

Conference Call

BLANKS (E) WORKING GROUP

Tuesday, August 6, 2013

11:00 a.m. – 12:00 p.m.

ROLL CALL

| | | | |
|------------------------|----------------------|----------------|---------------|
| Jacob Garn, Chair | Utah | Dan Schaefer | Michigan |
| Kim Hudson, Vice Chair | California | Jim Nixon | Nebraska |
| Maxine Froemling | Alaska | Pat Gosselin | New Hampshire |
| Dave Lonchar | Delaware | Russell Jones | New Jersey |
| N. Kevin Brown | District of Columbia | John McCarter | Oklahoma |
| Toma Wilkerson | Florida | Russell Latham | Oregon |
| Cindy Donovan | Indiana | Steve Johnson | Pennsylvania |
| Jim Armstrong | Iowa | Mark Jaquish | Tennessee |
| David Hurt/Russell Coy | Kentucky | Kaj Samsom | Vermont |
| Kendra Coates | Maine | Leah Cooper | West Virginia |

AGENDA

1. Discuss Captive Affiliate Definition (2013-11BWG)—*Jacob Garn, UT* Attachments 1-2
2. Discuss Cyber Security Contact (2013-21BWG)—*Jacob Garn, UT* Attachment 3
3. Any Other Matters Brought Before the Working Group—*Jacob Garn, UT*
4. Adjournment

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To: Jake Garn (UT), Chair—Blanks (E) Working Group
From: Superintendent Joseph Torti III (RI), Chair—Financial Condition (E) Committee
Date: July 9, 2013
Re: Proposed definition of “Captive Affiliate” with respect Blanks Proposal #2013-11BWG

These comments are being provided in response to the Blanks (E) Working Group’s exposure draft definition of “Captive Affiliate” related to proposal #2013-11BWG. While I am very supportive of enhancing our financial statement disclosure in order to obtain additional information with respect to these types of transactions, I am concerned that the current draft definition might have unintended implications with respect to the NAIC’s ongoing consideration of issues related to insurers’ use of captives and special purpose vehicles. In an effort to address these concerns, I would propose the following definition for consideration as an alternative to the exposure draft for the purpose of this disclosure:

Definition of Affiliated Non-Traditional Insurer/Reinsurer

This disclosure is intended to capture cessions to affiliated insurance/reinsurance entities that are not subject to the financial solvency regulatory system that is generally applicable to traditional insurers and/or reinsurers in the entity’s domestic jurisdiction. The definition of “Affiliated” is established in the NAIC Model Holding Company Act. An Affiliated Non-Traditional Insurer/Reinsurer is an insurance or reinsurance company that is formed under special laws of a state or other jurisdiction that allow the company to reinsure risks from the parent or affiliates and prohibit the issuance of direct policies to consumers, and is not subject to the financial solvency regulatory system that is generally applicable to traditional insurers and/or reinsurers in the entity’s domestic jurisdiction. For the purpose of annual statement reporting, this definition shall be presumed to include the following, subject to the cedant’s rebuttal to its domicile:

- 1) An affiliated insurance or reinsurance company licensed, authorized or otherwise granted the authority to operate in a single United States jurisdiction under any captive insurer law, special purpose insurer law, or other similar law outside of those applicable to traditional commercial insurers and/or reinsurers.*
- 2) An affiliated insurance or reinsurance company licensed, authorized or otherwise granted the authority to operate under any captive insurer law, special purpose insurer law, or other similar law outside of those applicable to traditional commercial insurers and/or reinsurers, in any jurisdiction outside the United States.*

I would be happy to further discuss this issue during the next meeting of the Blanks (E) Working Group. Please contact me with any questions.

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Comment received on captive affiliate definition:

I haven't been following the group, but was forwarded the definition of a captive affiliate that is under consideration and have a comment on this section of the proposed definition. There may be some instances where a company offshore is licensed as a commercial class of insurer but is in effect a captive by contract even if the other items mentioned don't specifically apply. They may enter into an agreement for financing and be restricted to only writing business as defined within the agreement. Not sure if the group wants to include those in the definition but thought I would offer for consideration the revision below.

- 3) Any other affiliated insurance or reinsurance company that by law, regulation, ~~or~~ order, **or contract** is authorized to insure or reinsure only risks from its parent or affiliate shall be assumed to be a captive, subject to the cedant's rebuttal to its domicile.

