

**NAIC BLANKS (E) WORKING GROUP**

**Blanks Agenda Item Submission Form**

<p align="right">DATE: <u>08/17/2022</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Kim Hudson</u></p> <p>TITLE: _____</p> <p>AFFILIATION: <u>California Department of Insurance</u></p> <p>ADDRESS: <u>300 South Spring St.</u> <u>Los Angeles, CA 90013</u></p>	<p align="center"><b>FOR NAIC USE ONLY</b></p> <p>Agenda Item # <u>2022-14BWG</u></p> <p>Year <u>2023</u></p> <p>Changes to Existing Reporting <input checked="" type="checkbox"/> [ X ]</p> <p>New Reporting Requirement <input type="checkbox"/> [ ]</p> <hr/> <p align="center"><b>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</b></p> <p>No Impact <input checked="" type="checkbox"/> [ X ]</p> <p>Modifies Required Disclosure <input type="checkbox"/> [ ]</p> <hr/> <p align="center"><b>DISPOSITION</b></p> <p>[ ] Rejected For Public Comment</p> <p>[ ] Referred To Another NAIC Group</p> <p>[ X ] Received For Public Comment</p> <p>[ ] Adopted Date _____</p> <p>[ ] Rejected Date _____</p> <p>[ ] Deferred Date _____</p> <p>[ ] Other (Specify) _____</p>
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**BLANK(S) TO WHICH PROPOSAL APPLIES**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT                  | <input checked="" type="checkbox"/> INSTRUCTIONS  | <input checked="" type="checkbox"/> CROSSCHECKS |
| <input checked="" type="checkbox"/> QUARTERLY STATEMENT               | <input checked="" type="checkbox"/> BLANK         |   |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts        | <input type="checkbox"/> Title                  |
| <input 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 2023

**IDENTIFICATION OF ITEM(S) TO CHANGE**

Modify Exhibit 1, Part 1 and 2, and Exhibit 8, Part 1 and 2, to include the line of business detail reported on the Analysis of Operations by Lines of Business pages.

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

The purpose of this proposal is to make the lines of business reported on Exhibit 1 and Exhibit 8 consistent with the lines of business being reported on the Analysis of Operations by Lines of Business pages.

**NAIC STAFF COMMENTS**

Comment on Effective Reporting Date: \_\_\_\_\_

Other Comments:

\*\* This section must be completed on all forms.

**EXHIBIT 1 – PART 1 – PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

Amounts reported should be reflected in U.S. dollars based on the foreign currency exchange rate. Refer to *SSAP No. 23—Foreign Currency Transactions and Translations* for accounting guidance. Any foreign currency exchange gain or loss is reported as a realized capital gain or loss.

The separation into first-year, single and renewal is required only for Columns ~~3-2~~ and 4.

- Include: Contract, membership and other fees whether or not retained by agents.  
  
Experience rating refunds and accrued return retrospective premiums. Refer to *SSAP No. 66—Retrospectively Rated Contracts* for accounting guidance.
- Exclude: Amounts attributable to uninsured plans and the uninsured portions of partially insured plans.
- Deduct: Refunds to policyholders for direct payment of industrial premiums.  
  
Premiums and annuity considerations returned.
- Do not deduct: Commissions and allowances on reinsurance premiums assumed and ceded.

The reporting entity shall not omit the columns for any lines of business in which it is not engaged. All figures for the ordinary variable life insurance business of the reporting entity, excluding separate accounts items, shall be included in Column ~~3-2~~.

Include premiums and annuity considerations that are transferred to the Separate Accounts Statement. They are also to be reported as premiums and annuity considerations in the Separate Accounts Statement.

~~Column 9 — Credit Accident and Health (Group and Individual)~~

~~Include: Business not exceeding 120 months.~~

~~Column 10 — Other Accident and Health~~

~~Include: All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.~~

~~Column ~~4-7~~ — Fraternal~~

~~Transactions related to the fraternal mission.~~

Line 1 — Uncollected Premiums and Considerations First Year (Other Than Single) and  
Line 11 — Uncollected Premiums and Considerations Renewal }

These are premiums and considerations on contracts in force which were due before the end of the year and unpaid on the valuation date or have not been recorded in the premium or consideration account.

The ~~sum of~~ Column 8, ~~9 and 10~~ should be included on Page 2, Line 15.1, Column 1.

Line 2 – Deferred and Accrued Premiums and Considerations First Year (Other Than Single) and }  
 Line 12 – Deferred and Accrued Premiums and Considerations Renewal }  
 Include: Change in experience rating refund liability and accrued return retrospective premiums.

