

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p align="right">DATE: <u>02/14/2018</u></p> <p>CONTACT PERSON: <u>Bruce Jenson</u></p> <p>TELEPHONE: <u>(816) 783-8348</u></p> <p>EMAIL ADDRESS: <u>BJenson@naic.org</u></p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Tish Becker</u></p> <p>TITLE: <u>Chief Financial Analyst</u></p> <p>AFFILIATION: <u>Kansas Insurance Department</u></p> <p>ADDRESS: <u>420 S.W. 9th St.</u> <u>Topeka, KS 66612-1678</u></p>	<p align="center">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2018-04BWWG MOD</u></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>[X] Adopted Date <u>06/12/2018</u></p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

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| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input type="checkbox"/> QUARTERLY STATEMENT | |
| <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS | <input checked="" type="checkbox"/> BLANK |
| <input checked="" type="checkbox"/> Life and Accident & Health | <input type="checkbox"/> Property/Casualty | <input checked="" type="checkbox"/> Health |
| <input type="checkbox"/> Separate Accounts | <input checked="" type="checkbox"/> Fraternal | <input type="checkbox"/> Title |
| <input type="checkbox"/> Other Specify _____ | | |

Anticipated Effective Date: Annual 2018

IDENTIFICATION OF ITEM(S) TO CHANGE

Remove the reference to LTC from the Type of Reinsurance Assumed and Type of Reinsurance Ceded columns for Schedule S, Part 1, Section 2 and Schedule S, Part 3, Section 2. Remove then GMDB, GMDBFW, ADB, DIS and the annuity specific references from Schedule S, Part 1, Section 1 and Schedule S, Part 3, Section 1. Add a Type of Business Assumed column to Schedule S, Part 1, Sections 1 and 2.

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

Align the Life and Annuities types of reinsurance to be consistent between ceding and assuming schedules and further align the health types of reinsurance to be consistent with that which is more common and meaningful on such business to the regulator.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – LIFE

SCHEDULE S – PART 1 – SECTION 1

REINSURANCE ASSUMED LIFE INSURANCE, ANNUITIES, DEPOSIT FUNDS AND OTHER LIABILITIES WITHOUT LIFE OR DISABILITY CONTINGENCIES, AND RELATED BENEFITS LISTED BY REINSURED COMPANY AS OF DECEMBER 31, CURRENT YEAR



Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Assumed

Use the following abbreviations to identify the plan and type of reinsurance. For example, group coinsurance with funds withheld should be identified as COFW/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

CO	Coinsurance	ACO	Annuity coinsurance
COFW	Coinsurance with funds withheld	ACOFW	Annuity coinsurance with funds withheld
MCO	Modified coinsurance	AMCO	Annuity modified coinsurance
MCOFW	Modified coinsurance with funds withheld	AMCOFW	Annuity modified coinsurance with funds withheld
COMB	Combination coinsurance/modified coinsurance	ACOMB	Annuity combination coinsurance/modified coinsurance
COMBW	Combination coinsurance/modified coinsurance with funds withheld	ACOMBW	Annuity combination coinsurance/modified coinsurance with funds withheld
YRT	Yearly renewable term	GMDB	Guaranteed minimum death benefit
YRTFW	Yearly renewable term with funds withheld	GMDBFW	Guaranteed minimum death benefit funds withheld
CAT	Catastrophe	ADB	Accidental death benefit
OTH	Other reinsurance	DIS	Disability benefits

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Assumed

Use only one of the following codes per line to identify the type of business ~~assumed~~. If there is more than one type of business ~~assumed~~ ~~ceded~~ ~~to~~ ~~from~~ the same reinsurance company, show each type on a separate line.

Abbreviations:

IL	Industrial Life	FLFA	Fixed Annuities
XXXL	XXX Life	IA	Indexed Annuities
XXXLO	XXX Life Other	VA	Variable Annuities
AXXX	AXXX Life	OA	Other Annuities
CL	Credit Life	ADB	Accidental Death Benefits
SC	Supplementary Contracts	DIS	Disability Benefits
OL	Other Life		

NOTE: The Type of Business ~~Assumed~~ ~~Ceded~~ code should be entered in all capital letters.

