Comments should be submitted on or before

June 8, 2015

Please send comments to:

Mary Caswell at mcaswell@naic.org
and
Calvin Ferguson at cferguson@naic.org
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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<table>
<thead>
<tr>
<th>DATE: 02/27/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT PERSON: Sara Robben</td>
</tr>
<tr>
<td>TELEPHONE: 816-783-8230</td>
</tr>
<tr>
<td>EMAIL ADDRESS: <a href="mailto:srobben@naic.org">srobben@naic.org</a></td>
</tr>
<tr>
<td>ON BEHALF OF: Commissioner Mike Chaney</td>
</tr>
<tr>
<td>TITLE: Property and Casualty Insurance (C) Committee</td>
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<tr>
<td>AFFILIATION: Mississippi Department of Insurance</td>
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FOR NAIC USE ONLY

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<tr>
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DISPOSITION

[ ] Rejected For Public Comment
[ ] Referred To Another NAIC Group
[ X ] Received For Public Comment
[ ] Adopted Date ____________
[ ] Rejected Date ____________
[ ] Deferred Date ____________
[ ] Other (Specify) ____________

BLANK(S) TO WHICH PROPOSAL APPLIES

[ X ] ANNUAL STATEMENT  [ ] QUARTERLY STATEMENT  [ X ] BLANK
[ X ] INSTRUCTIONS  [ ] CROSSCHECKS
[ ] Life and Accident & Health  [ X ] Property/Casualty  [ ] Health
[ ] Separate Accounts  [ ] Fraternal  [ ] Title
[ ] Other Specify

Anticipated Effective Date: Annual 2015

IDENTIFICATION OF ITEM(S) TO CHANGE

Add a new supplement to collect data on Cybersecurity Insurance. Add this supplement to the list of supplements to be filed on the Supplemental Exhibits and Schedules Interrogatories.

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

The supplement is being added to obtain cybersecurity insurance data to assist the Cybersecurity (EX) Task Force in their charge of advising, reporting and making recommendations to the Executive (EX) Committee on cybersecurity issues.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: ____________

Other Comments: ____________

** This section must be completed on all forms. Revised 6/13/2009

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CYBERSECURITY AND IDENTITY THEFT INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 20__
(To Be Filed by April 1)

NAIC Group Code ................................ NAIC Company Code .................

Company Name ....................................................................................................

If the reporting entity writes any standalone cybersecurity insurance coverage, please provide the following:

1. Standalone Cybersecurity Insurance Policies

<table>
<thead>
<tr>
<th>Number of Claims Reported</th>
<th>Direct Premiums</th>
<th>Direct Losses</th>
<th>Adjusting and Other Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First Party</td>
<td>2 Written</td>
<td>3 Earned</td>
<td>5 Paid</td>
</tr>
<tr>
<td>3 Paid</td>
<td>5 Incurred</td>
<td>5 Paid</td>
<td>5 Incurred</td>
</tr>
</tbody>
</table>

Direct Defense and Cost Containment

<table>
<thead>
<tr>
<th>9 Paid</th>
<th>10 Incurred</th>
</tr>
</thead>
</table>

1.1 What is the range of the limits offered for the standalone policy? $__________ to $__________

If the reporting entity writes any standalone identity theft insurance coverage, please provide the following:

2. Standalone Identity Theft Insurance Policies

<table>
<thead>
<tr>
<th>Number of Claims Reported</th>
<th>Direct Premiums</th>
<th>Direct Losses</th>
<th>Adjusting and Other Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First Party</td>
<td>2 Written</td>
<td>3 Earned</td>
<td>5 Paid</td>
</tr>
<tr>
<td>3 Paid</td>
<td>5 Incurred</td>
<td>5 Paid</td>
<td>5 Incurred</td>
</tr>
</tbody>
</table>

Direct Defense and Cost Containment

<table>
<thead>
<tr>
<th>9 Paid</th>
<th>10 Incurred</th>
</tr>
</thead>
</table>

If the reporting entity writes any cybersecurity insurance coverage that is part of a package policy, please provide the following:

