

**NAIC General Electronic Filing Submission Directive – Data Year 2023
Annual Filings**

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GENERAL INFORMATION

1. Introduction

The purpose of this *NAIC Electronic Filing Submission Directive* is to provide the annual statement software vendors with general as well as special instructions that may be helpful in ensuring insurance companies' compliance with electronic filing requirements outlined by the NAIC and participating state insurance departments.

It is the responsibility of insurers to meet all of the NAIC guidelines for data submission. Insurers will be held accountable for continued compatibility and compliance with NAIC requirements.

Insurers are responsible for obtaining any software required to convert and/or translate their internal file structures and formats to those prescribed by the NAIC specifications for electronic filings.

Beginning with 2019, life and fraternal filings have been merged into one statement type. Life is used as a general reference in this document.

Questions regarding this directive, VRI files, and/or electronic filing specifications should be directed to Linda Hunsucker, NAIC Senior Blanks and Vendor Liaison Specialist, at (816) 783-8404 (phone) or LHunsucker@naic.org (E-mail).

Questions regarding annual statement electronic filing submissions should be directed to the NAIC Data Services Help Line: (816) 783-8600. (Callers should be prepared to provide the following information: name, phone number, five-digit NAIC company code, and a brief description of the nature of the call.)

2. Submitting Filings

2.1. Filing Dates

The filing deadlines for the components of the 2023 annual electronic filings that may be submitted to the NAIC are as follows.

Mar. 1, 2024	Annual Statement Filing (Property, Life, Health, Title) Merger/history form, if applicable (Property, Life, Health, Title) (electronic txt file only) Bail Bond Supplement (Property) Director and Officer Insurance Coverage Supplement (Property) Exhibit of Other Liabilities by Lines of Business As Reported on Line 17 of the Exhibit of Premiums and Losses (Property) Financial Guaranty Insurance Exhibit (Property) Health Care Receivables Supplement (Life) Market Conduct Annual Statement (MCAS) Premium Exhibit by Year (Property, Life, Health) Medicare Part D Coverage Supplement (Property, Life, Health) Medicare Supplement Insurance Experience Exhibit (Property, Life, Health) Premiums Attributed to Protected Cells Exhibit (Property) Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Property) Risk-Based Capital Report (Property, Life, Health) Separate Accounts Statement Filing (Life) Supplement A to Schedule T (Medical Professional Liability Supplement) (Property)
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Supplemental Life data due March 1 (Health) (**Note:** All Supplemental Life data is due March 1, with the exception of the following items, which are due April 1: Analysis of Annuity Operations by Lines of Business; Analysis of Increase in Annuity Reserves During the Year.)

Supplemental Schedule O (Life)

Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts (Property)

Trusted Surplus Statement (Property, Life)

VM-20 Reserves Supplement (Life)

Workers' Compensation Carve-Out Supplement (Life)

Actuarial Certification Regarding the Use of 2001 Preferred Class Tables Required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities (Life) (PDF file only)

Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities (Life) (PDF file only)

Actuarial Opinion (Property, Life, Health, Title) (PDF file only)

Actuarial Opinion (Statement) on Non-Guaranteed Elements as Required in Interrogatory 3 to Exhibit 5 (Life, Health Life Supplement) (PDF file only)

Actuarial Opinion on Participating and Non-Participating Policies as Required in Interrogatories 1 and 2 to Exhibit 5 (Life, Health Life Supplement) (PDF file only)

Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit (Life) (PDF file only)

Actuarial Opinion on Synthetic Guaranteed Investment Contracts (Life) (PDF file only)

Actuarial Opinion on X-Factors (Life) (PDF file only)

Actuarial Opinion Required by the Modified Guaranteed Annuity Model Regulation (Life) (PDF file only)

C-3 RBC Certifications Required Under C-3 Phase I (Life) (PDF file only – to be filed with Risk-Based Capital Report)

C-3 RBC Certifications Required Under C-3 Phase II (Life) (PDF file only – to be filed with Risk-Based Capital Report)

Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXV (Life) (PDF file only)

Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Average Market Value) (Life) (PDF file only)

Reasonableness and Consistency of Assumptions Certification Required by Actuarial Guideline XXXVI (Updated Market Value) (Life) (PDF file only)

Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method Required by Actuarial Guideline XXXVI (Life) (PDF file only)

Reasonableness of Assumptions Certification Required by Actuarial Guideline XXXV (Life) (PDF file only)

Reinsurance Attestation Supplement (Property) (PDF file only)

Relief from the Five-year Rotation Requirement for Lead Audit Partner (Property, Life, Health, Title) (PDF file only)

Relief from the One-year Cooling Off Period for Independent CPA (Property, Life, Health, Title) (PDF file only)

Relief from the Requirements for Audit Committees (Property, Life, Health, Title) (PDF file only)

Apr. 1, 2024 Accident and Health Policy Experience Exhibit (State basis) (Property, Life, Health)
 Credit Insurance Experience Exhibit (Property, Life)

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Cybersecurity and Identity Theft Insurance Coverage Supplement (Property)
 Insurance Expense Exhibit (Property)
 Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2
 (Life, Health, Property)
 Long-Term Care Experience Reporting Forms (Property, Life, Health)
 Mortgage Guaranty Insurance Exhibit (Property)
 Private Flood Insurance Supplement (Property)
 Supplemental Health Care Exhibit – Parts 1 and 2 (Property, Life, Health)
 Supplemental Investment Risks Interrogatories (Property, Life, Health, Title)
 Supplemental Life data due April 1 (Health) Analysis of Annuity Operations by Lines of
 Business; Analysis of Increase in Annuity Reserves During the Year
 Supplemental Term and Universal Life Insurance Reinsurance Exhibit (Life)
 Variable Annuities Supplement (Life)

Management’s Discussion and Analysis (Property, Life, Health, Title) (PDF file only)

May 1, 2024 Combined Annual Statement Filing (Property)
 Combined Insurance Expense Exhibit (Property)

June 1, 2024 Accountant’s Letter of Qualifications (Property, Life, Health, Title) (PDF file only)
 Audited Financial Report (Property, Life, Health, Title) (PDF file only)

Aug. 1, 2024 Communication of Internal Control Related Matters Noted in Audit (Property, Life,
 Health, Title) (PDF file only) **Note:** This filing is considered an annual filing, however,
 this will be addressed in the Supplemental Exhibits and Interrogatories with the second
 quarter filing.

The filing deadlines for the components of the 2023 annual filings that, if applicable, should be submitted **only to an insurer’s state of domicile** are as follows. (**Note:** These components **should not be filed with the NAIC in any format.**)

Mar. 1, 2024 Exceptions to the Reinsurance Attestation Supplement (Property)
 Schedule SIS – Stockholder Information Supplement (Property, Life, Health, Title)
 Supplemental Compensation Exhibit (Property, Life, Health, Title)

Mar. 15, 2024 Actuarial Opinion Summary (Property) (Note: An insurer’s state of domicile may
 specify a filing deadline other than March 15 for this component.)

