

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p align="right">DATE: _____</p> <p>CONTACT PERSON: <u>Eva Yeung</u></p> <p>TELEPHONE: <u>(816) 783- 8407</u></p> <p>EMAIL ADDRESS: <u>eveyung@naic.org</u></p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Tom Botsko</u></p> <p>TITLE: <u>Chair P/C RBC WG</u></p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p>	<p align="center">FOR NAIC USE ONLY</p> <p>Agenda Item # _____</p> <p>Year <u>2018</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</p> <hr/> <p align="center">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <hr/> <p align="center">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[] 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 type="checkbox"/> QUARTERLY STATEMENT | |
| <input checked="" type="checkbox"/> INSTRUCTIONS | <input checked="" type="checkbox"/> CROSSCHECKS | <input checked="" type="checkbox"/> BLANK |
| <input checked="" type="checkbox"/> Life and Accident & Health | <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Health |
| <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Fraternal | <input type="checkbox"/> Title |
| <input type="checkbox"/> Other Specify | | |

Anticipated Effective Date: Annual 2018

IDENTIFICATION OF ITEM(S) TO CHANGE

Modify the formulas and column description for Columns 60, 66, 72, 73 and 74 of Schedule F, Part 3. Modify the category line description and add a crosscheck for Lines 1499999, 2899999, 4299999, 4399999, 4499999 and 9999999. Add clarification to the instruction of the Special Code Column indicating "2" can be used in combination with "3" and "4". Life added due to Schedule F Part 2 in the worker's compensation carve-out supplement.

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

This proposal cleans up some issues that have come to light regarding General Interrogatories, Part 2, Question 17 reference to old Schedule F, Part 5, fixes some formulas and descriptions for a few columns on the blank for Schedule F, Part 3 and adds crosschecks to clarify what categories are included in certain total lines.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

Total Certified		
Affiliates		
U.S. Intercompany Pooling		2999999
U.S. Non-Pool		
Captive		3099999
Other		3199999
Total.....		3299999
Other (Non-U.S.)		
Captive		3399999
Other		3499999
Total.....		3599999
Total Certified – Affiliates		3699999
Other U.S. Unaffiliated Insurers.....		3799999
Pools		
Mandatory Pools* @		3899999
Voluntary Pools* %		3999999
Other Non-U.S. Insurers#		4099999
Protected Cells.....		4199999
Total Certified <u>Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)</u>		4299999
Total Authorized, Unauthorized and Certified <u>Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)</u>		4399999
Total Protected Cells <u>(Sum of 1399999, 2799999 and 4199999)</u>		4499999
Totals <u>(Sum of 4399999 and 4499999)</u>		9999999

- * – Pools and Associations consisting of affiliated companies should be listed by individual company names.
- @ – Include in Mandatory Pools all U.S. Government programs (e.g., National Flood Insurance, National Crop Insurance Corporation), all state residual market mechanisms, the Workers Compensation Reinsurance Pool, and the National Council on Compensation Insurance.
- % – Include in Voluntary Pools all pool participation that is voluntary on the part of the reporting entity. Include participation in any state program for which participation is not mandatory.
- # – Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”

Column 1 – ID Number

Enter one of the following as appropriate for the entity being reported on the schedule. See the Schedule F General Instructions for more information on these identification numbers.

- Federal Employer Identification Number (FEIN)
- Alien Insurer Identification Number (AIIN)
- Certified Reinsurer Identification Number (CRIN)
- Pool/Association Identification Number



Special Code “2” – Reinsurance Contracts Ceding 75% or More Direct Premiums Written

Each individual contract, except those listed below, which provides for the cession of 75% or more of direct premiums written under such cession during the year, should be identified by inserting a 2 in this column. The reinsurance transactions so identified shall include both treaty and facultative cessions of direct business written by the company.

Exclude: Intercompany reinsurance transactions with affiliates.

Reinsurance transactions involving any group, association, pool, or organization of insurers that engage in joint underwriting activities and which are subject to examination by any state regulatory authority or which operate pursuant to any state or federal statutory or administrative authorization.

Any reinsurance transaction in which the annual gross premium ceded is less than 5% of policyholder surplus.

Reinsurance transactions involving captive insurance companies.

Special Code “3” – Counterparty Reporting Exception for Asbestos and Pollution Contracts Under SSAP No. 62R—*Property Casualty Reinsurance*.

Each individual reinsurance contract meeting the counterparty reporting exception for asbestos and pollution contracts under SSAP No. 62R, paragraphs 66-68, should be identified by inserting a 3 in this column. This code should be inserted on the line for which the counterparty under the qualifying retroactive contract is reported. See SSAP No. 62R, paragraphs 66-68 for additional information and illustration.

