Supplement pages (Exhibits 3 and 3A) in to one supplement filing set for Health Blank pages filed as a supplement by Life\Fraternal companies.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of this proposal is to create a single filing set for Health Blank pages filed as a supplement by Life\Fraternal companies similar to the Life Supplement in the filed by Health companies.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

HEALTH SUPPLEMENT

The Health Supplement shall be completed by those companies reporting accident and health business.

This supplement is required to be filed no later than March 1.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

Complete the supplement if the reporting entity has health lines of business to be reported in Columns 2 through 13. Reporting entities that only have non-health lines of business should not complete the supplement.

Riders/Endorsements/Floaters:

If a rider, endorsement or floater acts like a separate policy with separate premium, deductible and limit, then it is to be recorded on the same line of business as if it were a stand-alone policy regardless of whether it is referred to as a rider, endorsement or floater. If there is no additional premium, separate deductible or limit, the rider, endorsement or floater should be reported on the same line of business as the base policy.

Column 1 – Total

Column 1 (Line 19 plus Line 20) minus Column 14 (Line 19 plus Line 20) should equal Analysis of Operations by Lines of Business – Accident and Health Column 1, sum of Lines 21 through 24.

**=====
 **Detail Eliminated to Conserve Space**  =====**

Line 24 – Net Underwriting Gain or (Loss)

Column 1 minus Column 14 should equal Analysis of Operations by Lines of Business – Summary Column 6, Line 29

Detail of Write-ins Aggregated at Line 5 for Other Health Care Related Revenues

Include: Revenue from sources not covered in the other revenue accounts.

Detail of Write-ins at Line 6 for Other Non-Health Revenues

Include: Revenue from life and property/casualty business (non-premium amounts).
 Gains losses on fixed assets.

Details of Write-ins Aggregated at Line 13 for Other Hospital and Medical

Include: Other hospital and medical expenses not covered in the other claims accounts.

EXHIBIT 3 – HEALTH CARE RECEIVABLES

Individually list the greater of any account balances greater than \$10,000 or those that are 10% of gross health care receivables. Use Lines 0100001 through 0699996, as needed. Report gross amounts for insured plans although these amounts may be offset against corresponding liabilities on the balance sheet. Report the aggregate of amounts not individually listed on Lines 0199998 through 0699998. The subtotal and grand total amounts should be reported on the following lines:

<u>Category</u>	<u>Line Number</u>
<u>Pharmaceutical Rebate Receivables.....</u>	<u>0199999</u>
<u>Claim Overpayment Receivables.....</u>	<u>0299999</u>
<u>Loans and Advances to Providers</u>	<u>0399999</u>
<u>Capitation Arrangement Receivables.....</u>	<u>0499999</u>
<u>Risk sharing Receivables</u>	<u>0599999</u>
<u>Other Health Care Receivables</u>	<u>0699999</u>
<u>Gross Health Care Receivables.....</u>	<u>0799999</u>

Column 7 – Admitted

Total line should equal the inset amount on Line 24 of the Asset Page.

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES

The purpose of this exhibit is to analyze health care receivables collected and accrued for the current year compared to the prior year.

This exhibit is based on the gross health care receivable, not just the admitted portion.

Report the total asset (health care receivable) in this exhibit not just the admitted portion. Amounts are gross of reinsurance.

Refer to SSAP No. 84—Health Care and Government Insured Plan Receivables for accounting guidance. (See reporting guidance at https://content.naic.org/cmte_e_app_blanks.htm.)

Columns 1 and 2:

Enter separately in Columns 1 and 2, Lines 1 through 6, all amounts collected or offset during the year accrued prior to the current year and accrued during the current year. Record only those amounts actually collected including offsets, that meet the offset conditions of SSAP No. 64—Offsetting and Netting of Assets and Liabilities.

Line 3 includes amounts charged against those gross health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider as the claims have not been paid as of the statement date.

All amounts collected, including offsets, related to prior year receivables accrued should be reported in Column 1. All amounts collected, including offsets, related to current year receivables accrued should be reported in Column 2.

Columns 3 and 4:

Enter separately in Columns 3 and 4 the gross health care receivables accrual amount between those accrued prior to the current year and those accrued during the year. All amounts accrued related to prior year receivables accrued should be reported in Column 3. All amounts accrued related to current year receivables accrued should be reported in Column 4.

For each of Lines 1 through 7, the sum of Columns 3 through 4 should agree to Exhibit 3 Health Care Receivables, sum of Columns 6 and 7, for each type of health care receivable and in total.

Column 5:

Enter the sum of Columns 1 and 3. This is the amount collected or offset during the current year on health care receivables that were accrued prior to the current year, plus amounts still accrued at the end of the current year, related to the health care receivable accrued at the end of the prior year.

Column 6:

Column 6 reports the amounts of prior year-end accounting accrual for gross health care receivables.

The comparison between Columns 5 and 6 is to the total receivables, not just the portion that is an admitted asset.

HEALTH CARE RECEIVABLES SUPPLEMENT

The Health Care Receivables Supplement shall be completed by those companies reporting accident and health business.

This supplement is required to be filed no later than March 1.

EXHIBIT 3 — HEALTH CARE RECEIVABLES

Individually list the greater of any account balances greater than \$10,000 or those that are 10% of gross health care receivables. Use Lines 0100001 through 0699996, as needed. Report gross amounts for insured plans although these amounts may be offset against corresponding liabilities on the balance sheet. Report the aggregate of amounts not individually listed on Lines 0199998 through 0699998. The subtotal and grand total amounts should be reported on the following lines:

<u>Category</u>	<u>Line Number</u>
Pharmaceutical Rebate Receivables.....	0199999
Claim Overpayment Receivables.....	0299999
Loans and Advances to Providers	0399999
Capitation Arrangement Receivables.....	0499999
Risk sharing Receivables	0599999
Other Health Care Receivables	0699999
Gross Health Care Receivables.....	0799999

Column 7 — Admitted

Total line should equal the inset amount on Line 24 of the Asset Page.

EXHIBIT 3A—ANALYSIS OF HEALTH CARE RECEIVABLES

The purpose of this exhibit is to analyze health care receivables collected and accrued for the current year compared to the prior year.

This exhibit is based on the gross health care receivable, not just the admitted portion.

Report the total asset (health care receivable) in this exhibit not just the admitted portion. Amounts are gross of reinsurance.

Refer to *SSAP No. 84—Health Care and Government Insured Plan Receivables* for accounting guidance. (See reporting guidance at https://content.naic.org/emte_e_app_blanks.htm.)

Columns 1 and 2:

Enter separately in Columns 1 and 2, Lines 1 through 6, all amounts collected or offset during the year accrued prior to the current year and accrued during the current year. Record only those amounts actually collected including offsets, that meet the offset conditions of *SSAP No. 64—Offsetting and Netting of Assets and Liabilities*.