Apr. 1, 2024 Regulatory Asset Adequacy Issues Summary (RAAIS) Required by the Valuation
 Manual (Life)
 Executive Summary of the PBR Actuarial Report (Life)
 Life Summary of the PBR Actuarial Report (Life)
 Variable Annuities Summary of the PBR Actuarial Report (Life)

Supplemental Schedule of Business Written by Agency (Title)

Apr. 30, 2024 Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D (Life)

Aug. 1, 2024 Management’s Report of Internal Control Over Financial Reporting (Property, Life,
 Health, Title)

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2.2. Filing Types (Statement Data Files)

An original filing is required the first time an electronic statement data file is submitted to the NAIC for any filing deadline. Each original data file must be reported as one of the following in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

- OCM Original and Complete March electronic filing
- OCRP Original and Complete RBC Property electronic filing
- OCRL Original and Complete RBC Life electronic filing
- OCRX Original and Complete RBC Health electronic filing
- OCS Original and Complete Separate Accounts electronic filing
- OCA Original and Complete April electronic filing
- OCCP Original and Complete Combined Property electronic filing

A refiling is required when an insurer's electronic statement data file fails certain minimum standards that have been established by the NAIC. (See the section of this directive titled "Minimum Standards for the Electronic Filing".) In such a circumstance, the NAIC will contact the insurer and request that all data to be reported on that particular electronic file be resubmitted. (The insurer's state of domicile will be informed that the insurer has not complied with filing requirements, if necessary.) A refiling must always be a complete filing. Each refiling must be reported as one of the following in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

- RCM Refiling of Complete March electronic filing
- RCRP Refiling of Complete RBC Property electronic filing
- RCRL Refiling of Complete RBC Life electronic filing
- RCRX Refiling of Complete RBC Health electronic filing
- RCS Refiling of Complete Separate Accounts electronic filing
- RCA Refiling of Complete April electronic filing
- RCCP Refiling of Complete Combined Property electronic filing

An amended filing is to be submitted when any portion of an insurer's electronic statement data file is being revised or restated due to analysis by the insurer, the insurer's state of domicile, or the NAIC. Amended filings must include all records for the table(s) containing revised or restated data. (For example: Even if only one line of the 2023 Assets table needs correction, the amended 2023 annual Assets table must contain all required lines and should include all data as represented by the hard copy of that table.) Amended filings must be submitted as partial amended filings if only a portion of the entire statement data file is being revised. Amended filings must be submitted as complete amended filings if the entire statement data file is being revised. All amended filings must be accompanied by Jurat page information. Each amendment must be reported as one of the following in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

- APM Amendment of Partial March electronic filing
- APS Amendment of Partial Separate Accounts electronic filing
- APA Amendment of Partial April electronic filing
- APCP Amendment of Partial Combined Property electronic filing
- ACM Amendment of Complete March electronic filing
- ACRP Amendment of Complete RBC Property electronic filing
- ACRL Amendment of Complete RBC Life electronic filing
- ACRX Amendment of Complete RBC Health electronic filing
- ACS Amendment of Complete Separate Accounts electronic filing
- ACA Amendment of Complete April electronic filing
- ACCP Amendment of Complete Combined Property electronic filing

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Note:

- a) A company’s partial or complete amended March, Separate Accounts, April, or Combined Property electronic data filing must be accompanied by the following:
 - i) the appropriate amended PDF file(s),
 - ii) a cover letter detailing all changes.
- b) Complete amended filings (not partial amended filings) must be submitted for the following:
 - i) RBC Property electronic filing,
 - ii) RBC Life electronic filing,
 - iii) RBC Health electronic filing.
- c) A company’s complete amended RBC electronic filing must be accompanied by the following:
 - i) the RBC amended PDF represented by the filing,
 - ii) (if the RBC data being amended necessitates a change to five-year historical data) a separate ZIP file containing an amended March electronic data filing and an amended PK PDF file, both representing amended five-year historical data.

2.3. Submitting Internet Filings

Internet Filing is required for submitting financial statement data to the NAIC. Information regarding Internet Filing can be accessed at http://www.naic.org/industry_financial_filing_if_guide.htm.

Note: Domiciliary state and licensed state filing requirements must continue to be met by insurers. Any state requiring submission of diskettes or CDs directly to the state will notify its domiciled and/or licensed insurers of that requirement.

Questions regarding Internet Filing should be directed to the NAIC FDR Data Support Analysts.

Mandy Budgett	816.783.8606	mbudgett@naic.org
Tanyia Luna	816.783.8608	tluna@naic.org

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PDF Guidelines

1. Security must not be applied to PDF files by insurance companies, software vendors, or third-party preparers.
2. Scanned images are not allowed except as noted under Miscellaneous Instructions for the Electronic Filing section, part 3-Jurat and organizational chart included in Schedule Y, Part 1.
3. Bar codes are not required in PDF files.
4. All original and refiled annual statement PDF files should contain a Jurat page.
5. Each amended annual statement PDF file should contain a Jurat page as well as an explanation cover page.
6. If only Jurat page information is being amended, a company can submit an amended Jurat page in any statement PDF file that corresponds to the filing date for which the information is being amended.

Note: The PDF filings listed below undergo a screening process upon receipt by the NAIC. Hence, no scanned images are allowed. The filings are screened for inclusion of an **Actuarial Opinion Summary, PBR Actuarial Report and Executive Summary, Regulatory Asset Adequacy Issues information, and/or Exceptions to the Reinsurance Attestation Supplement, each of which is considered to be confidential and should not be submitted to the NAIC.**

- a) Actuarial Opinion (Property, Life, Health, Title)
- b) Actuarial Opinion Required by the Modified Guaranteed Annuity Model Regulation (Life)
- c) Reinsurance Attestation Supplement (Property)

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MISCELLANEOUS INSTRUCTIONS FOR THE ELECTRONIC FILING

1. For domiciliary jurisdictions that require a reporting entity to submit “wet” signatures on the Jurat page as part of a PDF that is filed with the NAIC, the reporting entity should follow these steps.
 - a) Print the Jurat page.
 - b) Have the appropriate individual(s) sign the printed page.
 - c) Scan the signed Jurat page, using Optical Character Recognition (OCR) enabled software.
 - d) Replace the original Jurat page with the scanned/signed Jurat page.

2. An insurer’s annual electronic filings submitted to the NAIC must be consistent with the filings submitted to the insurer’s domiciliary state.

3. All annual statement amounts must be reported in whole dollars or with “000” omitted, with no reporting of cents unless otherwise noted in the NAIC’s electronic filing specifications.

4. All phone numbers must be reported on the electronic filing in the format xxx-xxx-xxxx-xxxxxxx (representing the area code, the seven-digit phone number, and up to a seven-digit extension number). If there is no extension number, the last seven digits of the phone number field must be left blank. If the extension number has fewer than seven digits, the extension must be left-justified, with the remaining spaces left blank.

Example: (913) 383-1286 ext. 500 should be reported as 913-383-1286-500

Note: Foreign numbers must be adapted to the described format.

5. On the electronic filing, names must be reported in the following order, with no punctuation.

Last Name First Name Middle Name Suffix

Note: The Middle Name field can be empty for all required names. A Suffix is not required for all names.

6. ZIP files should not contain empty PDFs.

7. A given ZIP file should contain only those files that are due on a specific filing date. For example: A March ZIP file should contain only the files that have a filing date of March 1; it should not contain files that have a filing date of April 1.

8. The first page of an amended PDF within a ZIP file should be an explanatory cover letter. The bookmark for that page should be named “Amended Explanation”.

9. If an insurer has nothing to report in a text field of a required line, the field should be empty on the electronic filing. **[An exception to this guideline is Column 1 (Active Status) of Schedule T for every applicable statement type. An appropriate response must appear in every open cell of Column 1 of Schedule T.]**

10. Tables that consist of both variable line ranges and fixed lines must not contain zero-filled detail lines on the electronic filing.

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11. The following are guidelines regarding the completion of the annual Supplemental Exhibits and Schedules Interrogatories. The Supplemental Exhibits and Schedules Interrogatories is divided into two sections.

The first section includes filings required from all companies.