All types of business shown above are as reported in the Analysis of Operations by Lines of Business and the Analysis of Annuity Operations by Lines of Business except as noted below:

XXX Life: Used to describe the actuarial reserves required to be held under Section 6 of the NAIC *Valuation of Life Insurance Policies Model Regulation* (#830) (other than risk assumed from a ~~ceding~~ ~~to~~ ~~an~~ ~~assuming~~ insurer for policies eligible for exemption under Section 6F, Section 6G, Section 6H or to the portion of the reserve pursuant to YRT Reinsurance under Section 6E), which is commonly referred to as Regulation XXX (or, more simply, XXX).

XXX Life Other: Used to describe the actuarial reserves required to be held under Section 6 of the NAIC *Valuation of Life Insurance Policies Model Regulation* (#830) for risk assumed from a ~~ceding~~ ~~to~~ ~~an~~ ~~assuming~~ insurer for policies described under Section 6F, Section 6G, Section 6H or to the portion of the reserve pursuant to YRT Reinsurance under Section 6E, which is commonly referred to as Regulation XXX (or, more simply, XXX).

AXXX Life: Used to describe the actuarial reserves required to be held under Section 7 of Regulation XXX as further clarified by the NAIC *Actuarial Guideline XXXVIII—The Application of the Valuation of Life Insurance Policies Model Regulation* (AG 38), which is commonly referred to as AXXX.

OL Other Life Used for ~~assumed~~ ~~ceded~~ life business not appropriately included in one of the other life categories in the table above.

Column 78 – Amount in Force at End of Year

For catastrophe-reinsurance (CAT), disability ~~benefits~~ ~~reinsurance~~ (DIS), accidental death benefit ~~reinsurance~~ (ADB) and annuity ~~benefits~~ ~~reinsurance~~ (ACO and AMCO), leave this column blank.

- | Column ~~9~~10 – Premiums
To agree with Exhibit 1, Part 1, Line 20.2, Columns 2 through 7.
For deposit funds and other liabilities without life or disability contingencies, leave this column blank.
- | Column ~~40~~11 – Reinsurance Payable on Paid and Unpaid Losses
To agree with Exhibit 8, Part 1, Line 4.2, Columns 2 through 8. For deposit funds and other liabilities without life or disability contingencies, leave this column blank.
- | Column ~~41~~12 – Modified Coinsurance Reserve
Report the amount of reserves held by the ceding company under modified coinsurance contracts. Include separate accounts modified coinsurance reserves. See examples for MODCO transactions contained in the general instructions for Schedule S.
- | Column ~~42~~13 – Funds Withheld Under Coinsurance
Report the amount of funds withheld by the ceding company on coinsurance contracts.

ANNUAL STATEMENT INSTRUCTIONS – LIFE

SCHEDULE S – PART 1 – SECTION 2

REINSURANCE ASSUMED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURED COMPANY AS OF DECEMBER 31, CURRENT YEAR



Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Assumed

Use the following abbreviations to identify the plan and type of reinsurance. For example, group specific stop loss einsurance with funds withheld should be identified as COFWSSL/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

<u>ASL</u>	Aggregate Stop Loss	<u>QA</u>	Quota Share
<u>SSL</u>	Specific Stop Loss	<u>SS</u>	Surplus Share
<u>LRSL</u>	Loss Ratio Stop Loss	<u>OTH</u>	Other Reinsurance
<u>CO</u>	Coinsurance	<u>COFW</u>	Coinsurance with funds withheld
<u>MCO</u>	Modified coinsurance	<u>MCOFW</u>	Modified coinsurance with funds withheld
<u>COMB</u>	Combination einsurance/modified einsurance	<u>COMBW</u>	Combination einsurance/modified einsurance with funds withheld
<u>LTC</u>	Long Term Care	<u>CAT</u>	Catastrophe
<u>YRT</u>	Yearly renewable term	<u>OTH</u>	Other reinsurance
<u>YRTFW</u>	Yearly renewable term with funds withheld		

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Assumed

Use the following codes to identify the type of business ~~assumed~~~~ceded~~. If there is more than one type of business ~~assumed~~~~ceded~~ to from the same reinsurance company, show each type on a separate line.

