### NAIC BLANKS (E) WORKING GROUP

### **Blanks Agenda Item Submission Form**

CONTACT PERSON: TELEPHONE: EMAIL ADDRESS: ON BEHALF OF: NAME: TITLE: AFFILIATION: ADDRESS:	Mary Caswell and Calv	in Ferguson	FOR NAIC USE ONLY  Agenda Item # 2022-05BWG MOD  Year 2022  Changes to Existing Reporting [X]  New Reporting Requirement []  REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT  No Impact [X] Modifies Required Disclosure []  DISPOSITION  [] Rejected For Public Comment [] Referred To Another NAIC Group [] Received For Public Comment [X] Adopted Date 05/25/2022 [] Rejected Date
			Other (Specify)
	BLANK(S) TO	WHICH PROPOSAL	APPLIES
[X] ANNUAL STA' [X] QUARTERLY		] INSTRUCTIONS ] BLANK	[ ] CROSSCHECKS
[X] Life, Accident & [X] Property/Casualt [X] Health		<ul><li>Separate Accounts</li><li>Protected Cell</li><li>Health (Life Supplement</li></ul>	Other
Anticipated Effective Date	e: Annual 2022		
	IDENTIFICAT	TION OF ITEM(S) TO	CHANGE
Add line numbers to the st	tatus data points in the Scho	edule T footnote.	
R	EASON, JUSTIFICATIO	ON FOR AND/OR BEN	EFIT OF CHANGE**
The purpose of this propo	sal is to clarify the line nun	nbers each status is to be	reported.
	NAIC	C STAFF COMMENTS	<u> </u>
Comment on Effective Re	porting Date:		
Other Comments:	r5		

Revised 7/18/2018

<sup>\*\*</sup> This section must be completed on all forms.

### ANNUAL STATEMENT BLANK - HEALTH

### SCHEDULE T – PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1					Direct Business O	nly			
	j	2	3	4	5	6	7	8	9	10
						Federal	Life & Annuity			
		Accident &			GIVID	Employees	Premiums &	Property/	Total	Deposit-
State, Etc.	Active Status (a)	Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Health Benefits Plan Premiums	Other Considerations	Casualty Premiums	Columns 2 Through 8	Type Contracts
State, Etc.	(a)	Tremiums	Tiue Aviii	Tiue AIA	Tiue AAI	1 Idii 1 ICiliiuliis	Considerations	Tremiums	2 Tillough 6	Contracts
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X <b>====</b>		<b>■</b> De	tail Elin	ninated	l to Con	serve Spa	ce =			$\equiv$ X
T		20				ser ve spu				T
_										_
DETAILS OF WRITE-INS	1			1				I		
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	XXX									
plus 58998) (Line 58 above)	XXX									
							•			
(a) Active Status Counts:										
L Licensed or Chartered - Licensed insura	noo corrier or dom	ioiled PPG				D Domi	stered - Non-domiciled RI	2Ge		
E - Eligible - Reporting entities eligible or a							ified - Oualified or accred			
N None of the above - Not allowed to writ	e business in the s	ate				` `				
1. L - Licensed or Chartered - Licensed in							ified - Qualified or accred			
<ol> <li>R - Registered - Non-domiciled RRGs.</li> <li>E - Eligible - Reporting entities eligible</li> </ol>							of the above - Not allow	ed to write business in	n the state	
E - Eligible - Reporting entities eligible     E - Eligible - Reporting entities eligible							of the above - Not allow	ed to write business in	the state	
R - Registered - Non-domiciled RRGs.							or the doors - Not allow	ed to mile odsiness ii	T the state in the	
- Ton domented fitted										
(b) Explanation of basis of allocation by state	s, premiums by s	ate, etc.								