Note If a reporting entity is approved for this exception, pursuant to SSAP No. 62R, the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts must be completed in order to continue to detail the reporting of original reinsurers that are aggregated for one line reporting.

Special Code “4” – Incurred but not Reported Losses on Contracts in Force Prior to July 1, 1984 that are Exempt from the Statutory Provision for Unauthorized Reinsurance

Each individual contract that is exempt from the statutory provision for unauthorized reinsurance should be identified by inserting a 4 in this column.

Note If the reporting entity reports any reinsurers with a code of 4, the reporting entity should provide answers to Question 17 of the General Interrogatories Part 2.

Special Code 4 can only be used for transactions reported in the Unauthorized Category Line Numbers.

Special Code “2” could be used in combination with “3” and “4”. When used in combination with “3” and “2”, “2” should come first (i.e., “23” and “2”).

Disclosure should be based on the aggregation of reinsurance by contract types for each reinsurer. Contracts not subject to special codes may be aggregated by category and by reinsurer and as provided in the instructions for parts 1 and 3. For example, all code 2 contracts should be listed separately but should be grouped together, etc. It is possible that a reinsurer may be listed more than once on a particular section of Schedule F.



Detail Eliminated To Conserve Space

Column 25 – Total Funds Held, Payables & Collateral

(Cols. 17 + 18 + 20 + 21 + 22 + 24; but not in excess of Col. 15), unless Col. 5 Special Code equals “4” then (Cols. 17 + 18 + 20 + 21 + 22 + 24; but not in excess of Col. 15- (Col. 11 +Col. 12))

Column 26 – Net Recoverables, Net of Funds Held & Collateral

(Col. 15 – 25) unless Col. 5 Special Code equals “4” then ((Col. 15 – (Col. 11 + Col. 12)) – Col. 25);

Ceded Reinsurance Credit Risk – Columns 28 Through 36

Only complete columns 28 through 36 for the following required groups, categories, or subcategories (Line Numbers); otherwise leave blank.

<u>Group or Category</u>	<u>Line Number</u>
Total Authorized	
Affiliates	
Other (Non-U.S.)	
Captive	0599999
Other	0699999
Total	0799999
Total Authorized – Affiliates	0899999
Other U.S. Unaffiliated Insurers.....	0999999
Pools	
Voluntary Pools*%	1199999
Other Non-U.S. Insurers#.....	1299999
Total Authorized <u>Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)</u>	1499999
Total Unauthorized	
Other (Non-U.S.)	
Captive	1999999
Other	2099999
Total	2199999
Total Unauthorized – Affiliates.....	2299999
Other U.S. Unaffiliated Insurers.....	2399999
Pools	
Voluntary Pools*%	2599999
Other Non-U.S. Insurers#.....	2699999
Total Unauthorized <u>Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)</u>	2899999
Total Certified	
Affiliates	
Other (Non-U.S.)	
Captive	3399999
Other	3499999
Total	3599999
Total Certified – Affiliates	3699999
Other U.S. Unaffiliated Insurers.....	3799999
Pools	
Voluntary Pools*%	3999999
Other Non-U.S. Insurers#.....	4099999
Total Certified <u>Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)</u> ..	4299999
Total Authorized, Unauthorized and Certified <u>Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)</u>	4399999
Totals <u>(Sum of 4399999 and 4499999)</u>	9999999



Detail Eliminated To Conserve Space

Provision for Certified Reinsurance – Columns 54 Through 69

NOTE: Columns 54 through 69 are to be completed by those reporting entities whose domiciliary state has enacted the *Credit for Reinsurance Model Law* (#785) and/or *Credit for Reinsurance Model Regulation* (#786) with the defined certified reinsurer provisions.

Only complete columns 54 through 69 for the following required groups, categories, or subcategories (Line Numbers); otherwise leave blank.

<u>Group or Category</u>	<u>Line Number</u>
Total Certified	
Affiliates	
U.S. Intercompany Pooling	2999999
U.S. Non-Pool	
Captive	3099999
Other	3199999
Total	3299999
Other (Non-U.S.)	
Captive	3399999
Other	3499999
Total	3599999
Total Certified – Affiliates	3699999
Other U.S. Unaffiliated Insurers	3799999
Pools	
Mandatory Pools* @	3899999
Voluntary Pools* %	3999999
Other Non-U.S. Insurers#	4099999
Protected Cells	4199999
Total Certified <u>Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)</u> ..	4299999
Total Authorized, Unauthorized and Certified <u>Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)</u>	4399999
Total Protected Cells <u>(Sum of 1399999, 2799999 and 4199999)</u>	4499999
Totals <u>(Sum of 4399999 and 4499999)</u>	9999999



Detail Eliminated To Conserve Space

Provision for Unauthorized Reinsurance – Columns 71 and 72

Only complete columns 71 and 72 for the following required groups, categories, or subcategories (Line Numbers); otherwise enter zero.

