

## Record Layout

2022 Data in 2022 PC Format - Product Code IP

File Name: P2022084

SCHEDULE NAME: GENERAL INTERROGATORIES - PART 2

PAGE NUMBER: 016

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	YES_NO_RESPONSE	ALPHA	3
4	NUMERIC_RESPONSE	NUMERIC	13.3
5	DIR_LS_INCRD	NUMERIC	14
6	DIR_LS_UNPAID	NUMERIC	14
7	DIR_WRTN_PREM	NUMERIC	14
8	DIR_PREM_UNERND	NUMERIC	14
9	DIR_PREM_ERND	NUMERIC	14
10	CURR_YR	NUMERIC	13.3
11	PR_YR	NUMERIC	13.3
12	EXPLANATION	ALPHA	300

The following column/row intersections either do not exist or do not have values on the Annual Statement.

## COLUMN

## LINE NUMBER

YES\_NO\_RESPONSE

01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65  
 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3  
 02.4 02.5 02.6 03.21 03.22 04.3 04.4 05.3 05.5 06.1 06.2  
 06.3 06.5 07.2 08.2 11.2 12.11 12.12 12.2 12.41 12.42  
 12.61 12.62 13.1 13.3 14.2 14.5 15.2 16.11 16.12 16.13  
 16.14 17.11 17.12 17.13 17.14 17.15 17.16 17.17 18.2  
 18.4

NUMERIC\_RESPONSE

01.1 01.31 02.1 02.2 02.3 02.4 02.5 02.6 03.1 04.1 04.2  
 05.1 05.21 05.22 05.3 05.4 05.5 06.1 06.2 06.3 06.4 06.5  
 07.1 07.3 08.1 08.2 09.1 09.2 09.4 09.6A 09.6B 09.6C 10  
 11.1 11.2 12.3 12.5 13.2 14.1 14.2 14.3 14.4 14.5 15.1  
 15.2 16.1 16.11 16.12 16.13 16.14 17.1 18.1 18.3 19 19.1

DIR\_LS\_INCRD

01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64  
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 15.1 15.2 16.1 17.1 17.11 17.12 17.13 17.14 17.15 17.16  
 17.17 18.1 18.2 18.3 18.4 19 19.1

DIR\_LS\_UNPAID

01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64  
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 09.6C 10 11.1 11.2 12.11 12.12 12.2 12.3 12.41 12.42  
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 15.1 15.2 16.1 17.1 17.11 17.12 17.13 17.14 17.15 17.16  
 17.17 18.1 18.2 18.3 18.4 19 19.1