Abbreviations:

<u>CMM</u>	<u>Comprehensive Major Medical</u>	<u>STM</u>	<u>Short-Term Medical</u>
<u>OM</u>	<u>Other Medical (Non-Comprehensive)</u>	<u>LB</u>	<u>Limited Benefit</u>
<u>SD</u>	<u>Specified/Named Disease</u>	<u>S</u>	<u>Student</u>
<u>A</u>	<u>Accident Only or AD&D</u>	<u>LTC</u>	<u>Long-Term Care</u>
<u>STDI</u>	<u>Disability Income – Short-Term</u>	<u>D</u>	<u>Dental</u>
<u>LTDI</u>	<u>Disability Income – Long-Term</u>	<u>MR</u>	<u>Medicare</u>
<u>MS</u>	<u>Medicare Supplement (Medigap)</u>	<u>MC</u>	<u>Medicaid</u>
<u>MD</u>	<u>Medicare Part D – Stand-Alone</u>	<u>TRI</u>	<u>Tricare</u>
<u>FEHBP</u>	<u>Federal Employees Health Benefit Plan</u>	<u>CAH</u>	<u>Credit A&H</u>
<u>SCHIP</u>	<u>State Children’s Health Insurance Program</u>	<u>OH</u>	<u>Other Health</u>
<u>SLEL</u>	<u>Stop Loss/Excess Loss</u>		

NOTE: The Type of Business ~~Assumed~~~~Ceded~~ code should be entered in all capital letters.

All types of business shown above are as reported in the Accident and Health Policy Experience Exhibit.

Column ~~7~~8 – Premiums

To agree with Exhibit 1, Part 1, Line 20.2, Columns 8 through 10.

Column ~~4~~11 – Reinsurance Payable on Paid and Unpaid Losses

To agree with Exhibit 8, Part 1, Line 4.2, Columns 9 through 11.

Column ~~4~~12 – Modified Coinsurance Reserve

Report the amount of the reserves held by the ceding company under modified coinsurance contracts.

Column ~~4~~13 – Funds Withheld Under Coinsurance

Report the amount of funds withheld by the ceding company on coinsurance contracts.

ANNUAL STATEMENT INSTRUCTIONS – FRATERNAL

SCHEDULE S – PART 1 – SECTION 1

REINSURANCE ASSUMED LIFE INSURANCE, ANNUITIES, DEPOSIT FUNDS AND OTHER LIABILITIES WITHOUT LIFE OR DISABILITY CONTINGENCIES, AND RELATED BENEFITS LISTED BY REINSURED COMPANY AS OF DECEMBER 31, CURRENT YEAR



Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Assumed

Use the following abbreviations to identify the plan and type of reinsurance. For example, group coinsurance with funds withheld should be identified as COFW/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

CO	Coinsurance	ACO	Annuity coinsurance
COFW	Coinsurance with funds withheld	ACOFW	Annuity coinsurance with funds withheld
MCO	Modified coinsurance	AMCO	Annuity modified coinsurance
MCOFW	Modified coinsurance with funds withheld	AMCOFW	Annuity modified coinsurance with funds withheld
COMB	Combination coinsurance/modified coinsurance	ACOMB	Annuity combination coinsurance/modified coinsurance
COMBW	Combination coinsurance/modified coinsurance with funds withheld	ACOMBW	Annuity combination coinsurance/modified coinsurance with funds withheld
YRT	Yearly renewable term	GMDB	Guaranteed minimum death benefit
YRTFW	Yearly renewable term with funds withheld	GMDBFW	Guaranteed minimum death benefit funds withheld
CAT	Catastrophe	ADB	Accidental death benefit
OTH	Other reinsurance	DIS	Disability benefits

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Assumed

Use only one of the following codes per line to identify the type of business ~~assumed~~. If there is more than one type of business ~~assumed~~ ~~ceded~~ ~~to~~ ~~from~~ the same reinsurance company, show each type on a separate line.

Abbreviations:

IL	Industrial Life	FAFL	Fixed Annuities
XXXL	XXX Life	IA	Indexed Annuities
XXXLO	XXX Life Other	VA	Variable Annuities
AXXX	AXXX Life	OA	Other Annuities
CL	Credit Life	ADB	Accidental Death Benefits
SC	Supplementary Contracts	DIS	Disability Benefits
OL	Other Life		

NOTE: The Type of Business ~~Assumed~~ ~~Ceded~~ code should be entered in all capital letters.