2.1 Cybersecurity insurance that is part of a package policy Commercial Multiple Peril Package Policies

2.1 Does the reporting entity provide cybersecurity coverage as part of a package policy? Yes [ ] No [ ]

2.2 If the answer to 2.1 is yes, please provide the following:

<table>
<thead>
<tr>
<th>Number of Claims Reported</th>
<th>Direct Premiums</th>
<th>Direct Losses</th>
<th>Adjusting and Other Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First Party</td>
<td>2 Written</td>
<td>3 Earned</td>
<td>5 Paid</td>
</tr>
<tr>
<td>3 Paid</td>
<td>5 Incurred</td>
<td>5 Paid</td>
<td>5 Incurred</td>
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</tbody>
</table>

Direct Defense and Cost Containment

<table>
<thead>
<tr>
<th>9 Paid</th>
<th>10 Incurred</th>
</tr>
</thead>
</table>

2.3 If the answer to 2.1 is no, please fully explain why the insurer cannot quantify or estimate direct premiums earned:

..................................................................................................................................................................................................................................................
..................................................................................................................................................................................................................................................

© 2015 National Association of Insurance Commissioners 106
If the answer to question 2.33.1 is yes, provide the quantified or estimated direct premiums written and direct premium earned amount for cybersecurity insurance included in package policies.

<table>
<thead>
<tr>
<th>Cybersecurity Insurance</th>
<th>Cybersecurity Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Premiums Written</td>
<td>Direct Premiums Earned</td>
</tr>
<tr>
<td>2.43.21 Amount quantified:</td>
<td>$______________ $______________</td>
</tr>
<tr>
<td>2.43.22 Amount estimated using reasonable assumptions:</td>
<td>$______________ $______________</td>
</tr>
</tbody>
</table>

What is the range of limits offered for the cybersecurity policies?
$______________ to $______________

If the liability portion of a cybersecurity policy is a Claims Made policy, is an extended reporting endorsement (tail coverage) offered? Yes [ ] No [ ]

If tail coverage is offered, what is the range of the limits offered?
$______________ to $______________

If the reporting entity writes any identity theft insurance coverage that is part of a package policy, please provide the following:

<table>
<thead>
<tr>
<th>Identity Theft Insurance</th>
<th>Identity Theft Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Premiums Written</td>
<td>Direct Premiums Earned</td>
</tr>
<tr>
<td>4.11 Amount quantified:</td>
<td>$______________ $______________</td>
</tr>
<tr>
<td>4.12 Amount estimated using reasonable assumptions:</td>
<td>$______________ $______________</td>
</tr>
</tbody>
</table>

Can the direct premium earned for the identity theft coverage provided as part of a package policy be quantified or estimated? Yes [ ] No [ ]

If the answer to 4.1 is no, please fully explain why the insurer cannot quantify or estimate direct premiums earned:
....................................................................................................................................................................................................................................................
....................................................................................................................................................................................................................................................
....................................................................................................................................................................................................................................................

If the answer to question 4.1 is yes, provide the quantified or estimated direct premiums written and direct premium earned amount for identity theft insurance included in package policies.

<table>
<thead>
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<th>Identity Theft Insurance</th>
<th>Identity Theft Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Premiums Written</td>
<td>Direct Premiums Earned</td>
</tr>
<tr>
<td>4.21 Amount quantified:</td>
<td>$______________ $______________</td>
</tr>
<tr>
<td>4.22 Amount estimated using reasonable assumptions:</td>
<td>$______________ $______________</td>
</tr>
</tbody>
</table>
This supplement should be completed by those reporting entities including surplus line insurers and Risk Retention Groups that provide cybersecurity insurance and identity theft insurance in a standalone policy or as part of a "commercial multiple peril" package policy. The supplement should be reported on a direct basis (before assumed and ceded reinsurance).

"Cybersecurity Insurance"

For the purposes of this reporting form, cybersecurity insurance applies to commercial insurance through a single policy or multi-peril coverage part solely intended to assist in helping manage risks associated with exposures arising out of network intrusions and improper handling of electronic data, including data such as personally identifiable information and other sensitive information in electronic form. The risks covered may include one or more of the following:

- Identity theft as a result of privacy violations and security breaches where sensitive information is stolen by an unauthorized person or inadvertently disclosed and includes identity restoration costs;
- Business interruption and extra expense from an unauthorized person preventing access to the internet, policyholder's website, or other parts of the policyholder's network;
- Costs associated with restoring data from electronic or paper records that have been damaged by an unauthorized person;
- Costs related to a data breach such as forensic investigations, legal advice, public relations, notification, and regulatory expenses;
- Exposure arising out of theft or loss of client's or customer's digital assets;
- Introduction of malware, worms and other malicious computer code to third parties;
- Cyber extortion against the policyholder; or
- Liability and damages resulting from network failures.