These are premiums and considerations on policies in force that were due on policies in force extending from (and including) the modal (monthly, quarterly, semiannual) premium due date or dates following the valuation date to the next policy anniversary date when annualized premium was assumed to be collected in the reserve valuation.

Line 4 – Advance Premiums and Considerations First Year (Other Than Single) and }  
 Line 14 – Advance Premiums and Considerations Renewal }  
 Include: Premiums and considerations on certificates in force received by the reporting entity prior to the valuation date but that are due on or after the next certificate anniversary date.

Reporting entities may include here unearned premiums on accident and health business.

The total of these lines, excluding A&H unearned premium reserve, must balance to Page 3, Line 8, or to this item prior to deduction of discount depending upon the basis used for crediting advance premiums to the premium account.

The sum of Columns ~~68 through 10~~ should equal Schedule H, Part 2, Line A2, Column 1.

Line 6 – Collected During Year – First Year (Other Than Single)  
 Include: All premiums and considerations (other than single premiums) pertaining to the first contract year.  
 Experience rating refunds and return retrospective premiums received.  
 Deduct: Experience rating refunds and return retrospective premiums paid.

Line 10 – Single Premiums and Considerations – Single  
 Include: All single premiums and considerations and dividends/refunds, coupons, guaranteed annual pure endowments and similar benefits applied to provide paid-up additions and annuities.

Line 16 – Collected During Year - Renewal  
 Include: All other premiums and considerations, including dividends/refunds, coupons, guaranteed annual pure endowments and similar benefits applied to pay renewal premiums and to shorten the endowment or premium-paying period.  
 Experience rating refunds and return retrospective premiums received.  
 Deduct: Experience rating refunds and return retrospective premiums paid.

Line 20.4 – Net Total Premiums and Annuity Considerations – Total  
 Column 1 less Column ~~84~~ should agree with Summary of Operations, Line 1, and all appropriate columns should agree with Line 1 of Analysis of Operations by Lines of Business.

**EXHIBIT 1 – PART 2 – POLICYHOLDERS’ DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED**

The separation into first-year, single and renewal is required only for Columns ~~3-2~~ and 4.

Column 9 — ~~Credit Accident and Health (Group and Individual)~~

Include: ~~Business not exceeding 120 months.~~

Column 10 — ~~Other Accident and Health~~

Include: ~~All Medicare Part D Prescription Drug Coverage, whether sold on a stand alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.~~

Column ~~12-7~~ – Fraternal

Transactions related to the fraternal mission.

Line 22 – Dividends and Coupons Applied All Other

Include: Coupons, guaranteed annual pure endowments and similar benefits.

Line 26.1 – Reinsurance Ceded

The ~~sum of Columns 8 through 10~~ should equal Schedule H, Part 4, Line B4, Column 1.

Line 26.2 – Reinsurance Assumed

The ~~sum of Columns 8 through 10~~ should equal Schedule H, Part 4, Line A4, Column 1.

**EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

Amounts relating to uninsured accident and health plans and the uninsured portion of partially insured accident and health plans should be excluded from this exhibit.

Do not include amounts for loss/claims adjusting expenses.

**PART 1 – LIABILITY END OF CURRENT YEAR**

This part of the exhibit provides an analysis of the contract liability reported in the balance sheet.

A reporting entity shall not omit the columns for any lines of business in which it is not engaged. All figures for the ordinary variable life insurance business of the reporting entity, excluding separate accounts items, shall be included in Column 32. Fraternal benefit societies do not need to complete Columns 2, 6, 7, 8, 9 and 10 since the columns reflect lines of business not written by fraternal.

Exclude liabilities reported in the Separate Accounts Statement.

For each item:

Net = Direct + Reinsurance Assumed – Reinsurance Ceded

~~Column 6 — Credit Life (Group and Individual) and~~

~~Column 10 — Accident and Health Credit (Group and Individual)~~

~~Include: — Business not exceeding 120 months duration.~~

~~**These columns are not applicable to Fraternal Benefit Societies.**~~

~~Column 11 — Other Accident and Health~~

~~Include: — All Medicare Part D Prescription Drug Coverage, whether sold on a stand alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.~~

Line 1 – Due and Unpaid

Include: Only claims which are complete except for the payment of the amount due, or the recording of the amount paid in the appropriate claims accounts.

Line 2 – In Course of Settlement

Include: Other contract claims that have been reported and are pending at the end of the year. They represent cases that are at different stages of completion of claim processing; ranging from the time of initial receipt of claims or notification of claims to the time where the cases are nearly complete, but not complete enough to be shown in Line 1. Claims in course of settlement are segregated between Resisted, Line 2.1 and Other, Line 2.2.