All types of business shown above are as reported in the Analysis of Operations by Lines of Business and the Analysis of Annuity Operations by Lines of Business except as noted below:

XXX Life: Used to describe the actuarial reserves required to be held under Section 6 of the NAIC *Valuation of Life Insurance Policies Model Regulation* (#830) (other than risk ~~assumed~~ ~~from~~ ~~a~~ ~~ceding~~ ~~to~~ ~~an~~ ~~assuming~~ insurer for policies eligible for exemption under Section 6F, Section 6G, Section 6H or to the portion of the reserve pursuant to YRT Reinsurance under Section 6E), which is commonly referred to as Regulation XXX (or, more simply, XXX).

XXX Life Other: Used to describe the actuarial reserves required to be held under Section 6 of the NAIC *Valuation of Life Insurance Policies Model Regulation* (#830) for risk ~~assumed~~ ~~from~~ ~~a~~ ~~ceding~~ ~~to~~ ~~an~~ ~~assuming~~ insurer for policies described under Section 6F, Section 6G, Section 6H or to the portion of the reserve pursuant to YRT Reinsurance under Section 6E, which is commonly referred to as Regulation XXX (or, more simply, XXX).

AXXX Life: Used to describe the actuarial reserves required to be held under Section 7 of Regulation XXX as further clarified by the NAIC *Actuarial Guideline XXXVIII—The Application of the Valuation of Life Insurance Policies Model Regulation* (AG 38), which is commonly referred to as AXXX.

OL Other Life Used for ~~assumed~~ ~~life~~ ~~business~~ not appropriately included in one of the other life categories in the table above.

Column 78 – Amount in Force at End of Year

For catastrophe-reinsurance (CAT), disability ~~benefits~~ ~~reinsurance~~ (DIS), accidental death benefit ~~reinsurance~~ (ADB) and annuity ~~benefits~~ ~~reinsurance~~ (ACO and AMCO), leave this column blank.

- | Column ~~9~~10 – Premiums
To agree with Exhibit 1, Part 1, Line 20.2, Columns 2 and 3.
For deposit funds and other liabilities without life or disability contingencies, leave this column blank.
- | Column ~~40~~11 – Reinsurance Payable on Paid and Unpaid Losses
To agree with Exhibit 8, Part 1, Line 4.2, Columns 2 through 4. For deposit funds and other liabilities without life or disability contingencies, leave this column blank.
- | Column ~~41~~12 – Modified Coinsurance Reserve
Report the amount of reserves held by the ceding company under modified coinsurance contracts. Include separate accounts modified coinsurance reserves. See examples for MODCO transactions contained in the general instructions for Schedule S.
- | Column ~~42~~13 – Funds Withheld Under Coinsurance
Report the amount of funds withheld by the ceding company on coinsurance contracts.

ANNUAL STATEMENT INSTRUCTIONS – FRATERNAL

SCHEDULE S – PART 1 – SECTION 2

**REINSURANCE ASSUMED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURED COMPANY
AS OF DECEMBER 31, CURRENT YEAR**



Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Assumed

Use the following abbreviations to identify the plan and type of reinsurance. For example, group specific stop loss einsurance with funds withheld should be identified as COFWSSL/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

<u>ASL</u>	Aggregate Stop Loss	<u>QA</u>	Quota Share
<u>SSL</u>	Specific Stop Loss	<u>SS</u>	Surplus Share
<u>LRSL</u>	Loss Ratio Stop Loss	<u>OTH</u>	Other Reinsurance
<u>CO</u>	Coinsurance	<u>COFW</u>	Coinsurance with funds withheld
<u>MCO</u>	Modified coinsurance	<u>MCOFW</u>	Modified coinsurance with funds withheld
<u>COMB</u>	Combination einsurance/modified einsurance	<u>COMBW</u>	Combination einsurance/modified einsurance with funds withheld
<u>LTC</u>	Long Term Care	<u>CAT</u>	Catastrophe
<u>YRT</u>	Yearly renewable term	<u>OTH</u>	Other reinsurance
<u>YRTFW</u>	Yearly renewable term with funds withheld		

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Assumed

Use the following codes to identify the type of business ~~assumed~~. If there is more than one type of business ~~assumed~~ ~~ceded~~ ~~to~~ from the same reinsurance company, show each type on a separate line.