"Identity Theft Insurance"

For the purposes of this reporting form, identity theft insurance applies to personal lines insurance through a single policy or as part of another personal lines coverage that covers only identity theft and identity theft restoration.

Coverage for damages arising out of unauthorized use of, or unauthorized access to, electronic data or software within your network or business.

Line 1 – For standalone cybersecurity insurance policies, please provide the number of first-party claims reported (by incident); number of third-party claims reported (by incident); direct premiums; direct losses; adjusting and other expenses; and defense and cost containment expenses for standalone policies are to be reported before reinsurance for columns 1 through 610.

For columns 711 and 812, provide the number of in force standalone policies that are claims made vs. occurrence.
Line 1.1 — Provide the range of the limits offered for standalone policies.

Line 2 — For standalone identity theft insurance policies, please provide the number of identity theft claims reported (by incident); direct premiums; losses; adjusting and other expenses; and defense and cost containment 1 through 9.

Line 2.2 — Direct losses and defense and cost containment expenses for commercial multiple peril package policies are to be reported before reinsurance for Columns 1 through 4. For Columns 5 and 6, provide the number of in force multiple peril policies containing cybersecurity coverage that are claims made vs. occurrence.

Line 2.4 — If the answer to 2.3 is “yes,” provide the amount of direct premium earned (qualified or estimated) for cybersecurity coverage included in package policies before reinsurance.

Line 2.5 — Provide the range of limits offered for the commercial multiple peril package cybersecurity policies.

Line 3 — For cybersecurity insurance that is part of a package policy, please provide the number of first-party claims reported (by incident); the number of third party claims reported (by incident); direct losses; adjusting and other expenses; and direct defense and cost containment expenses Columns 1 through 8. For Columns 9 and 10, provide the number of policies in force for package policies containing cybersecurity coverage.

Line 3.11 — If the answer to 3.1 is “no,” please provide the reason.

Line 3.21 & 3.22 — If the answer to 3.1 is “yes,” provide the amount of direct premiums written and direct premiums earned (qualified and/or estimated) for cybersecurity insurance included in package policies before reinsurance.

Line 3.1 — If the answer to 3 is yes, provide the range of limits offered for tail coverage.

Line 4 — For identity theft insurance that is part of a package policy, please provide the number of claims reported (by incident); direct losses; adjusting and other expenses; and direct defense and cost containment expenses Columns 1 through 7 should be before reinsurance. For Column 8, provide the number of policies in force for package policies containing identity theft coverage.

Line 4.11 — If the answer to 4.1 is “no,” please provide the reason.

Line 4.21 & 4.22 — If the answer to 4.1 is “yes,” provide the amount of direct premiums written and direct premiums earned (qualified and/or estimated) for identity theft insurance included in package policies before reinsurance.

Note: Lines 1 and 3 apply to commercial lines. Lines 2 and 4 apply to personal lines.
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a “NONE!” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will an actuarial opinion be filed by March 1?

2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?

14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?

16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?

17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?

18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?

19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?

21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?

22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?

23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?

24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

25. Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

26. Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

27. Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

APRIL FILING

28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?

29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

32. Will the regulator only (non-public) Supplemental Health Care Exhibit’s Allocation Report be filed with the state of domicile and the NAIC by April 1?

33. Will the Cybersecurity Insurance and Identity Theft Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

AUGUST FILING

333. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Explanation:

Bar Code:

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

DATE: 05/20/2015

CONTACT PERSON: ____________________________

TELEPHONE: ____________________________

EMAIL ADDRESS: ____________________________

ON BEHALF OF: ____________________________

NAME: Cindy Donovan

TITLE: Deputy Commissioner, Financial Operations

AFFILIATION: Indiana Department of Insurance

ADDRESS: 311 W. Washington St., Ste. 103
Indianapolis, IN 46204-2787

FOR NAIC USE ONLY

Agenda Item # 2015-19BWG
Year 2015

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
[ ] Adopted Date __________________
[ ] Rejected Date __________________
[ ] Deferred Date __________________
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[ ] CROSSCHECKS
[ ] BLANK

[ X ] Life and Accident & Health
[ X ] Property/Casualty
[ X ] Health
[ ] Separate Accounts
[ ] Fraternal
[ ] Title
[ ] Other Specify

Anticipated Effective Date: Annual 2015

IDENTIFICATION OF ITEM(S) TO CHANGE

Add a reference to the Cautionary Statement to be posted to the Blanks Working Group web page in the header of the Supplemental Health Care Exhibit, Part 1 blank page; the first paragraph of the General Instructions for Parts 1, 2 and 3; and the header of the instructions for Part 1.

