

**NAIC 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>Peter Weber</u> <b>TITLE:</b> <u>Insurance Actuarial Analyst</u> <b>AFFILIATION:</b> <u>Ohio Department of Insurance</u> <b>ADDRESS:</b> <u>50 W. Town St., 3<sup>rd</sup> FL., Ste. 300</u> <u>Columbus, OH 43215</u>	<b>DATE:</b> <u>09/28/2017</u>	<b>FOR NAIC USE ONLY</b>
	Agenda Item # <u>2017-22BWG 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>03/24/2018</u> <input type="checkbox"/> [ ] Rejected Date _____ <input type="checkbox"/> [ ] Deferred Date _____ <input type="checkbox"/> [ ] Other (Specify) _____	

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

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

Anticipated Effective Date: 1<sup>st</sup> Quarter 2019

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

Add question to the Supplemental Exhibits and Schedules Interrogatories regarding the filing of the Statement of Exemption in the 2<sup>nd</sup> Quarter.

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

The purpose of this proposal is to add a question to the Supplemental Exhibits and Schedules Interrogatories to allow regulators to determine if the Statement of Exemption was filed in the 2<sup>nd</sup> Quarter.

**NAIC STAFF COMMENTS**

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

Other Comments:

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

**QUARTERLY BLANK – LIFE AND FRATERNAL**

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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.

**Response**

- 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....
- 2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....
- 3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC? .....
- 4. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC? .....
- 5. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC? .....
- 6. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC? .....
- 7. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC? .....
- 8. Will the Life PBR Statement of Exemption ~~Statement of Exemption~~ be filed with the state of domicile by July 1<sup>st</sup> and electronically with the NAIC with the second quarterly filing per the Valuation Manual? (2<sup>nd</sup> Quarter Only) .....

**Explanation:**

**Bar Code:**

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