- If the reporting company **will be filing a required supplement:**
Electronic data file response – YES (in YES/NO Response column – Column 1)
Hard copy / PDF response – YES (in Response column of page)
- If the reporting company **will not be filing a required supplement because the company’s domiciliary state has waived the company from filing that supplement:**
Electronic data file response – WAIVED (in YES/NO Response column – Column 1); appropriate **bar code** (in Document Bar Code column – Column 3)
Hard copy / PDF response – WAIVED (in Response column of page); appropriate **bar code** (in Bar Code section of page)

Note 1: If the state of domicile has waived a filing, the company must file the waiver with NAIC FDR Data Support Analysts.

Note 2: There should be no other reason for not filing a required supplement. However, a response of SEE EXPLANATION may be reported in rare instances if directed by the state of domicile.

Electronic data file response – SEE EXPLANATION (in YES/NO Response column – Column 1); appropriate **explanation** (in Explanation section of page)
Hard copy / PDF response – SEE EXPLANATION (in Response column of page); appropriate **explanation** (in Explanation section of page)

Note 3: The Insurance Expense Exhibit is a required filing for **all Property companies**, unless specifically waived by the domiciliary state. The Accident and Health Policy Experience Exhibit is a required filing for **all Health companies**, unless specifically waived by the domiciliary state. The Investment Risks Interrogatories is a required filing for **all companies**, regardless of statement type, unless specifically waived by the domiciliary state.

12. For the second section: A supplement should be filed only if it is applicable to the reporting company.

- If a company answers “NO” to the Supplemental Interrogatory that pertains to a particular supplement – or if a company is waived from filing one of the required supplements noted above – zero-filled or blank filings for that supplement **should not** be filed electronically.
- If a company answers “YES” to the Supplemental Interrogatory that pertains to a particular supplement, **all required parts of that supplement – even those for which the company has nothing to report – must be filed electronically.**
- If the reporting company **will be filing a particular supplement:**
Electronic data file response – YES (in YES/NO Response column – Column 1)
Hard copy / PDF response – YES (in Response column of page)
- If the reporting company **will not be filing a particular supplement because the company’s domiciliary state has waived the company from filing that supplement:**
Electronic data file response – WAIVED (in YES/NO Response column – Column 1); appropriate **bar code** (in Document Bar Code column – Column 3)
Hard copy / PDF response – WAIVED (in Response column of page); appropriate **bar code** (in Bar Code section of page)
- If the reporting company **will not be filing a particular supplement because the company does not do the type of business to which the supplement applies:**

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Electronic data file response – **NO** (in YES/NO Response column – Column 1); appropriate **explanation** (in Explanation column – Column 2); appropriate **bar code** (in Document Bar Code column – Column 3)

Hard copy / PDF response – **NO** (in Response column of page); appropriate **explanation** (in Explanation section of page); appropriate **bar code** (in Bar Code section of page)

- If the reporting company **will not be filing a particular supplement for any other reason:**
Electronic data file response – **SEE EXPLANATION** (in YES/NO Response column – Column 1); appropriate **explanation** (in Explanation column – Column 2)
Hard copy / PDF response – **SEE EXPLANATION** (in Response column of page); appropriate **explanation** (in Explanation section of page)

13. There never should be more than one state page for each state abbreviation that is included on Schedule T.
14. If a base table that has a corresponding write-in table and/or footnote table is included on a company's electronic filing, the write-in table and/or footnote table must be included on the electronic filing, also.
15. The following are guidelines regarding the electronic filing of tables that contain key columns. (For example, tables that contain a state abbreviation column.)
 - If a base table that contains a key column has a corresponding write-in table and/or footnote table, each value that is reported in the key column of the base table also must be reported in the key column of the corresponding write-in table and/or footnote table.
 - For each value that is reported in the key column of a given table, all required lines of the table must be included on the electronic filing.
 - If a particular valid value for the key column of a given table is not applicable to a company, that key column value should not be included on the company's electronic filing.
16. Unless otherwise specified in the annual statement instructions, all alphabetic code and YES/NO responses in interrogatories, exhibits, and schedules should be reported in uppercase letters only. The default response is YES/NO unless otherwise stated.
17. The length of an entry in any given field on the electronic filing must not exceed the length prescribed for that field in the NAIC's electronic filing specifications. An entry in a field of a given line of a table must not be continued on a subsequent line of that table. (For example: An entry in the Description field for Line 0100001 of Schedule D, Part 1 must not exceed 40 characters and must not be continued on Line 0100002 of the table.) If necessary, entries may be abbreviated in order not to exceed prescribed field lengths.
18. Original and refiled March filings and Separate Accounts filings that contain ANY of the following files must contain ALL of the following files: the statement data file, the Key Annual Statement Schedules PDF file, the Annual Statement Investment Schedules PDF file, and the Other Annual Statement Schedules PDF file.
19. Original and refiled RBC filings, April filings, and Combined Property filings that contain EITHER of the following files must contain BOTH of the following files: the statement data file and the statement data PDF file.
20. Following are the minimum standards Consistency Rule Descriptions, listed by statement type. An insurer's electronic filing having an error related to any of these descriptions will fail the NAIC's consistency checks process (and will not, therefore, be loaded to the NAIC's database).

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Annual Property

- Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 38
- Liabilities, Surplus and Other Funds Page, Column 1, Line 37 did not equal Statement of Income Page, Column 1, Line 39
- Assets Page, Column 1, Line 28 should not equal to 0

Combined Property

- Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 38
- Liabilities, Surplus and Other Funds Page, Column 1, Line 37 did not equal Statement of Income Page, Column 1, Line 39

Annual Life

- Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 39
- Liabilities, Surplus and Other Funds Page, Column 1, Line 38 did not equal Summary of Operations Page, Column 1, Line 55
- Assets Page, Column 1, Line 28 should not equal to 0

Annual Health

- Assets Page, Column 3, Line 28 did not equal Liabilities, Capital and Surplus Page, Column 3, Line 34
- Liabilities, Capital and Surplus Page, Column 3, Line 33 did not equal Statement of Revenue and Expenses Page, Column 1, Line 49
- Assets Page, Column 1, Line 28 should not equal to 0

Annual Title

- Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 33
- Liabilities, Surplus and Other Funds Page, Column 1, Line 32 did not equal Operations and Investment Exhibit Page, Statement of Income, Column 1, Line 32
- Assets Page, Column 1, Line 28 should not equal to 0

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SPECIAL INSTRUCTIONS FOR JURAT TABLES

Some of the Jurat information that is to be reported on a given electronic filing may not apply to a particular reporting entity. However, reporting entities **must report** the following Jurat information on their electronic filings.

March and April Filings

- NAIC Company Code
- FEIN
- Submission Filing Type Code (See page 5 of this directive for valid codes.)
- Full Company Name
- Internet Website Address for Statutory Home Office
Note: If a company does not have an Internet Website Address, the company should enter N/A for this item.
- Licensing information (Life, Health)
- Name and Title of at least two individuals who sign the Jurat
- Vendor Name
- Vendor Version Number
- Vendor Code
Note: (if reported) “Other officer” information must begin on Line 05; “Additional other officers” information must begin on Line 05.01, continuing on consecutive lines as necessary. “Director or trustee” information must begin on Line 06; “Additional directors or trustees” information must begin on Line 06.01, continuing on consecutive lines as necessary.