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

The purpose of this proposal is to add a reference to the Cautionary Statement to be posted to the Blanks Working Group web page in the Supplemental Health Care Exhibit blank and instructions.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date:

Other Comments:

** This section must be completed on all forms.

Revised 6/13/2009

© 2015 National Association of Insurance Commissioners 183
The purpose of this supplemental exhibit is to assist state and federal regulators in identifying and defining elements that make up the medical loss ratio as described in Section 2718(b) of the Public Health Service Act (PHSA) and for purposes of submitting a report to the HHS Secretary, as required by Section 2718(a) of the PHSA. The supplemental exhibit is also intended to track and compare financial results of health care business as reported in the annual financial statements. Thus, the numbers included in this supplemental exhibit are not the exact numbers that will be utilized for rebate purposes due to possible revisions for claim reserve run-off subsequent to year-end, statistical credibility concerns and other defined adjustments. (See Cautionary Statement at http://www.naic.org/committees_e_app_blanks.htm)
### ANNUAL STATEMENT BLANK – LIFE, HEALTH, PROPERTY AND FRATERNAL

**SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1**

(To Be Filed By April 1 – Not for Rebate Purposes – See Cautionary Statement at http://www.naic.org/committees_e_app_blanks.htm)

**REPORT FOR: 1. CORPORATION**

**LOCATION**

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<thead>
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<th>NAIC Group Code</th>
<th>BUSINESS IN THE STATE OF</th>
<th>DURING THE YEAR</th>
<th>NAIC Company Code</th>
</tr>
</thead>
</table>

#### 1. Premiums

1.1 Health premiums earned (From Part 2, Line 1.11)...........................................................................
1.2 Federal high risk pools ..............................................................................................................
1.3 State high risk pools ..................................................................................................................
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3 + 1.4)
1.5 Federal taxes and federal assessments .......................................................................................  
1.6 State insurance, premium and other taxes (Similar local taxes of $__________)...................
1.7 Community Benefit Expenditures (informational only) ..............................................................
1.8 Adjusted premiums earned (Lines 1.4 - 1.5 - 1.6 - 1.7) ..............................................................
1.9 Net assumed risk ceded, reinsurance premiums earned ............................................................
1.10 Other adjustments due to MLR calculations – Premiums .........................................................
1.11 Risk reserve .............................................................................................................................
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)

#### 2. Claims

2.1 Incurred claims excluding prescription drugs ............................................................................
2.2 Prescription drugs .....................................................................................................................
2.3 Pharmacy and vendor .............................................................................................................
2.4 Statutory loss, market stabilization and claim/reimbursement assessments (informational only)...

#### 3. Incurred medical expense and benefits

3.1 Incurred medical expense and benefits .....................................................................................

#### 4. Deductible/Stop Loss/Out-of-Pocket/Recovery Expenses (for MLR use only)

4.1 Total incurred claims (Lines 2.1 + 2.2 + 2.3 + 2.4 + 2.5).........................................................
4.2 Net assumed risk ceded, reinsurance claims incurred ...............................................................  
4.3 Other adjustments due to MLR calculations – Claims ..............................................................
4.4 Rebates paid .............................................................................................................................
4.5 Estimated rebates unpaid prior year .........................................................................................
4.6 Fee for service and capitation revenue ......................................................................................
4.7 Net incurred claims after reinsurance (Lines 3.1 + 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6).........

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**Detail Eliminated To Conserve Space**

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

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<tr>
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<td>Modifies Required Disclosure [ ]</td>
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</table>

| NAME: Max McGee |
| TITLE: Accounting Consultant for AHIP |
| AFFILIATION: America’s Health Insurance Plans |
| ADDRESS: 601 Pennsylvania Avenue |
| Washington, DC 20004 |

<table>
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</tbody>
</table>

Anticipated Effective Date: Annual 2015

IDENTIFICATION OF ITEM(S) TO CHANGE

Add instructions to the Supplemental Health Care Exhibit Part 2 to clarify the reporting for retrospectively rated contracts.