John F. Rehagen, CFE
Deputy Division Director
Division of Insurance Company Regulation
Missouri Department of Insurance, Financial Institutions and Professional Registration
(573) 522-2563

Memorandum

To: Jacob Garn (UT), Chair – Blanks (E) Working Group
From: David Provost, Deputy Commissioner, Vermont Department of Financial Regulation
Date: 7/26/2013
Re: Definite of captive affiliate in Blanks proposal #2013-11BWG

This is being provided in response to comments recently received regarding the definition of captive affiliate. Vermont will not be able to attend the conference call this afternoon.

If the committee chooses to amend the definition currently on the table, I would support adding the first two sentences of Superintendent Torti's proposed definition, which discuss the intent of the disclosure and the definition of "Affiliated".

Should the committee choose to replace the definition on the table and adopt Superintendent Torti's proposal, I offer the following specific comments:

- Vermont and many other states with active captive insurance markets would be pleased to see the term "captive" removed, but is "affiliated Non-Traditional Insurer/Reinsurer" the right name for these entities? How about Affiliated Special Purpose Insurers?
- We could then remove the term "Traditional" insurer, or perhaps replace it with "Commercial" insurer. Conversely, if we call these non-traditional, do we need to define "Traditional"? (Upon umpteenth reading, I now see that the term "traditional commercial" insurers is also used) We all know it when we see it, but what is it? Is it subject to NAIC accreditation standards? If Special Purpose Insurers are brought under the accreditation umbrella, do they then become "traditional"?
- I'm not entirely sure of the meaning or intent of adding "similar law outside of those applicable to traditional commercial insurers". These certainly don't operate outside the law, but are licensed under specific statutes. Perhaps "separate from" instead of "outside" would be appropriate.
- Insert the word "ceding" in two places for clarity (markup below)
- I've marked up Superintendent Torti's proposal with all of the above incorporated

July 26, 2013

Definition of Affiliated ~~Non-Traditional~~ Special Purpose Insurer/Reinsurer

“This disclosure is intended to capture cessions to affiliated insurance/reinsurance entities that are not subject to the financial solvency regulatory system that is generally applicable to ~~traditional commercial~~ insurers and/or reinsurers in the ceding entity’s domestic jurisdiction. The definition of “Affiliated” is established in the NAIC Model Holding Company Act. An Affiliated ~~Non-Traditional~~ Special Purpose Insurer/Reinsurer is an insurance or reinsurance company that is formed under special laws of a state or other jurisdiction that allow the company to reinsure risks from the parent or affiliates and prohibit the issuance of direct policies to consumers, and is not subject to the financial solvency regulatory system that is generally applicable to ~~traditional commercial~~ insurers and/or reinsurers in the ceding entity’s domestic jurisdiction. For the purpose of annual statement reporting, this definition shall be presumed to include the following, subject to the cedant’s rebuttal to its domicile:

1. “An affiliated insurance or reinsurance company licensed, authorized or otherwise granted the authority to operate in a single United States jurisdiction under any captive insurer law, special purpose insurer law, or other similar law ~~outside of~~ separate from those applicable to ~~traditional~~ commercial insurers and/or reinsurers.
2. “An affiliated insurance or reinsurance company licensed, authorized or otherwise granted the authority to operate under any captive insurer law, special purpose insurer law, or other similar law ~~outside of~~ separate from those applicable to ~~traditional~~ commercial insurers and/or reinsurers, in any jurisdiction outside the United States.”

Thank you for the opportunity to comment.

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

| | |
|--|--|
| <p style="text-align: right;">DATE: <u>02/20/2013</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>David Provost</u></p> <p>TITLE: <u>Deputy Commissioner, Captive Insurance</u></p> <p>AFFILIATION: <u>Vermont Insurance Division</u></p> <p>ADDRESS: <u>89 Main St.</u> <u>Montpelier, VT 05620-3101</u></p> | <p style="text-align: center;">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2013-11BWG MOD</u></p> <p>Year <u>2013</u></p> <p>Changes to Existing Reporting <input checked="" type="checkbox"/> [X]</p> <p>New Reporting Requirement <input type="checkbox"/> []</p> <hr/> <p style="text-align: center;">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact <input checked="" type="checkbox"/> [X]</p> <p>Modifies Required Disclosure <input type="checkbox"/> []</p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p><input type="checkbox"/> [] Rejected For Public Comment</p> <p><input type="checkbox"/> [] Referred To Another NAIC Group</p> <p><input type="checkbox"/> [] Received For Public Comment</p> <p><input checked="" type="checkbox"/> [X] Adopted Date <u>06/13/2013</u></p> <p><input type="checkbox"/> [] Rejected Date _____</p> <p><input type="checkbox"/> [] Deferred Date _____</p> <p><input type="checkbox"/> [] Other (Specify) _____</p> |
|--|--|