Combined Property Filings

- Current Period Group Code
- NAIC Company Code
- Submission Filing Type Code (See page 5 of this directive for valid codes.)
- Full Company Name
- Mail Address
- Vendor Name
- Vendor Version Number
- Vendor Code

Risk-Based Capital Filings

- NAIC Company Code
- FEIN
- State of Organization
- Submission Filing Type Code (See page 5 of this directive for valid codes.)
- Full Company Name
- RBC Contact Address
- Name and Title of at least one officer who signs the Jurat
- Vendor Name
- Vendor Version Number
- Vendor Code
- Was a Vendor Link File Used (YES/NO response)

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SPECIAL INSTRUCTIONS FOR UNIFORM INVESTMENT SCHEDULES

Annual Uniform

- ❖ SCHEDULE B, PART 1
All lines apply to all companies.

- ❖ SCHEDULE B, PART 2
All lines apply to all companies.

Column 4 (Loan Type) – If the loan was made to an officer or a director of the reporting entity/subsidiary/affiliate, enter E. If the loan was made directly to a subsidiary or an affiliate, enter S. Otherwise, leave the column blank.

- ❖ SCHEDULE B, PART 3
Column 4 (Loan Type) – If the loan was made to an officer or a director of the reporting entity/subsidiary/affiliate, enter E. If the loan was made directly to a subsidiary or an affiliate, enter S. Otherwise, leave the column blank.

- ❖ SCHEDULE BA, PART 1
Column 7 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 7a1, 7a2 and 7a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

- ❖ SCHEDULE D, PART 1 through SCHEDULE D, PART 5
For acquisition and disposal dates, if a company reports multiple issues of bonds or stocks on any one line of the listed parts of Schedule D, the date of the last acquisition or last disposal should be reported.

- ❖ SCHEDULE D, PART 1 through SCHEDULE D, PART 6, SECTION 2
For securities that do not have CUSIP, PPN, or CINS numbers, the CUSIP fields should be zero filled on the electronic filing and valid ISIN security numbers should be reported in the ISIN Identification column of applicable parts of Schedule D.

- ❖ SCHEDULE D, PART 1
Column 5 (Bond Characteristics) – Companies should input only the one-digit characteristics codes that apply, separated by commas. For example: If only characteristics codes 1, 3, 5, and 8 apply to a company, 1,3,5,8 should be reported (rather than 10305008). If none of the characteristics applies, the column should be left blank.

Column 6 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 6a1, 6a2 and 6a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

Column 18 (Interest – When Paid) – If interest is paid monthly, use MON.

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Column 23 (State Abbreviation) – This column appears on the electronic filing only. Each line within the line ranges to which the column applies can be used only once, although a given STABBR can be used multiple times within a given line range. For example: Line 0410000001 – AL (for Alabama), Line 0410000002 – KS (for Kansas), Line 0410000003 – AL (for Alabama), Line 0410000004 – NY (for New York).

❖ SCHEDULE D, PART 2, SECTION 1

Column 6 (Par Value Per Share) – All detail lines require correct reporting of dollars and cents.

Column 20 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 20a1, 20a2 and 20a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

❖ SCHEDULE D, PART 2, SECTION 2

Column 5 (Number of Shares) – All detail lines require correct reporting of shares of stock.

Column 18 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 18a1, 18a2 and 18a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

❖ SCHEDULE D, PART 3

Column 8 (Par Value) – For preferred stock, the par value per share is to be reported in dollars and cents.

Column 10 (State Abbreviation) – This column appears on the electronic filing only. Each line within the line ranges to which the column applies can be used only once, although a given STABBR can be used multiple times within a given line range. For example: Line 0500000001 – AL (for Alabama), Line 0500000002 – KS (for Kansas), Line 0500000003 – AL (for Alabama), Line 0500000004 – NY (for New York).

❖ SCHEDULE D, PART 4

Column 8 (Par Value) – For preferred stock, the par value per share is to be reported in dollars and cents.

Column 22 (State Abbreviation) – This column appears on the electronic filing only. Each line within the line ranges to which the column applies can be used only once, although a given STABBR can be used multiple times within a given line range. For example: Line 0500000001 – AL (for Alabama), Line 0500000002 – KS (for Kansas), Line 0500000003 – AL (for Alabama), Line 0500000004 – NY (for New York).

❖ SCHEDULE D, PART 5

Column 8 (Par Value [Bonds] or Number of Shares [Stock]) – Lines 4010000001 through 5929999996 require correct reporting of shares of stock.

Column 22 (State Abbreviation) – This column appears on the electronic filing only. Each line within the line ranges to which the column applies can be used only once, although a given STABBR can be used multiple times within a given line range. For example: Line 0500000001 –

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AL (for Alabama), Line 0500000002 – KS (for Kansas), Line 0500000003 – AL (for Alabama),
Line 0500000004 – NY (for New York).

❖ SCHEDULE D, PART 6, SECTION 1

Column 6 (NAIC Valuation Method) – For the valid NAIC valuation method codes, see the *Purposes and Procedures Manual of the NAIC Investment Analysis Office*.

❖ SCHEDULE DA, PART 1

Column 22 (NAIC Designation and NAIC Designation Modifier) – The electronic data is collected in two columns: 22a1 and 22a2. This is an electronic only column.

❖ SCHEDULE DB, PART C, SECTION 1

If a Replication (Synthetic) Asset has multiple Components, the following columns of Schedule DB, Part C, Section 1 must be completed **for each Component**.

Column 1 – Number

Column 4 – Notional Amount

Column 5 – Book/Adjusted Carrying Value – Replication (Synthetic) Asset Transactions

Column 7 – Effective Date

Column 8 – Maturity Date

Column 10 – Book/Adjusted Carrying Value – Derivative Instrument(s) Open

Column 12a1 – CUSIP Issuer

Column 12a2 – CUSIP Issue

Column 12a3 – CUSIP Check Digit

Column 13 – Description – Cash Instrument(s) Held

Column 14 – NAIC Designation or Other Description – Cash Instrument(s) Held

Column 15 – Book/Adjusted Carrying Value – Cash Instrument(s) Held

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

If a Replication (Synthetic) Asset has multiple Components, the following columns of Schedule DB, Part C, Section 1 must be completed **only once for the set of Components**.

Column 2 – Description – Replication (Synthetic) Asset Transactions

Column 3 – NAIC Designation or Other Description – Replication (Synthetic) Asset Transactions

Column 6 – Fair Value – Replication (Synthetic) Asset Transactions

Column 9 – Description – Derivative Instrument(s) Open

Column 11 – Fair Value – Derivative Instrument(s) Open

❖ SCHEDULE DB, PART D, SECTION 1

Column 2 (Master Agreement) – Show “XXX” for the aggregate reporting of Exchange Traded Derivatives and for the aggregate reporting of Central Clearinghouses (Lines 0199999999 and 0899999999). All other responses in the column are to be “Y” or “N”.

❖ SCHEDULE DL, PART 1

Column 4 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 4a1, 4a2 and 4a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

❖ SCHEDULE DL, PART 2

Column 4 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 4a1, 4a2 and 4a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation

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Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

- ❖ SCHEDULE E, PART 2
Column 11 (NAIC Designation Equivalent and NAIC Designation Modifier Equivalent) – The electronic data is collected in two columns: 11a1 and 11a2. This is an electronic only column.

Combined Property Uniform

- ❖ SCHEDULE D, PART 1
Only total line 2509999999 is to be reported on the Combined Property electronic filing.
- ❖ SCHEDULE D, PART 2, SECTION 1
Only total line 4509999999 is to be reported on the Combined Property electronic filing.
- ❖ SCHEDULE D, PART 2, SECTION 2
Only total line 5999999999 is to be reported on the Combined Property electronic filing.

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SPECIAL INSTRUCTIONS FOR PROPERTY ELECTRONIC FILINGS

Annual Property

- ❖ **NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**
 - For Lines 13K001-13K996, Column 1 (Description) does not apply.
 - Note: All YES/NO responses are to be spelled out and in all CAPS.