Line 3 includes amounts charged against those gross health care receivables, such as loans or advances to non-related party hospitals, established as prepaid assets that are not expensed until the related claims have been received from the provider as the claims have not been paid as of the statement date.

All amounts collected, including offsets, related to prior year receivables accrued should be reported in Column 1. All amounts collected, including offsets, related to current year receivables accrued should be reported in Column 2.

Columns 3 and 4:

Enter separately in Columns 3 and 4 the gross health care receivables accrual amount between those accrued prior to the current year and those accrued during the year. All amounts accrued related to prior year receivables accrued should be reported in Column 3. All amounts accrued related to current year receivables accrued should be reported in Column 4.

For each of Lines 1 through 7, the sum of Columns 3 through 4 should agree to Exhibit 3 Health Care Receivables, sum of Columns 6 and 7, for each type of health care receivable and in total.

Column 5:

Enter the sum of Columns 1 and 3. This is the amount collected or offset during the current year on health care receivables that were accrued prior to the current year, plus amounts still accrued at the end of the current year, related to the health care receivable accrued at the end of the prior year.

Column 6:

Column 6 reports the amounts of prior year end accounting accrual for gross health care receivables.

The comparison between Columns 5 and 6 is to the total receivables, not just the portion that is an admitted asset.

ANNUAL STATEMENT BLANK – LIFE\FRATERNAL

.....
Affix Bar Code Above

HEALTH SUPPLEMENTS

For the Year Ended December 31, 2022

(To Be Filed By March 1)

Of The..... Insurance Company

Address (City, State and Zip Code)

NAIC Group Code..... NAIC Company Code Employer's ID Number

HEALTH SUPPLEMENT

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Dental Only	6 Vision Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
1. Net premium income														
2. Change in unearned premium reserves and reserve for rate credit														
3. Fee-for-service (net of \$..... medical expenses)														XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues														XXX
6. Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7. Total revenues (Lines 1 to 6)														
8. Hospital/medical benefits														XXX
9. Other professional services														XXX
10. Outside referrals														XXX
11. Emergency room and out-of-area														XXX
12. Prescription drugs														XXX
13. Aggregate write-ins for other hospital and medical														XXX
14. Incentive pool, withhold adjustments and bonus amounts														XXX
15. Subtotal (Lines 8 to 14)														XXX
16. Net reinsurance recoveries														XXX
17. Total hospital and medical (Lines 15 minus 16)														XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$..... cost containment expenses														
20. General administrative expenses														
21. Increase in reserves for accident and health contracts														XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)														
24. Net underwriting gain or (loss) (Line 7 minus Line 23)														
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables
2. Claim overpayment receivables
3. Loans and advances to providers
4. Capitation arrangement receivables
5. Risk sharing receivables
6. Other health care receivables
7. Totals (Lines 1 through 6)

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

HEALTH CARE RECEIVABLES SUPPLEMENT

EXHIBIT 3A — ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables
2. Claim overpayment receivables
3. Loans and advances to providers
4. Capitation arrangement receivables
5. Risk sharing receivables
6. Other health care receivables
7. Totals (Lines 1 through 6)

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p style="text-align: right;">DATE: <u>04/29/2022</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Jacob W. Garn</u></p> <p>TITLE: <u>Director, Financial Regulation & Licensing</u></p> <p>AFFILIATION: <u>Utah Insurance Department</u></p> <p>ADDRESS: <u>4315 South 2700 West, Ste. 2300</u> <u>Taylorsville, UT 84129</u></p>	<p style="text-align: center;"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # <u>2022-13BWG</u> Year <u>2023</u> Changes to Existing Reporting [X] New Reporting Requirement []</p> <p style="text-align: center;"><u>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</u></p> <p>No Impact [X] Modifies Required Disclosure []</p> <p style="text-align: center;"><u>DISPOSITION</u></p> <p>[] Rejected For Public Comment [] Referred To Another NAIC Group [] Received For Public Comment [] Adopted Date _____ [] Rejected Date _____ [] Deferred Date _____ [] Other (Specify) _____</p>
--	---

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Modify Five-Year Historical Data questions 68 and 69 to reference group comprehensive and modify questions 70 and 71 to reflect inclusion of all health lines of business other than group comprehensive. Crosschecks for these questions are being modifies accordingly.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

The purpose of the proposal is to make changes to the Five-Year Historical Data questions 68 through 71 to reflect the changes to the lines of business captured on Schedule H.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

FIVE-YEAR HISTORICAL DATA



A & H Claim Reserve Adequacy

Line 68 – Incurred Losses on Prior Years’ Claims – Group Comprehensive Health

2022 through current year Schedule H, Part 3, Line 3.1, Column 3

~~2022~~..... ~~Should be consistent with business reported on Schedule H, Part 3, Line 3.1, Column 2 in 2021~~

~~2018 through 2021~~ ~~Schedule H, Part 3, Line 3.1, Column 2~~

Line 69 – Prior Years’ Claim Liability and Reserve – Group Comprehensive Health

2022 through current year Schedule H, Part 3, Line 3.2, Column 3

~~2022~~..... ~~Should be consistent with business reported on Schedule H, Part 3, Line 3.2, Column 2 in 2021~~

~~2018 through 2021~~ ~~Schedule H, Part 3, Line 3.2, Column 2~~

Line 70 – Incurred Losses on Prior Years’ Claims – Health Other than Group Comprehensive

2022 through current year Schedule H, Part 3, Line 3.1, Column 1 less Column 3

~~2022~~..... ~~Should be consistent with business reported on Schedule H, Part 3, Line 3.1, Column 1 less Column 2 in 2021~~

~~2018 through 2021~~ ~~Schedule H, Part 3, Line 3.1, Column 1 less Column 2~~

Line 71 – Prior Years’ Claim Liability and Reserve – Health Other than Group Comprehensive

2022 through current year Schedule H, Part 3, Line 3.2, Column 1 less Column 3

~~2022~~..... ~~Should be consistent with business reported on Schedule H, Part 3, Line 3.2, Column 1 less Column 2 in 2021~~

~~2018 through 2021~~ ~~Schedule H, Part 3, Line 3.2, Column 1 less Column 2~~



ANNUAL STATEMENT BLANK – LIFE\FRATERNAL

FIVE-YEAR HISTORICAL DATA
(Continued)