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 checked="" type="checkbox"/> [X] Life and Accident & Health | <input checked="" type="checkbox"/> [X] Property/Casualty | <input checked="" type="checkbox"/> [X] Health |
| <input type="checkbox"/> [] Separate Accounts | <input checked="" type="checkbox"/> [X] Fraternal | <input checked="" type="checkbox"/> [X] Title |
| <input type="checkbox"/> [] Other Specify | | |

Anticipated Effective Date: Annual 2013

IDENTIFICATION OF ITEM(S) TO CHANGE

Add new lines to Schedules F and S to capture reinsurance data related to captive companies. Existing lines in the instructions and blank will be adjusted to reflect these new lines. Add a definition to the Schedule F and S General Instructions to define which companies will be reported on the new lines.

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

The purpose of this proposal is to explicitly identify the use of captive insurers in reinsurance transactions. The segregation in the reinsurance schedules will set apart captive affiliates from other affiliates that may fall under separate sets of regulations in other jurisdictions.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

Revised 6/13/2009

ANNUAL STATEMENT INSTRUCTIONS – PROPERTY & HEALTH (PROPERTY SUPPLEMENT)

SCHEDULE F – PART 1ASSUMED REINSURANCE
AS OF DECEMBER 31, CURRENT YEAR

If a reporting entity has any detail lines reported for any of the following required groups, categories, or subcategories, it shall report the subtotal of the corresponding group, category, or subcategory, with the specified subtotal line appearing in the same manner and location as the pre-printed total or grand total line and number:

| <u>Group or Category</u> | <u>Line Number</u> |
|---|-----------------------------------|
| Total Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non Pool | 0299999 |
| Other (Non U.S.) | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>0299999</u> |
| <u>Other</u> | <u>0399999</u> |
| <u>Total</u> | <u>0499999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>0599999</u> |
| <u>Other</u> | <u>0699999</u> |
| <u>Total</u> | <u>0799999</u> |
| Total Affiliates | 0499999 <u>0899999</u> |
| Other U.S. Unaffiliated Insurers – Reinsurance for which the total of Column 8 is less than \$100,000 | 0599999 <u>0999998</u> |
| Total Other U.S. Unaffiliated Insurers*# | 0599999 <u>0999999</u> |
| Pools and Associations | |
| Mandatory Pools | |
| Reinsurance for which the total of Column 8 is less than \$100,000 | 0699998 <u>1099998</u> |
| Pools, Associations or Other Similar Facilities* | 0699999 <u>1099999</u> |
| Voluntary Pools | |
| Reinsurance for which the total of Column 8 is less than \$100,000 | 0799998 <u>1199998</u> |
| Pools, Associations or Other Similar Facilities* | 0799999 <u>1199999</u> |
| Total Pools and Associations | 0899999 <u>1299999</u> |
| Other Non-U.S. Insurers – Reinsurance for which the total of Column 8 is less than \$100,000 | 0999998 <u>1399998</u> |
| Total Other Non-U.S. Insurers* | 0999999 <u>1399999</u> |
| Totals | 9999999 |

* Reinsured companies for which Column 8 is less than \$100,000 may be aggregated and reported separately by category and reported only on Lines ~~0599998~~0999998, ~~0699998~~1099998, ~~0799998~~1199998 and ~~0999998~~1399998. The aggregation of certain companies is permitted only as provided in the instructions to Schedule F, Part 1. In all other Parts, all companies must be identified.

Unaffiliated U.S. Branches of alien insurers should be included with “Total Other U.S. Unaffiliated Insurers.”

Reinsurance assumed from pools or associations may be reported in the name of the pool or association instead of in the names of the insurers that ceded the reinsurance to the pool or association.