Abbreviations:

CMM	Comprehensive Major Medical	STM	Short-Term Medical
OM	Other Medical (Non-Comprehensive)	LB	Limited Benefit
SD	Specified/Named Disease	S	Student
A	Accident Only or AD&D	LTC	Long-Term Care
STDI	Disability Income – Short-Term	D	Dental
LTDI	Disability Income – Long-Term	MR	Medicare
MS	Medicare Supplement (Medigap)	MC	Medicaid
MD	Medicare Part D – Stand-Alone	TRI	Tricare
FEHBP	Federal Employees Health Benefit Plan	CAH	Credit A&H
SCHIP	State Children’s Health Insurance Program	OH	Other Health
SLEL	Stop Loss/Excess Loss		

NOTE: The Type of Business ~~Assumed~~ ~~Ceded~~ code should be entered in all capital letters.

All types of business shown above are as reported in the Accident and Health Policy Experience Exhibit.

Column ~~7~~8 – Premiums

To agree with Exhibit 1, Part 1, Line 20.2, Column 4.

Column ~~4~~11 – Reinsurance Payable on Paid and Unpaid Losses

To agree with Exhibit 8, Part 1, Line 4.2, Column 9 through 11.

Column ~~4~~12 – Modified Coinsurance Reserve

Report the amount of the reserves held by the ceding company under modified coinsurance contracts.

Column ~~4~~13 – Funds Withheld Under Coinsurance

Report the amount of funds withheld by the ceding company on coinsurance contracts.

ANNUAL STATEMENT INSTRUCTIONS –HEALTH (LIFE SUPPLEMENT)

SCHEDULE S – PART 1 – SECTION 1

REINSURANCE ASSUMED LIFE INSURANCE, ANNUITIES, DEPOSIT FUNDS AND OTHER LIABILITIES WITHOUT LIFE OR DISABILITY CONTINGENCIES, AND RELATED BENEFITS LISTED BY REINSURED COMPANY AS OF DECEMBER 31, CURRENT YEAR



Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Assumed

Use the following abbreviations to identify the plan and type of reinsurance. For example, group coinsurance with funds withheld should be identified as COFW/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.)

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

CO	Coinsurance	ACO	Annuity coinsurance
COFW	Coinsurance with funds withheld	ACOFW	Annuity coinsurance with funds withheld
MCO	Modified coinsurance	AMCO	Annuity modified coinsurance
MCOFW	Modified coinsurance with funds withheld	AMCOFW	Annuity modified coinsurance with funds withheld
COMB	Combination coinsurance/modified coinsurance	ACOMB	Annuity combination coinsurance/modified coinsurance
COMBW	Combination coinsurance/modified coinsurance with funds withheld	ACOMBW	Annuity combination coinsurance/modified coinsurance with funds withheld
YRT	Yearly renewable term	GMDB	Guaranteed minimum death benefit
YRTFW	Yearly renewable term with funds withheld	GMDBFW	Guaranteed minimum death benefit funds withheld
CAT	Catastrophe	ADB	Accidental death benefit
OTH	Other reinsurance	DIS	Disability benefits

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Assumed Ceded

Use only one of the following codes per line to identify the type of business assumed ceded. If there is more than one type of business assumed ceded from the same reinsurance company, show each type on a separate line.

Abbreviations:

IL	Industrial Life	FAFL	Fixed Annuities
XXXL	XXX Life	IA	Indexed Annuities
XXXLO	XXX Life Other	VA	Variable Annuities
AXXX	AXXX Life	OA	Other Annuities
CL	Credit Life	ADB	Accidental Death Benefits
SC	Supplementary Contracts	DIS	Disability Benefits
OL	Other Life		

NOTE: The Type of Business Assumed Ceded code should be entered in all capital letters.