### ANNUAL STATEMENT BLANK – LIFE\FRATERNAL

### SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

	1			Direct Business Or	ıly		
		Life	Contracts	4	5	6	7
			3	Accident and Health		Total	
		2		Insurance Premiums,		Columns	
	Active Status	Life Insurance	Annuity	Including Policy,	Other	2 through 5	Deposit -Typ
States, Etc.	(a)	Premiums	Considerations	Membership and Other Fees	Considerations	(b)	Contracts
<b>====</b> 1	Detail E	liminate	d to Conse	erve Space			<u> </u>
DETAILS OF WRITE-INS 58001	XXX						
58002	XXX						
58003.	XXX						
8998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Total (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX						
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) Active Status Counts:	XXX						
L Licensed or Chartered Licensed insurance earrier or domiciled RRG Eligible Reporting entities eligible or approved to write surplus lines in N None of the above – Not allowed to write business in the state	the state			R Registered Non-domi			<u> </u>
L – Licensed or Chartered - Licensed insurance carrier or domiciled RR     R – Registered – Non-domiciled RRGs	G			Q - Qualified - Qualified of     N - None of the above - N			
3. E - Eligible - Reporting entities eligible or approved to write surplus lin							
2. E - Eligible - Reporting entities eligible or approved to write surplus lin				<ol><li>N – None of the above – N</li></ol>	ot allowed to write bus	iness in the state	
R - Registered - Non-domiciled RRGs							
Explanation of basis of allocation by states, etc., of premiums and annuity co	nsiderations						

### ANNUAL STATEMENT BLANK - PROPERTY

### SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

**Allocated By States And Territories** 

		1	Gross Premiums, In		4	5	6	7	8	9
			Membership F						1	Direct Premium
			Premiums and Pre						l	Written for
			Not .	Taken	Dividends Paid or Credited to		!	Į.	Finance and Service	Federal Purchasing
			2.	3	Policyholders				Charges Not	Groups
		Active Status	Direct Premiums	Direct Premiums	onDirect	Direct Losses Paid	Direct Losses	Direct Losses	Included in	(Included in
S	tates, Etc.	(a)	Written	Earned	Business	(Deducting Salvage)	Incurred	Unpaid	Premiums	Col. 2)
_										_
L			_							L
$\mathbf{x} =$			<b>■</b> Deta	il Elimin:	ated to Co	onserve Spa	ce $\equiv$			<b>X</b>
			2000			onser to sput				
DETAILS OF W	RITE-INS									
58001		XXX								
		XXX								
		XXX								
	f remaining write-ins for from overflow page									
	(Lines 58001 through	XXX								
	58998) (Line 58 above)	A.O.C								
	()	XXX								
			•							
(a) Active Status C	Counts:									
L _ Licensed o	r Chartered - Licensed insur	ance carrier or domi	ciled RRG			R _ Register	ed - Non-domiciled R	PRGe		
	Reporting entities eligible or			other than their state o	f domicile See DSLI		d - Qualified or accre			
	Surplus Lines Insurer (DSLI						the above - Not allow			
	ed or Chartered - Licensed is ered - Non-domiciled RRGs						ied - Qualified or acc			orized to write surplu
2. K – Regist	ered - Non-domiciled KKGs						state of domicile			
<ol> <li>E – Eligibl</li> </ol>	le - Reporting entities eligibl	e or approved to wri	te surplus lines in the s	tate (other than their sta	te of domicile - See D		of the above – Not al			
	ed or Chartered - Licensed i						ered - Non-domiciled			
<ol><li>E – Eligibl</li></ol>	le - Reporting entities eligibl	e or approved to wri	te surplus lines in the s	tate (other than their sta	te of domicile - See D	SLI) 5. Q – Qualif	ied - Qualified or acc	redited reinsurer		
<ol><li>D Dome:</li></ol>	stic Surplus Lines Insurer (E	SLI) - Reporting en	tities authorized to wri	te surplus lines in the st	ate of domicile		of the above - Not al	lowed to write busine	ess in the state	
(b) Funlancti:	Charie of allocation : f	uluma hu atata								
(D) Explanation of	f basis of allocation of pren	mums by states, etc	•							

### ANNUAL STATEMENT BLANK - TITLE

## SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN By States and Territories

	1	2	Direct Premiums Written			6	7	8	9	10
	1		3	Agency Op	perations				Direct	
	1	Ĭ	l	4	5			Direct	Losses and	
								Losses and	Allocated Loss	
	Active	Premium					Net	Allocated Loss	Adjustment	Direct
	Status	Rate	Direct	Non-affiliated	Affiliated	Other	Premiums	Adjustment	Expenses	Known Claim
States, Etc.	(a)	(b)	Operations	Agencies	Agencies	Income	Earned	Expenses Paid	Incurred	Reserve

# States, Etc. States, Etc. States, Etc. States and States are considered to Conserve Space States are considered to Conserve Space