- ❖ **NOTES TO FINANCIAL STATEMENT – Note 14 – Liabilities, Contingencies and Assessments**
 - For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).
 - For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).

- ❖ **NOTES TO FINANCIAL STATEMENT – Note 15 - Leases**
 - For Lines 15A02A1-15A02A7, the line captions are as follows.
 - Line 15A02A1 – 2024 (year ending December 31)
 - Line 15A02A2 – 2025 (year ending December 31)
 - Line 15A02A3 – 2026 (year ending December 31)
 - Line 15A02A4 – 2027 (year ending December 31)
 - Line 15A02A5 – 2028 (year ending December 31)
 - Line 15A02A6 – Thereafter (year ending December 31)
 - Line 15A02A7 – Total (year ending December 31)
 - Note:** Line 15A02A6 should be the aggregate total of all future years not included in individually designated lines.

 - For Lines 15B01C1-15B01C7, the line captions are as follows.
 - Line 15B01C1 – 2024 (year ending December 31)
 - Line 15B01C2 – 2025 (year ending December 31)
 - Line 15B01C3 – 2026 (year ending December 31)
 - Line 15B01C4 – 2027 (year ending December 31)
 - Line 15B01C5 – 2028 (year ending December 31)
 - Line 15B01C6 – Thereafter (year ending December 31)
 - Line 15B02C7 – Total (year ending December 31)
 - Note:** Line 15B01C6 should be the aggregate total of all future years not included in individually designated lines.

- ❖ **NOTES TO FINANCIAL STATEMENT – Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**
 - For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 5 (Type of Authority Granted) are C (for Claims Payment), CA (for Claims Adjustment), R (for Reinsurance Ceding), B (for Binding Authority), P (for Premium Collection), and U (for Underwriting).

- ❖ **GENERAL INTERROGATORIES, PART 1 - General**
 - Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (FDIC), and Column 15 (SEC) are YES and NO.

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❖ GENERAL INTERROGATORIES, PART 2

It is valid for Lines 04.1, 04.2, 05.1, and 05.4 to be left unanswered if these interrogatories do not apply to the reporting entity.

❖ EXHIBIT OF PREMIUMS AND LOSSES (State Page)

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, has direct losses incurred, or has direct losses unpaid must be submitted for the Exhibit of Premiums and Losses. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Exhibit of Premiums and Losses.

❖ SCHEDULE F, PART 1 through SCHEDULE F, PART 3

Column 1 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

❖ SCHEDULE F, PART 1

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE F, PART 3

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE T

The valid responses for Column 1 (Active Status) are as follows.

1. L (for Licensed or Chartered)
2. R (for Registered)
3. E (for Eligible)
4. Q (for Qualified)
5. D (for DSLI – Domestic Surplus Lines Insurer) - Reporting entities authorized to write surplus lines in the state of domicile
6. N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

❖ SCHEDULE T (Footnote)

Line A – Active Status Counts: These counts should be the sums of Schedule T – column 1, and equal 57.

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Line B – The explanation of the basis of allocation by states, etc., of premiums and annuity considerations should be entered on this line.

❖ SCHEDULE Y PART 1A

Column 3 (NAIC Company Code) – This column should be zero filled if not applicable.

❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 10 of this directive.)

For the following interrogatory – if the reporting company responds NO because the company does not do the type of business to which the interrogatory applies – the noted document identifier should be part of the bar code that accompanies the NO response.

- *Interrogatory 31* – Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? – *Document Identifier 306*

❖ ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This supplement is to be filed only if the reporting company writes accident and health business.

Valid responses for the State Code column are the two-letter state abbreviations, **excluding** CN (for Canada). OT (for Other Alien) shall be included with all alien business reported on line D1. GT (for Grand Total) also is valid for the State Code column.

❖ FINANCIAL GUARANTY INSURANCE EXHIBIT, PART 1 through FINANCIAL GUARANTY INSURANCE EXHIBIT, PART 7

These tables are to be filed only if the reporting company writes financial guaranty insurance.

❖ MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES

These tables are to be filed only if the reporting company writes Medicare Supplement insurance.

Medicare Supplement information is to be reported for each applicable state code.

Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

Column 3 (Standardized Medicare Supplement Benefit Plan) – Valid entries for this column are A-N, O, and P.

The information called for in this table should be reported only once for each applicable state code.

❖ MEDICARE PART D COVERAGE SUPPLEMENT

This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

❖ PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT

This exhibit is to be filed only if the reporting company has risks attributed to the company's protected cells.

❖ STATEMENT OF ACTUARIAL OPINION, EXHIBIT A, SCOPE and STATEMENT OF ACTUARIAL OPINION, EXHIBIT B, DISCLOSURES

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The Statement of Actuarial Opinion Exhibit tables in the electronic data file must not be populated automatically by a software vendor. The data called for in the tables must be entered manually in the electronic data file by the reporting entity and must match the data reported in the corresponding tables in the reporting entity's Statement of Actuarial Opinion PDF file.

If a reporting entity is not required to submit a Statement of Actuarial Opinion PDF file to the NAIC by the March 1 filing deadline, the Statement of Actuarial Opinion Exhibit tables must be blank in the reporting entity's March electronic data file.

❖ SUPPLEMENT A TO SCHEDULE T

This table is to be filed only if the reporting company writes medical professional liability insurance.

The valid codes for the Key Code column are PH (for Physicians, including surgeons and osteopaths), OP (for Other Health Care Professionals, including dentists), HS (for Hospitals), and OF (for Other Health Care Facilities).

❖ TRUSTEED SURPLUS STATEMENT ASSETS and TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS

These tables are to be filed only if the reporting company is a United States branch of an alien insurer.

❖ BAIL BOND SUPPLEMENT

This table is to be filed only if the reporting company writes bail bond business.

❖ DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

This table is to be filed only if the reporting company provides director and officer (D&O) liability coverage in a monoline policy or as part of a commercial multiple peril (CMP) policy.

❖ SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 1 through SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 2

Valid responses for the State Code column are the two-letter state abbreviations, **excluding** CN (for Canada) and OT (for Other Alien), used throughout the electronic filing. GT (for Grand Total) also is valid for the State Code column.

❖ CREDIT INSURANCE EXPERIENCE EXHIBIT, PART 1A through CREDIT INSURANCE EXPERIENCE EXHIBIT, PART 6

These tables are to be filed only if the reporting company writes credit insurance.

Credit Insurance Experience Exhibit, Part 6 is to be reported on a nationwide basis.

All of the other Credit Insurance Experience Exhibit tables are to be reported on a state basis; a Grand Total page must be submitted for each of these tables.

❖ LONG-TERM CARE EXPERIENCE REPORTING FORM 1 through LONG-TERM CARE EXPERIENCE REPORTING FORM 5

These tables are to be filed only if the reporting company writes long-term care insurance.

A schedule must be prepared for each jurisdiction in which the reporting company has long-term care direct earned premiums and/or has direct incurred claims. In addition, a schedule that contains the grand total (GT) for the company must be prepared.

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❖ **CYBERSECURITY AND IDENTITY THEFT INSURANCE SUPPLEMENT PART 1, INTERROGATORIES through CYBERSECURITY AND IDENTITY THEFT INSURANCE SUPPLEMENT PART 3, PACKAGE POLICIES**

These tables are to be filed by those reporting entities (including surplus lines insurers and Risk Retention Groups) that provide cybersecurity insurance and identity theft insurance in a stand-alone policy or as part of a package policy.