<u>Group or Category</u>	<u>Line Number</u>
Total Unauthorized	
Affiliates	
U.S. Intercompany Pooling	1599999
U.S. Non-Pool	
Captive	1699999
Other	1799999
Total	1899999
Other (Non-U.S.)	
Captive	1999999
Other	2099999
Total	2199999
Total Unauthorized – Affiliates	2299999
Other U.S. Unaffiliated Insurers	2399999
Pools	
Mandatory Pools*@	2499999
Voluntary Pools*%	2599999
Other Non-U.S. Insurers#	2699999
Protected Cells	2799999
Total Unauthorized <u>Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)</u>	2899999
Total Authorized, Unauthorized and Certified <u>Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)</u>	4399999
Total Protected Cells <u>(Sum of 1399999, 2799999 and 4199999)</u>	4499999
Totals <u>(Sum of 4399999 and 4499999)</u>	9999999

Provision for Overdue Authorized Reinsurance – Columns 73 and 74

Only complete columns 73 and 74 for the following required groups, categories, or subcategories (Line Numbers); otherwise enter zero.

<u>Group or Category</u>	<u>Line Number</u>
Total Authorized	
Affiliates	
U.S. Intercompany Pooling	0199999
U.S. Non-Pool	
Captive	0299999
Other	0399999
Total	0499999
Other (Non-U.S.)	
Captive	0599999
Other	0699999
Total	0799999
Total Authorized – Affiliates	0899999
Other U.S. Unaffiliated Insurers	0999999
Pools	
Mandatory Pools*@	1099999
Voluntary Pools*%	1199999
Other Non-U.S. Insurers#	1299999
Protected Cells	1399999
Total Authorized <u>Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)</u>	1499999
Total Protected Cells <u>(Sum of 1399999, 2799999 and 4199999)</u>	4499999
Totals <u>(Sum of 4399999 and 4499999)</u>	9999999

**SUPPLEMENTAL SCHEDULE FOR REINSURANCE COUNTERPARTY REPORTING EXCEPTION –
ASBESTOS AND POLLUTION CONTRACTS**

**DETAIL OF ORIGINAL REINSURERS AGGREGATED ON SCHEDULE F
AS OF DECEMBER 31, CURRENT YEAR**

Upon approval by the reporting entity’s domestic state insurance department, aggregation of individual reinsurers may also be allowed pursuant to the Counterparty Reporting Exception for Asbestos and Pollution Contracts under SSAP No. 62R—*Property Casualty Reinsurance*, paragraphs 66-68. Under this exception, a reporting entity may aggregate reinsurers into one line in Schedule F reflecting the retroactive counterparty under the retroactive agreement for the purposes of determining the Provision for Reinsurance regarding overdue amounts paid by the retroactive counterparty (both authorized and unauthorized). This exception would allow the Provision for Reinsurance to be reduced by reflecting that amounts have been recovered by the reporting entity under the duplicate coverage provided by the retroactive contract, and that inuring balances from the original contract(s) are payable to the retroactive counterparty. In addition, such approval would also permit the substitution of the retroactive counterparty for authorized original reinsurers without overdue balances for purposes of reporting on the primary section of the annual statement Schedule F. If a reporting entity is approved for this exception, pursuant to SSAP No. 62R, the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts must be completed in order to continue to detail the reporting of original reinsurers that are aggregated for one line reporting. This reporting decreases the provision of reinsurance liability for overdue on paid amounts related to a qualifying asbestos and pollution reinsurance contract.