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DIR_WRTN_PREM	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.21 03.22 04.1 04.2 04.3 04.4 05.1 05.21 05.22 05.3 05.4 05.5 06.1 06.2 06.3 06.4 06.5 07.1 07.2 07.3 08.1 08.2 09.1 09.2 09.4 09.6A 09.6B 09.6C 10 11.1 11.2 12.11 12.12 12.2 12.3 12.41 12.42 12.5 12.61 12.62 13.1 13.2 13.3 14.1 14.2 14.3 14.4 14.5 15.1 15.2 16.1 17.1 17.11 17.12 17.13 17.14 17.15 17.16 17.17 18.1 18.2 18.3 18.4 19 19.1
DIR_PREM_UNERND	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.21 03.22 04.1 04.2 04.3 04.4 05.1 05.21 05.22 05.3 05.4 05.5 06.1 06.2 06.3 06.4 06.5 07.1 07.2 07.3 08.1 08.2 09.1 09.2 09.4 09.6A 09.6B 09.6C 10 11.1 11.2 12.11 12.12 12.2 12.3 12.41 12.42 12.5 12.61 12.62 13.1 13.2 13.3 14.1 14.2 14.3 14.4 14.5 15.1 15.2 16.1 17.1 17.11 17.12 17.13 17.14 17.15 17.16 17.17 18.1 18.2 18.3 18.4 19 19.1
DIR_PREM_ERND	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.21 03.22 04.1 04.2 04.3 04.4 05.1 05.21 05.22 05.3 05.4 05.5 06.1 06.2 06.3 06.4 06.5 07.1 07.2 07.3 08.1 08.2 09.1 09.2 09.4 09.6A 09.6B 09.6C 10 11.1 11.2 12.11 12.12 12.2 12.3 12.41 12.42 12.5 12.61 12.62 13.1 13.2 13.3 14.1 14.2 14.3 14.4 14.5 15.1 15.2 16.1 17.1 17.11 17.12 17.13 17.14 17.15 17.16 17.17 18.1 18.2 18.3 18.4 19 19.1
CURR_YR	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 03.1 03.21 03.22 04.1 04.2 04.3 04.4 05.1 05.21 05.22 05.3 05.4 05.5 06.1 06.2 06.3 06.4 06.5 07.1 07.2 07.3 08.1 08.2 09.1 09.2 09.4 09.6A 09.6B 09.6C 10 11.1 11.2 12.11 12.12 12.2 12.3 12.41 12.42 12.5 12.61 12.62 13.1 13.2 13.3 14.1 14.2 14.3 14.4 14.5 15.1 15.2 16.1 16.11 16.12 16.13 16.14 17.1 17.11 17.12 17.13 17.14 17.15 17.16 17.17 18.1 18.2 18.3 18.4 19 19.1
PR_YR	01.1 01.2 01.3 01.31 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 03.1 03.21 03.22 04.1 04.2 04.3 04.4 05.1 05.21 05.22 05.3 05.4 05.5 06.1 06.2 06.3 06.4 06.5 07.1 07.2 07.3 08.1 08.2 09.1 09.2 09.4 09.6A 09.6B 09.6C 10 11.1 11.2 12.11 12.12 12.2 12.3 12.41 12.42 12.5 12.61 12.62 13.1 13.2 13.3 14.1 14.2 14.3 14.4 14.5 15.1 15.2 16.1 16.11 16.12 16.13 16.14 17.1 17.11 17.12 17.13 17.14 17.15 17.16 17.17 18.1 18.2 18.3 18.4 19 19.1
EXPLANATION	01.1 01.2 01.3 01.4 01.5 01.61 01.62 01.63 01.64 01.65 01.66 01.71 01.72 01.73 01.74 01.75 01.76 02.1 02.2 02.3 02.4 02.5 02.6 03.1 03.21 03.22 04.1 04.2 04.3 04.4 05.1 05.21 05.22 05.4 06.4 07.1 07.2 07.3 08.1 09.1 09.2 09.4 09.6A 09.6B 09.6C 10 11.1 12.11 12.12 12.2 12.3 12.41 12.42 12.5 12.61 12.62 13.1 13.2 13.3 14.1 14.3 14.4 15.1 16.1 16.11 16.12 16.13 17.1 17.11 17.12 17.13 17.14 17.15 17.16 17.17 18.1 18.2 18.3 18.4 19 19.1

## VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
01.1	Does the reporting entity have any direct Medicare Supplement insurance in force?
01.2	If yes, indicate premium earned on U.S. business only
01.3	What portion of item 1.2 is not reported on the Medicare Supplement Insurance Experience Exhibit
01.31	Reason for excluding