If the reporting company’s answer to questions 1, 2, 4, and 5 of Part 1 would be “NO”, the company should not complete the supplement. If the reporting company answers “YES” to any of those questions, the supplement should be completed.

❖ **LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT, PARTS 1 and 2**

These tables are to be filed only if the reporting company received any direct premiums or deposits in a state.

Information is to be reported for each applicable state code .

Note: The state codes AS (for American Samoa), GU (for Guam), VI (for United States Virgin Islands), CN (for Canada), MP (for Northern Mariana Islands), and OT (for Other Alien) must not be submitted for either table. GT (for Grand Total) information must be submitted for the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2.

❖ **PRIVATE FLOOD INSURANCE SUPPLEMENTS PART 1 through PART 6**

This supplement is to be filed only if the reporting company writes private flood insurance.

❖ **EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES**

This supplement is to be filed only if the reporting company reports data on Line 17.1-Other Liability – Occurrence, Line 17.2-Other Liability – Claims-Made or Line 17.3-Excess Workers’ Compensation of the Exhibit of Premiums and Losses (State Page).

Combined Property

❖ **SCHEDULE F, PART 1 through SCHEDULE F, PART 3**

Only subtotal lines and total lines are to be reported on the Combined Property electronic filing.

❖ **SCHEDULE T**

The valid responses for Column 1 (Active Status) are as follows.

1. L (for Licensed or Chartered)
2. R (for Registered)
3. E (for Eligible)
4. Q (for Qualified)
5. D (for DSLI – Domestic Surplus Lines Insurer) - Reporting entities authorized to write surplus lines in the state of domicile
6. N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

❖ **COMBINED REFERENCE**

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This table is unique to the Combined Property electronic filing. The names of the individual companies to which a Combined filing applies must be listed in this table. The NAIC company code and the name of the state of domicile for each individual company must be entered in this table, also.

Risk-Based Capital - Property

All RBC percentage and factor values should be calculated to the number of digits in the blank and reported to the number of digits allowed within electronic guidelines.

❖ RBC ASSET CONCENTRATION FACTOR

The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).

❖ RBC CATASTROPHE RISK INTERROGATORIES

The valid responses for Column 1 of this table are X or blank.

❖ RBC CALCULATION OF CATASTROPHE RISK CHARGE FOR EARTHQUAKE

The valid responses for Column 5 of this table are Y and N.

❖ RBC CALCULATION OF CATASTROPHE RISK CHARGE FOR HURRICANE

The valid responses for Column 5 of this table are Y and N.

❖ RBC COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

The valid entries for Line 06 are as follows.

- 1 (for Company Action Level)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

❖ RBC UNDERWRITING AND INVESTMENT EXHIBIT, PREMIUMS WRITTEN, INTERROGATORIES

The valid responses for this table are YES and NO. YES or NO **must appear in every cell of the table.**

❖ RBC TOTAL CAPITATIONS PAID – ELECTRONIC ONLY

The valid percentage value should be calculated to five decimal places but can be presented to three decimal places.

❖ RBC UNDERWRITING RISK - PREMIUM RISK

Columns 1 through 3: The valid percentage value should be entered to four decimal places on appropriate lines, but three digits in column 4.

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SPECIAL INSTRUCTIONS FOR LIFE ELECTRONIC FILINGS

Annual Life

- ❖ ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – INDIVIDUAL LIFE
ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – GROUP LIFE
ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – INDIVIDUAL ANNUITIES
ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR – GROUP ANNUITIES
Line 06 – All columns must be reported as positive numbers.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
For Lines 13K001-13K996, Column 1 (Description) does not apply.

Note: All YES/NO responses are to be spelled out and in all CAPS.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 14 – Liabilities, Contingencies and Assessments
For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).

- ❖ NOTES TO FINANCIAL STATEMENT – Note 15 - Leases
For Lines 15A02A1-15A02A7, the line captions are as follows.
Line 15A02A1 – 2024 (year ending December 31)
Line 15A02A2 – 2025 (year ending December 31)
Line 15A02A3 – 2026 (year ending December 31)
Line 15A02A4 – 2027 (year ending December 31)
Line 15A02A5 – 2028 (year ending December 31)
Line 15A02A6 – Thereafter (year ending December 31)
Line 15A02A7 – Total (year ending December 31)
Note: Line 15A02A6 should be the aggregate total of all future years not included in individually designated lines.

For Lines 15B01C1-15B01C7, the line captions are as follows.
Line 15B01C1 – 2024 (year ending December 31)
Line 15B01C2 – 2025 (year ending December 31)
Line 15B01C3 – 2026 (year ending December 31)
Line 15B01C4 – 2027 (year ending December 31)
Line 15B01C5 – 2028 (year ending December 31)
Line 15B01C6 – Thereafter (year ending December 31)
Line 15B02C7 – Total (year ending December 31)
Note: Line 15B01C6 should be the aggregate total of all future years not included in individually designated lines.

- ❖ NOTES TO FINANCIAL STATEMENT – Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

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For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 5 (Type of Authority Granted) are C (for Claims Payment), CA (for Claims Adjustment), R (for Reinsurance Ceding), B (for Binding Authority), P (for Premium Collection), and U (for Underwriting).

❖ GENERAL INTERROGATORIES, PART 1 - General

Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (FDIC), and Column 15 (SEC) are YES and NO.

❖ FIVE-YEAR HISTORICAL DATA

Amounts of life insurance in this exhibit must be shown in thousands (omit \$000).

Percentages should be rounded to one decimal place (not truncated).

❖ LIFE INSURANCE (State Page)

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, or has direct losses incurred must be submitted for the Life Insurance table. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Life Insurance table.

For each reported state abbreviation and for the Grand Total page, footnote (d) must be completed on the electronic filing and in the appropriate PDF – even if the figures to be reported are zeroes – if health business is reported on lines 34 through 45 of the state page.

❖ SCHEDULE S, PART 1, SECTION 1 through SCHEDULE S, PART 5

Column 1 (NAIC Company Code) – This column must be zero filled for all alien reinsurers and for pools and associations.

Column 2 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

❖ SCHEDULE S, PART 5

Column 5 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE T

The valid responses for Column 1 (Active Status) are as follows.

1. L (for Licensed or Chartered)
2. R (for Registered)
3. E (for Eligible)
4. Q (for Qualified)
5. N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

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❖ SCHEDULE T (Footnote)

Line A – Active Status Counts: These counts should be the sums of Schedule T – column 1, and equal 57.

Line B – The explanation of the basis of allocation by states, etc., of premiums and annuity considerations should be entered on this line.

Line C – The balancing schedule used for Schedule T, Column 4 (Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees) should be reported on this line.

❖ SCHEDULE Y PART 1A

Column 3 (NAIC Company Code) – This column should be zero filled if not applicable.

❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 10 of this directive.)

For the following interrogatory – if the reporting company responds NO because the company does not do the type of business to which the interrogatory applies – the noted document identifier should be part of the bar code that accompanies the NO response.

- *Interrogatory 38* – Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? – *Document Identifier 306*

❖ ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This supplement is to be filed only if the reporting company writes accident and health business.

Valid responses for the State Code column are the two-letter state abbreviations, **excluding** CN (for Canada). OT (for Other Alien) shall be included with all alien business reported on line D1. GT (for Grand Total) also is valid for the State Code column.

❖ MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES

These tables are to be filed only if the reporting company writes Medicare Supplement insurance.

Medicare Supplement information is to be reported for each applicable state code.

Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

Column 3 (Standardized Medicare Supplement Benefit Plan) – Valid entries for this column are A-N, O, and P.

The information called for in this interrogatory table should be reported only once for each applicable state code.