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Detail Eliminated To Conserve Space
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ANNUAL STATEMENT INSTRUCTIONS – PROPERTY & HEALTH (PROPERTY SUPPLEMENT)

SCHEDULE F – PART 3
CEDED REINSURANCE
AS OF DECEMBER 31, CURRENT YEAR

Detail Eliminated To Conserve Space

| <u>Group or Category</u> | <u>Line Number</u> |
|---|-----------------------------------|
| Total Authorized | |
| Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non Pool | 0299999 |
| Other (Non U.S.) | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>0299999</u> |
| <u>Other</u> | <u>0399999</u> |
| <u>Total</u> | <u>0499999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>0599999</u> |
| <u>Other</u> | <u>0699999</u> |
| <u>Total</u> | <u>0799999</u> |
| Total Authorized – Affiliates | 0499999 <u>0899999</u> |
| Other U. S. Unaffiliated Insurers (Under \$100,000) | 0599998 <u>0999998</u> |
| Other U.S. Unaffiliated Insurers | 0599999 <u>0999999</u> |
| Pools | |
| Mandatory Pools* @ | 0699999 <u>1099999</u> |
| Voluntary Pools* % | 0799999 <u>1199999</u> |
| Other Non-U.S. Insurers # (Under \$100,000) | 0899998 <u>1299998</u> |
| Other Non-U.S. Insurers# | 0899999 <u>1299999</u> |
| Total Authorized | 0999999 <u>1399999</u> |
| Total Unauthorized | |
| Affiliates | |
| U.S. Intercompany Pooling | 1099999 <u>1499999</u> |
| U.S. Non Pool | 1199999 |
| Other (Non U.S.) | 1299999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>1599999</u> |
| <u>Other</u> | <u>1699999</u> |
| <u>Total</u> | <u>1799999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>1899999</u> |
| <u>Other</u> | <u>1999999</u> |
| <u>Total</u> | <u>2099999</u> |
| Total Unauthorized – Affiliates | 1399999 <u>2199999</u> |
| Other U.S. Unaffiliated Insurers (Under \$100,000) | 1499998 <u>2299998</u> |
| Other U.S. Unaffiliated Insurers | 1499999 <u>2299999</u> |
| Pools | |
| Mandatory Pools* @ | 1599999 <u>2399999</u> |
| Voluntary Pools* % | 1699999 <u>2499999</u> |
| Other non-U.S. Insurers # (under \$100,000) | 1799998 <u>2599998</u> |
| Other Non-U.S. Insurers# | 1799999 <u>2599999</u> |
| Total Unauthorized | 1899999 <u>2699999</u> |

Total Certified

Affiliates

| | | |
|--|--------------------|---------|
| U.S. Intercompany Pooling | 1999999 | 2799999 |
| U.S. Non Pool | 2099999 | |
| Other (Non U.S.) | 2199999 | |
| <u>U.S. Non-Pool</u> | | |
| <u>Captive</u> | | 2899999 |
| <u>Other</u> | | 2999999 |
| <u>Total</u> | | 3099999 |
| <u>Other (Non-U.S.)</u> | | |
| <u>Captive</u> | | 3199999 |
| <u>Other</u> | | 3299999 |
| <u>Total</u> | | 3399999 |
| Total Certified – Affiliates | 2299999 | 3499999 |
| Other U.S. Unaffiliated Insurers (Under \$100,000) | 2399998 | 3599998 |
| Other U.S. Unaffiliated Insurers | 2399999 | 3599999 |
| Pools | | |
| Mandatory Pools* @ | 2499999 | 3699999 |
| Voluntary Pools* % | 2599999 | 3799999 |
| Other Non-U.S. Insurers # (under \$100,000) | 2699998 | 3899998 |
| Other Non-U.S. Insurers# | 2699999 | 3899999 |
| Total Certified | 2799999 | 3999999 |
| Total Authorized, Unauthorized and Certified | 2899999 | 4099999 |
| Total Protected Cells | 2999999 | 4199999 |
| Totals | 9999999 | |

- * – Pools and Associations consisting of affiliated companies should be listed by individual company names.
- @ – Include in Mandatory Pools all U.S. Government programs (e.g., National Flood Insurance, National Crop Insurance Corporation), all state residual market mechanisms, the Workers Compensation Reinsurance Pool, and the National Council on Compensation Insurance.
- % – Include in Voluntary Pools all pool participation that is voluntary on the part of the reporting entity. Include participation in any state program for which participation is not mandatory.
- # – Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.