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01.4	Indicate amount of earned premium attributable to Canadian and/or other alien not included in item 1.2 above
01.5	Indicate total incurred claims on all Medicare Supplement insurance
01.61	Total premium earned (individual policies) (most current 3 years)
01.62	Total incurred claims (individual policies) (most current 3 years)
01.63	Number of covered lives (individual policies) (most current 3 years)
01.64	Total premium earned (individual policies) (all years prior to most current 3 years)
01.65	Total incurred claims (individual policies) (all years prior to most current 3 years)
01.66	Number of covered lives (individual policies) (all years prior to most current 3 years)
01.71	Total premium earned (group policies) (most current 3 years)
01.72	Total incurred claims (group policies) (most current 3 years)
01.73	Number of covered lives (group policies) (most current 3 years)
01.74	Total premium earned (group policies) (all years prior to most current 3 years)
01.75	Total incurred claims (group policies) (all years prior to most current 3 years)
01.76	Number of covered lives (group policies) (all years prior to most current 3 years)
02.1	Premium numerator (health test)
02.2	Premium denominator (health test)
02.3	Premium ratio (2.1/2.2) (health test)
02.4	Reserve numerator (health test)
02.5	Reserve denominator (health test)
02.6	Reserve ratio (2.3/2.5) (health test)
03.1	Did the reporting entity issue participating policies during the calendar year?
03.21	If yes, provide the amount of calendar year premiums written on participating policies
03.22	If yes, provide the amount of calendar year premiums written on non-participating policies
04.1	Does the reporting entity issue assessable policies (for mutual reporting entities and reciprocal exchanges only)?
04.2	Does the reporting entity issue non-assessable policies (for mutual reporting entities and reciprocal exchanges only)?
04.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders (for mutual reporting entities and reciprocal exchanges only)
04.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums (for mutual reporting entities and reciprocal exchanges only)
05.1	Does the exchange appoint local agents (for reciprocal exchanges only)
05.21	If yes, is the commission paid out of attorney-in-fact compensation (for reciprocal exchanges only)?
05.22	If yes, is the commission paid as a direct expense of the exchange (for reciprocal exchanges only)?
05.3	What expenses of the exchange are not paid out of the compensation of the attorney-in-fact (for reciprocal exchanges only)
05.4	Has any attorney-in-fact compensation, contingent on fulfillment of certain conditions been deferred (for reciprocal exchanges only)?
05.5	If yes, give full information
06.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?
06.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising the probable maximum loss, the locations of concentrations of those exposures and the external resources, if any, used in the estimation process
06.3	What provision has this reporting entity made to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable property insurance loss?
06.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?
06.5	If no, describe any arrangement or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss

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- 07.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage?
- 07.2 If yes, indicate the number of reinsurance contracts containing such provisions
- 07.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?
- 08.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?
- 08.2 If yes, give full information
- 09.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement (i)..(ii)..(iii)..contain one or more of the following features (a) .... (f)...?
- 09.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates)....excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i)...(ii)..where (a)...(b)...?
- 09.4 Except for transactions meeting the requirements of paragraph 30 of SSAP No. 62, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a)... or (b)....?
- 09.6A The entity does not utilize reinsurance; or
- 09.6B The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement 20-1; or
- 09.6C The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement 20-1.
- 10 If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?
- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force?
- 11.2 If yes, give full information
- 12.11 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule state the amount of corresponding liabilities recorded for unpaid losses
- 12.12 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 13.3 of the asset schedule, state the amount of corresponding liabilities recorded for unpaid underwriting expenses (including loss adjustment expenses)
- 12.2 Of the amount on Line 13.3 of the asset schedule, state the amount which is secured by letters of credit, collateral and other funds
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?
- 12.41 If yes, provide the range of interest rates charged under such notes during the period covered by this statement from
- 12.42 If yes, provide the range of interest rates charged under such notes during the period covered by this statement to
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?
- 12.61 If yes, state the amount thereof at December 31 of current year, letters of credit
- 12.62 If yes, state the amount thereof at December 31 of current year, collateral and other funds
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation)
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amounts

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- 14.1 Is the company a cedant in a multiple cedant reinsurance contract?
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants.
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?
- 14.5 If the answer to 14.4 is no, please explain.
- 15.1 Has the reporting entity guaranteed any financed premium accounts?
- 15.2 If yes, give full information
- 16.1 Does the reporting entity write any warranty business?
- 16.11 Home
- 16.12 Products
- 16.13 Automobile
- 16.14 Other
- 17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance?
- 17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance
- 17.12 Unfunded portion of Interrogatory 17.11
- 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11
- 17.14 Case reserves portion of Interrogatory 17.11
- 17.15 Incurred but not reported portion of Interrogatory 17.11
- 17.16 Unearned premium portion of Interrogatory 17.11
- 17.17 Contingent commission portion of Interrogatory 17.11
- 18.1 Do you act as a custodian for health savings accounts?
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date.
- 18.3 Do you act as an administrator for health savings accounts?
- 18.4 If yes, please provide the balance of the funds administered as of the reporting date.
- 19 Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least 2 states?
- 19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?