	1 2023	2 2022	3 2021	4 2020	5 2019
A & H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims-group_comprehensive health (Sch. H, Part 3, Line 3.1, Col. 3).....			XXX	XXX	XXX
69. Prior years' claim liability and reserve-group_comprehensive health (Sch. H, Part 3, Line 3.2, Col. 3).....			XXX	XXX	XXX
70. Incurred losses on prior years' claims-health other than group_comprehensive (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 3).....			XXX	XXX	XXX
71. Prior years' claim liability and reserve-health other than group_comprehensive (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 3).....			XXX	XXX	XXX



Detail Eliminated to Conserve Space



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Blanks (E) Working Group
Editorial Revisions to the Blanks and Instructions
(presented at the May 25, 2022, Meeting)

Statement Type:

H = Health; L/F = Life/Fraternal Combined; P/C = Property/Casualty; SA = Separate Accounts; T = Title

Effective	Table Name	Description	Statement Type	Filing Type
2022	Asset Valuation Reserve-Equity	CHANGE TO BLANK Change line 93, columns 5, 7 and 9 to block data entry on percentage columns. Missed on proposal 2021-23BWG.	L/F	Annual
2022	Underwriting and Investment Exhibit, Part 2A	CHANGE TO BLANK Footnote reference inadvertently removed from column 8 when accident and health lines of business were expanded. Reference (a) added to column 8 for all lines 13 and 15. 2020-33BWG	P	Annual
2022	Exhibit 7	CHANGE TO BLANK Make changes to the line description or Lines 1, 2, 5 and 6 of the footnote. (a) FHLB Funding Agreements <ol style="list-style-type: none"> 1. Reported as a-GICs (captured in column 2): 2. Reported as an-Annuities Certain (captured in column 3): 3. Reported as Supplemental Contracts (captured in column 4): 4. Reported as Dividend Accumulations or Refunds (captured in column 5) 5. <u>Reported Issued</u> as Premium or Other Deposit Funds (captured in column 6): 6. Total <u>Reported Issued</u> as Deposit-Type Contracts (captured in column 1): (Sum of Lines 1 through 6) 	L/F	Annual
2022	Insurance Expense Exhibit, Parts II and III Exhibit of Premiums and Losses Underwriting and Investment Exhibits Quarterly: Part 1 and Part 2	CHANGE TO BLANK For line 15.8 – Federal Employees Health Benefit Plan, Proposal 2020-33BWG included the word “premium” after the FEHBP line description. Many of these tables also cover losses, reserves, etc. Therefore, the premium reference is misleading and/or unnecessary. This also makes the row label consistent with the 2022 quarterly blank.	P	Quarterly/ Annual

Effective	Table Name	Description	Statement Type	Filing Type
2022	Five-Year Historical Data	<p>CHANGE TO BLANK</p> <p>Crosschecks for Lines 68 through 71 as they are no longer valid for 2022.</p> <p><u>A & H Claim Reserve Adequacy</u></p> <p>68. Incurred losses on prior years' claims-group health (Sch. H, Part 3, Line 3.1, Col. 2)</p> <p>69. Prior years' claim liability and reserve-group health (Sch. H, Part 3, Line 3.2, Col. 2)</p> <p>70. Incurred losses on prior years' claims-health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2)</p> <p>71. Prior years' claim liability and reserve-health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2)</p>	L/F	Annual

Effective	Table Name	Description	Statement Type	Filing Type
2022	Five-Year Historical Data	<p>CHANGE TO INSTRUCTION</p> <p>Crosschecks for Lines 68 through 71 as they are no longer valid for 2022.</p> <p><u>A & H Claim Reserve Adequacy</u></p> <p>Line 68 – Incurred Losses on Prior Years’ Claims – Group Health</p> <p style="padding-left: 40px;"><u>2022.....</u> Should be consistent with business reported on Schedule H, Part 3, Line 3.1, Column 2 in 2021</p> <p style="padding-left: 40px;"><u>2018 through 2021 All years.....</u> Schedule H, Part 3, Line 3.1, Column 2</p> <p>Line 69 – Prior Years’ Claim Liability and Reserve – Group Health</p> <p style="padding-left: 40px;"><u>2022.....</u> Should be consistent with business reported on Schedule H, Part 3, Line 3.2, Column 2 in 2021</p> <p style="padding-left: 40px;"><u>2018 through 2021 All years.....</u> Schedule H, Part 3, Line 3.2, Column 2</p> <p>Line 70 – Incurred Losses on Prior Years’ Claims – Health Other than Group</p> <p style="padding-left: 40px;"><u>2022.....</u> Should be consistent with business reported on Schedule H, Part 3, Line 3.1, Column 1 less Column 2 in 2021</p> <p style="padding-left: 40px;"><u>2018 through 2021 All years.....</u> Schedule H, Part 3, Line 3.1, Column 1 less Column 2</p> <p>Line 71 – Prior Years’ Claim Liability and Reserve – Health Other than Group</p> <p style="padding-left: 40px;"><u>2022.....</u> Should be consistent with business reported on Schedule H, Part 3, Line 3.2, Column 1 less Column 2 in 2021</p> <p style="padding-left: 40px;"><u>2018 through 2021 All years.....</u> Schedule H, Part 3, Line 3.2, Column 1 less Column 2</p>	LVF	Annual

Effective	Table Name	Description	Statement Type	Filing Type
2022	Insurance Expense Exhibit, Part II	<p>CHANGE TO INSTRUCTION</p> <p>Add instruction to clarify reporting of Agent Balances in Column 19 as shown below.</p> <p>Column 41 should equal Part II Column 37 + Column 39.</p> <p><u>Column 21 should agree with Annual Statement, Assets Page, Line 15.1 plus Line 15.2, Column 3, net of balances relating to reinsurance.</u></p> <p>Line 30 – Warranty</p> <p style="padding-left: 40px;">Data for this line should be reported prospectively (i.e., prior-year amounts need not be restated) starting with the 2008 reporting year.</p>	P/C	Annual
2022	LOB Definitions in Appendix	<p>CHANGE TO INSTRUCTION</p> <p>Remove reference to disability and long-term care because they are reported separately starting in 2022.</p> <p><u>Other (Specify):</u></p> <p style="padding-left: 40px;">Coverage provided by entities that do not fall within any of the other categories, including stop loss, disability and long term care. Indemnity plans where the insured person is reimbursed for covered expenses would fall within this area.</p>	H	Annual
2022	Underwriting & Expense Exhibit, Part 1	<p>CHANGE TO INSTRUCTION</p> <p>Remove the reference to “premium” in the line description for ASL 15.8 – Federal Employees Health Benefits Plan</p> <p>Line 15.8 – Federal Employees Health Benefits Plan Premium</p> <p style="padding-left: 40px;">Column 4 should agree with Schedule H, Part 1, Line 2 minus Line 6, Column 13.</p>	P/C	Annual

