

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p align="right">DATE: <u>3/26/2026</u></p> <p>CONTACT PERSON: <u>Bailey Henning</u></p> <p>TELEPHONE: <u>816-783-8129</u></p> <p>EMAIL ADDRESS: <u>bhenning@naic.org</u></p> <p>ON BEHALF OF: <u>Financial Regulatory Standards & Accreditation (F) Committee</u></p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p>	<p align="center">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2026-08BWG</u></p> <p>Year <u>2026</u></p> <p>Changes to Existing Reporting <input type="checkbox"/> [X]</p> <p>New Reporting Requirement <input type="checkbox"/> []</p> <hr/> <p align="center">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact <input type="checkbox"/> [X]</p> <p>Modifies Required Disclosure <input type="checkbox"/> []</p> <p>Is there data being requested in this proposal which is available elsewhere in the Annual/Quarterly Statement? <input type="checkbox"/> [No]</p> <p><i>***If Yes, complete question below***</i></p> <hr/> <p align="center">DISPOSITION</p> <p><input type="checkbox"/> [] Rejected For Public Comment</p> <p><input type="checkbox"/> [] Referred To Another NAIC Group</p> <p><input checked="" type="checkbox"/> [X] Received For Public Comment</p> <p><input type="checkbox"/> [] Adopted Date _____</p> <p><input type="checkbox"/> [] Rejected Date _____</p> <p><input type="checkbox"/> [] Deferred Date _____</p> <p><input type="checkbox"/> [] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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

IDENTIFICATION OF ITEM(S) TO CHANGE

This proposal is to allow for an additional option in the list of active status codes on Schedule T to include an "O - Other" category for reporting entities that have a unique, restricted license type that does not fit into one of the other existing categories. This category would be used by captive insurers, international insurers, or other types of insurers that have received an insurance authorization from a U.S. jurisdiction, but do not qualify as fully admitted carriers and do not fit into one of the other categories.

The proposal also edits the "N – None of the Above" status code to change it to "N – None," as instances where the existing codes do not apply would now be reported through the "O – Other" status code. In addition, the proposal adds a field to Schedule T for the reporting entity to provide a description of the "O – Other" license type being reported.

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

The benefit of this change is that the authorization of unique entities will be more accurately and consistently presented on Schedule T, which will assist states in monitoring an entity's licensed status and ongoing business activities.

*****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: ***** DRAFTING NOTE: Proposal 2024-19BWG's changes are not shown in this proposal.*****

** This section must be completed on all forms.

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)
- O – Other (Reporting entities have a unique and limited status in the state where none of the other codes apply (e.g., captive or international insurer¹))
- N – ~~None of the above~~ (Not allowed to write business in the state ~~or none of the above codes apply~~)

¹ The term “international insurer” refers to a specific type of insurance authority granted by a state or territory, and not a generic term for an alien insurer operating in the U.S.

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)
- O – Qualified (Reporting entities have a unique and limited status in the state where none of the other codes apply (e.g., captive or international insurer²))
- N – ~~None of the above~~ (Not allowed to write business in the state ~~or none of the above codes apply~~)

² The term “international insurer” refers to a specific type of insurance authority granted by a state or territory, and not a generic term for an alien insurer operating in the U.S.

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY/CASUALTY

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

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)
- O – Other (Reporting entities have a unique and limited status in the state where none of the other codes apply (e.g., captive or international insurer³))
- ~~N – None of the above~~ (Not allowed to write business in the state ~~or none of the above codes apply~~)

³ The term “international insurer” refers to a specific type of insurance authority granted by a state or territory, and not a generic term for an alien insurer operating in the U.S.

ANNUAL STATEMENT INSTRUCTIONS – TITLE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

BY STATES AND TERRITORIES



Detail Eliminated To Conserve Space

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)
- O – Other (Reporting entities have a unique and limited status in the state where none of the other codes apply (e.g., captive or international insurer⁴))
- ~~N – None of the above~~ (Not allowed to write business in the state or none of the above codes apply)

⁴ The term “international insurer” refers to a specific type of insurance authority granted by a state or territory, and not a generic term for an alien insurer operating in the U.S.