Detail Eliminated To Conserve Space



ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

SCHEDULE F – PART 4AGING OF CEDED REINSURANCE
AS OF DECEMBER 31, CURRENT YEAR

Include in this schedule only companies for which balances are shown in Schedule F, Part 3, Columns 7 and/or 8.

If a reporting entity has amounts reported for any of the following required groups, categories, or subcategories, it shall report the subtotal amount of the corresponding group, category, or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total or grand total line and number:

| <u>Group or Category</u> | <u>Line Number</u> |
|--|----------------------------|
| Total Authorized | |
| Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non-Pool | 0299999 |
| Other (Non-U.S.) | 0399999 |
| <u>U.S. Non-Pool</u> | |
| Captive | 0299999 |
| Other | 0399999 |
| Total | 0499999 |
| <u>Other (Non-U.S.)</u> | |
| Captive | 0599999 |
| Other | 0699999 |
| Total | 0799999 |
| Total Authorized – Affiliates | 0499999 0899999 |
| Other U.S. Unaffiliated Insurers | 0599999 0999999 |
| Pools | |
| Mandatory Pools* | 0699999 1099999 |
| Voluntary Pools* | 0799999 1199999 |
| Other Non-U.S. Insurers# | 0899999 1299999 |
| Total Authorized | 0999999 1399999 |
| Total Unauthorized | |
| Affiliates | |
| U.S. Intercompany Pooling | 1099999 1499999 |
| U.S. Non-Pool | 1199999 |
| Other (Non-U.S.) | 1299999 |
| <u>U.S. Non-Pool</u> | |
| Captive | 1599999 |
| Other | 1699999 |
| Total | 1799999 |
| <u>Other (Non-U.S.)</u> | |
| Captive | 1899999 |
| Other | 1999999 |
| Total | 2099999 |
| Total Unauthorized – Affiliates | 1399999 2199999 |
| Other U.S. Unaffiliated Insurers | 1499999 2299999 |
| Pools | |
| Mandatory Pools* | 1599999 2399999 |
| Voluntary Pools* | 1699999 2499999 |
| Other Non-U.S. Insurers# | 1799999 2599999 |
| Total Unauthorized | 1899999 2699999 |

Total Certified

Affiliates

| | |
|---------------------------------------|----------------------------|
| U.S. Intercompany Pooling | 1999999 2799999 |
| U.S. Non Pool | 2099999 |
| Other (Non U.S.) | 2199999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>2899999</u> |
| <u>Other</u> | <u>2999999</u> |
| <u>Total</u> | <u>3099999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>3199999</u> |
| <u>Other</u> | <u>3299999</u> |
| <u>Total</u> | <u>3399999</u> |
| Total Certified – Affiliates | 2299999 3499999 |
| Other U.S. Unaffiliated Insurers..... | 2399999 3599999 |

Pools

| | |
|--|----------------------------|
| Mandatory Pools* @..... | 2499999 3699999 |
| Voluntary Pools* % | 2599999 3799999 |
| Other Non-U.S. Insurers#..... | 2699999 3899999 |
| Total Certified | 2799999 3999999 |
| Total Authorized, Unauthorized and Certified | 2899999 4099999 |
| Total Protected Cells..... | 2999999 4199999 |
| Totals | 9999999 |

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”


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Detail Eliminated To Conserve Space
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ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

SCHEDULE F – PART 5PROVISION FOR UNAUTHORIZED REINSURANCE
AS OF DECEMBER 31, CURRENT YEAR

If a reporting entity has amounts reported for any of the following required groups, categories, or subcategories, it shall report the subtotal amount of the corresponding group, category, or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total or grand total line and number:

| <u>Group or Category</u> | <u>Line Number</u> |
|---|-----------------------------------|
| Total Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non Pool | 0299999 |
| Other Non-U.S. Insurers# | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>0299999</u> |
| <u>Other</u> | <u>0399999</u> |
| <u>Total</u> | <u>0499999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>0599999</u> |
| <u>Other</u> | <u>0699999</u> |
| <u>Total</u> | <u>0799999</u> |
| Total Affiliates | 0499999 <u>0899999</u> |
| Total Other U.S. Unaffiliated Insurers..... | 0599999 <u>0999999</u> |
| Total Pools and Associations | |
| Mandatory* | 0699999 <u>1099999</u> |
| Voluntary* | 0799999 <u>1199999</u> |
| Total Other Non-U.S. Insurers#..... | 0899999 <u>1299999</u> |
| Total Affiliates and Others | 0999999 <u>1399999</u> |
| Total Protected Cells..... | 1099999 <u>1499999</u> |
| Totals | 9999999 |