Effective	Table Name	Description	Statement Type	Filing Type
2022	Underwriting & Expense Exhibit, Part 1A	<p>CHANGE TO INSTRUCTION</p> <p>Remove the reference to “premium” in the line description for ASL 15.8 – Federal Employees Health Benefits Plan</p> <p>Line 15.8 – Federal Employees Health Benefits Plan Premium</p> <p>Column 1 plus Column 2 should agree with Schedule H, Part 2, Line A1, Columns 7.</p>	PC	Annual
2022	Underwriting & Expense Exhibit, Part 1B	<p>CHANGE TO INSTRUCTION</p> <p>Remove the reference to “premium” in the line description for ASL 15.8 – Federal Employees Health Benefits Plan</p> <p>Line 15.8 – Federal Employees Health Benefits Plan Premium</p> <p>Column 2 plus Column 3 should agree with Schedule H, Part 4, Line A1, Columns 7.</p> <p>Column 4 plus Column 5 should agree with Schedule H, Part 4, Line B1, Columns 7.</p> <p>Column 6 should agree with Schedule H, Part 1, Line 1, Columns 13.</p>	PC	Annual
2022	Underwriting & Expense Exhibit, Part 2	<p>CHANGE TO INSTRUCTION</p> <p>Remove the reference to “premium” in the line description for ASL 15.8 – Federal Employees Health Benefits Plan</p> <p>Line 15.8 – Federal Employees Health Benefits Plan Premium</p> <p>Column 4 should agree with Schedule H, Part 3, Line 1.1 plus Line 1.2, Column 7.</p> <p>Column 5 should agree with Schedule H, Part 3, Line 2.1 plus Line 2.2, Column 7.</p> <p>Column 6 should agree with Schedule H, Part 2, Line C2, Column 7.</p> <p>Column 7 should agree with Schedule H, Part 1, Line 3, Column 13.</p>	PC	Annual

Effective	Table Name	Description	Statement Type	Filing Type
2022	Underwriting & Expense Exhibit, Part 2A	<p>CHANGE TO INSTRUCTION</p> <p>Remove the reference to “premium” in the line description for ASL 15.8 – Federal Employees Health Benefits Plan</p> <p>Line 15.8 – Federal Employees Health Benefits Plan Premium</p> <p>Column 8 should agree with Schedule H, Part 2, Line C1, Columns 7.</p>	P/C	Annual
2022	Exhibit 1, Part 1	<p>CHANGE TO INSTRUCTION</p> <p>Replace existing crosscheck to individual columns on Exhibit 1, Part 1 to Schedule H with one crosscheck to the total A&H due to change in LOB reporting on Schedule H.</p> <p>Line 4 – Advance Premiums and Considerations First Year (Other Than Single) and Line 14 – Advance Premiums and Considerations Renewal } Include: Premiums and considerations on certificates in force received by the reporting entity prior to the valuation date but that are due on or after the next certificate anniversary date.</p> <p>Reporting entities may include here unearned premiums on accident and health business.</p> <p>The total of these lines, excluding A&H unearned premium reserve, must balance to Page 3, Line 8, or to this item prior to deduction of discount depending upon the basis used for crediting advance premiums to the premium account.</p> <p><u>The sum of Columns 8 through 10 should equal Schedule H, Part 2, Line A2, Column 1.</u></p> <p>Column 8 should agree with Schedule H, Part 2, Line A2, Column 2.</p> <p>Column 9 should agree with Schedule H, Part 2, Line A2, Column 3.</p> <p>Column 10 should agree with Schedule H, Part 2, Line A2, Columns 4 through 9.</p>	L/F	Annual

Effective	Table Name	Description	Statement Type	Filing Type
2022	Exhibit 1, Part 2	<p>CHANGE TO INSTRUCTION</p> <p>Replace existing crosscheck to individual columns on Exhibit 1, Part 1 to Schedule H with one crosscheck to the total A&H due to change in LOB reporting on Schedule H.</p> <p>Line 26.1 – Reinsurance Ceded</p> <p><u>The sum of Columns 8 through 10 should equal Schedule H, Part 4, Line B4, Column 1.</u></p> <p>Column 8 should agree with Schedule H, Part 4, Line B4, Column 2.</p> <p>Column 9 should agree with Schedule H, Part 4, Line B4, Column 3.</p> <p>Column 10 should agree with Schedule H, Part 4, Line B4, Columns 4 through 9.</p> <p>Line 26.2 – Reinsurance Assumed</p> <p><u>The sum of Columns 8 through 10 should equal Schedule H, Part 4, Line A4, Column 1.</u></p> <p>Column 8 should agree with Schedule H, Part 4, Line A4, Column 2.</p> <p>Column 9 should agree with Schedule H, Part 4, Line A4, Column 3.</p> <p>Column 10 should agree with Schedule H, Part 4, Line A4, Columns 4 through 9.</p>	LAF	Annual

Effective	Table Name	Description	Statement Type	Filing Type
2022	Insurance Expense Exhibit, Parts II and III	<p>CHANGE TO BLANK</p> <p>Lines 11.1, 11.2, 18.1, 18.2, 19.1, 19.2, 21.1, 21.2, 31, 32, 33 and 34 from proposal 2020-33BWG would not fit in the column width available on one page of the forms. To keep uniform between the tables, the row descriptions have been abbreviated as follows:</p> <ul style="list-style-type: none"> 11.1 Med Prof Liab—Occurrence 11.2 Med Prof Liab—Claims-Made 18.1 Products Liab—Occurrence 18.2 Products Liab—Claims-Made 19.1 Priv Passenger Auto No-Fault 19.2 Other Priv Passenger Auto Liab 21.1 Priv Passenger Auto Phys Damage 21.2 Commercial Auto Phys Damage 31. Reins-Nonproportional Assumed Property 32. Reins-Nonproportional Assumed Liab 33. Reins-Nonproportional Assumed Fin Lines 34. Aggr Write-Ins for Other Lines of Bus 	P/C	Annual
2022	Schedule DA, Part 1	<p>CHANGE TO INSTRUCTION</p> <p>Remove line number for Unaffiliated Certificates of Deposit. Certificates of deposit are not reported on Schedule DA.</p> <p>Unaffiliated Bank Loans</p> <ul style="list-style-type: none"> Unaffiliated Bank Loans – Issued..... 1819999999 Unaffiliated Bank Loans – Acquired 1829999999 Subtotals – Unaffiliated Bank Loans 1909999999 <p>Unaffiliated Certificates of Deposit..... 2019999999</p> <p>Total Bonds</p> <ul style="list-style-type: none"> Subtotals – Issuer Obligations 2419999999 Subtotals – Residential Mortgage-Backed Securities..... 2429999999 Subtotals – Commercial Mortgage-Backed Securities 2439999999 Subtotals – Other Loan-Backed and Structured Securities..... 2449999999 Subtotals – SVO Identified Funds 2459999999 Subtotals – Affiliated Bank Loans 2469999999 Subtotals – Unaffiliated Bank Loans 2479999999 Subtotals – Unaffiliated Certificates of Deposit 2489999999 Subtotals – Bonds 2509999999 	H, L/F, P/C, T	Annual

