

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>James W. Borrowman</u> TITLE: <u>Financial Analyst</u> AFFILIATION: <u>OR Dept. of Consumer & Business Services</u> <u>Div of Financial Reg Ins Institutions</u> ADDRESS: _____ _____ _____	DATE: <u>02/21/2020</u>	FOR NAIC USE ONLY		
	Agenda Item # <u>2020-16BWG MOD</u> Year <u>2020</u> Changes to Existing Reporting [X] New Reporting Requirement []			
	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT			
	No Impact [X] Modifies Required Disclosure []			
	DISPOSITION			

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|--|---|--------------------------------------|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> 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"/> 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.

PART 2 – PROPERTY AND CASUALTY INTERROGATORIES



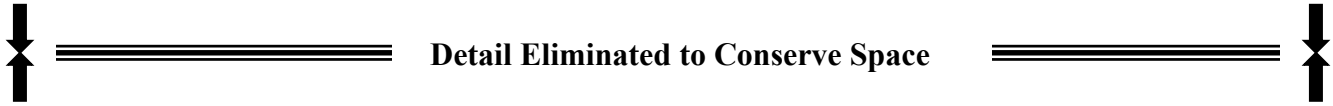
Detail Eliminated to Conserve Space

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.

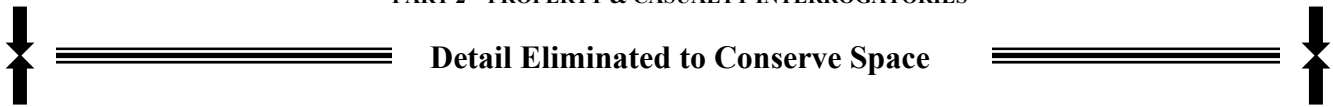
3.2 If “Yes”, provide the amount of premium written for participating and/or non-participating policies during the calendar year.



Detail Eliminated to Conserve Space

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES



Detail Eliminated to Conserve Space

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

\$ _____
\$ _____



Detail Eliminated to Conserve Space