

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Joe DiMemmo</u> TITLE: <u>Deputy Insurance Commissioner</u> AFFILIATION: <u>Pennsylvania Insurance Department</u> ADDRESS: <u>1326 Strawberry Sq, 13th FL</u> <u>Harrisburg, PA 17120</u>	DATE: <u>07/23/2018</u>	FOR NAIC USE ONLY
	Agenda Item # <u>2018-23BWG</u> Year <u>2019</u> Changes to Existing Reporting [X] New Reporting Requirement []	REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT
	No Impact [X] Modifies Required Disclosure []	DISPOSITION
	[] Rejected For Public Comment [] Referred To Another NAIC Group [] Received For Public Comment [X] Adopted Date <u>04/06/2019</u> [] Rejected Date _____ [] Deferred Date _____ [] Other (Specify) _____	

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2019

IDENTIFICATION OF ITEM(S) TO CHANGE

Add questions 34.1 and 34.2 to the General Interrogatories Part 2 for fraternal benefit societies only along with instructions regarding 34.2.

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

This question was in the 2018 fraternal annual and quarterly General Interrogatories Part 2 before the combining of the life and fraternal statement. While the question was included in the Quarterly General Interrogatories Part 2 for 2019, it was inadvertently left of the 2019 Annual General Interrogatories Part 2 in the combined life and fraternal statement.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL

GENERAL INTERROGATORIES

PART 2 – LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES



Detail Eliminated To Conserve Space

Fraternal Benefit Societies Only:

- 14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes [] No []
- 15. How often are meetings of the subordinate branches required to be held?
- 16. How are the subordinate branches represented in the supreme or governing body?
- 17. What is the basis of representation in the governing body?
- 18.1 How often are regular meetings of the governing body held?.....
- 18.2 When was the last regular meeting of the governing body held? _____
- 18.3 When and where will the next regular or special meeting of the governing body be held?
- 18.4 How many members of the governing body attended the last regular meeting? _____
- 18.5 How many of the same were delegates of the subordinate branches? _____
- 19. How are the expenses of the governing body defrayed?
- 19. When and by whom are the officers and directors elected?
-
- 20. What are the qualifications for membership?
- 21. What are the limiting ages for admission?.....
- 22. What is the minimum and maximum insurance that may be issued on any one life?.....
- 23. Is a medical examination required before issuing a benefit certificate to applicants? Yes [] No []
- 24. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No []
- 25.1 Are notices of the payments required sent to the members? Yes [] No [] N/A []
- 25.2 If yes, do the notices state the purpose for which the money is to be used? Yes [] No []
- 26. What proportion of first and subsequent year's payments may be used for management expenses?
 - 26.11 First Year _____ %
 - 26.12 Subsequent Years _____ %
- 27.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes [] No []
- 27.2 If so, what amount and for what purpose?.....
- 28.1 Does the reporting entity pay an old age disability benefit? Yes [] No []
- 28.2 If yes, at what age does the benefit commence? _____
- 29.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [] No []
- 29.2 If yes, when?
- 30. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [] No []
- 31.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes [] No [] N/A []
- 31.2 If so, was an additional reserve included in Exhibit 5? Yes [] No []
- 31.3 If yes, explain.....
- 32.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [] No []
- 32.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [] No [] N/A []
- 33. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [] No []
- 34.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No []
- 34.2 If yes, what is the date(s) of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
	\$
	\$
	\$

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL

GENERAL INTERROGATORIES

PART 1 – COMMON INTERROGATORIES

✂ ════════════════════════ **Detail Eliminated To Conserve Space** ════════════════════════ **✂**

PART 2 – LIFE ACCIDENT HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

✂ ════════════════════════ **Detail Eliminated To Conserve Space** ════════════════════════ **✂**

Fraternal Benefit Societies Only:

31.2 N/A is an acceptable response only if Interrogatory 21.1 was answered NO.

32.2 N/A is an acceptable response only if Interrogatory 22.1 was answered NO.

34.2 If there are multiple liens, they should be listed individually.

W:\QA\BlanksProposals\2018-23BWG.doc

This page intentionally left blank.