DETAILS OF WRITE-INS						
58001.	XXX		 	 	 	 
58002	XXX		 	 	 	 
58003	XXX		 	 	 	 
58998. Summary of remaining write-ins for Line 58 from overflow page						
58999. Totals (Lines 58001 through	XXX	XXX	 	 	 	 
58003 plus 58998) (Line 58 above)	XXX	XXX				

(a)	Active	Status	Counts

L. Licenced or Chartered. Licenced incurrence carrier or domiciled PDG	P. Pagistared Non-dominilad P.P.Go	
E - Electised of Chartered - Electised insulance carrier of dolinered kited	K - Kegistered - Non-dominined Kreds	
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.	O - Qualified - Qualified or accredited reinsurer	
2 Englote Reporting entitles englote of approved to write surplus lines in the state	& Ammied Ammied of Represented temparet	
N — None of the above — Not allowed to write business in the state		
N - Notic of the above - Not anowed to write outsiness in the state.		

L - Licensed or Chartered - Licensed insurance carrier of domiciled RKG.

4. O - Qualified - Qualified or accredited reinsurer.

5. N - None of the above - Not allowed to write business in the state ...

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state ...

<sup>(</sup>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** 

	1					Direct	Business Only			
	ļ.	2	3	4	5	6	7	8	9	10
						Federal Employees	Life & Annuity			
	A	Accident &	M. F	N 6 - 12 2 1		Health Benefits	Premiums &	D	Total	D
State, Etc.	Active Status (a)	Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Program Premiums	Other Considerations	Property/Casualty Premiums	Columns 2 Through 8	Deposit-Type Contracts
t		<b>■</b> D	etail El	iminat	ed to Co	nserve Sp	ace			<b>■</b> ₹
			ctan Li		cu to co	nser ve op	ucc -			
DETAILS OF WRITE-INS 58001.	XXX									
58002	XXX									
58003. 58998. Summary of remaining write-ins	XXX									
for Line 58 from overflow page										
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									
	XXX									
(a) Active Status Counts:										
L - Licensed or Chartered - Licensed insura	nce carrier or dom	iciled RRG				R - Re	egistered - Non-domic	iled RRGs		
E Eligible - Reporting entities eligible or a								accredited reinsurer		
N None of the above - Not allowed to write	e business in the s	tate								
1. L - Licensed or Chartered - Licensed in		domiciled RRG						accredited reinsurer		
<ol> <li>R - Registered - Non-domiciled RRGs.</li> <li>E - Eligible - Reporting entities eligible</li> </ol>						5. N – No	one of the above - No	t allowed to write busin	ness in the state	
E - Eligible - Reporting entities eligible     E - Eligible - Reporting entities eligible						 D 5. N – No	one of the above No	t allowed to write busin	ness in the state	
3 R - Registered - Non-domiciled RRGs										

### QUARTERLY STATEMENT BLANK - LIFE\FRATERNAL

### SCHEDULE T – PREMIUMS AND ANNUITY CONSIDERATIONS

**Current Year To Date - Allocated by States and Territories** 

·	1			Direct Busines	ss Only		
	1	Life Co	ontracts	4	5	6	7
		2	3	Accident and Health			
				Insurance Premiums,			
				Including Policy,		Total	
	Active Status	Life Insurance	Annuity	Membership and	Other	Columns	Deposit-Typ
tates, Etc.	(a)	Premiums	Considerations	Other Fees	Considerations	2 Through 5	Contracts
,				~			
	Detail E	liminated	l to Conse	erve Space			
. ———	Detail E	mmatt	i to Const	ive Space			1
							_
ETAILS OF WRITE-INS	XXX				1		
0001	AAA						
2002	XXX						
0003	XXX						
8998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
8999. Total (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX				1		
401	XXX						
402	XXX						
402	XXX						
498. Summary of remaining write-ins for Line 94 from overflow page	XXX						
498. Summary of remaining write-ins for Line 94 from overnow page	XXX						
499.10tai (Lines 9401 tiliough 9403 ± 9498) (Line 94 above)	ΛΛΛ						
Active Status Counts:							
Active Status Counts.							
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG				R Registered - Non-	dominilad PPGs		
	the state				ied or accredited reinsure	······	
	i the state			Q = Quantica - Quant	ica or accreance remsure		
E Eligible - Reporting entities eligible or approved to write surplus lines in							
E Eligible - Reporting entities eligible or approved to write surplus lines in N - None of the above - Not allowed to write business in the state	·····			4 O - Qualified - Qualit	ied or accredited reinsure	r	
E Eligible - Reporting entities eligible or approved to write surplus lines in  N—None of the above - Not allowed to write business in the state				4. Q – Qualified - Qualif			
E. Eligible - Reporting entities eligible or approved to write surplus lines in  N. None of the above - Not allowed to write business in the state				Q - Qualified - Qualif     N - None of the above			
E Eligible - Reporting entities eligible or approved to write surplus lines in  N—None of the above - Not allowed to write business in the state	nes in the state				e – Not allowed to write b	usiness in the state	