All types of business shown above are as reported in the Analysis of Operations by Lines of Business and the Analysis of Annuity Operations by Lines of Business except as noted below:

- XXX Life: Used to describe the actuarial reserves required to be held under Section 6 of the NAIC *Valuation of Life Insurance Policies Model Regulation* (#830) (other than risk assumed from a ceding ceded to an assuming insurer for policies eligible for exemption under Section 6F, Section 6G, Section 6H or to the portion of the reserve pursuant to YRT Reinsurance under Section 6E), which is commonly referred to as Regulation XXX (or, more simply, XXX).
- XXX Life Other: Used to describe the actuarial reserves required to be held under Section 6 of the NAIC *Valuation of Life Insurance Policies Model Regulation* (#830) for risk assumed from a ceding ceded to an assuming insurer for policies described under Section 6F, Section 6G, Section 6H or to the portion of the reserve pursuant to YRT Reinsurance under Section 6E, which is commonly referred to as Regulation XXX (or, more simply, XXX).
- AXXX Life: Used to describe the actuarial reserves required to be held under Section 7 of Regulation XXX as further clarified by the NAIC *Actuarial Guideline XXXVIII—The Application of the Valuation of Life Insurance Policies Model Regulation* (AG 38), which is commonly referred to as AXXX.
- OL Other Life Used for assumed ceded life business not appropriately included in one of the other life categories in the table above.

Column 78 – Amount of In Force at End of Year

For catastrophe-reinsurance (CAT), disability benefits reinsurance (DIS), accidental death benefit reinsurance (ADB) and annuity benefits reinsurance (ACO and AMCO), leave this column blank.

- | Column ~~9~~10 – Premiums
To agree with Underwriting and Investment Exhibit, Part 1, Line 10, Column 2.
For deposit funds and other liabilities without life or disability contingencies, leave this Column blank.
- | Column ~~40~~11 – Reinsurance Payable on Paid and Unpaid Losses
For deposit funds and other liabilities without life or disability contingencies, leave this Column blank.
- | Column ~~41~~12 – Modified Coinsurance Reserve
Report the amount of reserves held by the ceding company under modified coinsurance contracts. Include separate accounts modified coinsurance reserves. See examples for MODCO transactions contained in the general instructions for Schedule S.
- | Column ~~42~~13 – Funds Withheld Under Coinsurance
Report the amount of funds withheld by the ceding company on coinsurance contracts.

ANNUAL STATEMENT INSTRUCTIONS –HEALTH

SCHEDULE S – PART 1 – SECTION 2

**REINSURANCE ASSUMED FOR ACCIDENT AND HEALTH LISTED BY REINSURED COMPANY
AS OF DECEMBER 31, CURRENT YEAR**



Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Assumed

Use the following abbreviations to identify the plan and type of reinsurance. Note: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual). For example, group specific stop loss ~~for hospital only~~ should be identified as SSLA/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.)

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

E	Hospital Only	A	All Medical Combined
ASL	Aggregate Stop Loss	QA	Quota Share
SSL	Specific Stop Loss	SS	Surplus Share
LRS�	Loss Ratio Stop Loss	LTC	Long Term Care
CAT	Catastrophe	OTH	Other Reinsurance

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Assumed

Use the following codes to identify the type of business ~~assumed~~~~ceded~~. If there is more than one type of business assumed ~~ceded~~ to from the same reinsurance company, show each type on a separate line.

Abbreviations:

<u>CMM</u>	<u>Comprehensive Major Medical</u>	<u>STM</u>	<u>Short-Term Medical</u>
<u>OM</u>	<u>Other Medical (Non-Comprehensive)</u>	<u>LB</u>	<u>Limited Benefit</u>
<u>SD</u>	<u>Specified/Named Disease</u>	<u>S</u>	<u>Student</u>
<u>A</u>	<u>Accident Only or AD&D</u>	<u>LTC</u>	<u>Long-Term Care</u>
<u>STDI</u>	<u>Disability Income – Short-Term</u>	<u>D</u>	<u>Dental</u>
<u>LTDI</u>	<u>Disability Income – Long-Term</u>	<u>MR</u>	<u>Medicare</u>
<u>MS</u>	<u>Medicare Supplement (Medigap)</u>	<u>MC</u>	<u>Medicaid</u>
<u>MD</u>	<u>Medicare Part D – Stand-Alone</u>	<u>TRI</u>	<u>Tricare</u>
<u>FEHBP</u>	<u>Federal Employees Health Benefit Plan</u>	<u>CAH</u>	<u>Credit A&H</u>
<u>SCHIP</u>	<u>State Children’s Health Insurance Program</u>	<u>OH</u>	<u>Other Health</u>
<u>SLEL</u>	<u>Stop Loss/Excess Loss</u>		

NOTE: The Type of Business ~~Assumed Ceded~~ code should be entered in all capital letters.

All types of business shown above are as reported in the Accident and Health Policy Experience Exhibit.

