

**BLANKS (E) WORKING GROUP**

**Blanks Agenda Item Submission Form**

<b>CONTACT PERSON:</b> _____ <b>TELEPHONE:</b> _____ <b>EMAIL ADDRESS:</b> _____ <b>ON BEHALF OF:</b> _____ <b>NAME:</b> <u>Joe DiMemmo</u> <b>TITLE:</b> <u>Deputy Insurance Commissioner</u> <b>AFFILIATION:</b> <u>Pennsylvania Insurance Department</u> <b>ADDRESS:</b> <u>1326 Strawberry Sq, 13<sup>th</sup> FL</u> <u>Harrisburg, PA 17120</u>	<b>DATE:</b> <u>04/09/2018</u>	<b>FOR NAIC USE ONLY</b>	
	Agenda Item # <u>2018-19BWG MOD</u> Year <u>2019</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [ X ] New Reporting Requirement <input type="checkbox"/> [ ]		
	<b>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</b>		No Impact <input checked="" type="checkbox"/> [ X ] Modifies Required Disclosure <input type="checkbox"/> [ ]
	<b>DISPOSITION</b>		<input type="checkbox"/> [ ] Rejected For Public Comment <input type="checkbox"/> [ ] Referred To Another NAIC Group <input type="checkbox"/> [ ] Received For Public Comment <input checked="" type="checkbox"/> [ X ] Adopted Date <u>08/04/2018</u> <input type="checkbox"/> [ ] Rejected Date _____ <input type="checkbox"/> [ ] Deferred Date _____ <input type="checkbox"/> [ ] Other (Specify) _____

**BLANK(S) TO WHICH PROPOSAL APPLIES**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> [ X ] ANNUAL STATEMENT | <input type="checkbox"/> [ ] QUARTERLY STATEMENT            |   |
| <input checked="" type="checkbox"/> [ X ] INSTRUCTIONS     | <input type="checkbox"/> [ ] CROSSCHECKS                    | <input checked="" type="checkbox"/> [ X ] BLANK |
| <input type="checkbox"/> [ ] Life and Accident & Health    | <input checked="" type="checkbox"/> [ X ] 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 2019

**IDENTIFICATION OF ITEM(S) TO CHANGE**

Add Annual Statement Line (ASL) 29 for "International" to the Exhibit of Premiums and Losses (state page) and provide instruction that data should only be provided for the "Other Alien" page and the "Grand Total" page.

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

The purpose of this proposal is to add the ASL 29 (International) to the Exhibit of Premiums and Losses for consistency with Underwriting and Investment Exhibit pages and the Insurance Expense Exhibit. Companies that appropriately report data for ASL 29 on those pages fail a crosscheck with the Exhibit of Premiums and Losses because they need to use the write-in line on that page due to ASL 29 not being provided.

**NAIC STAFF COMMENTS**

Comment on Effective Reporting Date: \_\_\_\_\_

Other Comments:

\*\* This section must be completed on all forms.

**ANNUAL STATEMENT INSTRUCTIONS – PROPERTY**

**EXHIBIT OF PREMIUMS AND LOSSES**

**DIRECT BUSINESS IN THE STATE OF...**

**(Statutory Page 14 Data)**

A schedule should be prepared and submitted to the state of domicile for each jurisdiction in which the company has written direct business, has direct losses paid, direct losses incurred or direct losses unpaid. To other states in which the company is licensed it should submit only a schedule for that state.

For definitions of lines of business, see the appendix of these instructions.

Data for Annual Statement Line 30 – Warranty should be reported prospectively (i.e., prior-year amounts need not be restated) starting with the 2008 reporting year.

Data for Annual Statement Line 29 – International should be reported on the page for “Other Alien” and the “Grand Total” page.

Column 1 – Direct Premiums Written

**=====  
↓ ↑      **Detail Eliminated To Conserve Space**      ↓ ↑      =====**

Line 34 – Aggregate Write-ins for Other Lines of Business

Enter the total of the write-ins listed in schedule Details of Write-ins Aggregated at Line 34 for Other Lines of Business.

When preparing Schedule P, this business should be included in the Other Liability sections.

Details of Write-ins Aggregated on Line 34 for Other Lines of Business

List separately each line of business for which there is no pre-printed line on the State Page.

Footnote (b): Complete the information regarding number of persons covered under PPO managed care products and number of persons covered under indemnity only products. Include in PPO business health insurance products that provide access to higher level of benefits whenever participating provider networks are used.



**INSTRUCTIONS**

**For Completing Property and Casualty Annual Statement Blank**

=====**Detail Eliminated To Conserve Space**=====

**Printing Standards**

- a. Commercial printers must be furnished with original laser printer output generated at appropriate laser settings to give the highest print quality (no photocopied or faxed pages).
- b. No font smaller than 8-point type for the annual statement or 6-point type for the Long-Term Care Experience Reporting Forms 1 through 5, Exhibit of Premiums and Losses (Statutory Page 14) and all investment schedules may be used. Ornate fonts may not be used.
- c. Present numbers in non-bold, non-italic type.

**ANNUAL STATEMENT BLANK – PROPERTY**

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code \_\_\_\_\_

**BUSINESS IN THE STATE OF** \_\_\_\_\_

**DURING THE YEAR** \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines .....												
2.2 Multiple Peril Crop.....												
2.3 Federal Flood.....												
2.4 Private Crop.....												
2.5 Private Flood.....												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9. Inland Marine.....												
10. Financial Guaranty.....												
11. Medical Professional Liability.....												
12. Earthquake.....												
13. Group Accident and Health (b).....												
14. Credit A&H (Group and Individual).....												
15.1 Collectively Renewable A&H (b).....												
15.2 Non-Cancelable A&H (b).....												
15.3 Guaranteed Renewable A&H (b).....												
15.4 Non-Renewable for Stated Reasons Only (b).....												
15.5 Other Accident Only.....												
15.6 Medicare Title XVIII Exempt from State Taxes or Fees.....												
15.7 All Other A&H (b).....												
15.8 Federal Employees Health Benefits Plan Premium.....												
16. Workers' Compensation.....												
17.1 Other Liability—Occurrence.....												
17.2 Other Liability—Claims-Made.....												
17.3 Excess Workers' Compensation.....												
18. Products Liability.....												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection).....												
19.2 Other Private Passenger Auto Liability.....												
19.3 Commercial Auto No-Fault (Personal Injury Protection).....												
19.4 Other Commercial Auto Liability.....												
21.1 Private Passenger Auto Physical Damage.....												
21.2 Commercial Auto Physical Damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and Theft.....												
27. Boiler and Machinery.....												
28. Credit.....												
29. International.....												
30. Warranty.....												
34. Aggregate Write-Ins for Other Lines of Business.....												
35. TOTAL (a).....												
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....												
3499. TOTAL (Lines 3401 through 3403 plus 3498) (Line 34 above).....												

(a) Finance and service charges not included in Lines 1 to 35 \$.....  
 (b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....