With the approval of the reporting entity’s domestic state commissioner pursuant to the applicable state credit for reinsurance law regarding the use of other forms of collateral acceptable to the commissioner, the reporting entity shall present the amount of other approved security related to the retroactive reinsurance agreement as an “Other Allowed Offset Item” with respect to the uncollateralized amounts recoverable from unauthorized reinsurers for paid and unpaid losses and loss adjustment expenses under the original reinsurance contracts. Amounts approved as “Other Allowed Offset Items” shall be reflected as amounts recoverable from the retroactive counterparty and aggregated reporting described in paragraph 66 shall also be applied for unpaid losses and loss adjustment expenses under the original reinsurance contracts. The security applied as an “Other Allowed Offset Item” shall also be reflected in the designated sub-schedule. Such a prescribed or permitted variation from Appendix A-785 in the *Accounting Practices and Procedures Manual* would be disclosed in Annual Statement Note 1. In addition, Note 1 shall disclose as part of the total impact on the provision for reinsurance the impact on the overdue aspects of the calculation if the reporting entity also receives commissioner approval pursuant to paragraph 66 related to overdue paid amounts (both authorized and unauthorized). Reporting in Schedule F, Part 3 part 5 will be subject to the authorized status of the retroactive counterparty, but full reporting of each entity’s status is required in the sub schedule.

If a reporting entity has amounts reported for any of the following required groups, categories or subcategories, it shall report the subtotal amount of the corresponding group, category or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total or grand total line and number:

<u>Group or Category</u>	<u>Line Number</u>
Total Authorized	
Affiliates	
U.S. Intercompany Pooling	0199999
U.S. Non-Pool	
Captive	0299999
Other	0399999
Total	0499999
Other (Non-U.S.)	
Captive	0599999
Other	0699999
Total	0799999
Total Authorized – Affiliates	0899999
Other U.S. Unaffiliated Insurers	0999999
Pools	
Mandatory Pools*@	1099999
Voluntary Pools*%	1199999
Other Non-U.S. Insurers#	1299999
Protected Cells	1399999
Total Authorized <u>Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)</u>	1499999
Total Unauthorized	
Affiliates	
U.S. Intercompany Pooling	1599999
U.S. Non-Pool	
Captive	1699999
Other	1799999
Total	1899999
Other (Non-U.S.)	
Captive	1999999
Other	2099999
Total	2199999
Total Unauthorized – Affiliates	2299999
Other U.S. Unaffiliated Insurers	2399999
Pools	
Mandatory Pools*@	2499999
Voluntary Pools*%	2599999
Other Non-U.S. Insurers#	2699999
Protected Cells	2799999
Total Unauthorized <u>Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)</u>	2899999

Total Certified

Affiliates

U.S. Intercompany Pooling	2999999
U.S. Non-Pool	
Captive	3099999
Other	3199999
Total.....	3299999
Other (Non-U.S.)	
Captive	3399999
Other	3499999
Total.....	3599999
Total Certified – Affiliates	3699999
Other U.S. Unaffiliated Insurers.....	3799999
Pools	
Mandatory Pools* @	3899999
Voluntary Pools* %	3999999
Other Non-U.S. Insurers#	4099999
Protected Cells.....	4199999
Total Certified <u>Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)</u> ..	4299999
Total Authorized, Unauthorized and Certified <u>Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)</u>	4399999
Total Protected Cells <u>(Sum of 1399999, 2799999 and 4199999)</u>	4499999
Totals <u>(Sum of 4399999 and 4499999)</u>	9999999

- * – Pools and Associations consisting of affiliated companies should be listed by individual company names.
- @ – Include in Mandatory Pools all U.S. Government programs (e.g., National Flood Insurance, National Crop Insurance Corporation), all state residual market mechanisms, the Workers Compensation Reinsurance Pool, and the National Council on Compensation Insurance.
- % – Include in Voluntary Pools all pool participation that is voluntary on the part of the reporting entity. Include participation in any state program for which participation is not mandatory.
- # – Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”


Detail Eliminated To Conserve Space

ANNUAL STATEMENT INSTRUCTIONS – LIFE

WORKERS’ COMPENSATION CARVE-OUT SUPPLEMENT

The Workers’ Compensation Carve-out Supplement shall be completed by those reporting entities that assume or cede workers’ compensation carve-out business.

Workers’ compensation carve-out business is defined as reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers compensation insurance.



Detail Eliminated To Conserve Space

SCHEDULE F – PART 2

CEDED REINSURANCE

If a reporting entity has amounts reported for any of the following required groups, categories, or subcategories, it shall report the subtotal amount of the corresponding group, categories, or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total line and number.