Effective	Table Name	Description	Statement Type	Filing Type																																										
2022	Schedule F, Part 3	<p>CHANGE TO INSTRUCTION</p> <p>Updating factors per memo from Property and Casualty Risk-Based Capital (E) Working Group.</p> <p>Column 35 – Credit Risk on Collateralized Recoverables</p> <p>Following is a table of factors applicable to the respective reinsurer designation equivalent categories in Column 34</p> <table border="1" data-bbox="800 488 1562 589"> <thead> <tr> <th>Code</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> </thead> <tbody> <tr> <td></td> <td>3.6%</td> <td>4.1%</td> <td>4.8%</td> <td>5.0%</td> <td>5.0%</td> <td>5.0%</td> </tr> <tr> <td>Factor</td> <td><u>1.6%</u></td> <td><u>2.1%</u></td> <td><u>2.8%</u></td> <td><u>3.0%</u></td> <td><u>3.0%</u></td> <td><u>3.0%</u></td> </tr> </tbody> </table> <p>Column 36 – Credit Risk on Uncollateralized Recoverables</p> <p>Following is a table of factors applicable to the respective reinsurer designation equivalent categories in Column 34</p> <table border="1" data-bbox="800 774 1562 875"> <thead> <tr> <th>Code</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> </tr> </thead> <tbody> <tr> <td></td> <td>3.6%</td> <td>4.1%</td> <td>4.8%</td> <td>5.3%</td> <td>7.1%</td> <td>14.0%</td> </tr> <tr> <td>Factor</td> <td><u>1.6%</u></td> <td><u>2.1%</u></td> <td><u>2.8%</u></td> <td><u>3.3%</u></td> <td><u>5.1%</u></td> <td><u>12.0%</u></td> </tr> </tbody> </table>	Code	1	2	3	4	5	6		3.6%	4.1%	4.8%	5.0%	5.0%	5.0%	Factor	<u>1.6%</u>	<u>2.1%</u>	<u>2.8%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>	Code	1	2	3	4	5	6		3.6%	4.1%	4.8%	5.3%	7.1%	14.0%	Factor	<u>1.6%</u>	<u>2.1%</u>	<u>2.8%</u>	<u>3.3%</u>	<u>5.1%</u>	<u>12.0%</u>	P/C	Annual
Code	1	2	3	4	5	6																																								
	3.6%	4.1%	4.8%	5.0%	5.0%	5.0%																																								
Factor	<u>1.6%</u>	<u>2.1%</u>	<u>2.8%</u>	<u>3.0%</u>	<u>3.0%</u>	<u>3.0%</u>																																								
Code	1	2	3	4	5	6																																								
	3.6%	4.1%	4.8%	5.3%	7.1%	14.0%																																								
Factor	<u>1.6%</u>	<u>2.1%</u>	<u>2.8%</u>	<u>3.3%</u>	<u>5.1%</u>	<u>12.0%</u>																																								

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MEMORANDUM

TO: Pat Gosselin (NH), Chair of the Blanks (E) Working Group

FROM: Tom Botsko (OH), Chair of the Property and Casualty Risk-Based Capital (E) Working Group

DATE: April 1, 2022

RE: Reinsurer Designation Equivalent Rating Factors

When the reinsurance recoverable credit risk charge was implemented in 2018, a load of operational risk was embedded in the charge. Now that the operational risk is separately addressed in risk-based capital (RBC) as a standard-alone capital add-on, it results with duplication of the operational risk charge on the reinsurance recoverable component in the RBC report. An RBC proposal was developed to remove the embedded 2% operational risk contained in the R3 credit risk component, and it was adopted during the Capital Adequacy (E) Task Force meeting on March 28. The following factor changes should be made to the Annual Statement, Schedule F, Part 3, as the R3 charge is derived from the Schedule F, Part 3, Columns 35 and 36, Line 9999999.

Description	Secure 1	Secure 2	Secure 3	Secure 4	Secure 5	Vulnerable 6 or Unrated
AM Best	A++	A+	A	A-	B++, B+	B, B-, C++, C+, C, C-, D, E, F
Standard & Poor's	AAA	AA+, AA, AA-	A+, A	A-	BBB+, BBB, BBB-	BB+, BB, BB-, B+, B, B-, CCC, CC, C, D, R
Moody's Investors Service	Aaa	Aa1, Aa2, Aa3	A1, A2	A3	Baa1, Baa2, Baa3	Ba1, Ba2, Ba3, B1, B2, B3, Caa, Ca, C
Fitch Ratings	AAA	AA+, AA, AA-	A+, A	A-	BBB+, BBB, BBB-	BB+, BB, BB-, B+, B, B-, CCC, CC, C, D, R
Collateralized Amounts Factors	1.6%	2.1%	2.8%	3%	3%	3%
Uncollateralized Amounts Factors	1.6%	2.1%	2.8%	3.3%	5.1%	12%

If you have any questions regarding the suggested modification, please contact Eva K. Yeung at eyeung@naic.org.

cc: Mary K. Caswell, Eva K. Yeung

Washington, DC 444 North Capitol Street NW, Suite 700, Washington, DC 20001-1509

p | 202 471 3990

Kansas City 1100 Walnut Street, Suite 1500, Kansas City, MO 64106-2197

p | 816 842 3600

New York One New York Plaza, Suite 4210, New York, NY 10004

p | 212 398 9000

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**Blanks (E) Working Group
Summary of Comments for May 25, 2022
National Meeting**

ITEMS RECEIVED FOR COMMENT

Reference Number	Description
2021-18BWG	Modify the Life Insurance (State Page) to include the line of business detail reported on the Analysis of Operations by Lines of Business pages. Two new Schedule T style pages (Exhibit of Claims Settled During the Current Year and Policy Exhibit) are created to include detail captured by state on the existing Life Insurance (State Page) that could not be included due space issue. Add definitions for life and annuity products to the lines of business definitions in the health appendix.
<u>Comment #1 – Industry Interested Parties</u>	Attachment S Page 1 of 6
	Comment letter recommends a deferral of this item to allow industry, state regulators and NAIC staff additional time to evaluate the regulatory need and potential impacts from the significant proposed changes. See full comment letter for details.
2021-22BWG	This item proposes new reporting requirements for investment transactions with related parties. In addition to capturing direct loans in related parties, it will also capture information involving securitizations (or other similar investments) where the related party is a sponsor / originator along with whether the underlying investment is in a related party.
<u>Comment #1 – Industry Interested Parties</u>	Attachment S Page 2 of 6
	Comment letter suggests effective date change and edits to the proposal. See full comment letter for details.
2022-01BWG	Add new questions to General Interrogatories Part 1 asking if the reporting entity accepts cryptocurrency for payment of premiums, which cryptocurrencies are accepted, and whether they are held for investment or immediately converted to U.S. dollars (2021-24 SAPWG).
<u>Comment #1 – Industry Interested Parties</u>	Attachment S Page 2 of 6
	IPs have no comment

