

Capital Adequacy (E) Task Force

RBC Proposal Form

- | | | |
|---|---|--|
| <input type="checkbox"/> Capital Adequacy (E) Task Force | <input type="checkbox"/> Health RBC (E) Working Group | <input type="checkbox"/> Life RBC (E) Working Group |
| <input type="checkbox"/> Catastrophe Risk (E) Subgroup | <input type="checkbox"/> Investment RBC (E) Working Group | <input type="checkbox"/> Operational Risk (E) Subgroup |
| <input type="checkbox"/> C3 Phase II/ AG43 (E/A) Subgroup | <input checked="" type="checkbox"/> P/C RBC (E) Working Group | <input type="checkbox"/> Longevity Risk (A/E) Subgroup |

DATE: <u>7/8/22</u>	<u>FOR NAIC USE ONLY</u>
CONTACT PERSON: <u>Eva Yeung</u> TELEPHONE: <u>816-783-8407</u> EMAIL ADDRESS: <u>eyeung@naic.org</u> ON BEHALF OF: <u>P/C RBC (E) Working Group</u> NAME: <u>Tom Botsko</u> TITLE: <u>Chair</u> AFFILIATION: <u>Ohio Department of Insurance</u> ADDRESS: <u>50 West Town Street, Suite 300</u> <u>Columbus, OH 43215</u>	Agenda Item # <u>2022-07-P</u> Year <u>2023</u> <b style="text-align: center;"><u>DISPOSITION</u> <input type="checkbox"/> ADOPTED _____ <input type="checkbox"/> REJECTED _____ <input type="checkbox"/> DEFERRED TO _____ <input type="checkbox"/> REFERRED TO OTHER NAIC GROUP _____ <input checked="" type="checkbox"/> EXPOSED <u>8/9/22</u> <input type="checkbox"/> OTHER (SPECIFY) _____

IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

- | | | |
|--|--|--|
| <input type="checkbox"/> Health RBC Blanks | <input checked="" type="checkbox"/> Property/Casualty RBC Blanks | <input type="checkbox"/> Life and Fraternal RBC Instructions |
| <input type="checkbox"/> Health RBC Instructions | <input type="checkbox"/> Property/Casualty RBC Instructions | <input type="checkbox"/> Life and Fraternal RBC Blanks |
| <input type="checkbox"/> OTHER _____ | | |

DESCRIPTION OF CHANGE(S)

The proposed change would modify the lines of business categories in PR035.

REASON OR JUSTIFICATION FOR CHANGE **

The proposed PR035 changes would provide consistency of the lines of business categories used in the Annual Statement, Underwriting and Investment Exhibit, Part 1B.

Additional Staff Comments:

8/9/22 - The Working Group agreed to expose this proposal for a 30-public comment period ending Sept. 8.

** This section must be completed on all forms.

Revised 2-2019

UNDERWRITING AND INVESTMENT EXHIBIT - PREMIUMS WRITTEN PR035

- (1) Did your company write Accident and Health Insurance in **2022**?
If answer is yes, please complete Column 2, **2022** Net Premiums Written.
- (2) Did your company write Accident and Health Insurance in **2021**?
If answer is yes, please complete Column 3, **2021** Net Premiums Written.
- (3) Were the total net Premiums written zero in **2022**?
- (4) Were the total net Premiums written zero in **2021**?

For all companies, enter net premiums written in all Columns, Line 1 through Line 34.

Line of Business	(1) 2023 Net Premiums Written	(2) 2022 Net Premiums Written	(3) 2021 Net Premiums Written
1. Fire	0	xxx	xxx
2.1 Allied Lines	0	xxx	xxx
2.2 Multiple Peril Crop	0	xxx	xxx
2.3 Federal Flood	0	xxx	xxx
2.4 Private Crop	0	xxx	xxx
2.5 Private Flood	0	xxx	xxx
3. Farmowners Multiple Peril	0	xxx	xxx
4. Homeowners Multiple Peril	0	xxx	xxx
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	xxx	xxx
5.2 Commercial Multiple Peril (Liability Portion)			
6. Mortgage Guaranty	0	xxx	xxx
8. Ocean Marine	0	xxx	xxx
9. Inland Marine	0	xxx	xxx
10. Financial Guaranty	0	xxx	xxx
11.1 Medical Professional Liability - Occurrence	0	xxx	xxx
11.2 Medical Professional Liability - Claims-Made	0	xxx	xxx
12. Earthquake	0	xxx	xxx
13.1 Comprehensive (Hospital and Medical) Individual			
13.2 Comprehensive (Hospital and Medical) Group-Accident and Health	0	0	0
14. Credit Accident and Health (group and individual)	0	0	0
15.1 Vision Only Other-Accident and Health	0	0	0
15.2 Dental Only			
15.3 Disability Income			
15.4 Medicare Supplement			
15.5 Medicaid Title XIX			
15.6 Medicare Title XVIII			
15.7 Long-Term Care			
15.8 Federal Employees Health Benefits Plan Premium			
15.9 Other Health			
16. Workers' Compensation	0	xxx	xxx
17.1 Other Liability - Occurrence	0	xxx	xxx
17.2 Other Liability - Claims-Made	0	xxx	xxx
17.3 Excess Workers' Compensation	0	xxx	xxx
18.1 Products Liability - Occurrence	0	xxx	xxx
18.2 Products Liability - Claims-Made	0	xxx	xxx
19.1-19.2 Private Passenger Auto Liability-No-Fault (Personal Injury Protection)	0	xxx	xxx
19.2 Other Private Passenger Auto Liability			
19.3-19.4 Commercial Auto Liability-No-Fault (Personal Injury Protection)	0	xxx	xxx
19.4 Other Commercial Auto Liability			
21.1 Private Passenger Auto Physical Damage	0	xxx	xxx
21.2 Commercial Auto Physical Damage			
22. Aircraft (all perils)	0	xxx	xxx
23. Fidelity	0	xxx	xxx
24. Surety	0	xxx	xxx
26. Burglary and Theft	0	xxx	xxx
27. Boiler and Machinery	0	xxx	xxx
28. Credit	0	xxx	xxx
29. International	0	xxx	xxx
30. Warranty	0	xxx	xxx
31. Reinsurance Property	0	xxx	xxx
32. Reinsurance Liability	0	xxx	xxx
33. Reinsurance Financial Lines	0	xxx	xxx
34. Aggregate Write-Ins for Other Lines of Business	0	xxx	xxx
35. TOTALS	0	0	0

 Denotes items that must be manually entered on the filing software.