Line 2.1 – Resisted

Include: Resisted claims on life and annuity contracts. A claim is considered resisted when it is in dispute and not resolved on the statement date.

Line 2.2 – Other

Include: Claims in course of settlement, not shown in Line 2.1, including resisted accident and health claims.

Line 3 – Incurred but Unreported

Report all contract claims incurred on or prior to December 31 of the statement year but not reported to the company until after that date. Only the portion of disability benefits which pertain to disability periods prior to January 1 of the year following the statement year should be reported; for example, the amount which would be payable for the elapsed period if disability were approved. The liability for unaccrued benefits is included in the Certificate and Contract Reserves liability (Page 3, Lines 1 and 2 and Exhibits 5 and 6).

Line 4 – Totals

Line 4.1 = Line 1.1 + Line 2.11 + Line 2.21 + Line 3.1

Line 4.2 = Line 1.2 + Line 2.12 + Line 2.22 + Line 3.2

Line 4.3 = Line 1.3 + Line 2.13 + Line 2.23 + Line 3.3

Line 4.4 = Line 1.4 + Line 2.14 + Line 2.24 + Line 3.4

Line 4.4, Column 1 should agree with Page 3, the sum of Lines 4.1 and 4.2

**EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**  
**PART 2 – INCURRED DURING THE YEAR**

A reporting entity shall not omit the columns for any lines of business in which it is not engaged. ~~Fraternal benefit societies do not need to complete Columns 2, 6, 7, 8, 9 and 10 since these columns reflect lines of business not written by fraternal.~~

Include benefits and withdrawals that are transferred from the Separate Accounts Statement. They are also to be reported as benefits and withdrawals in the Separate Accounts Statement.

~~Column 6 — Credit Life (Group and Individual) and  
 Column 10 — Accident and Health Credit (Group and Individual)~~

~~Include: — Business not exceeding 120 months duration.~~

~~Column 11 — Other Accident and Health~~

~~Include: — All Medicare Part D Prescription Drug Coverage, whether sold on a stand-alone basis or through a Medicare Advantage product and whether sold directly to an individual or through a group.~~

For Lines 1, 2, 4, and 6: Net = Direct + Reinsurance Assumed – Reinsurance Ceded

Line 1 – Settlements During the Year

Include: Contract claim amounts retained under supplementary contracts.

Line 3 – Amounts Recoverable from Reinsurers December 31, Current Year and  
 Line 5 – Amounts Recoverable from Reinsurers December 31, Prior Year }

Include Reinsurance recoveries billed on paid losses but not received.

These amounts should agree to the amounts reported in Schedule S, Part 2, Column 6.

Line 6 – Incurred Benefits

Line 6.1 = Line 1.1 + Line 2.1 – Line 4.1

Line 6.2 = Line 1.2 + Line 2.2 – Line 4.2

Line 6.3 = Line 1.3 + Line 2.3 + Line 3 – Line 4.3 – Line 5

Line 6.4 = Line 1.4 + Line 2.4 – Line 3 – Line 4.4 + Line 5

**EXHIBIT 1**

**DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS**

Report the Total Direct Life and Accident and Health Premiums, Annuity Considerations and Deposit-Type Contracts on a gross basis.

- Include: Contract, membership and other fees, whether or not retained by agents.
- Exclude: Amounts attributable to uninsured plans and the uninsured portions of partially insured plans.
- Deduct: Refunds to policyholders for direct payment of industrial premiums.  
Premiums and annuity considerations returned.

Column 2 – Prior Year to Date

Amounts in Lines 1 through ~~13~~7 should agree with the prior year’s corresponding quarterly statement Exhibit 1, Column 1.

Column 3 – Prior Year Ended December 31

Line 1 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 2.

**~~This line is not applicable to Fraternal Benefit Societies.~~**

Line 2 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 3.

Line 3 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 4.

Line 4 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 5.

**~~This line is not applicable to Fraternal Benefit Societies.~~**

Line 5 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 6.

**~~This line is not applicable to Fraternal Benefit Societies.~~**

Line 6 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 7.

**~~This line is not applicable to Fraternal Benefit Societies.~~**

Line 7 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 8.

**~~This line is not applicable to Fraternal Benefit Societies.~~**

Line 8 – Amount should agree with the prior year’s annual statement Exhibit 1, Part 1, Line 20.1 (Direct), ~~Column 9~~Sum of Columns 2 through 8.