Reference Number	Description
2022-02BWG	Add four new electronic-only columns to Schedule D, Part 6, Section 1, for Column 16 – Prior Year Book/Adjusted Carrying Value (BACV), Column 17 – Prior Year Nonadmitted Amount, Column 18 – Prior Year Sub-2 Verified Value, and Column 19 – Prior Year VISION Filing Number (2021-22 SAPWG).
<u>Comment #1 – Industry Interested Parties</u>	Attachment S Page 3 of 6
Comment letter suggests this proposal be withdrawn to allow NAIC to develop additional reports and suggests edits to the proposal. See full comment letter for details.	

2022-03BWG	Split Line 5 of the Quarterly Part 1 – Loss Experience and Part 2 – Direct Premiums Written into Line 5.1 – Commercial multiple peril (non-liability portion), and Line 5.2 – Commercial multiple peril (liability portion).
<u>Comment #1 – Industry Interested Parties</u>	Attachment S Page 3 of 6
IPs have no comment	

2022-04BWG	Add a new supplement to capture premium and loss data for Annual Statement Line 17.1, Line 17.2, and Line 17.3 of the Exhibit of Premiums and Losses (State Page) – Other Liability by more granular lines of business.
<u>Comment #1 – Industry Interested Parties</u>	Attachment S Page 3 of 6
Comment letter suggests enhanced communication to Property insurers after adoption. See full comment letter for details.	

2022-05BWG	Add line numbers to the status data points in the Life/Fraternal, Health and Property/Casualty (P/C) Schedule T footnote.
<u>Comment #1 – Industry Interested Parties</u>	Attachment S Page 4 of 6
Comment letter suggests reordering of lines on the Blank to match the order in the instructions. See full comment letter for details.	

Reference Number	Description
2022-06BWG	Revise the Health Annual Statement Test language in the annual statement instructions.
<u>Comment #1 – Industry Interested Parties</u> Comment letter suggests edits to the proposal. See full comment letter for details.	Attachment S Page 4 & 5 of 6

2022-07BWG	Modify the Health Actuarial Opinion Instructions. Add definitions of “actuarial asset” and “actuarial liability.” Modify Section 4 – Identification, Section 5 – Scope, and Section 7 – Opinion to clarify that the actuary’s opinion covers actuarial assets as well as actuarial liabilities. Modify Section 9 to clarify that the guidance related to the type of opinion rendered by an appointed actuary covers both actuarial assets and actuarial liabilities.
<u>Comment #1 – Industry Interested Parties</u> IPs have no comment	Attachment S Page 5 of 6

2022-08BWG	Modify the instructions in Section 1, Section 3, and Section 8 of the P/C Actuarial Opinion Instructions to reflect the changes adopted by the Actuarial Opinion (C) Working Group.
<u>Comment #1 – Industry Interested Parties</u> IPs have no comment	Attachment S Page 5 of 6

2022-09BWG	Changes to the Life/Fraternal VM-20, Requirements for Principle-Based Reserves for Life Products, Reserves Supplement blank Part 2, and adding a Question 3, a disclosure of the year that the Life Principle-Based Reserving (PBR) Exemption was actively filed, and a confirmation of the eligibility criteria in the case of ongoing exemptions. Also, correct references to a state “granting” an exemption, since this is often not the case (e.g., the exemption may be allowed). For the VM-20 Reserves Supplement Instructions, add instructions for the new disclosure item, Question 3. Correct the references to a state “granting” an exemption. For the Supplemental Exhibits and Schedules Interrogatories (Quarterly Statement), for Question 8, add instructions on how to respond if the company is utilizing the ongoing exemption. The same instructions can also be found in the Valuation Manual, Section II, Subsection 1G(1).
<u>Comment #1 – Industry Interested Parties</u> Comment letter is seeking further understanding of the requirement to provide the “SEE EXPLANATION” response. See full comment letter for details.	Attachment S Page 6 of 6

Reference Number	Description
2022-10BWG	Add instructions to Schedule T, State pages and the A&H Policy Experience Exhibit to clarify guidance for reporting premium adjustments by jurisdiction.
<u>Comment #1 – Industry Interested Parties</u>	Attachment S IPs have no comment

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2022-11BWG	Update the Life/Fraternal Blank Asset Valuation Reserve (AVR) factors to correspond with the adopted Risk-Based Capital (RBC) factors for the expanded bond designation categories.
<u>Comment #1 – Industry Interested Parties</u>	Attachment S Comment letter recommends selecting the “Separate Account” box on the proposal. See full comment letter for details.

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April 25, 2022

Ms. Pat Gosselin, Chair
Blanks Working Group
National Association of Insurance Commissioners
1100 Walnut St.
Kansas City, MO 64106

SUBJECT: Blanks Working Group (“BWG”) proposals exposed during the conference call on March 29, 2022

Dear Ms. Gosselin:

Interested Parties (“IPs”) appreciate the opportunity to review and comment on the 13 proposals that were exposed/re-exposed during a conference call by BWG on Tuesday, March 29, 2022.

2021-18 [Exposed changes modify the Life Insurance (State Page) to include the line of business detail reported on the Analysis of Operations by Lines of Business pages. Two new Schedule T style pages (Exhibit of Claims Settled During the Current Year and Policy Exhibit) are created to include detail captured by state on the existing Life Insurance (State Page) that could not be included due to space issues. Adds definitions for life and annuity products to the lines of business definitions in the health appendix. Anticipated effective date is Annual 2023.]

Based on discussions with the proposal’s sponsor, IPs appreciate regulators’ desire for additional product detail on the State Page. However, as noted in our prior comment letter, IPs believe that the proposal is unduly burdensome as drafted, and that the regulatory need for these changes should be fully documented and discussed prior to such a significant expansion of the schedules. IPs stand ready to participate in these discussions and are currently gathering feedback from member companies as to what data points would be feasible to provide at the state level. We believe this feedback will provide a basis for discussions between the sponsor, state regulators, NAIC staff and interested parties.

Given the brevity of the current comment period and the need for significant modifications to the proposal, IPs recommend that 2021-18BWG be withdrawn with the expectation that a new proposal would be developed based on the collaborative effort described above. At a minimum, an additional deferral is required in order to allow time for the discussions and significant modifications we believe are needed.

