

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

DATE: <u>10/9/2025</u>		FOR NAIC USE ONLY	
CONTACT PERSON:	_____	Agenda Item # <u>2025-19BWG</u>	
TELEPHONE:	_____	Year <u>2026</u>	
EMAIL ADDRESS:	_____	Changes to Existing Reporting <input type="checkbox"/> [X]	
ON BEHALF OF:	_____	New Reporting Requirement <input type="checkbox"/> []	
NAME:	<u>Kelly Hopper</u>	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT	
TITLE:	<u>Chief of Regulatory Operations</u>	No Impact <input type="checkbox"/> [X]	
AFFILIATION:	<u>Missouri Dept of Commerce & Insurance</u>	Modifies Required Disclosure <input type="checkbox"/> []	
ADDRESS:	_____ _____	Is there data being requested in this proposal which is available elsewhere in the Annual/Quarterly Statement? <input type="checkbox"/> [No]	
		If Yes, complete question below	
		DISPOSITION	
		<input type="checkbox"/> [] Rejected For Public Comment	
		<input type="checkbox"/> [] Referred To Another NAIC Group	
		<input checked="" type="checkbox"/> [X] Received For Public Comment	
		<input type="checkbox"/> [] Adopted Date _____	
		<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 checked="" type="checkbox"/> [X] 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) | <input type="checkbox"/> [] Life (Health Supplement) |

Anticipated Effective Date: Annual 2026 / Quarterly 2027

IDENTIFICATION OF ITEM(S) TO CHANGE

Add a code of "S" to the Active Status column on Schedule T to identify if a license has been suspended.

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

The purpose of this proposal is to provide clarification if a license is active or suspended and will inform regulators and consumers if the company has a suspended license.

*****IF THE DATA IS AVAILABLE ELSEWHERE IN THE ANNUAL/QUARTERLY STATEMENT, PLEASE NOTE WHY IT IS REQUIRED FOR THIS PROPOSAL*****

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

Revised 11/17/2022

ANNUAL STATEMENT INSTRUCTIONS – HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

Premiums are reported on a written basis, gross of reinsurance.

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits, and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Column 1 – Active Status

Use the following codes to identify the reporting entity's status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity's status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

L – Licensed or Chartered	(Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.)
R – Registered	(Non-domiciled Risk Retention Groups)
E – Eligible	(Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.)
Q – Qualified	(Qualified or Accredited Reinsurer)
<u>S – Suspended</u>	<u>(State licensing status of final and public suspension)</u>
N – None of the above	(Not allowed to write business in the state or none of the above codes apply)

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

This schedule is intended to exhibit the amount of premium and annuity considerations, and deposit-type contracts allocated to each state. For Life Companies only, this Schedule also provides: (a) the starting point for the calculation of state premium taxes, and (b) the starting point for the calculation of premium-based, state guaranty association assessments. (The basis for such assessments is developed in the Life, Health, and Annuity Guaranty Association Assessable Premium Exhibit, not in Schedule T.) See the instructions to the Life, Health, and Annuity Guaranty Association Assessable Premium Exhibit for allocated and unallocated annuities reported in Columns 3, 5, and 7.

Report premiums and annuity considerations for life and health contracts and deposit-type contracts for direct business. Exclude contract proceeds left with the reporting entity, such as amounts for supplemental contracts, dividend or refund accumulations and other similar items. Dividends or refunds on contracts that are used to pay renewal life and accident and health insurance premiums or annuity considerations should be included in the amounts allocated to the states and territories in Columns 2, 3, 4, and 5.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Refer to *SSAP No. 50—Classifications of Insurance or Managed Care Contracts* for life, accident and health and deposit-type contract definitions, *SSAP No. 51—Life Contracts* and *SSAP No. 52—Deposit-Type Contracts* for accounting guidance.