### QUARTERLY STATEMENT BLANK – PROPERTY

### SCHEDULE T – EXHIBIT OF PREMIUMS WRITTEN

**Current Year to Date – Allocated by States and Territories** 

	1	Direct Prem	iums Written	Direct Losses Paid (De	educting Salvage)	Direct Los	ses Unpaid
	1	2	3	4	5	6	7
	Active Status	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
States, etc.	(a)	To Date	To Date	To Date	To Date	To Date	To Date
·			-4-14- C				
, <del></del>	г	etail Elimin	ated to Cons	erve Space			<del></del> 1
DETAILS OF WRITE-INS		T		<u> </u>			
8001.	XXX						
8002	XXX						
8003	XXX						
8998. Summary of remaining write-ins for							
Line 58 from overflow page	XXX						
8999. TOTALS (Lines 58001 through 58003							
plus 58998) Line 58 above)	XXX						
Active Status Counts:  L. Licensed or Chartered - Licensed insurance on E. Eligible - Reporting entities eligible or approved D. Domestic-Surplus Lines Insurer (DSLI) - Rep	ed to write surplus lines in orting entities authorized to	the state (other than their state of write surplus lines in the state	of domicile — See DSLI) of domicile	Q Qualified - Quali N None of the abov	domiciled RRGsfied or accredited reinsure  Not allowed to write l	er business in the state	<u> </u>
1. L - Licensed or Chartered - Licensed insurance						urer	
						) - Reporting entities aut	
R – Registered - Non-domiciled RRGs							
2. R – Registered - Non-domiciled RRGs				lines in the state of	domicile		
R – Registered - Non-domiciled RRGs      E – Eligible - Reporting entities eligible or approximately ap	proved to write surplus line			<ol><li>N – None of the ab</li></ol>	ove - Not allowed to writ	te business in the state	
R - Registered - Non-domiciled RRGs      E - Eligible - Reporting entities eligible or apple.     L - Licensed or Chartered - Licensed insurance.	proved to write surplus line e carrier or domiciled RRC	ì	······································	6. N – None of the ab 4. R – Registered - No	ove – Not allowed to write on-domiciled RRGs	e business in the state	
R – Registered - Non-domiciled RRGs      E – Eligible - Reporting entities eligible or approximately ap	proved to write surplus line e carrier or domiciled RRC proved to write surplus line	s in the state (other than their st	ate of domicile – See DSLI)	N – None of the ab     R – Registered – No.     Q – Qualified	ove – Not allowed to writ on-domiciled RRGs alified or accredited reins	te business in the state	

### QUARTERLY STATEMENT BLANK – TITLE

### SCHEDULE T—EXHIBIT OF PREMIUMS WRITTEN

**Current Year to Date – By States and Territories** 

	1	Direct Premi	iums Written	Direct Losses and Alloca Expenses (Deducting	s Paid	Direct Known	Claim Reserve
States, etc.	Active Status (a)	2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
	-						•
		Detail Elimi	nated to Co	nserve Space	a <u> </u>		₹
		octan Emm	nated to Co.	nserve space			
I							_
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						
pius 58998) Line 58 above	XXX						<u> </u>
Active Status Counts:							
L Licensed or Chartered - Licensed insurance carries				R Registere	d - Non-domiciled RRGs.	einsurer	
E Eligible - Reporting entities eligible or approved to N - None of the above - Not allowed to write business	o write surplus lines i	n the state		Q - Qualified	- Qualified or accredited i	einsurer	
11 Trong of the above Trot anowed to write outsiness.	The the state						
1. L - Licensed or Chartered - Licensed insurance ca						einsurer	
1. L = Licensed of Chartered - Licensed insurance ca				5 N N C	hashara Natallamadta	write business in the state.	
<ol> <li>R – Registered – Non-domiciled RRGs</li> </ol>					ne above – Not allowed to	write business in the state.	
	ed to write surplus lin	nes in the state				write business in the state.	

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