2021-22 [Exposed changes propose new reporting requirements for investment transactions with related parties. In addition to capturing direct loans in related parties, it will also capture information involving securitizations (or other similar investments) where the related party is a sponsor / originator along with whether the underlying investment is in a related party. The changes are based on SAPWG 2021-21 (*Related Party Reporting*). Anticipated effective date is Annual 2022.]

Since SAPWG has sponsored this exposure and the comments for SAPWG 2021-21 are not due until Friday, May 6, 2022, Blanks IPs suggests referring to the comments contained in the SAPWG IPs comment letter when addressing this issue. Also, IPs believe the effective date of Annual 2022 does not provide insurers enough time to effectively make the necessary changes to the systems and processes to identify the proper code for the respective investments.

IPs believe that code “6. The investment does not involve a related party.” is not warranted as this would be a significant effort for insurers to update and could represent more than 99% of the investments insurers hold. There are other columns (e.g., Column 3 – Code; Column 5 – Bond Characteristics) that only populates a field if it applies to that investment. In addition, we note that this code was not included in the SAPWG exposure. Both exposures should be consistent to give the different interested party groups the opportunity to comment on the feasibility of these changes.

Based on discussions during SAPWG meetings, IPs believe that the scope for this item should only include Schedule D and Schedule BA based on the risk trying to be identified. There is a significant amount of effort to make system changes to include this on every investment schedule.

If this item does include all investment schedules, IPs have a few questions on how it might impact various investment schedules:

- As an example, if an insurer has a counterparty attached to multiple swaps on Schedule DB – Part D (*Counterparty Exposure for Derivative Instruments*), the codes could possibly be different at the contract level. Is the code applicable to the counterparty only and whether they are a related party?
- The revised instructions for Schedule B – Parts 1, 2, and 3 (beginning on page 17 of the PDF) add a code to the existing Column 5 - Loan Type that appears to eliminate the need for the new proposed Column 20 – Investments Involving Related Parties. Many of the codes proposed for use in column 20 are not relevant to Schedule B (e.g., codes 2, 3 and 4 reference mutual funds, limited partnerships, and LLCs), which are not included on Schedule B reporting.

2022-01 [Exposed changes to add new questions to General Interrogatories - Part 1 including which cryptocurrencies are accepted, whether they are held for investment or immediately converted to U.S. dollars and if the reporting entity accepts cryptocurrency for payment of premiums. The changes are based on SAPWG 2021-24 (*General Interrogatory for Cryptocurrencies*). Anticipated effective date is Annual 2022.]

IPs have no comment.

2022-02 [Exposed changes add four new electronic-only columns to Schedule D - Part 6 - Section 1 (e.g., Column 16 – Prior Year Book/Adjusted Carrying Value (BACV); Column 17 – Prior Year Nonadmitted Amount; Column 18 – Prior Year Sub-2 Verified Value; and Column 19 – Prior Year VISION Filing Number) to help regulators 1) ensure Sub-1 and Sub-2 filings are being submitted by reporting entities, and 2) identify situations where the NAIC approved value varies significantly from the value reported on Schedule D, Part 6, Section 1.. The changes are based on SAPWG 2021-22 (*Schedule D-6-1, Supplemental Reporting*). Anticipated effective date is Annual 2022.]

IPs agree with the verification the new columns are meant to support; however, this data is already available to regulators without the additional fields. Prior year numbers should be easily accessible from the prior year databases. “Electronic-only” columns do not print on the official annual statement hard copy, nor do they appear in the statement PDF file that is part of the NAIC filing. Consequently, in order to utilize the proposed columns, the development of additional reports from the NAIC database will need to occur. IPs recommend that this item be withdrawn and NAIC staff be allowed to develop the necessary report to fulfill the requested regulatory needs.

If this is adopted, IPs recommend the following clarification to the instructions:

- Column 16 – Prior Year Book/Adjusted Carrying Value
 - This should equal the Book/Adjusted Carrying Value (Column 7) amount reported in the prior year annual statement for each specific security.
- Column 17 – Prior Year Nonadmitted Amount
 - ~~Provide the amount nonadmitted, if any, included in Column 10 of the prior year Annual Statement.~~ This should equal the Nonadmitted Amount (Column 9) amount, if any, reported in the prior year annual statement for each specific security.

2022-03 [Exposed changes propose splitting Line 5 in the Part 1 – Loss Experience and Part 2 – Direct Premiums Written of the Quarterly Statement into Line 5.1 – Commercial multiple peril (non-liability portion), and Line 5.2 – Commercial multiple peril (liability portion). The changes are based on omissions from 2020-33BWG (*Modify Annual Statement Lines*). Anticipated effective date is Quarterly 2023.]

IPs have no comments.

2022-04 [Exposed proposal for a new supplement (*Exhibit of Other Liabilities By Lines Of Business*) to the Property annual statement to capture premium and loss data for annual statement Lines 17.1, 17.2 & 17.3 of the Exhibit of Premiums and Losses (State Page) – Other Liability to provide regulators more granular detail of the premium and losses of the diverse lines of business reported on such lines. Anticipated effective date is Annual 2023.]

Since this is a new exhibit for Property insurers requiring prior year data (e.g., 2022 data with an Annual 2023 effective date), IPs would appreciate enhanced communication to Property insurers soon after adoption. Also, IPs are interested in evaluating the results of this Exhibit with state regulators and NAIC staff during 2024 to better understand if the results are what regulators expected.

IPs recommend the following editorial changes:

- On pages 5-7 of the PDF, the “10% or Line xx” in the Examples should be “10% of Line xx”.

2022-05 [Exposed changes add line numbers to the '(a) Active Status Counts' footnote for Schedule T in the Life/Fraternal, Health, Property/Casualty and Title blanks. Anticipated effective date is Annual 2022.]

IPs recommend removing “(other than their state of domicile – See DSLI)” from the description in item #2 in all Blanks except Property because the other Blanks don’t have “DSLI” and wasn’t included in the existing description.

IPs suggest utilizing the line order in the instructions, so it is consistent across all Blanks [e.g., (Life/Fraternal, Health and Title Lines 1 thru 5 correspond to L, R, E, Q, N); (Property Lines 1 thru 6 correspond to L, R, E, Q, D, N).]

IPs would be interested in better understanding why “E – Eligible - Reporting entities eligible or approved to write surplus lines in the state” is an option for Health, Life/Fraternal and Title reporting entities. If no entity other than Property insurers use this as an option, we would suggest removing it from Schedule T for Health, Life/Fraternal and Title insurers.