Column 1 – Active Status

Use the following codes to identify the reporting entity's status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity's status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

- | | | | |
|----------|----------|-----------------------|---|
| L | – | Licensed or Chartered | (Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.) |
| R | – | Registered | (Non-domiciled Risk Retention Groups) |
| E | – | Eligible | (Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.) |
| Q | – | Qualified | (Qualified or Accredited Reinsurer) |
| <u>S</u> | <u>–</u> | <u>Suspended</u> | <u>(State licensing status of final and public suspension)</u> |
| N | – | None of the above | (Not allowed to write business in the state or none of the above codes apply) |

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

ALLOCATED BY STATES AND TERRITORIES

This schedule is intended to report premiums, losses, and other items allocated to each state or territory during the current reporting period, regardless of the reporting entity’s license status in that state or territory. Allocation of premiums and the other items reported on this schedule should be based on the physical location of the insured risk (except individual and group health insurance). Amounts reported as losses should be assigned to the state in which the associated premium has been allocated.

All U.S. business must be allocated by state regardless of license status.

All premium adjustments (both increases and (decreases)), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Column 1 – Active Status

Use the following codes to identify the reporting entity’s status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity’s status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

- L – Licensed or Chartered (Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.)
- R – Registered (Non-domiciled Risk Retention Groups)
- E – Eligible (Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile – see DSLI). In some states referred to as nonadmitted.)
- Q – Qualified (Qualified or Accredited Reinsurer)
- D – DSLI (Domestic Surplus Lines Insurer (DSLI) – Reporting Entities authorized to write Surplus Lines in the state of domicile)
- S – Suspended (State licensing status of final and public suspension)
- N – None of the above (Not allowed to write business in the state or none of the above codes apply)

ANNUAL STATEMENT INSTRUCTIONS – TITLE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

BY STATES AND TERRITORIES

	<hr/> <hr/>	Detail Eliminated To Conserve Space	<hr/> <hr/>	
Column 1	–	Active Status		

Use the following codes to identify the reporting entity's status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity's status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

- | | | | |
|---|---|-----------------------|---|
| L | – | Licensed or Chartered | (Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.) |
| R | – | Registered | (Non-domiciled Risk Retention Groups) |
| E | – | Eligible | (Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.) |
| Q | – | Qualified | (Qualified or Accredited Reinsurer) |
| S | – | <u>Suspended</u> | <u>(State licensing status of final and public suspension)</u> |
| N | – | None of the above | (Not allowed to write business in the state or none of the above codes apply) |

QUARTERLY STATEMENT INSTRUCTIONS – HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

CURRENT YEAR TO DATE – ALLOCATED BY STATES AND TERRITORIES

All U.S. business must be allocated by state regardless of license status. Premiums are reported on a year-to-date written basis, gross of reinsurance.

Written premium is defined as the contractually determined amount charged by the reporting entity to the policyholder for the effective period of the contract based on the expectation of risk, policy benefits and expenses associated with the coverage provided by the terms of the insurance contract. For health contracts without fixed contract periods, premiums written will be equal to the amount collected during the reporting period plus uncollected premiums at the end of the period less uncollected premiums at the beginning of the period.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Columns 2 thru 10	–	Direct Business Only Year to Date
		Display year-to-date direct premiums written by state.
	Include:	Gross premiums, including policy and membership fees, less return premiums and premiums on policies not taken.
Column 1	–	Active Status
		Use the following codes to identify the reporting entity’s status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity’s status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).
		L – Licensed or Chartered (Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.)
		R – Registered (Non-domiciled Risk Retention Groups)
		E – Eligible (Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.)
		Q – Qualified (Qualified or Accredited Reinsurer)
		<u>S – Suspended (State licensing status of final and public suspension)</u>
		N – None of the above (Not allowed to write business in the state or none of the above codes apply)

QUARTERLY STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

CURRENT YEAR TO DATE – ALLOCATED BY STATES AND TERRITORIES

This schedule is intended to exhibit the amount of premium and annuity considerations, and deposit-type contracts allocated to each state. All U.S. business must be allocated by state regardless of license status. Report year-to-date premiums and annuity considerations for life and accident and health contracts and deposit-type contracts for direct business. Exclude contract proceeds left with the reporting entity, such as amounts for supplemental contracts, dividend or refund accumulations and other similar items. Dividends or refunds on contracts that are used to pay renewal life and accident and health insurance premiums or annuity considerations should be included in the amounts allocated to the states and territories in Columns 2, 3, 4 and 5.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Refer to *SSAP No. 50—Classifications of Insurance or Managed Care Contracts*, for life, accident and health and deposit-type contract definitions; *SSAP No. 51—Life Contracts*; and *SSAP No. 52—Deposit-Type Contracts*, for accounting guidance.