Column ~~7~~8 – Premiums

This represents premiums assumed by the company and agrees to U&I Exhibit, Part 1, Column 2, Line 9.

Column ~~4~~12 – Modified Coinsurance Reserve

Not Applicable.

Column ~~4~~213 – Funds Withheld Under Coinsurance

Not Applicable.

ANNUAL STATEMENT INSTRUCTIONS – LIFE AND FRATERNAL

SCHEDULE S – PART 3 – SECTION 2

REINSURANCE CEDED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURING COMPANY AS OF DECEMBER 31, CURRENT YEAR



Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Ceded

Use the following abbreviations to identify the plan and type of reinsurance. For example, group specific stop loss reinsurance with funds withheld should be identified as COFWSSL/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

Abbreviations:

I	Individual
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{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

<u>ASL</u>	Aggregate Stop Loss	<u>QA</u>	Quota Share
<u>SSL</u>	Specific Stop Loss	<u>SS</u>	Surplus Share
<u>LRSL</u>	Loss Ratio Stop Loss	<u>OTH</u>	Other Reinsurance
<u>CO</u>	Coinsurance	<u>COFW</u>	Coinsurance with funds withheld
<u>MCO</u>	Modified coinsurance	<u>MCOFW</u>	Modified coinsurance with funds withheld
<u>COMB</u>	Combination coinsurance/modified coinsurance	<u>COMBW</u>	Combination coinsurance/modified coinsurance with funds withheld
<u>LTC</u>	Long Term Care	<u>CAT</u>	Catastrophe
<u>YRT</u>	Yearly renewable term	<u>OTH</u>	Other reinsurance
<u>YRTFW</u>	Yearly renewable term with funds withheld		

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Ceded

Use the following codes to identify the type of business ceded. If there is more than one type of business ceded to the same reinsurance company, show each type on a separate line.

Abbreviations:

CMM	Comprehensive Major Medical	STM	Short-Term Medical
OM	Other Medical (Non-Comprehensive)	LB	Limited Benefit
SD	Specified/Named Disease	S	Student
A	Accident Only or AD&D	LTC	Long-Term Care
STDI	Disability Income – Short-Term	D	Dental
LTDI	Disability Income – Long-Term	MR	Medicare
MS	Medicare Supplement (Medigap)	MC	Medicaid
MD	Medicare Part D – Stand-Alone	TRI	Tricare
FEHBP	Federal Employees Health Benefit Plan	CAH	Credit A&H
SCHIP	State Children’s Health Insurance Program	OH	Other Health
SLEL	Stop Loss/Excess Loss		

NOTE: The Type of Business Ceded code should be entered in all capital letters.

All types of business shown above are as reported in the Accident and Health Policy Experience Exhibit.



ANNUAL STATEMENT INSTRUCTIONS –HEALTH

SCHEDULE S – PART 3 – SECTION 2

**REINSURANCE CEDED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURING COMPANY
AS OF DECEMBER 31, CURRENT YEAR**



Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Ceded

Use the following abbreviations to identify the plan and type of reinsurance. If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line. Note: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual). For example, group specific stop loss for hospital only should be identified as SSLA/G.

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

H	Hospital Only	A	All Medical Combined
ASL	Aggregate Stop Loss	QA	Quota Share
SSL	Specific Stop Loss	SS	Surplus Share
LRS�	Loss Ratio Stop Loss	LTC	Long Term Care
CAT	Catastrophe	OTH	Other Reinsurance

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Ceded

Use the following codes to identify the type of business ceded. If there is more than one type of business ceded to the same reinsurance company, show each type on a separate line.

Abbreviations:

CMM	Comprehensive Major Medical	STM	Short-Term Medical
OM	Other Medical (Non-Comprehensive)	LB	Limited Benefit
SD	Specified/Named Disease	S	Student
A	Accident Only or AD&D	LTC	Long-Term Care
STDI	Disability Income – Short-Term	D	Dental
LTDI	Disability Income – Long-Term	MR	Medicare
MS	Medicare Supplement (Medigap)	MC	Medicaid
MD	Medicare Part D – Stand-Alone	TRI	Tricare
FEHBP	Federal Employees Health Benefit Plan	CAH	Credit A&H
SCHIP	State Children’s Health Insurance Program	OH	Other Health
SLEL	Stop Loss/Excess Loss		

NOTE: The Type of Business Ceded code should be entered in all capital letters.