2022-06 [Exposed changes revise the annual statement instructions for the Health Annual Statement Test language, which is designed to identify insurers who predominantly write health business and file on the Life/Fraternal blank and move them to the Health Blank. Anticipated effective date is Annual 2022.]

IPs recommend the following change to the instructions for Item 2.1 in the Reporting Year Annual Statement Data column for the respective insurer types to clarify what should be reported:

Health

- Health Premium values listed in the Analysis of Operations by Lines of Business, Line 1, Columns 2 through Column 8 plus Line 1, Column 9 in part (excluding credit A&H and dread disease coverage, LTC, Disability Income) of the reporting year’s annual statement.

Life/Fraternal

- Health Premium values listed in the Analysis of Operations By Lines of Business – Accident and Health:
 - Line 1, Columns 2-9
 - Line 1, Column 13 in part (include only Medicare Part D and Stop Loss and Minimum Premium)
 - ** Column 9 Medicaid should include Medicaid Pass-Through Payments Reported as Premium

Property - the reference to "Individual Lines" should be stricken as it is in the Life/Fraternal section.

- Health Premium values listed in the Net Premiums Written column (Column 6) of the reporting year’s U&I Part 1B:
 - Lines 13.1 and 13.2
 - Lines 15.1, 15.2, 15.4, 15.5, 15.6, and 15.8
 - Line 15.9 in part (include only Medicare Part D and Stop Loss and Minimum Premium)
 - ** Line 15.5 Medicaid should include Medicaid Pass-Through Payments Reported as Premium
- A note should be added indicating the Prior Year Annual Statement Data column will be updated in 2023 replacing the existing references to the RBC Statement with the U&I Exhibit references added this year.

2022-06 (continued)

Property Line 2.4(a) Reserve Numerator inconsistency excludes only Dread Disease from Line 15.9, but Line 2.1 includes only Medicare Part D and Stop Loss and Minimum Premium for Line 15.9. IPs recommend changing Line 2.4(a) wording to align with Line 2.1:

- Part 2A, Unpaid Losses and Loss Adjustment Expenses (Columns 8+9, Lines 13+15 (excluding Line 15.3 Disability Income, Line 15.7 Long-Term Care)., Line 15.9 in part (include only Medicare Part D and Stop Loss and Minimum Premium) ~~Other Health—Dread Disease only~~) plus Part 1A, Recapitulation of all Premiums (Columns 1+2, Lines 13+15 (excluding Line 15.3 Disability Income, Line 15.7 Long-Term Care)., Line 15.9 in part (include only Medicare Part D and Stop Loss and Minimum Premium) ~~Other Health—Dread Disease only~~) of the reporting year’s annual statement.

Since 2021-17BWG (*Health Analysis of Operations by Lines of Business*) is effective for Annual 2023 and will impact the Health and Life/Fraternal blanks, IPs recommend evaluating the instructions for the Health Annual Statement Test during 2023 to ensure consistent data updates.

IPs suggest the following editorial revisions:

- For the Life/Fraternal blank, IPs recommend modifications to the instructions on page 6 of the PDF as follows to clarify that a reporting entity required to file a Separate Accounts statement is not subject to the results of the test:
 - All reporting entities should file the test; however, a reporting entity that is required to also file the Separate Accounts Statement is not subject to the results of the Health Statement Test, and should continue to complete the life, accident and health/fraternal blank.
- Under the Property Instructions for Health Statement Test (page 8 of the PDF), we would suggest adding the following sentence to the first paragraph which is similar to the Life/Fraternal blank.
 - However, a reporting entity that is required to also file the Protected Cell Statement is not subject to the results of the Health Statement Test and should continue to complete the property blank.
- For the Property blank, IPs recommend modifications to the instructions (page 9 of the PDF) as follows to clarify that a reporting entity required to file a Protected Cell statement is not subject to the results of the test:
 - All reporting entities should file the test; however, a reporting entity that is required to also file the Protected Cell Statement is not subject to the results of the Health Statement Test, and should continue to complete the property blank.
- Under the Health Instructions for Passing the Test (page 2 of the PDF), modify the following sentence:
 - ...and prior year and will continue to report on the Health Statement.

2022-07 [Exposed changes are proposed to modify the Health Actuarial Opinion Instructions in sections 1A, 4, 5, 7 and 9 to add definitions for “actuarial asset” and “actuarial liability” to ensure that these items are treated consistently within the scope of the statement of actuarial opinion. Anticipated effective date is Annual 2022.]

IPs have no comments.

2022-08 [Exposed changes include clean-up and clarification modifications for Sections 1, 3 and 8 of the Property/Casualty Actuarial Opinion Instructions adopted by the Actuarial Opinion (C) Working Group. Anticipated effective date is Annual 2022.]

IPs have no comments.

2022-09 [Exposed changes to the Life/Fraternal VM-20 Reserves Supplement Blank, VM-20 Reserves Supplement Instructions and Supplemental Exhibits and Schedules Interrogatories (Quarterly Statement) reflect changes in the reporting for the Life PBR Exemption, which corresponds to changes in the Life PBR Exemption in the Valuation Manual. Anticipated effective date is Annual 2022.]

The requirement to provide the "SEE EXPLANATION" response for the Q2 Supplemental Exhibits and Schedules Interrogatories indicates that the Supplement will not be provided in the NAIC Filing for Q2. IPs would like to understand if that is the intent then if the entity is utilizing an ongoing exemption that the Life PBR Statement of Exemption will not be included in the Q2 Filing?

2022-10 [Exposed changes add instructions to Schedule T, State pages and the A&H Policy Experience Exhibit to clarify guidance for reporting premium adjustments by jurisdiction. Anticipated effective date is Annual 2022.]

IPs have no comments.

2022-11 [Exposure updates the Life/Fraternal Blank Asset Valuation Reserve (AVR) factors to correspond with the adopted Risk-Based Capital (RBC) factors for the expanded bond designation categories. Anticipated effective date is Annual 2022.)

IPs recommend selecting the 'Separate Account' box as this exposure applies to Separate Accounts as indicated in the example pages.

Editorial Revisions

During the March 29th meeting, BWG adopted 2021-20BWG regarding changes to the Five-Year Historical Data page. IPs stated their concerns about an unidentified change related to 2021-14BWG (*Schedule H*) in regard to lines 68-71 on the Five-Year Historical Data page. We believe that these lines should show 'XXX' until 2021-20BWG takes effect in Annual 2023 and can be better supported by existing data and crosschecks.

Implementation Guidance

IPs have received several inquiries on how to allocate assumed and ceded premiums and claims by product and state on the Accident and Health Policy Experience Exhibit for Annual 2022. We believe there is an opportunity to develop a Guidance Document by regulators and industry to assist insurers with the implementation of the AHPEE by state.

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