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

See next page for details.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date:

Other Comments:

** This section must be completed on all forms. Revised 6/13/2009
The lack of clear instructions has lead to inconsistencies in reporting. Enclosed are proposed changes intended to provide clarifications for the SHCE lines 1.5-1.8 (regarding rate credits), to provide for consistency in reporting through clear instructions. Current SHCE instructions are silent with regard to the data to report in Part 2 of the SHCE, which may result in inconsistent reporting by carriers, who will make their own assumptions on the which line to report certain credits on.

This was highlighted during carriers’ review of the IRS draft guidance and instructions for the reporting of net written premium on IRS Form 8963*. Those instructions indicate a primary source of data for determining direct premiums written begins with Part 2 of the SHCE (Line 1.1 Direct Premiums Written). AHIP thus proposes draft changes to the SHCE instructions to encourage consistency of reporting in the SHCE reporting form. Attached are the IRS proposed Issuer Fee Tax Instructions to Form 8963.

* IRS Form 8963 is to be used to report net premiums written for health insurance of United States health risks. The information will be used by the IRS to calculate the annual fee on health insurance providers. The fee is imposed by Public Law 111-148, Patient Protection and Affordable Care Act (PPACA) section 9010, as amended by PPACA section 10905, and as further amended by Public Law 111-152, Health Care and Education Reconciliation Act of 2010 section 1406 (collectively the “ACA”).
ANNUAL STATEMENT INSTRUCTIONS – LIFE, HEALTH, PROPERTY AND FRATERNAL

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2

Lines 1.1 – Direct Premiums Written

Include: Premium adjustments for contracts subject to redetermination where premium adjustments are based on the risk scores (health status) of covered enrollees, rather than the actual loss experience of the policy (examples: Medicare Advantage risk adjustment and ACA risk adjustment). See SSAP No. 54, Individual and Group Accident and Health Contracts and SSAP No. 107, Accounting for the Risk-Sharing Provision of the Affordable Care Act for accounting guidance.

Exclude: Amounts for rate credits paid. Premium adjustments related to retrospectively rated contracts are reported on Part 2 Lines 1.5 through 1.8.

Line 1.5 – Paid Rate Credits

Report experience rated premium refunds paid or received during the reporting year for retrospectively rated contracts.

Include: MLR rebates paid, risk corridor premiums paid or received, and all other premium refunds paid or received related to retrospectively rated contracts. See SSAP No. 66, Retrospectively Rated Contracts and SSAP No. 107, Accounting for the Risk-Sharing Provision of the Affordable Care Act for accounting guidance.

Line 1.6 – Reserve for Rate Credits Current Year

Report experience rated refund liabilities less receivables under retrospectively rated contracts.

Include: MLR rebates accrued, premium stabilization reserves, and risk corridor liabilities less receivables.

Line 1.15 – Other Adjustments Due to MLR Calculation – Premiums

Include: Any amounts excluded from premium for MLR calculation purposes that are normally included in premiums for financial statement purposes.

Do not include MLR rebates or any other premium adjustment related to retrospectively rated contracts as those amounts are to be reported on Part 2 Lines 1.5 through 1.8.
Line 2.8 – Paid Rate Credits

Report experience rated premium refunds paid or received during the reporting year for retrospectively rated contracts.

Include MLR rebates paid, risk corridor premiums paid or received, and all other premium refunds paid or received related to retrospectively rated contracts.

Line 2.9 – Reserve for Rate Credits Current Year

Report experience rated refund liabilities less receivables under retrospectively rated contracts.

Include MLR rebates accrued, premium stabilization reserves, and risk corridor liabilities less receivables.

Detail Eliminated To Conserve Space

Line 2.19 – Other Adjustments Due to MLR Calculation – Claims

Include: Any amounts excluded from claims for MLR calculation purposes that are normally included in claims for financial statement purposes. For example, premium deficiency reserves are excluded from contract reserves for MLR purposes in Part 2; thus, premium deficiency reserves would be included on this Line. Include the adjustment for multi-option coverage amounts (if offsetting line 2.14, report as a negative amount).

Do not include MLR rebates or any other premium adjustment related to retrospectively rated contracts as those amounts are to be reported on Part 2 Lines 2.8 through 2.10.