Column 1 – Active Status

Use the following codes to identify the reporting entity’s status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity’s status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

L – Licensed or Chartered	(Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.)
R – Registered	(Non-domiciled Risk Retention Groups)
E – Eligible	(Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.)
Q – Qualified	(Qualified or Accredited Reinsurer)
<u>S – Suspended</u>	<u>(State licensing status of final and public suspension)</u>
N – None of the above	(Not allowed to write business in the state or none of the above codes apply)

QUARTERLY STATEMENT INSTRUCTIONS – PROPERTY

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

CURRENT YEAR TO DATE – ALLOCATED BY STATES AND TERRITORIES

This schedule is intended to report premiums, losses and other items allocated to each state or territory during the current reporting period, regardless of the reporting entity’s license status in that state or territory. Allocation of premiums and the other items reported on this schedule should be based on the physical location of the insured risk (except individual and group health insurance). Amounts reported as losses should be assigned to the state in which the associated premium has been allocated.

All U.S. business must be allocated by state regardless of license status.

All premium adjustments (both increases and decreases), including but not limited to Affordable Care Act (ACA) premium adjustments related to the risk adjustment program, shall be allocated as premium in the respective jurisdiction.

Column 1 – Active Status

Use the following codes to identify the reporting entity’s status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity’s status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

L – Licensed or Chartered	(Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.)
R – Registered	(Non-domiciled Risk Retention Groups)
E – Eligible	(Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state – see DSLI). In some states referred to as nonadmitted.)
Q – Qualified	(Qualified or Accredited Reinsurer)
D – DSLI	(Domestic Surplus Lines Insurer (DSLI) – Reporting Entities authorized to write Surplus Lines in the state of domicile)
<u>S – Suspended</u>	<u>(State licensing status of final and public suspension)</u>
N – None of the above	(Not allowed to write business in the state or none of the above codes apply)

QUARTERLY STATEMENT INSTRUCTIONS – TITLE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

CURRENT YEAR TO DATE – BY STATES AND TERRITORIES

All U.S. business must be reported by state regardless of license status.

Column 1 – Active Status

Use the following codes to identify the reporting entity’s status for each state or territory reported in the schedule as of the end of the reporting period. Enter the code that applies to the reporting entity’s status in the state or territory. Each line must have an entry in order to subtotal Footnote (a).

- | | |
|---------------------------|---|
| L – Licensed or Chartered | (Licensed Insurance Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.) |
| R – Registered | (Non-domiciled Risk Retention Groups) |
| E – Eligible | (Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.) |
| Q – Qualified | (Qualified or Accredited Reinsurer) |
| <u>S – Suspended</u> | <u>(State licensing status of final and public suspension)</u> |
| N – None of the above | (Not allowed to write business in the state or none of the above codes apply) |

ANNUAL STATEMENT BLANK – HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS
Allocated by States and Territories



- (a) Active Status Counts:
- | | | | |
|---|-------|---|-------|
| 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG | _____ | 4. Q – Qualified – Qualified or accredited reinsurer | _____ |
| 2. R – Registered – Non-domiciled RRGs | _____ | 5. S – Suspended – State licensing status of final and public suspension | _____ |
| 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state | _____ | 5g. N – None of the above – Not allowed to write business in the state | _____ |
- (b) Explanation of basis of allocation by states, premiums by state, etc.

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS
Allocated by States and Territories



- (a) Active Status Counts:
- | | | | |
|---|-------|---|-------|
| 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG | _____ | 4. Q – Qualified – Qualified or accredited reinsurer | _____ |
| 2. R – Registered – Non-domiciled RRGs | _____ | 5. S – Suspended – State licensing status of final and public suspension | _____ |
| 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state | _____ | 5g. N – None of the above – Not allowed to write business in the state | _____ |
- (b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations
- (c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col.6, or with Schedule H, Part 1, Column 1, Line 1 indicate which: _____.