❖ MEDICARE PART D COVERAGE SUPPLEMENT

This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

❖ SCHEDULE O, PART 1, SECTION A through SCHEDULE O, PART 4, SECTION G

For each of sections D through G that contains non-zero data, the Footnote record (Description of line of business) must be completed.

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❖ **TRUSTEED SURPLUS STATEMENT ASSETS and TRUSTEED SURPLUS STATEMENT LIABILITIES AND TRUSTEED SURPLUS**

These tables are to be filed only if the reporting company is a United States branch of an alien insurer.

❖ **WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (SCHEDULE F, PART 1) and WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (SCHEDULE F, PART 2)**

Column 1 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ **SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 1 through SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 2**

Valid responses for the State Code column are the two-letter state abbreviations, **excluding** CN (for Canada) and OT (for Other Alien), used throughout the electronic filing. GT (for Grand Total) also is valid for the State Code column.

❖ **CREDIT INSURANCE EXPERIENCE EXHIBIT, PART 1A through CREDIT INSURANCE EXPERIENCE EXHIBIT, PART 6**

These tables are to be filed only if the reporting company writes credit insurance.

Credit Insurance Experience Exhibit, Part 6 is to be reported on a nationwide basis.

All of the other Credit Insurance Experience Exhibit tables are to be reported on a state basis; a Grand Total page must be submitted for each of these tables.

❖ **LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT, PARTS 1 and 2**

These tables are to be filed only if the reporting company received any direct premiums or deposits in a state.

Information is to be reported for each applicable state code (STABBR).

Note: The state codes AS (for American Samoa), GU (for Guam), VI (for United States Virgin Islands), CN (for Canada), MP (for Northern Mariana Islands), and OT (for Other Alien) must not be submitted for either table. GT (for Grand Total) information must be submitted for the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2.

❖ **LONG-TERM CARE EXPERIENCE REPORTING FORM 1 through LONG-TERM CARE EXPERIENCE REPORTING FORM 5**

These tables are to be filed only if the reporting company writes long-term care insurance.

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Form 5: A schedule must be prepared for each jurisdiction in which the reporting company has long-term care direct earned premiums and/or has direct incurred claims. In addition, a schedule that contains the grand total (GT) for the company must be prepared.

- ❖ SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT, PART 3, COLLATERAL FOR ALL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE TRANSACTIONS REPORTED ON PART 2A OR PART 2B and SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT, PART 4, NON-COLLATERAL ASSETS SUPPORTING RESERVES FOR ALL AFFILIATE TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE TRANSACTIONS REPORTED ON PART 2A OR PART 2B

On the electronic filing, an entry for the Grand Total Cession ID “9999999” is not expected for the footnote section of each noted table. In the accompanying PDF file, footnote data is not expected on the Grand Total page for each noted table.

Life Health Supplements

- ❖ ANALYSIS OF OPERATIONS BY LINES OF BUSINESS
- ❖ EXHIBIT 3 – HEALTH CARE RECEIVABLES
- ❖ EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED
These supplements are to be filed only if the reporting company writes accident and health business.

Risk-Based Capital - Life

All RBC percentage and factor values should be calculated to the number of digits in the blank and reported to the number of digits allowed within electronic guidelines.

- ❖ RBC ASSET CONCENTRATION FACTOR

The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).

The valid percentage value should be entered to four decimal places.

- ❖ RBC RISK-BASED CAPITAL LEVEL OF ACTION

The valid entries for Line 06 are as follows.

- 1 (for Company Action Level or Company Action Level–Trend Test, whichever is applicable)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

The valid entries for Line 12 are as follows.

- 1 (for Company Action Level)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

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- ❖ **RBC TOTAL CAPITATIONS PAID - ELECTRONIC ONLY**
The valid percentage value should be calculated to five decimal places but can be presented to three decimal places.

- ❖ **RBC UNDERWRITING RISK - EXPERIENCE FLUCTUATION RISK**
Columns 1 through 3: The valid percentage value should be entered to four decimal places on appropriate lines, but three digits in column 4.

- ❖ **OFF-BALANCE SHEET COLLATERAL**
The valid percentage value should be calculated to five decimal places but reported to four decimal places.

- ❖ **RBC HEDGED ASSET BOND SCHEDULE**
The valid percentage value should be entered to four decimal places.

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SPECIAL INSTRUCTIONS FOR HEALTH ELECTRONIC FILINGS

Annual Health

- ❖ **UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION A (DEVELOPMENT OF PAID CLAIMS)**

The valid codes for the Key Code column are GT (for Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), XV (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).
- ❖ **UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION B (DEVELOPMENT OF INCURRED CLAIMS)**

The valid codes for the Key Code column are GT (for Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), XV (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).
- ❖ **UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION C (INCURRED YEAR CLAIMS AND CLAIMS ADJUSTMENT EXPENSE RATIO)**

The valid codes for the Key Code column are GT (for Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), XV (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).
- ❖ **NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

For Lines 13K001-13K996, Column 1 (Description) does not apply.

Note: All YES/NO responses are to be spelled out and in all CAPS.
- ❖ **NOTES TO FINANCIAL STATEMENT – Note 14 – Liabilities, Contingencies and Assessments**

For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).
- ❖ **NOTES TO FINANCIAL STATEMENT – Note 15 - Leases**

For Lines 15A02A1-15A02A7, the line captions are as follows.

 - Line 15A02A1 – 2024 (year ending December 31)
 - Line 15A02A2 – 2025 (year ending December 31)
 - Line 15A02A3 – 2026 (year ending December 31)
 - Line 15A02A4 – 2027 (year ending December 31)
 - Line 15A02A5 – 2028 (year ending December 31)
 - Line 15A02A6 – Thereafter (year ending December 31)
 - Line 15A02A7 – Total (year ending December 31)

Note: Line 15A02A6 should be the aggregate total of all future years not included in individually designated lines.

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For Lines 15B01C1-15B01C7, the line captions are as follows.

- Line 15B01C1 – 2024 (year ending December 31)
- Line 15B01C2 – 2025 (year ending December 31)
- Line 15B01C3 – 2026 (year ending December 31)
- Line 15B01C4 – 2027 (year ending December 31)
- Line 15B01C5 – 2028 (year ending December 31)
- Line 15B01C6 – Thereafter (year ending December 31)
- Line 15B02C7 – Total (year ending December 31)

Note: Line 15B01C6 should be the aggregate total of all future years not included in individually designated lines.

- ❖ **NOTES TO FINANCIAL STATEMENT – Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**
For Lines 1900001-1999996 on the electronic filing, the valid entries for Column 5 (Type of Authority Granted) are C (for Claims Payment), CA (for Claims Adjustment), R (for Reinsurance Ceding), B (for Binding Authority), P (for Premium Collection), and U (for Underwriting).
- ❖ **GENERAL INTERROGATORIES, PART 1 - General**
Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (FDIC), and Column 15 (SEC) are YES and NO.
- ❖ **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (State Page)**
A filing for each jurisdiction in which the reporting company has written direct business or has direct amounts paid, incurred, or unpaid for provisions of health care services must be submitted for the Exhibit of Premiums, Enrollment and Utilization. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Exhibit of Premiums, Enrollment and Utilization.
- ❖ **SCHEDULE S, PART 1, SECTION 2 through SCHEDULE S, PART 4**
Column 1 (NAIC Company Code) – This column must be zero filled for all alien reinsurers and for pools and associations.

