

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Mary Caswell and Calvin Ferguson</u> TITLE: _____ AFFILIATION: <u>NAIC</u> ADDRESS: _____ _____ _____	DATE: <u>02/10/2022</u>	FOR NAIC USE ONLY	
	Agenda Item # <u>2022-05BWG MOD</u> Year <u>2022</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [X] New Reporting Requirement <input type="checkbox"/> []	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT	
	No Impact <input checked="" type="checkbox"/> [X] Modifies Required Disclosure <input type="checkbox"/> []	DISPOSITION	
	<input type="checkbox"/> [] Rejected For Public Comment <input type="checkbox"/> [] Referred To Another NAIC Group <input type="checkbox"/> [] Received For Public Comment <input checked="" type="checkbox"/> [X] Adopted Date <u>05/25/2022</u> <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 type="checkbox"/> [] 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) | |

Anticipated Effective Date: Annual 2022

IDENTIFICATION OF ITEM(S) TO CHANGE

Add line numbers to the status data points in the Schedule T footnote.

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

The purpose of this proposal is to clarify the line numbers each status is to be reported.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

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



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:

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	R – Registered – Non-domiciled RRGs
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	Q – Qualified – Qualified or accredited reinsurer
N – None of the above – Not allowed to write business in the state	
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. N – None of the above – Not allowed to write business in the state
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state	
2. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSL)	5. N – None of the above – Not allowed to write business in the state
3. R – Registered – Non-domiciled RRGs	

(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

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					



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)	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)	XXX	.....	.....	.....	.....	.....	.....

(a) Active Status Counts:

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG	R – Registered – Non-domiciled RRGs
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state	Q – Qualified – Qualified or accredited reinsurer
N – None of the above – Not allowed to write business in the state	
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. N – None of the above – Not allowed to write business in the state
3. E – Eligible - Reporting entities eligible or approved to write surplus lines in the state	
2. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSL)	5. N – None of the above – Not allowed to write business in the state
3. R – Registered – Non-domiciled RRGs	

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

(c) Column 4 should balance with Exhibit I, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10, 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						

Detail Eliminated to Conserve Space

DETAILS OF WRITE-INS									
58001	XXX								
58002	XXX								
58003	XXX								
58998	Sum. of remaining write-ins for Line 58 from overflow page								
58999	XXX								
	XXX								

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4. O - Qualified - Qualified or accredited reinsurer
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)	5. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile
D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile	6. N - None of the above - Not allowed to write business in the state
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4. R - Registered - Non-domiciled RRGs
2. R - Registered - Non-domiciled RRGs	5. N - None of the above - Not allowed to write business in the state
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2. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)	5. Q - Qualified - Qualified or accredited reinsurer
3. D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile	6. 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

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
			Agency Operations							
			3 Direct Operations	4 Non-affiliated Agencies	5 Affiliated Agencies					

Detail Eliminated 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	XXX	XXX							
	XXX	XXX							

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG	4. O - Qualified - Qualified or accredited reinsurer
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3. R - Registered - Non-domiciled RRGs	

(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 State, Etc.	2 Active Status (a)	Direct Business Only							
		3 Accident & Health Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 CHIP Title XXI	7 Federal Employees Health Benefits Program Premiums	8 Life & Annuity Premiums & Other Considerations	9 Property/Casualty Premiums	10 Total Columns 2 Through 8	11 Deposit-Type Contracts



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 58003 plus 58998) (Line 58 above)	XXX									
	XXX									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	R - Registered - Non-domiciled RRGs.....
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2. R - Registered - Non-domiciled RRGs.....	5. N - None of the above - Not allowed to write business in the state.....
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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 States, Etc.	2 Active Status (a)	Direct Business Only				
		3 Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 Through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations			



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)	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)	XXX						

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QUARTERLY STATEMENT BLANK – PROPERTY

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

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		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 Eliminated to Conserve Space

DETAILS OF WRITE-INS	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
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:

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QUARTERLY STATEMENT BLANK – TITLE

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

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses and Allocated Loss Adjustment Expenses Paid (Deducting Salvage)		Direct Known Claim Reserve	
		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 Eliminated to Conserve Space

DETAILS OF WRITE-INS	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
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:

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