

NAIC INSURANCE DATA PRODUCTS
Record Layout
2022 Data in 2022 PC Format - Product Code 'IP'

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File Name: P22Q1058

SCHEDULE NAME: GENERAL INTERROGATORIES - PART 2

PAGE NUMBER: 008

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	QUARTER	NUMERIC	1
4	YES_NO_RESPONSE	ALPHA	3
5	LINE_OF_BUS	ALPHA	100
6	MAX_INTEREST	NUMERIC	13.3
7	DISC_RATE	NUMERIC	13.3
8	UNPD_LOSS_TOT_DISC	NUMERIC	14
9	LAE_TOT_DISCOUNT	NUMERIC	14
10	IBNR_TOT_DISCOUNT	NUMERIC	14
11	TOTAL_DISCOUNT	NUMERIC	14
12	UNPD_LOSS_DUR_PD	NUMERIC	14
13	LAE_DUR_PD	NUMERIC	14
14	IBNR_DUR_PD	NUMERIC	14
15	TOT_DISC_DUR_PD	NUMERIC	14
16	AMT_RESPONSE	NUMERIC	13.3
17	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	03.2 04.2001 04.2999 05.1 05.2 05.3 06.2 06.4
LINE_OF_BUS	01 02 03.1 03.2 04.1 04.2999 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
MAX_INTEREST	01 02 03.1 03.2 04.1 04.2999 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
DISC_RATE	01 02 03.1 03.2 04.1 04.2999 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
UNPD_LOSS_TOT_DISC	01 02 03.1 03.2 04.1 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
LAE_TOT_DISCOUNT	01 02 03.1 03.2 04.1 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
IBNR_TOT_DISCOUNT	01 02 03.1 03.2 04.1 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
TOTAL_DISCOUNT	01 02 03.1 03.2 04.1 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
UNPD_LOSS_DUR_PD	01 02 03.1 03.2 04.1 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
LAE_DUR_PD	01 02 03.1 03.2 04.1 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
IBNR_DUR_PD	01 02 03.1 03.2 04.1 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
TOT_DISC_DUR_PD	01 02 03.1 03.2 04.1 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1
AMT_RESPONSE	01 02 03.1 03.2 04.1 04.2001 04.2999 06.1 06.3 07 07.1
EXPLANATION	01 02 03.1 04.1 04.2001 04.2999 05.1 05.2 05.3 06.1 06.2 06.3 06.4 07 07.1

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
01	If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
02	Has the 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 the risk, or portion thereof, reinsured
03.1	Have any of the reporting entity's primary reinsurance contracts been cancelled

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03.2	If yes, give full and complete information thereto
04.1	Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain worker's compensation tabular reserve discounted at a rate of interest greater than zero
04.2001	04.2001-04.2996 as needed
04.2999	Total
05.1	A&H loss percent (operating percentages)
05.2	A&H cost containment percent (operating percentages)
05.3	A&H expense percent excluding cost containment expenses (operating percentages)
06.1	Do you act as a custodian for health savings accounts?
06.2	If yes, please provide the amount of custodial funds held as of the reporting date.
06.3	Do you act as an administrator for health savings accounts?
06.4	If yes, please provide the balance of the funds administered as of the reporting date.
07	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least 2 states?
07.1	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?