All types of business shown above are as reported in the Accident and Health Policy Experience Exhibit.



ANNUAL STATEMENT INSTRUCTIONS – LIFE FRATERNAL AND HEALTH (LIFE SUPPLEMENT)

SCHEDULE S – PART 3 – SECTION 1

REINSURANCE CEDED LIFE INSURANCE, ANNUITIES, DEPOSIT FUNDS AND OTHER LIABILITIES WITHOUT LIFE OR DISABILITY CONTINGENCIES, AND RELATED BENEFITS LISTED BY REINSURING COMPANY AS OF DECEMBER 31, CURRENT YEAR

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✕
Detail Eliminated To Conserve Space

Column 6 – Type of Reinsurance Ceded

Use the following abbreviations to identify the plan and type of reinsurance. For example, group coinsurance with funds withheld should be identified as COFW/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.)

Abbreviations:

I	Individual	{	All Reinsurance Types should be followed by /I or /G.
G	Group		

REINSURANCE TYPES

CO	Coinsurance	ACO	Annuity coinsurance
COFW	Coinsurance with funds withheld	ACOFW	Annuity coinsurance with funds withheld
MCO	Modified coinsurance	AMCO	Annuity modified coinsurance
MCOFW	Modified coinsurance with funds withheld	AMCOFW	Annuity modified coinsurance with funds withheld
COMB	Combination coinsurance/modified coinsurance	ACOMB	Annuity combination coinsurance/modified coinsurance
COMBW	Combination coinsurance/modified coinsurance with funds withheld	ACOMBW	Annuity combination coinsurance/modified coinsurance with funds withheld
YRT	Yearly renewable term	GMDB	Guaranteed minimum death benefit
YRTFW	Yearly renewable term with funds withheld	GMDBFW	Guaranteed minimum death benefit funds withheld
CAT	Catastrophe	ADB	Accidental death benefit
OTH	Other reinsurance	DIS	Disability benefits

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Type of Business Ceded

Use only one of the following codes per line to identify the type of business ceded. If there is more than one type of business ceded to the same reinsurance company, show each type on a separate line.

Abbreviations:

IL	Industrial Life	FAFL	Fixed Annuities
XXXL	XXX Life	IA	Indexed Annuities
XXXLO	XXX Life Other	VGAA	Variable General Account Annuities
AXXX	AXXX Life	VSAA	Variable Separate Account Annuities
CL	Credit Life	OA	Other Annuities
SC	Supplementary Contracts	ADB	Accidental Death Benefits
OL	Other Life	DIS	Disability Benefits

NOTE: The Type of Business Ceded code should be entered in all capital letters.

All types of business shown above are as reported in the Analysis of Operations by Lines of Business and the Analysis of Annuity Operations by Lines of Business except as noted below:

XXX Life: Used to describe the actuarial reserves required to be held under Section 6 of the NAIC *Valuation of Life Insurance Policies Model Regulation* (#830) (other than risk ceded to an assuming insurer for policies eligible for exemption under Section 6F, Section 6G, Section 6H or to the portion of the reserve pursuant to YRT Reinsurance under Section 6E), which is commonly referred to as Regulation XXX (or, more simply, XXX).

XXX Life Other: Used to describe the actuarial reserves required to be held under Section 6 of the NAIC *Valuation of Life Insurance Policies Model Regulation* (#830) for risk ceded to an assuming insurer for policies described under Section 6F, Section 6G, Section 6H or to the portion of the reserve pursuant to YRT Reinsurance under Section 6E, which is commonly referred to as Regulation XXX (or, more simply, XXX).

AXXX Life: Used to describe the actuarial reserves required to be held under Section 7 of Regulation XXX as further clarified by the NAIC *Actuarial Guideline XXXVIII—The Application of the Valuation of Life Insurance Policies Model Regulation* (AG 38), which is commonly referred to as AXXX.

OL Other Life: Used for ceded life business not appropriately included in one of the other life categories in the table above.

If the reporting entity uses the codes XXXL (XXX Life) or AXXX (AXXX Life) as the type of business ceded for any reinsurer reported on this schedule, the Supplemental XXX/AXXX Reinsurance Exhibit must be completed.