Detail Eliminated To Conserve Space

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

DATE: 05/20/2015

CONTACT PERSON:

TELEPHONE:

EMAIL ADDRESS:

ON BEHALF OF:

NAME: Kevin Dyke
TITLE: Chair of Health Care Reform Actuarial WG
AFFILIATION:
ADDRESS: P.O. Box 30220
Lansing, MI 48909-7720

FOR NAIC USE ONLY

Agenda Item # 2015-21BWG
Year 2015
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
[ ] Adopted Date ____________
[ ] Rejected Date ____________
[ ] Deferred Date ____________
[ ] Other (Specify) ____________

BLANK(S) TO WHICH PROPOSAL APPLIES

[ X ] ANNUAL STATEMENT
[ X ] INSTRUCTIONS
[ ] QUARTERLY STATEMENT
[ ] CROSSCHECKS

[ X ] Life and Accident & Health
[ X ] Property/Casualty
[ X ] Health

[ ] Separate Accounts
[ ] Fraternal
[ ] Title
[ ] Other Specify

Anticipated Effective Date: Annual 2015

IDENTIFICATION OF ITEM(S) TO CHANGE

Add new table to the Supplemental Health Care Exhibit, Part 1 to capture 3R’s receivables, payables and receipts by state for individual and small group plans. Lines 6 through 9 of Part 1 will be moved from the second page of the exhibit to the first page to allow room for the new table on the second page.

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

The purpose of this proposal is to provide regulators with information on receivables and payables for the 3R’s on a state basis for individual and small group plans reported on the Supplemental Health Care Exhibit.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date:

Other Comments:

** This section must be completed on all forms.

Revised 6/13/2009

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Drafting Note: Lines 6 through 9 were moved from the second page of Part 1 to the first page to make room for the new table being added to Part 1.
## SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 1 (Continued)
(To Be Filed By April 1 – Not for Rebate Purposes)

### OTHER INDICATORS:

- **ICD**
- **Underwriting Gain/(Loss)** (Lines 10.12)
- **Total general and administrative (Line 10.1 + 10.2 + 10.3 + 10.4)**

### AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES, AND PAYABLES:

#### ACA Receivables and Payables

| Line | Description | Amount
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Premium adjustments receivable</td>
<td>XXX</td>
</tr>
<tr>
<td>3.2</td>
<td>Premium adjustments payable</td>
<td>XXX</td>
</tr>
<tr>
<td>3.3</td>
<td>Accumulated receivable for(Bundle)</td>
<td>XXX</td>
</tr>
<tr>
<td>3.4</td>
<td>Amounts receivable for claims paid</td>
<td>XXX</td>
</tr>
<tr>
<td>3.5</td>
<td>Total amounts receivable for claims</td>
<td>XXX</td>
</tr>
</tbody>
</table>

#### ACA Receipts and Payments

| Line | Description | Amount
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Premium adjustments receivable</td>
<td>XXX</td>
</tr>
<tr>
<td>4.2</td>
<td>Premium adjustments payable</td>
<td>XXX</td>
</tr>
<tr>
<td>4.3</td>
<td>Accumulated receivable for(Bundle)</td>
<td>XXX</td>
</tr>
<tr>
<td>4.4</td>
<td>Amounts receivable for claims</td>
<td>XXX</td>
</tr>
<tr>
<td>4.5</td>
<td>Total amounts receivable for claims</td>
<td>XXX</td>
</tr>
</tbody>
</table>

### Is run-off business reported in Columns 1 through 9? 
---
- Yes [ ]
- No [ ]

If yes, show the amount of premiums and claims included:

- Premiums $ __________
- Claims $ __________
### Federal Taxes and Federal Assessments

Refer to SSAP No. 101, Income Taxes—a Replacement of SSAP No. 10R and SSAP No. 10, for “current income taxes incurred.”

Include:

- All federal taxes and assessments allocated to health insurance coverage reported under Section 2718 of the Public Health Service Act. Risk adjustment user fees shall be treated as government assessments.
- Federal reinsurance contributions required under Section 1341 of the Affordable Care Act, including the assessments payable for administration expenses and U.S. Treasury assessments.

### OTHER INDICATORS

These should be allocated to jurisdictions in the same manner as premium.