ANNUAL STATEMENT BLANK – PROPERTY

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories



- (a) Active Status Counts:
- | | | | |
|---|-------|---|-------|
| 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG | _____ | 4. Q – Qualified – Qualified or accredited reinsurer | _____ |
| 2. R – Registered – Non-domiciled RRGs | _____ | 5. D – Domestic Surplus Lines Insurer (DSLII) – Reporting entities authorized to write surplus lines in the state of domicile. | _____ |
| 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI) | _____ | 6. S – Suspended – State licensing status of final and public suspension | _____ |
| 4. Q – Qualified – Qualified or accredited reinsurer | _____ | 2g. N – None of the above – Not allowed to write business in the state | _____ |
- (b) Explanation of basis of allocation of premiums by states, etc.

ANNUAL STATEMENT BLANK – TITLE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN
By States and Territories



- (a) Active Status Counts:
- | | | | |
|---|-------|---|-------|
| 1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG | _____ | 4. Q – Qualified – Qualified or accredited reinsurer | _____ |
| 2. R – Registered – Non-domiciled RRGs | _____ | 5. S – Suspended – State licensing status of final and public suspension | _____ |
| 3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state | _____ | 5g. N – None of the above – Not allowed to write business in the state | _____ |
- (b) Each type of rate must be coded with a combination of the five activity codes (R, S, X, C, and/or E) listed in the instructions. Use the code combination corresponding to the state's statutory definitions of title insurance premium. If more than one combination of activities is indicated in the statutory definition, all relevant combinations must be listed. See the Schedule T instructions.

QUARTERLY STATEMENT BLANK – HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS Current Year to Date – Allocated by States and Territories

Detail Eliminated To Conserve Space

(a) Active Status Counts:

- | | | | |
|---|-------|---|-------|
| 1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG | _____ | 4. Q – Qualified - Qualified or accredited reinsurer | _____ |
| 2. R – Registered - Non-domiciled RRGs | _____ | 5. S – Suspended – State licensing status of final and public suspension | _____ |
| 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state ... | _____ | 6. N – None of the above – Not allowed to write business in the state | _____ |

QUARTERLY STATEMENT BLANK – LIFE/FRATERNAL

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS Current Year To Date - Allocated by States and Territories

Detail Eliminated To Conserve Space

(a) Active Status Counts:

- | | | | |
|---|-------|---|-------|
| 1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG | _____ | 4. Q – Qualified - Qualified or accredited reinsurer | _____ |
| 2. R – Registered - Non-domiciled RRGs | _____ | 5. S – Suspended – State licensing status of final and public suspension | _____ |
| 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state | _____ | 6. N – None of the above – Not allowed to write business in the state | _____ |

QUARTERLY STATEMENT BLANK – PROPERTY

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN Current Year to Date – Allocated by States and Territories

Detail Eliminated To Conserve Space

(a) Active Status Counts:

- | | | | |
|--|-------|---|-------|
| 1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG | _____ | 4. Q – Qualified – Qualified or accredited reinsurer | _____ |
| 2. R – Registered - Non-domiciled RRGs | _____ | 5. D – Domestic Surplus Lines Insurer (DSL) – Reporting entities authorized to write surplus lines in the state of domicile. | _____ |
| 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSL) | _____ | 6. S – Suspended – State licensing status of final and public suspension | _____ |
| 4. Q – Qualified - Qualified or accredited reinsurer | _____ | 7. N – None of the above – Not allowed to write business in the state | _____ |

QUARTERLY STATEMENT BLANK – TITLE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN Current Year to Date – By States and Territories

Detail Eliminated To Conserve Space

(a) Active Status Counts:

- | | | | |
|---|-------|---|-------|
| 1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG | _____ | 4. Q – Qualified - Qualified or accredited reinsurer | _____ |
| 2. R – Registered - Non-domiciled RRGs | _____ | 5. S – Suspended – State licensing status of final and public suspension | _____ |
| 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state | _____ | 6. N – None of the above – Not allowed to write business in the state | _____ |