Column 2 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.
- ❖ **SCHEDULE S, PART 2**
Lines 1 through 11, 23, 24, and 99 should be used by Health companies that are filing the Life Supplement.
- ❖ **SCHEDULE S, PART 4**
Lines 12 through 23, 35, 36, and 99 apply to Health companies.
- ❖ **SCHEDULE S, PART 5**
Column 1 (NAIC Company Code) – This column must be zero filled for all alien reinsurers and for pools and associations.

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Column 2 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 5 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE T

The valid responses for Column 1 (Active Status) are as follows.

1. L (for Licensed or Chartered)
2. R (for Registered)
3. E (for Eligible)
4. Q (for Qualified)
5. N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

❖ SCHEDULE T (Footnote)

Line A – Active Status Counts: These counts should be the sums of Schedule T – column 1, and equal 57.

Line B – The explanation of the basis of allocation by states, etc., of premiums and annuity considerations should be entered on this line.

❖ SCHEDULE Y PART 1A

Column 3 (NAIC Company Code) – This column should be zero filled if not applicable.

❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 10 of this directive.)

❖ ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This supplement is to be filed only if the reporting company writes accident and health business.

Valid responses for the State Code column are the two-letter state abbreviations, **excluding** CN (for Canada). OT (for Other Alien) shall be included with all alien business reported on line D1. GT (for Grand Total) also is valid for the State Code column.

❖ MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES

These tables are to be filed only if the reporting company writes Medicare Supplement insurance.

Medicare Supplement information is to be reported for each applicable state code .

Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

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Column 3 (Standardized Medicare Supplement Benefit Plan) of Medicare Supplement Insurance Experience Exhibit – Valid entries for this column are A-N, O, and P.

The information called for in this interrogatory table should be reported only once for each applicable state code.

❖ MEDICARE PART D COVERAGE SUPPLEMENT

This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

❖ SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 1 through SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 2

Valid responses for the State Code column are the two-letter state abbreviations, excluding CN (for Canada) and OT (for Other Alien), used throughout the electronic filing. GT (for Grand Total) also is valid for the State Code column.

❖ LONG-TERM CARE EXPERIENCE REPORTING FORM 1 through LONG-TERM CARE EXPERIENCE REPORTING FORM 5

These tables are to be filed only if the reporting company writes long-term care insurance.

A schedule must be prepared for each jurisdiction in which the reporting company has long-term care direct earned premiums and/or has direct incurred claims. In addition, a schedule that contains the grand total (GT) for the company must be prepared.

❖ LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT, PARTS 1 and 2

These tables are to be filed only if the reporting company received any direct premiums or deposits in a state.

Information is to be reported for each applicable state code .

Note: The state codes AS (for American Samoa), GU (for Guam), VI (for United States Virgin Islands), CN (for Canada), MP (for Northern Mariana Islands), and OT (for Other Alien) must not be submitted for either table. GT (for Grand Total) information must be submitted for the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2.

Health Life Supplements

❖ SCHEDULE S, PART 1, SECTION 1 and SCHEDULE S, PART 3, SECTION 1

Column 1 (NAIC Company Code) – This column must be zero filled for all alien reinsurers and for pools and associations.

Column 2 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 5 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column

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should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ LIFE INSURANCE (State Page)

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, or has direct losses incurred must be submitted for the Life Insurance tables. All companies' filings must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Life Insurance tables.

For each reported state abbreviation and for the Grand Total page, the footnote that appears at the bottom of the state page in the Life Supplements section of the Health Blank must be completed on the electronic filing and in the PDF – even if the figures to be reported are zeroes – if health business is reported on the following lines of the state page: Lines 24, 24.1, 24.3, 25.1, 25.2, 25.3, 25.5, and 25.6.

❖ ANALYSIS OF INCREASE IN ANNUITY RESERVES

Line 06 – All columns must be reported as positive numbers.

Risk-Based Capital - Health

All RBC percentage and factor values should be calculated to the number of digits in the blank and reported to the number of digits allowed within electronic guidelines.

❖ RBC ASSET CONCENTRATION FACTOR

The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).

❖ RBC COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

The valid entries for Line 06 are as follows.

- 1 (for Company Action Level)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

❖ RBC TOTAL CAPITATIONS PAID - ELECTRONIC ONLY

The valid percentage value should be calculated to five decimal places but can be presented to three decimal places.

❖ RBC UNDERWRITING RISK - EXPERIENCE FLUCTUATION RISK

Columns 1 through 3: The valid percentage value should be entered to four decimal places on appropriate lines, but three digits in columns 4 through 6.

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SPECIAL INSTRUCTIONS FOR TITLE ELECTRONIC FILINGS

Annual Title

- ❖ **NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**
For Lines 13K001-13K996, Column 1 (Description) does not apply.

Note: All YES/NO responses are to be spelled out and in all CAPS.
- ❖ **NOTES TO FINANCIAL STATEMENT – Note 14 – Liabilities, Contingencies and Assessments**
For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).
- ❖ **NOTES TO FINANCIAL STATEMENT – Note 15 - Leases**
For Lines 15A02A1-15A02A7, the line captions are as follows.
Line 15A02A1 – 2024 (year ending December 31)
Line 15A02A2 – 2025 (year ending December 31)
Line 15A02A3 – 2026 (year ending December 31)
Line 15A02A4 – 2027 (year ending December 31)
Line 15A02A5 – 2028 (year ending December 31)
Line 15A02A6 – Thereafter (year ending December 31)
Line 15A02A7 – Total (year ending December 31)
Note: Line 15A02A6 should be the aggregate total of all future years not included in individually designated lines.

For Lines 15B01C1-15B01C7, the line captions are as follows.
Line 15B01C1 – 2024 (year ending December 31)
Line 15B01C2 – 2025 (year ending December 31)
Line 15B01C3 – 2026 (year ending December 31)
Line 15B01C4 – 2027 (year ending December 31)
Line 15B01C5 – 2028 (year ending December 31)
Line 15B01C6 – Thereafter (year ending December 31)
Line 15B02C7 – Total (year ending December 31)
Note: Line 15B01C6 should be the aggregate total of all future years not included in individually designated lines.
- ❖ **GENERAL INTERROGATORIES, PART 1 - General**
Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (FDIC), and Column 15 (SEC) are YES and NO.
- ❖ **SCHEDULE F, PART 1 through SCHEDULE F, PART 4**
Column 1 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

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Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory home office. For alien reinsurers, this column should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

❖ SCHEDULE T

The valid responses for Column 1 (Active Status) are as follows.

1. L (for Licensed or Chartered)
2. R (for Registered)
3. E (for Eligible)
4. Q (for Qualified)
5. N (for None of the above)

Lines 1 through 57 – One of the above responses must appear in **every** cell of Column 1 of Schedule T.

❖ SCHEDULE T (Footnote)

Line A – Active Status Counts: These counts should be the sums of Schedule T – column 1, and equal 57.

❖ SCHEDULE Y PART 1A

Column 3 (NAIC Company Code) – This column should be zero filled if not applicable.

❖ SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 10 of this directive.)

❖ STATEMENT OF ACTUARIAL OPINION, EXHIBIT A, SCOPE and STATEMENT OF ACTUARIAL OPINION, EXHIBIT B, DISCLOSURES

The Statement of Actuarial Opinion Exhibit tables in the electronic data file must not be populated automatically by a software vendor. The data called for in the tables must be entered manually in the electronic data file by the reporting entity and must match the data reported in the corresponding tables in the reporting entity's Statement of Actuarial Opinion PDF file.

If a reporting entity is not required to submit a Statement of Actuarial Opinion PDF file to the NAIC by the March 1 filing deadline, the Statement of Actuarial Opinion Exhibit tables must be blank in the reporting entity's March electronic data file.