**Line 1** — Number of Certificates / Policies

This is the number of individual policies (for individual business) or certificates issued to individuals covered under a group policy in force as of end of the reporting period. It is not the number of persons covered under individual policies or group certificates. Reasonable approximations are allowed when exact information is not administratively available to the insurer.

Column 15 should equal Accident and Health Policy Experience Exhibit Column 5, Line D2 – D1.

**Line 2** — Number of Covered Lives

This is the total number of lives insured, including dependents, under individual policies and group certificates as of the reporting period. Reasonable approximations are allowed when exact information is not administratively available to the insurer.

Column 15 should equal Accident and Health Policy Experience Exhibit Column 6, Line D2 – D1.

**Line 3** — Number of Groups

This is the total number of insurance groups issued as of the end of the reporting period.

**Line 4** — Member Months

The sum of total number of lives insured on a pre-specified day of each month of the reported period. Reasonable approximations are allowed when exact information is not administratively available to the insurer.

Column 15 should equal Accident and Health Policy Experience Exhibit Column 7, Line D2 – D1.
### ACA RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES TABLE

#### Permanent ACA Risk Adjustment Program

The amounts from the lines below for Column 1, Individual Plans and Column 2 Small Group Employer Plans are included in the amount reported on Line 1.1 of Part 2:

- **Line 1.1** Premium adjustments receivable
- **Line 1.2** Premium adjustments payable
- **Line 4.1** Premium adjustments receipts
- **Line 4.2** Premium adjustments payments

#### Transitional ACA Reinsurance Program

The amounts from the lines below for Column 1, Individual Plans are included in the amount reported on Line 2.17 and Line 2.18 of Part 2:

- **Line 2.1** Amounts recoverable for claims paid
- **Line 2.2** Amounts recoverable for claims unpaid
- **Line 2.3** Total amounts recoverable for claims
- **Line 5.0** Amounts received for claims

#### Temporary ACA Risk Corridors Program

The amounts from the lines below for Column 1, Individual Plans and Column 2 Small Group Employer Plans are included in the amount reported on Line 1.6 of Part 2:

- **Line 3.1** Accrued retrospective premium for 2014
- **Line 3.2** Accrued retrospective premium for 2015
- **Line 3.3** Accrued retrospective premium for 2016
- **Line 3.4** Accrued retrospective premium (3.1 + 3.2 + 3.3)
- **Line 3.5** Reserve for rate credits or policy experience refunds

The amounts from the lines below for Column 1, Individual Plans and Column 2 Small Group Employer Plans are included in the amount reported on Line 1.5 of Part 2:

- **Line 6.1** Retrospective premium received for 2014
- **Line 6.2** Retrospective premium received for 2015
- **Line 6.3** Retrospective premium received for 2016
- **Line 6.4** Rate credits or policy experience refunds paid
Lines 1.1 – Direct Premiums Written
Exclude: Amounts for rate credits paid.

Line 1.9 – Premium Balances Written Off
Include: Agents’ or premium balances determined to be uncollectible and written off as losses. Also include recoveries during the current year on balances previously written off. Include actual write offs, not reserves for bad debt or statutory nonadmitted amounts.

Line 1.10 – Group Conversion Charges
If Line 1.1 has been reduced or increased by the amount of any conversion charges associated with group conversion privileges between group and individual lines of business in the annual statement accounting, enter the reverse of these charges on this line in the appropriate columns.

Line 1.11 – Total Direct Health Premiums Earned
Include: Direct written premium plus the change in unearned premium reserves.

Line 1.12 – Assumed Premium Earned from Non-affiliates
Include: Assessments payable for reinsurance for individual insured issuers per SSAP No. 107, Accounting for the Risk-sharing Provisions of the Affordable Care Act.

Line 1.13 – Net Assumed Less Ceded Premiums Earned from Affiliates
Include: Assessments payable for reinsurance for individual insured issuers per SSAP No. 107, Accounting for the Risk-sharing Provisions of the Affordable Care Act.

Line 1.14 – Ceded Premium Earned to Non-affiliates
Include: Assessments payable for reinsurance for individual insured issuers per SSAP No. 107, Accounting for the Risk-sharing Provisions of the Affordable Care Act.

Line 1.15 – Other Adjustments Due to MLR Calculation – Premiums
Include: Any amounts excluded from premium for MLR calculation purposes that are normally included in premiums for financial statement purposes.

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