

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Dale Bruggeman</u> TITLE: <u>Chair SAPWG</u> AFFILIATION: <u>Ohio Department of Insurance</u> ADDRESS: <u>50W. Town St., 3rd Fl., Ste. 300</u> <u>Columbus, OH 43215</u>	DATE: <u>05/02/2018</u>	FOR NAIC USE ONLY		
	Agenda Item # <u>2018-20BWG MOD</u> Year <u>2019</u> Changes to Existing Reporting <input checked="" type="checkbox"/> [X] New Reporting Requirement <input type="checkbox"/> []			
	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT			
	No Impact <input checked="" type="checkbox"/> [X] Modifies Required Disclosure <input type="checkbox"/> []			
	DISPOSITION			

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|--|---|---------------------------------|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input type="checkbox"/> QUARTERLY STATEMENT | |
| <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS | <input type="checkbox"/> BLANK |
| <input 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 2019

IDENTIFICATION OF ITEM(S) TO CHANGE

Split the column for annual statement line of business (ASL) for the illustration of Note 31A(1), High Deductibles, into two columns with one to capture ASL number and the other to capture the ASL description.

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

The purpose of this proposal is to modify the illustration for the table provided for 31A(1) of Note 31, High Deductibles to provide for consistent presentation of the ASL line number and description for queries of the data.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

NOTES TO FINANCIAL STATEMENTS



Detail Eliminated To Conserve Space

31. High Deductibles

Instruction



Detail Eliminated To Conserve Space

Illustration:

THIS EXACT FORMAT MUST BE USED IN THE PREPARATION OF THIS NOTE FOR THE TABLES BELOW. REPORTING ENTITIES ARE NOT PRECLUDED FROM PROVIDING CLARIFYING DISCLOSURE BEFORE OR AFTER THIS ILLUSTRATION.

A. Reserve Credit Recorded on Unpaid Claims and Amount Billed and Recoverable on Paid Claims for High Deductibles

(1) Counter Party Exposure Recorded on Unpaid Claims and Billed Recoverables on Paid Claims

Annual Statement Line of Business (ASL)		23	34	45	56
1	42				Total High Deductibles and Billed Recoverables (Col 34 + Col 45)
ASL #	ASL Description	Gross (of High Deductible) Loss Reserves	Reserve Credit for High Deductibles	Billed Recoverables on Paid Claims	
.....
.....
.....
Total					

NOTE: For Column 1 – Annual Statement Line of Business (ASL), provide both the line number and description in the column. (e.g., 11.1 Medical Professional Liability – Occurrence). The ASL number should be provided before the ASL description.

(2) Unsecured Amounts of High Deductibles

- a. Total high deductibles and billed recoverables on paid claims (Should equal total line for Column 5 for A(1) above) \$
- b. Collateral on balance sheet (Must be equal to or greater than zero) \$
- c. Collateral off balance sheet (Must be equal to or greater than zero) \$
- d. Total unsecured deductibles and billed recoverables on paid claims d=a-(b+c) (Must be equal to or greater than zero) \$
- e. Percentage unsecured%



Detail Eliminated To Conserve Space