Blanks Agenda Item Submission Form

DATE: 02/21/2020

CONTACT PERSON: 

TELEPHONE: 

EMAIL ADDRESS: 

ON BEHALF OF: 

NAME: James W. Borrowman

TITLE: Financial Analyst

AFFILIATION: OR Dept. of Consumer & Business Services Div of Financial Reg Ins Institutions

ADDRESS: 

FOR NAIC USE ONLY

Agenda Item # 2020-16BWG

Year 2020

Changes to Existing Reporting [ X ]

New Reporting Requirement [ ]

REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT

No Impact [ X ]

Modifies Required Disclosure [ ]

DISPOSITION

[ ] 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

[ X ] ANNUAL STATEMENT

[ ] QUARTERLY STATEMENT

[ ] INSTRUCTIONS

[ ] CROSSCHECKS

[ ] LIFE, ACCIDENT & HEALTH/FRATERNAL

[ X ] PROPERTY/CASUALTY

[ ] HEALTH

[ ] SEPARATE ACCOUNTS

[ ] PROTECTED CELL

[ ] 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.

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Revised 7/18/2018
ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, HEALTH, PROPERTY AND TITLE

PART 2 – PROPERTY AND CASUALTY INTERROGATORIES

Detail Eliminated to Conserve Space

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.

Detail Eliminated to Conserve Space

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

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

Detail Eliminated to Conserve Space

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

Yes [ ] No [ ]

3.2 If yes, state the amount of premium written for participating and/or non-participating policies during the calendar year.

$_______________________

3.21 Participating policies

3.22 Non-participating policies

$_______________________

Detail Eliminated to Conserve Space

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