ANNUAL STATEMENT BLANK – HEALTH

SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit- Type Contracts
1. Alabama..... AL										
2. Alaska..... AK										
3. Arizona..... AZ										
4. Arkansas..... AR										
5. California..... CA										
6. Colorado..... CO										
7. Connecticut..... CT										
8. Delaware..... DE										
9. Dist. Columbia..... DC										
10. Florida..... FL										
11. Georgia..... GA										
12. Hawaii..... HI										
13. Idaho..... ID										
14. Illinois..... IL										
15. Indiana..... IN										
16. Iowa..... IA										
17. Kansas..... KS										
18. Kentucky..... KY										
19. Louisiana..... LA										
20. Maine..... ME										
21. Maryland..... MD										
22. Massachusetts..... MA										
23. Michigan..... MI										
24. Minnesota..... MN										
25. Mississippi..... MS										
26. Missouri..... MO										
27. Montana..... MT										
28. Nebraska..... NE										
29. Nevada..... NV										
30. New Hampshire..... NH										
31. New Jersey..... NJ										
32. New Mexico..... NM										
33. New York..... NY										
34. North Carolina..... NC										
35. North Dakota..... ND										
36. Ohio..... OH										
37. Oklahoma..... OK										
38. Oregon..... OR										
39. Pennsylvania..... PA										
40. Rhode Island..... RI										
41. South Carolina..... SC										
42. South Dakota..... SD										
43. Tennessee..... TN										
44. Texas..... TX										
45. Utah..... UT										
46. Vermont..... VT										
47. Virginia..... VA										
48. Washington..... WA										
49. West Virginia..... WV										
50. Wisconsin..... WI										
51. Wyoming..... WY										
52. American Samoa..... AS										
53. Guam..... GU										
54. Puerto Rico..... PR										
55. U.S. Virgin Islands..... VI										
56. Northern Mariana Islands..... MP										
57. Canada..... CAN										
58. Aggregate other alien..... OT	XXX									
59. Subtotal.....	XXX									
60. Reporting entity contributions for employee benefit plans.....	XXX									
61. Total (direct business)	XXX									
DETAILS OF WRITE-INS										
58001.....	XXX									
58002.....	XXX									
58003.....	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX									
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(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. Q – Other - Unique and limited status | _____ |
| 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state | _____ | 56. 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.

(c) Description of Other Status:

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL

SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5 (b)	7 Deposit -Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
1. Alabama.....AL							
2. Alaska.....AK							
3. Arizona.....AZ							
4. Arkansas.....AR							
5. California.....CA							
6. Colorado.....CO							
7. Connecticut.....CT							
8. Delaware.....DE							
9. District of Columbia.....DC							
10. Florida.....FL							
11. Georgia.....GA							
12. Hawaii.....HI							
13. Idaho.....ID							
14. Illinois.....IL							
15. Indiana.....IN							
16. Iowa.....IA							
17. Kansas.....KS							
18. Kentucky.....KY							
19. Louisiana.....LA							
20. Maine.....ME							
21. Maryland.....MD							
22. Massachusetts.....MA							
23. Michigan.....MI							
24. Minnesota.....MN							
25. Mississippi.....MS							
26. Missouri.....MO							
27. Montana.....MT							
28. Nebraska.....NE							
29. Nevada.....NV							
30. New Hampshire.....NH							
31. New Jersey.....NJ							
32. New Mexico.....NM							
33. New York.....NY							
34. North Carolina.....NC							
35. North Dakota.....ND							
36. Ohio.....OH							
37. Oklahoma.....OK							
38. Oregon.....OR							
39. Pennsylvania.....PA							
40. Rhode Island.....RI							
41. South Carolina.....SC							
42. South Dakota.....SD							
43. Tennessee.....TN							
44. Texas.....TX							
45. Utah.....UT							
46. Vermont.....VT							
47. Virginia.....VA							
48. Washington.....WA							
49. West Virginia.....WV							
50. Wisconsin.....WI							
51. Wyoming.....WY							
52. American Samoa.....AS							
53. Guam.....GU							
54. Puerto Rico.....PR							
55. U.S. Virgin Islands.....VI							
56. Northern Mariana Islands.....MP							
57. Canada.....CAN							
58. Aggregate other alien.....OT							
59. Subtotal.....	XXX						
90. Reporting entity contributions for employee benefits plans.....	XXX						
91. Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX						
92. Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						
93. Premium or annuity considerations waived under disability or other contract provisions.....	XXX						
94. Aggregate other amounts not allocable by State.....	XXX						
95. Totals (direct business).....	XXX						
96. Plus reinsurance assumed.....	XXX						
97. Totals (all business).....	XXX						
98. Less reinsurance ceded.....	XXX						
99. Totals (all business) less reinsurance ceded.....	XXX			(c)			
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX						
58999. Total (Lines 58001 through 58003 + 58998) (Line 58 above)							
9401.	XXX						
9402.	XXX						
9403.	XXX						
9498. Summary of remaining write-ins for Line 94 from overflow page.....	XXX						
9499. Total (Lines 9401 through 9403 + 9498) (Line 94 above)							

(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. O – Other - Unique and limited status..... | _____ |
| 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..... | _____ |

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations

(c) Description of Other status:

(ed) 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**

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....AL									
2. Alaska.....AK									
3. Arizona.....AZ									
4. Arkansas.....AR									
5. California.....CA									
6. Colorado.....CO									
7. Connecticut.....CT									
8. Delaware.....DE									
9. Dist. Columbia.....DC									
10. Florida.....FL									
11. Georgia.....GA									
12. Hawaii.....HI									
13. Idaho.....ID									
14. Illinois.....IL									
15. Indiana.....IN									
16. Iowa.....IA									
17. Kansas.....KS									
18. Kentucky.....KY									
19. Louisiana.....LA									
20. Maine.....ME									
21. Maryland.....MD									
22. Massachusetts.....MA									
23. Michigan.....MI									
24. Minnesota.....MN									
25. Mississippi.....MS									
26. Missouri.....MO									
27. Montana.....MT									
28. Nebraska.....NE									
29. Nevada.....NV									
30. New Hampshire.....NH									
31. New Jersey.....NJ									
32. New Mexico.....NM									
33. New York.....NY									
34. No. Carolina.....NC									
35. No. Dakota.....ND									
36. Ohio.....OH									
37. Oklahoma.....OK									
38. Oregon.....OR									
39. Pennsylvania.....PA									
40. Rhode Island.....RI									
41. So. Carolina.....SC									
42. So. Dakota.....SD									
43. Tennessee.....TN									
44. Texas.....TX									
45. Utah.....UT									
46. Vermont.....VT									
47. Virginia.....VA									
48. Washington.....WA									
49. West Virginia.....WV									
50. Wisconsin.....WI									
51. Wyoming.....WY									
52. American Samoa.....AS									
53. Guam.....GU									
54. Puerto Rico.....PR									
55. U.S. Virgin Islands.....VI									
56. Northern Mariana Islands.....MP									
57. Canada.....CAN									
58. Aggregate other alien.....OT									
59. Totals	XXX								
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page.....	XXX								
58999. Totals (Lines 58001 through 58003+58998) (Line 58 above)	XXX								

(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. O – Other – Unique and limited status | _____ |
| | | 6Z. N – None of the above – Not allowed to write business in the state | _____ |

(b) Explanation of basis of allocation of premiums by states, etc.
(c) Description of Other status:

ANNUAL STATEMENT BLANK – TITLE

SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

By States and Territories

States, Etc.	1 Active Status (a)	2 Premium Rate (b)	Direct Premiums Written			6 Other Income	7 Net Premiums Earned	8 Direct Losses and Allocated Loss Adjustment Expenses Paid	9 Direct Losses and Allocated Loss Adjustment Expenses Incurred	10 Direct Known Claim Reserve
			3 Direct Operations	Agency Operations						
				4 Non-affiliated Agencies	5 Affiliated Agencies					
1. Alabama.....AL										
2. Alaska.....AK										
3. Arizona.....AZ										
4. Arkansas.....AR										
5. California.....CA										
6. Colorado.....CO										
7. Connecticut.....CT										
8. Delaware.....DE										
9. Dist. Columbia.....DC										
10. Florida.....FL										
11. Georgia.....GA										
12. Hawaii.....HI										
13. Idaho.....ID										
14. Illinois.....IL										
15. Indiana.....IN										
16. Iowa.....IA										
17. Kansas.....KS										
18. Kentucky.....KY										
19. Louisiana.....LA										
20. Maine.....ME										
21. Maryland.....MD										
22. Massachusetts.....MA										
23. Michigan.....MI										
24. Minnesota.....MN										
25. Mississippi.....MS										
26. Missouri.....MO										
27. Montana.....MT										
28. Nebraska.....NE										
29. Nevada.....NV										
30. New Hampshire.....NH										
31. New Jersey.....NJ										
32. New Mexico.....NM										
33. New York.....NY										
34. No. Carolina.....NC										
35. No. Dakota.....ND										
36. Ohio.....OH										
37. Oklahoma.....OK										
38. Oregon.....OR										
39. Pennsylvania.....PA										
40. Rhode Island.....RI										
41. So. Carolina.....SC										
42. So. Dakota.....SD										
43. Tennessee.....TN										
44. Texas.....TX										
45. Utah.....UT										
46. Vermont.....VT										
47. Virginia.....VA										
48. Washington.....WA										
49. West Virginia.....WV										
50. Wisconsin.....WI										
51. Wyoming.....WY										
52. American Samoa.....AS										
53. Guam.....GU										
54. Puerto Rico.....PR										
55. U.S. Virgin Islands.....VI										
56. Northern Mariana Islands.....MP										
57. Canada.....CAN										
58. Aggregate Other Alien.....OT	XXX	XXX								
59. Totals	XXX	XXX								
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX								
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	XXX								

(a) Active Status Counts:

- 1. L – Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- 2. R – Registered - Non-domiciled RRGs
- 3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state
- 4. Q – Qualified - Qualified or accredited reinsurer
- 5. O – Other - Unique and limited status
- 56. 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.
- (c) Description of Other Status:

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