**~~This line is not applicable to Fraternal Benefit Societies.~~**

~~Line 9 — Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 10.~~

~~Line 10 — Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 11.~~

~~Line 11 — Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Sum of Columns 2 through 11.~~

~~Line 12 — Amount should agree with the prior year's annual statement Exhibit 1, Part 1, Line 20.1 (Direct), Column 12.~~

**~~This line is not applicable to Life Accident and Health Companies.~~**

~~Line 149 — Amount should agree with the prior year's annual statement Schedule T, Line 95 Column 7, Totals (Direct Business).~~

ANNUAL STATEMENT BLANKS – LIFE/FRATERNAL

**EXHIBIT 1 – PART 1 – PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

	1 Total	Insurance									11 Aggregate of All Other Lines of Business	12 Fraternal (Fraternal Benefit Societies Only)
		2 Industrial/Individual Life	Ordinary		5 Credit Life (Group and Individual) Group Annuities	Group		Accident and Health				
			3 Group Life Insurance	4 Individual Annuities		6 Life Insurance Accident & Health	7 Annuities Fraternal	8 Group Other Lines of Business	9 Credit (Group and Individual)	10 Other		
<b>FIRST YEAR (other than single)</b>												
1. Uncollected.....												
2. Deferred and accrued.....												
3. Deferred, accrued and uncollected:												
3.1 Direct.....												
3.2 Reinsurance assumed.....												
3.3 Reinsurance ceded.....												
3.4 Net (Line 1 + Line 2).....												
4. Advance.....												
5. Line 3.4 - Line 4.....												
6. Collected during year:												
6.1 Direct.....												
6.2 Reinsurance assumed.....												
6.3 Reinsurance ceded.....												
6.4 Net.....												
7. Line 5 + Line 6.4.....												
8. Prior year (uncollected + deferred and accrued - advance)												
9. First year premiums and considerations:												
9.1 Direct.....												
9.2 Reinsurance assumed.....												
9.3 Reinsurance ceded.....												
9.4 Net (Line 7 - Line 8).....												
<b>SINGLE</b>												
10. Single premiums and considerations:												
10.1 Direct.....												
10.2 Reinsurance assumed.....												
10.3 Reinsurance ceded.....												
10.4 Net.....												
<b>RENEWAL</b>												
11. Uncollected.....												
12. Deferred and accrued.....												
13. Deferred, accrued and uncollected:												
13.1 Direct.....												
13.2 Reinsurance assumed.....												
13.3 Reinsurance ceded.....												
13.4 Net (Line 11 + Line 12).....												
14. Advance.....												
15. Line 13.4 - Line 14.....												
16. Collected during year:												
16.1 Direct.....												
16.2 Reinsurance assumed.....												
16.3 Reinsurance ceded.....												
16.4 Net.....												
17. Line 15 + Line 16.4.....												
18. Prior year (uncollected + deferred and accrued - advance)												
19. Renewal premiums and considerations:												
19.1 Direct.....												
19.2 Reinsurance assumed.....												
19.3 Reinsurance ceded.....												
19.4 Net (Line 17 - Line 18).....												
<b>TOTAL</b>												
20. Total premiums and annuity considerations:												
20.1 Direct.....												
20.2 Reinsurance assumed.....												
20.3 Reinsurance ceded.....												
20.4 Net (Lines 9.4 + 10.4 + 19.4).....												

**EXHIBIT 1 – PART 2 – POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)**

	Insurance											
	1	2	Ordinary		5	Group		Accident and Health			11	12
			3	4		6	7	8	9	10		
Total	Industrial Individual Life	Group Life Insurance	Individual Annuities	Credit Life (Group and Individual) Group Annuities	Life Insurance Accident & Health	Annuities Fraternal	Group Other Lines of Business	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business	Fraternal Benefit Societies Only	
<b>POLICYHOLDERS'S DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED (included in Part 1)</b>												
21. To pay renewal premiums.....												
22. All other .....												
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>												
23. First year (other than single):												
23.1 Reinsurance ceded .....												
23.2 Reinsurance assumed.....												
23.3 Net ceded less assumed.....												
24. Single:												
24.1 Reinsurance ceded .....												
24.2 Reinsurance assumed.....												
24.3 Net ceded less assumed.....												
25. Renewal:												
25.1 Reinsurance ceded .....												
25.2 Reinsurance assumed.....												
25.3 Net ceded less assumed.....												
26. Totals:												
26.1 Reinsurance ceded (Page 6, Line 6) .....												
26.2 Reinsurance assumed (Page 6, Line 22).....												
26.3 Net ceded less assumed.....												
<b>COMMISSIONS INCURRED (direct business only)</b>												
27. First year (other than single).....												
28. Single.....												
29. Renewal.....												
30. Deposit-type contract funds .....												
31. Totals (to agree with Page 6, Line 21)												

**EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**  
**PART 1 – Liability End of Current Year**

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Individual Life	Group Life Insurance	Individual Annuities	Supplementary Contracts Group Annuities	Credit Life (Group and Individual) Accident & Health	Life Insurancee Fraternal	Annuities Other Lines of Business	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. In course of settlement:											
2.1 Resisted.....											
2.11 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.12 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.13 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.14 Net .....	.....	(b).....	(b).....	(b).....	.....	(b).....	(b).....	.....	.....	.....	.....
2.2 Other .....											
2.21 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.22 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.23 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.24 Net .....	.....	(b).....	(b).....	(b).....	.....	(b).....	(b).....	.....	(b).....	(b).....	(b).....
3. Incurred but unreported:											
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	(b).....	(b).....	(b).....	.....	(b).....	(b).....	.....	(b).....	(b).....	(b).....
4. TOTALS.....											
4.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net .....	.....	(a)	(a)	.....	.....	.....	(a)	.....	.....	.....	.....

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$..... in Column 2, and \$..... in Column 3 and \$..... in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$..... Individual Annuities \$..... Credit Life (Group and Individual) \$..... and Group Life \$..... are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$..... Credit (Group and Individual) Accident and Health \$..... and Other Accident and Health \$..... are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Individual Life \$..... Group Life \$....., and Individual Annuities \$..... are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Accident and Health \$..... are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

**EXHIBIT 8 – CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**  
**PART 2 – Incurred During the Year**

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Individual Life (a)	Group Life Insurance (b)	Individual Annuities	Supplementary Contracts Group Annuities	Credit Life (Group and Individual) Accident & Health	Life Insurance (e) Fraternal	Annuities Other Lines of Business	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct.....											
1.2 Reinsurance assumed.....											
1.3 Reinsurance ceded.....											
1.4 Net.....	(d)										
2. Liability December 31, current year from Part 1:											
2.1 Direct.....											
2.2 Reinsurance assumed.....											
2.3 Reinsurance ceded.....											
2.4 Net.....											
3. Amounts recoverable from reinsurers December 31, current year....											
4. Liability December 31, prior year:											
4.1 Direct.....											
4.2 Reinsurance assumed.....											
4.3 Reinsurance ceded.....											
4.4 Net.....											
5. Amounts recoverable from reinsurers December 31, prior year.....											
6. Incurred benefits:											
6.1 Direct.....											
6.2 Reinsurance assumed.....											
6.3 Reinsurance ceded.....											
6.4 Net.....											

- (a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.1, \$..... in Line 1.4, \$..... in Line 6.1 and \$..... in Line 6.4.
- (b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.1, \$..... in Line 1.4, \$..... in Line 6.1 and \$..... in Line 6.4.
- (c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$..... in Line 1.1, \$..... in Line 1.4, \$..... in Line 6.1 and \$..... in Line 6.4.
- (d) Includes \$..... premiums waived under total and permanent disability benefits.

QUARTERLY STATEMENT BLANKS – LIFE/FRATERNAL

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. <del>Industrial</del> Individual life .....	.....	.....	.....
2. <del>Ordinary life insurance</del> Group life .....	.....	.....	.....
3. <del>Ordinary individual</del> Individual annuities .....	.....	.....	.....
4. <del>Credit life (group and individual)</del> Group annuities .....	.....	.....	.....
5. <del>Group life insurance</del> Accident & Health .....	.....	.....	.....
6. <del>Group annuities</del> Fraternal .....	.....	.....	.....
7. <del>A &amp; H - group</del> Other Lines of Business .....	.....	.....	.....
8. <del>A &amp; H - credit (group and individual)</del> .....	.....	.....	.....
9. <del>A &amp; H - other</del> .....	.....	.....	.....
10. <del>Aggregate of all other lines of business</del> .....	.....	.....	.....
11. <del>Subtotal (Lines 1 through 10)</del> .....	.....	.....	.....
12. <del>Fraternal (Fraternal Benefit Societies Only)</del> .....	.....	.....	.....
138. <del>Subtotal (Lines 14 through 142)</del> .....	.....	.....	.....
149. <del>Deposit-type contracts</del> .....	.....	.....	.....
1510. <del>Total (Lines 138 and 149)</del> .....	.....	.....	.....
<b>DETAILS OF WRITE-INS</b>			
1001. ....	.....	.....	.....
1002. ....	.....	.....	.....
1003. ....	.....	.....	.....
1098. <del>Summary of remaining write ins for Line 10 from overflow page</del> .....	.....	.....	.....
1099. <del>Total (Lines 1001 through 1003 plus 1098) (Line 10 above)</del> .....	.....	.....	.....

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