

**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>James W. Borrowman</u> <b>TITLE:</b> <u>Financial Analyst</u> <b>AFFILIATION:</b> <u>OR Dept. of Consumer &amp; Business Services</u> <u>Div of Financial Reg Ins Institutions</u> <b>ADDRESS:</b> _____ _____	<b>DATE:</b> <u>02/21/2020</u>	<b>FOR NAIC USE ONLY</b>
	Agenda Item # <u>2020-16BWG</u> Year <u>2020</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [ X ] New Reporting Requirement <input type="checkbox"/> [ ]	<b>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</b>
	No Impact <input checked="" type="checkbox"/> [ X ] Modifies Required Disclosure <input type="checkbox"/> [ ]	<b>DISPOSITION</b>
	<input type="checkbox"/> [ ] Rejected For Public Comment <input type="checkbox"/> [ ] Referred To Another NAIC Group <input checked="" type="checkbox"/> [ X ] Received For Public Comment <input type="checkbox"/> [ ] Adopted Date _____ <input type="checkbox"/> [ ] Rejected Date _____ <input type="checkbox"/> [ ] Deferred Date _____ <input type="checkbox"/> [ ] Other (Specify) _____	

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

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> [ X ] ANNUAL STATEMENT     | <input checked="" type="checkbox"/> [ X ] INSTRUCTIONS | <input type="checkbox"/> [ ] CROSSCHECKS |
| <input type="checkbox"/> [ ] QUARTERLY STATEMENT               | <input type="checkbox"/> [ ] BLANK                     |  |
| <input type="checkbox"/> [ ] Life, Accident & Health/Fraternal | <input type="checkbox"/> [ ] Separate Accounts         | <input type="checkbox"/> [ ] Title       |
| <input checked="" type="checkbox"/> [ X ] 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 Questions 3.1 and 3.2 of General Interrogatories Part 2 and provide instructions for the questions.

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

The purpose of this proposal is to clarify capturing whether reporting entities have written participating policies in the current calendar year and reporting amount of premium written for both participating and non-participating policies.

**NAIC STAFF COMMENTS**

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

Other Comments:

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

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

**PART 2 – PROPERTY AND CASUALTY INTERROGATORIES**

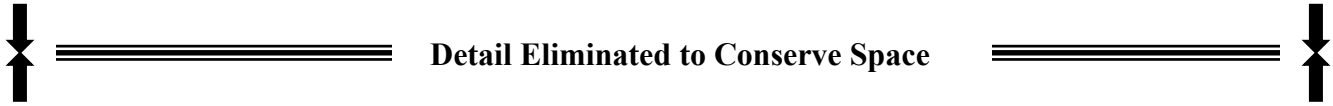


3.1 Answer “YES” if the reporting entity has issued participating during the calendar year.

Participating Policies:

An insurance contract where the ultimate policy premium is affected by profitability which could result in a change of premium for the policy period written. The effect on premium could be in the form of a dividend, a refund in premium, experienced based premium or additional premium billable.

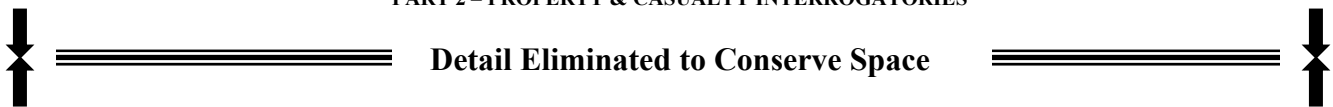
3.2 If “Yes”, provide the amount of premium written for participating and/or non-participating policies during the calendar year.



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

**GENERAL INTERROGATORIES**

**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**



3.1 ~~Does~~ Did the reporting entity issue ~~both participating and non-participating~~ policies during the calendar year?

Yes [ ] No [ ]

3.2 If yes, ~~state~~ provide the amount of premium written for participating and/or non-participating policies during the calendar year premiums written on:

- 3.21 Participating policies
- 3.22 Non-participating policies

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

