

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Dale Bruggeman</u> TITLE: <u>Chair SAPWG</u> AFFILIATION: <u>Ohio Department of Insurance</u> ADDRESS: <u>50W. Town St., 3rd Fl., Ste. 300</u> <u>Columbus, OH 43215</u>	DATE: <u>11/30/2020</u>	FOR NAIC USE ONLY
	Agenda Item # <u>2020-37BWG MOD</u> Year <u>2021</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [X] New Reporting Requirement <input type="checkbox"/> []	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT
	No Impact <input checked="" type="checkbox"/> [X] Modifies Required Disclosure <input type="checkbox"/> []	DISPOSITION
	<input type="checkbox"/> [] Rejected For Public Comment <input type="checkbox"/> [] Referred To Another NAIC Group <input type="checkbox"/> [] Received For Public Comment <input checked="" type="checkbox"/> [X] Adopted Date <u>03/16/2021</u> <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 checked="" type="checkbox"/> [X] BLANK | |
| <input checked="" type="checkbox"/> [X] Life, Accident & Health/Fraternal | <input type="checkbox"/> [] Separate Accounts | <input checked="" type="checkbox"/> [X] Title |
| <input checked="" type="checkbox"/> [X] Property/Casualty | <input type="checkbox"/> [] Protected Cell | <input type="checkbox"/> [] Other _____ |
| <input checked="" type="checkbox"/> [X] Health | <input type="checkbox"/> [] Health (Life Supplement) | |

Anticipated Effective Date: Annual 2021

IDENTIFICATION OF ITEM(S) TO CHANGE

Add a new Schedule Y, Part 3 to capture all entities with ownership greater than 10%, the ultimate controlling parties of those owners and other entities that the ultimate controlling party controls.

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

The purpose of this proposal is to reflect disclosure changes adopted by the Statutory Accounting Principles (E) Working Group for *SSAP No. 25—Affiliates and Other Related Parties* (Ref #2019-34) regarding disclosure of owner(s), its ultimate controlling party and other entities the ultimate controlling party controls.

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

SCHEDULE Y

Part 3 – Ultimate Controlling Party and Listing of Other U.S. Insurance Groups or Entities Under That Ultimate Controlling Party’s Control

All insurer and reporting entity members of the holding company system shall prepare a common schedule for inclusion in each of the individual annual statements.

Column 1 – Insurers in Holding Company

Report all insurers in the holding company that file with the NAIC.

Column 2 – Owners with Greater Than 10% Ownership

Provide the name of all owners of the insurers reported in Column 1 with an ownership percentage greater than 10%.

Column 3 – Ownership Percentage Column 4 of Column 2

Provide the ownership percentage of the entity reported in Column 2 of the insurer reported in Column 1.

Column 4 – Granted Disclaimer of Control/Affiliation of Column 4 Over Column 2 (Yes/No)

Indicate if the entity reported in Column 2 as owner of the entity reported in Column 1 was granted a disclaimer of control or affiliation by the state of domicile.

Column 5 – Ultimate Controlling Party

Provide the name of all U.S. insurance groups (which is consistent with the ‘Group Name’ on Schedule Y—Part 1A) controlled by the ultimate controlling party of the entity reported in Column 2. If an entity reported in Column 5 is not part of an insurance group, provide the name of the individual insurance entity. Within Schedule Y, the terms “Ultimate Controlling Party” and “Ultimate Controlling Entity(ies)/Person(s)” are used interchangeably.

Column 6 – U.S. Insurance Groups or Entities Controlled by Column 5

Provide the names of all U.S. insurance groups or entities controlled by the entity reported in Column 5.

Column 7 – Ownership Percentage (Column 5 of Column 6)

Provide the ownership percentage of the ultimate controlling party reported in Column 5 of the entity reported in Column 6.

Column 8 – Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)

Indicate if the entity reported in Column 5 as the ultimate controlling party of the entity reported in Column 6 was granted a disclaimer of control or affiliation by the state of domicile.

This page intentionally left blank.