NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

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<th>DATE: 02/21/2020</th>
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<td>CONTACT PERSON:</td>
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<td>TELEPHONE:</td>
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<td>EMAIL ADDRESS:</td>
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<td>ON BEHALF OF:</td>
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<tr>
<td>NAME: James W. Borrowman</td>
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<tr>
<td>TITLE: Financial Analyst</td>
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<tr>
<td>AFFILIATION: OR Dept. of Consumer &amp; Business Services Div of Financial Reg Ins Institutions</td>
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<td>ADDRESS:</td>
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FOR NAIC USE ONLY

Agenda Item # 2020-16BWG MOD

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
[ ] Received For Public Comment
[ X ] Adopted Date 05/28/2020
[ ] Rejected Date
[ ] Deferred Date
[ ] Other (Specify)

BLANK(S) TO WHICH PROPOSAL APPLIES

[X ] ANNUAL STATEMENT
[ ] QUARTERLY STATEMENT
[ X ] INSTRUCTIONS
[ ] CROSSCHECKS

[X ] Life, Accident & Health/Fraternal
[X ] Property/Casualty
[ ] Health

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. Revised 7/18/2018

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3.1 Answer “YES” if the reporting entity has issued participating policies 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.

- Participating policies
- Non-participating policies

$ _________________________  
$ _________________________