<u>Group or Category</u>	<u>Line Number</u>
Total Authorized	
Affiliates	
U.S. Intercompany Pooling	0199999
U.S. Non-Pool	
Captive	0299999
Other	0399999
Total	0499999
Other (Non-U.S.)	
Captive	0599999
Other	0699999
Total	0799999
Total Authorized – Affiliates	0899999
Other U.S. Unaffiliated Insurers	0999999
Pools	
Mandatory Pools* @	1099999
Voluntary Pools* %	1199999
Other Non-U.S. Insurers#	1299999
Protected Cells	1399999
Total Authorized <u>Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)</u>	1499999
Total Unauthorized	
Affiliates	
U.S. Intercompany Pooling	1599999
U.S. Non-Pool	
Captive	1699999
Other	1799999
Total	1899999

Other (Non-U.S.)	
Captive	1999999
Other	2099999
Total	2199999
Total Unauthorized – Affiliates	2299999
Other U.S. Unaffiliated Insurers	2399999
Pools	
Mandatory Pools*@	2499999
Voluntary Pools*%	2599999
Other Non-U.S. Insurers#	2699999
Protected Cells	2799999
Total Unauthorized <u>Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)</u>	2899999
Total Certified	
Affiliates	
U.S. Intercompany Pooling	2999999
U.S. Non-Pool	
Captive	3099999
Other	3199999
Total	3299999
Other (Non-U.S.)	
Captive	3399999
Other	3499999
Total	3599999
Total Certified – Affiliates	3699999
Other U.S. Unaffiliated Insurers	3799999
Pools	
Mandatory Pools*@	3899999
Voluntary Pools*%	3999999
Other Non-U.S. Insurers#	4099999
Protected Cells	4199999
Total Certified <u>Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)</u>	4299999
Total Authorized, Unauthorized and Certified <u>Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)</u>	4399999
Total Protected Cells <u>(Sum of 1399999, 2799999 and 4199999)</u>	4499999
Totals <u>(Sum of 4399999 and 4499999)</u>	9999999

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”



Detail Eliminated To Conserve Space



ANNUAL STATEMENT BLANK – PROPERTY

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that ~~is exempt from the statutory provision for unauthorized reinsurance~~ ~~it excludes from Schedule F – Part 5.~~ Yes No

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from ~~the statutory provision for unauthorized reinsurance~~ ~~inclusion in Schedule F – Part 5.~~ Provide the following information for this exemption:

- 17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 ~~exempt from the statutory provision for unauthorized reinsurance~~ ~~excluded from Schedule F – Part 5~~ \$ _____
- 17.12 Unfunded portion of Interrogatory 17.11 \$ _____
- 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 \$ _____
- 17.14 Case reserves portion of Interrogatory 17.11 \$ _____
- 17.15 Incurred but not reported portion of Interrogatory 17.11 \$ _____
- 17.16 Unearned premium portion of Interrogatory 17.11 \$ _____
- 17.17 Contingent commission portion of Interrogatory 17.11 \$ _____

~~Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.~~

- ~~17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5~~ \$ _____
- ~~17.19 Unfunded portion of Interrogatory 17.18~~ \$ _____
- ~~17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18~~ \$ _____
- ~~17.21 Case reserves portion of Interrogatory 17.18~~ \$ _____
- ~~17.22 Incurred but not reported portion of Interrogatory 17.18~~ \$ _____
- ~~17.23 Unearned premium portion of Interrogatory 17.18~~ \$ _____
- ~~17.24 Contingent commission portion of Interrogatory 17.18~~ \$ _____

- 18.1 Do you act as a custodian for health savings accounts? Yes No
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ _____
- 18.3 Do you act as an administrator for health savings accounts? Yes No
- 18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ _____
- 19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes No
- 19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes No

DRAFTING NOTE: As General Interrogatory question 17.18 is not being used by any filers, this interrogatory and its provisions are proposed for deletion. Research did not point to any specific instructions identifying what the other amounts would be.

SCHEDULE F – PART 3 (Continued)
 Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
 (Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 – 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 – 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 – 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46 + 48))	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37	Overdue				43											
		Current	38 1 – 29 Days	39 30 – 90 Days	40 91 – 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38 + 39 + 40 + 41											Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)
.....
9999999 Totals																	XXX	

Detail Eliminated To Conserve Space

9999999 Totals																	XXX
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SCHEDULE F – PART 3 (Continued)
 Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
 (Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance														69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0					
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 25-20 + Col. 21 + Col. 22 + Col. 24/ Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 25-20 + Col. 21 + Col. 22 + Col. 24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)		20% of Amount in Col. 67		
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9999999 Totals																			

Detail Eliminated To Conserve Space

9999999 Totals																
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SCHEDULE F – PART 3 (Continued)
 Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
 (Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance					
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers <u>and Amounts in Dispute</u> (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute (Col. 47 * 20%) + [Col. 46-45 * 20%]	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of <u>20% of Net Recoverable Net of Funds Held & Collateral</u> , or <u>20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due</u> (Greater of Col 26 * <u>20%</u> or Cols. [40 + 41] * <u>20%</u>)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)		
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9999999 Totals												

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