

**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>Steve Kerner</u> <b>TITLE:</b> <u>Assistant Commissioner</u> <b>AFFILIATION:</b> <u>New Jersey Dept. of Banking &amp; Insurance</u> <b>ADDRESS:</b> <u>20 W State St., P.O. Box 325</u> <u>Trenton, NJ 08625-0325</u>	<b>DATE:</b> <u>01/19/2017</u>	<b>FOR NAIC USE ONLY</b>
	Agenda Item # <u>2017-01BWG MOD</u> Year <u>2017</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>06/14/2017</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 checked="" type="checkbox"/> [ X ] CROSSCHECKS | <input checked="" type="checkbox"/> [ X ] BLANK  |
| <input type="checkbox"/> [ ] Life and Accident & Health    | <input type="checkbox"/> [ ] Property/Casualty        | <input checked="" type="checkbox"/> [ X ] Health |
| <input type="checkbox"/> [ ] Separate Accounts             | <input type="checkbox"/> [ ] Fraternal                | <input type="checkbox"/> [ ] Title               |
| <input type="checkbox"/> [ ] Other Specify                 |   |  |

Anticipated Effective Date: Annual 2017

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

Delete the Health Property Supplement instructions and blank pages. Update the Supplemental Exhibits and Schedules Interrogatories to reflect the deletion.

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

The purpose of this proposal is to eliminate the filing of the Health Property Supplement. Only 4 companies report amounts for the supplement.

**NAIC STAFF COMMENTS**

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

Other Comments:

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

## ANNUAL STATEMENT INSTRUCTIONS AND BLANK – HEALTH

Delete the blank pages and instructions for the following pages in the Health Statement Property Supplement.

Cover Page

Schedule F – Part 1

Schedule F – Part 3

Schedule P – Analysis of Losses and Loss Expenses Part 1 - Summary

Schedule P – Part 1A – Homeowners/Farmowners

Schedule P – Part 1B – Private Passenger Auto Liability/Medical

Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical

Schedule P – Part 1D – Workers’ Compensation (Excluding Excess Workers’ Compensation)

Schedule P – Part 1E – Commercial Multiple Peril

Schedule P – Part 1F – Section 1 – Professional Liability – Occurrence

Schedule P – Part 1F – Section 2 – Professional Liability – Claims-Made

Schedule P – Part 1G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)

Schedule P – Part 1H – Section 1 – Other Liability – Occurrence

Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made

Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)

Schedule P – Part 1J – Auto Physical Damage

Schedule P – Part 1K – Fidelity/Surety

Schedule P – Part 1L – Other (Including Credit, Accident and Health)

Schedule P – Part 1M – International

Schedule P – Part 1N – Reinsurance – Nonproportional Assumed Property

Schedule P – Part 1O – Reinsurance – Nonproportional Assumed Liability

Schedule P – Part 1P – Reinsurance – Nonproportional Assumed Financial Lines

Schedule P – Part 1R – Section 1 – Products Liability – Occurrence

Schedule P – Part 1R – Section 2 – Products Liability – Claims-Made

Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty

Schedule P – Part 1T – Warranty

Schedule P – Part 2 – Summary

Schedule P – Part 2A – Homeowners/Farmowners

Schedule P – Part 2B – Private Passenger Auto Liability/Medical

Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical

Schedule P – Part 2D – Workers’ Compensation (Excluding Excess Workers’ Compensation)

Schedule P – Part 2E – Commercial Multiple Peril

Schedule P – Part 2F – Section 1 – Professional Liability – Occurrence

Schedule P – Part 2F – Section 2 – Professional Liability – Claims-Made

Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)

Schedule P – Part 2H – Section 1 – Other Liability – Occurrence

Schedule P – Part 2H – Section 2 – Other Liability – Claims-Made  
Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)  
Schedule P – Part 2J – Auto Physical Damage  
Schedule P – Part 2K – Fidelity, Surety  
Schedule P – Part 2L – Other (Including Credit, Accident and Health)  
Schedule P – Part 2M – International  
Schedule P – Part 2N – Reinsurance Nonproportional Assumed Property  
Schedule P – Part 2O – Reinsurance Nonproportional Assumed Liability  
Schedule P – Part 2P – Reinsurance Nonproportional Assumed Financial Lines  
Schedule P – Part 2R – Section 1 - Products Liability – Occurrence  
Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made  
Schedule P - Part 2S – Financial Guaranty/Mortgage Guaranty  
Schedule P – Part 2T – Warranty  
Exhibit of Premiums and Losses (State Page)  
Insurance Expense Exhibit

**ANNUAL STATEMENT BLANK – HEALTH**

**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**

**Responses**

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



The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** 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**

- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....
- 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....
- ~~13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? .....~~
- 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....
- 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? .....
- 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? .....
- 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....
- 18. 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? .....
- 19. 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? .....
- 20. 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**

- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....
- 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....
- ~~22. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? .....~~
- 23. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....
- 24. 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? .....

**AUGUST FILING**

- 26. 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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