

**NAIC BLANKS (E) WORKING GROUP**

**Blanks Agenda Item Submission Form**

<p align="right"><b>DATE:</b> <u>1/31/2025</u></p> <p><b>CONTACT PERSON:</b> _____</p> <p><b>TELEPHONE:</b> _____</p> <p><b>EMAIL ADDRESS:</b> _____</p> <p><b>ON BEHALF OF:</b> _____</p> <p><b>NAME:</b> <u>Jamie Walker</u></p> <p><b>TITLE:</b> <u>Deputy Commissioner</u></p> <p><b>AFFILIATION:</b> <u>Texas Department of Insurance</u></p> <p><b>ADDRESS:</b> _____</p>	<p align="center"><b>FOR NAIC USE ONLY</b></p> <p>Agenda Item # <u>2025-03BWG</u></p> <p>Year <u>2025</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 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 checked="" type="checkbox"/> Health (Life Supplement) |   |

Anticipated Effective Date: Annual 2025

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

Modify the Life Insurance (State Page) to include Accident and Health data for Direct Premium Earned and Direct Losses Incurred.

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

When the Life State page was updated in 2023, some of the Accident and Health data was inadvertently left out of the updated page.

**NAIC STAFF COMMENTS**

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

Other Comments:

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

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL AND HEALTH (LIFE SUPPLEMENT)

**Life Insurance (STATE PAGE)**

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid or direct losses incurred. To other states in which the company is licensed it should submit only a schedule for that state.



**Death Benefits, Matured Endowments Incurred and, Annuity Benefits and Accident and Health Benefits**

~~This section is only applicable to life and annuity contracts (Lines 1 through 33).~~

Column 13 – Incurred During Current Year

Column 14 – Totals Paid – Pols\Certs }  
Column 15 – Totals Paid – Amount }

Provide the amount for claims paid and the number of policies\certificates for the claims paid.

Column 16 – Reduction by Compromise – Pols\Certs }  
Column 17 – Reduction by Compromise – Amount }

Provide the amount for claims reduced by compromise and the number of policies\certificates for the claims reduced by compromise.

These columns are only applicable to life and annuity contracts (Lines 1 through 33)

Column 18 – Amount Rejected – Pols\Certs }  
Column 19 – Amount Rejected – Amount }

Life and Annuity Contracts (Lines 1 through 33) - Provide the amount for claims rejected and the number of policies\certificates for the claims rejected.

Column 20 – Total Settled During Current Year - Pols\Certs (~~Col 14+16+18~~)

Provide the total number of policies\certificates for claims settled during the current year.

Life and Annuity Contracts (Lines 1 through 33) should equal Column 14 plus Column 16 plus Column 18.

Accident and Health (Line 34 through 46) should equal Column 14 plus Column 18.

Column 21 – Total Settled During Current Year - Amount (~~Col 15+17+19~~)

Total Settled should be for claims that are paid in full.

Life and Annuity Contracts (Lines 1 through 33) should equal Column 15 plus Column 17 plus Column 19.

Accident and Health (Line 34 through 46) should equal Column 15.

Column 22 – Unpaid December 31, Current Year

Should equal Column 22 (prior year) plus Column 13 minus Column 21.

**Policy Exhibit**

Column 24 – Issued During Year – Amount

For Individual Life and Group Life lines of business, use the Amount of Insurance amount.  
For Individual Annuities and Group Annuities lines of business, use the Account Balance amount.  
For Accident and Health lines of business, use the Premiums in Force amount.

Column 26 – Other Changes to in Force – Amount

For Individual Life and Group Life lines of business, use the Amount of Insurance amount.  
For Individual Annuities and Group Annuities lines of business, use the Account Balance amount.  
For Accident and Health lines of business, use the Premiums in Force amount.

Column 27 – In Force December 31, Current Year – Number of Pols\Certs

Should equal Column 27 (prior year) plus Column 23 plus Column 25.

Column 28 – In Force December 31, Current Year – Amount

For Individual Life and Group Life lines of business, use the Amount of Insurance amount.  
For Individual Annuities and Group Annuities lines of business, use the Account Balance amount.  
For Accident and Health lines of business, use the Premiums in Force amount.

Should equal Column 28 (prior year) plus Column 24 plus Column 26.

Footnote c: Total considerations amount should equal Schedule T, Column 7, by State.

For Health Business: Complete the information in Footnote d regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to a higher level of benefits whenever participating provider networks are used.

Footnote f: Enter the amount of earned premium for health business that applies to the state being reported.

**ANNUAL STATEMENT BLANK – LIFE/FRATERNAL AND HEALTH (LIFE SUPPLEMENT)**

DIRECT BUSINESS IN THE STATE OF

DURING THE YEAR

NAIC Group Code.....

**LIFE INSURANCE (STATE PAGE) (b),(f)**

NAIC Company Code.....

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members				Claims and Benefits Paid					
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial.....												
2. Whole.....												
3. Term.....												
4. Indexed.....												
5. Universal.....												
6. Universal with secondary guarantees.....												
7. Variable.....												
8. Variable universal.....												
9. Credit.....												
10. Other.....												
11. Total Individual Life												
Group Life												
12. Whole.....												
13. Term.....												
14. Universal.....												
15. Variable.....												
16. Variable universal.....												
17. Credit.....												
18. Other.....												
19. Total Group Life												
Individual Annuities												
20. Fixed.....												
21. Indexed.....												
22. Variable with guarantees.....												
23. Variable without guarantees.....												
24. Life contingent payout.....												
25. Other.....												
26. Total Individual Annuities												
Group Annuities												
27. Fixed.....												
28. Indexed.....												
29. Variable with guarantees.....												
30. Variable without guarantees.....												
31. Life contingent payout.....												
32. Other.....												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual.....(d)								XXX	XXX	XXX		
35. Comprehensive group.....(d)								XXX	XXX	XXX		
36. Medicare Supplement.....(d)								XXX	XXX	XXX		
37. Vision only.....(d)								XXX	XXX	XXX		
38. Dental only.....(d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan(d)								XXX	XXX	XXX		
40. Title XVIII Medicare.....(e)								XXX	XXX	XXX		
41. Title XIX Medicaid.....(d)								XXX	XXX	XXX		
42. Credit A&H.....								XXX	XXX	XXX		
43. Disability income.....(d)								XXX	XXX	XXX		
44. Long-term care.....(d)								XXX	XXX	XXX		
45. Other health.....(d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

LIFE INSURANCE (STATE PAGE) (Continued) (b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits and Accident and Health Benefits										Policy Exhibit					
	13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	23 Issued During Year		25 Other Changes to In Force (Net)		27 In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			24 Number of Pols/Certs	26 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
		14 Number of Pols/Certs	15 Amount	16 Number of Pols/Certs	17 Amount	18 Number of Pols/Certs	19 Amount	20 Number of Pols/Certs	21 Amount							
Individual Life																
1. Industrial																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total																

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..... current year \$..... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$..... current year \$.....  
 (b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: .....2) covering number of lives: .....3) face amount: \$.....  
 (c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual \$..... Group \$..... Total \$.....  
 (d) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....  
 (e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....  
 (f) For health business report Direct Premiums Earned: Comprehensive Individual \$.....; Comprehensive Group \$.....; Medicare Supplement \$.....; Vision Only \$.....; Dental Only \$.....; Federal Employees Health Benefits Plan \$.....; Title XVIII Medicare \$.....; Title XIX Medicaid \$.....; Credit A&H \$.....; Disability Income \$.....; Long-term Care \$.....; Other Health \$.....