

**NAIC BLANKS (E) WORKING GROUP**

**Blanks Agenda Item Submission Form**

<b>CONTACT PERSON:</b> _____ <b>TELEPHONE:</b> _____ <b>EMAIL ADDRESS:</b> _____ <b>ON BEHALF OF:</b> _____ <b>NAME:</b> <u>Tracy Snow</u> <b>TITLE:</b> <u>Chief, Captive Insurance</u> <b>AFFILIATION:</b> <u>Ohio Department of Insurance</u> <b>ADDRESS:</b> <u>50 W Town St, 3<sup>rd</sup> Fl, Ste 300</u> <u>Columbus, OH 43215</u>	<b>DATE:</b> <u>09/24/2019</u>	<b>FOR NAIC USE ONLY</b>
	Agenda Item # <u>2019-25BWG MOD</u> Year <u>2020</u> Changes to Existing Reporting [ X ] New Reporting Requirement [ ]	<b>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</b>
	No Impact [ X ] Modifies Required Disclosure [ ]	<b>DISPOSITION</b>
	[ ] Rejected For Public Comment [ ] Referred To Another NAIC Group [ X ] Received For Public Comment [ ] Adopted Date _____ [ ] Rejected Date _____ [ ] Deferred Date _____ [ ] Other (Specify) _____	

**BLANK(S) TO WHICH PROPOSAL APPLIES**

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

Anticipated Effective Date: Annual 2020

**IDENTIFICATION OF ITEM(S) TO CHANGE**

Modify the instruction for Column 10 (Schedule F, Part 3 – Property and Schedule F, Part 2 – Life/Fraternal Workers’ Compensation Carve-out supplement) to remove instruction to exclude adjusting and other reserves from the column and add instruction include along with the defense and cost containment reserves. Add a new instruction for Column 12 for the same schedules. Add crosschecks to Schedule P, Part 1.

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

The purpose of this proposal is ensure adjusting other and defense and cost containment reserves are reported properly as Known Case LAE Reserves or IBNR LAE Reserves.

**NAIC STAFF COMMENTS**

Comment on Effective Reporting Date: \_\_\_\_\_

Other Comments:

\*\* This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

**SCHEDULE F – PART 3**

**CEDED REINSURANCE**  
**AS OF DECEMBER 31, CURRENT YEAR**



**Detail Eliminated to Conserve Space**

Column 9 – Known Case Loss Reserves  
Total multiplied by 1000 should agree with Underwriting and Investment Exhibit, Part 2A, Line 35, Column 3.

Column 10 – Known Case LAE Reserves  
Include: Defense and Cost Containment from Schedule P, Part 1, Columns 18  
Adjusting and Other from Schedule P, Part 1, Column 22, in part  
The sum of Schedule F, Part 3, Columns 10 and 12 should equal the sum of Schedule P, Part 1, Columns 18, 20 and 22. (Note: This crosscheck doesn't apply to those companies participating in inter-company pooling participation arrangements where the participation percentage in Schedule P, Part 1, Column 34 is not equal to zero.)  
Exclude: ~~Adjusting & Other Expense Reserves.~~

Column 11 – IBNR Loss Reserves  
Total multiplied by 1000 should agree with Underwriting and Investment Exhibit, Part 2A, Line 35, Column 7.

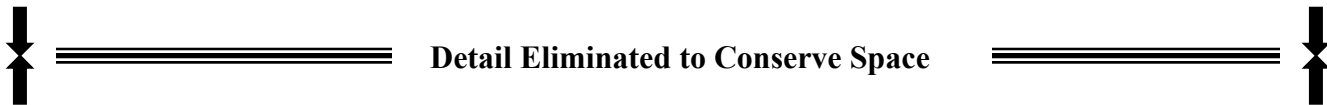
Column 12 – IBNR LAE Reserves  
Include: Defense and Cost Containment from Schedule P, Part 1, Columns 20  
Adjusting and Other from Schedule P, Part 1, Column 22, in part

Column 13 – Unearned Premiums  
Total multiplied by 1000 should equal Page 3, Line 9 parenthetical amount.



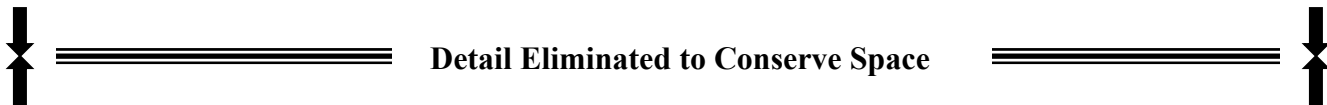
**Detail Eliminated to Conserve Space**

**WORKERS’ COMPENSATION CARVE-OUT SUPPLEMENT**



**SCHEDULE F – PART 2**

**CEDED REINSURANCE**



Column 9 – Known Case Loss Reserves

Total multiplied by 1000 should agree with Underwriting and Investment Exhibit, Part 4, Column 2.

Column 10 – Known Case LAE Reserves

Include: Defense and Cost Containment from Schedule P, Part 1, Columns 18

Adjusting and Other from Schedule P, Part 1, Column 22, in part

The sum of Schedule F, Part 2, Columns 10 and 12 should equal the sum of Schedule P, Part 1, Columns 18, 20 and 22. (Note: This crosscheck doesn’t apply to those companies participating in inter-company pooling participation arrangements where participation the percentage in Schedule P, Part 1, Column 34 is not equal to zero.)

Exclude: Adjusting and other Expense reserves.

Column 11 – IBNR Loss Reserves

Total multiplied by 1000 should agree with Underwriting and Investment Exhibit, Part 4, Column 5.

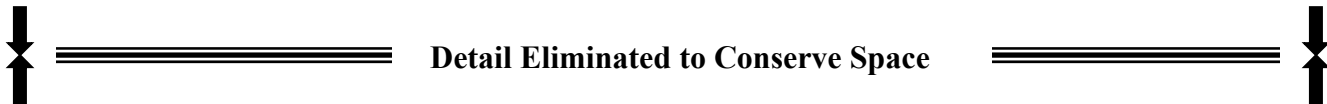
Column 12 – IBNR LAE Reserves

Include: Defense and Cost Containment from Schedule P, Part 1, Columns 20

Adjusting and Other from Schedule P, Part 1, Column 22, in part

Column 14 – Contingent Commissions

Include: Contingent commissions receivable from a reinsurer. Regular commissions should be netted with ceded balances payable in Column 16.



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