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”


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Detail Eliminated To Conserve Space
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ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

SCHEDULE F – PART 6 – SECTION 1

PROVISION FOR REINSURANCE CEDED TO CERTIFIED REINSURERS
AS OF DECEMBER 31, CURRENT YEAR

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Detail Eliminated To Conserve Space

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| <u>Group or Category</u> | <u>Line Number</u> |
|---|----------------------------|
| Total Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non Pool | 0299999 |
| Other Non-U.S. Insurers# | 0399999 |
| <u>U.S. Non-Pool</u> | |
| Captive | 0299999 |
| Other | 0399999 |
| Total | 0499999 |
| <u>Other (Non-U.S.)#</u> | |
| Captive | 0599999 |
| Other | 0699999 |
| Total | 0799999 |
| Total Affiliates | 0499999 0899999 |
| Total Other U.S. Unaffiliated Insurers..... | 0599999 0999999 |
| Total Pools and Associations | |
| Mandatory* | 0699999 1099999 |
| Voluntary* | 0799999 1199999 |
| Total Other Non-U.S. Insurers#..... | 0899999 1299999 |
| Total Affiliates and Others | 0999999 1399999 |
| Total Protected Cells..... | 1099999 1499999 |
| Totals | 9999999 |

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”

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Detail Eliminated To Conserve Space

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Column 13 – Funds Held by Company Under Reinsurance Treaties

Should agree with certified portion of Schedule F, Part 3, Column 19, Line ~~2799999~~3999999.

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Detail Eliminated To Conserve Space

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ANNUAL STATEMENT INSTRUCTIONS – PROPERTY

SCHEDULE F – PART 6 – SECTION 2PROVISION FOR OVERDUE REINSURANCE CEDED TO CERTIFIED REINSURERS
AS OF DECEMBER 31, CURRENT YEAR

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

| <u>Group or Category</u> | <u>Line Number</u> |
|---|----------------------------|
| Total Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non-Pool | 0299999 |
| Other Non-U.S. Insurers# | 0399999 |
| <u>U.S. Non-Pool</u> | |
| Captive | 0299999 |
| Other | 0399999 |
| Total | 0499999 |
| <u>Other (Non-U.S.)#</u> | |
| Captive | 0599999 |
| Other | 0699999 |
| Total | 0799999 |
| Total Affiliates | 0499999 0899999 |
| Total Other U.S. Unaffiliated Insurers..... | 0599999 0999999 |
| Total Pools and Associations | |
| Mandatory* | 0699999 1099999 |
| Voluntary* | 0799999 1199999 |
| Total Other Non-U.S. Insurers#..... | 0899999 1299999 |
| Total Affiliates and Others | 0999999 1399999 |
| Total Protected Cells..... | 1099999 1499999 |
| Totals | 9999999 |

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”

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

ANNUAL STATEMENT INSTRUCTIONS – LIFE, FRATERNAL & HEALTH (LIFE SUPPLEMENT)

SCHEDULE S – PART 1 – SECTION 1REINSURANCE ASSUMED LIFE INSURANCE, ANNUITIES, DEPOSIT FUNDS AND OTHER LIABILITIES
WITHOUT LIFE OR DISABILITY CONTINGENCIES, AND RELATED BENEFITS LISTED BY REINSURED
COMPANY AS OF DECEMBER 31, CURRENT YEAR

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

Group or Category

Line Number

General Account

Affiliates

| | |
|---------------------------|----------------------------|
| U.S. Affiliates | 0199999 |
| Non-U.S. Affiliates | 0299999 |
| U.S. | |
| Captive | 0199999 |
| Other | 0299999 |
| Total | 0399999 |
| Non-U.S. | |
| Captive | 0499999 |
| Other | 0599999 |
| Total | 0699999 |
| Total Affiliates | 0399999 0799999 |

Non-Affiliates

| | |
|-------------------------------|----------------------------|
| U.S. Non-Affiliates | 0499999 0899999 |
| Non-U.S. Non-Affiliates | 0599999 0999999 |
| Total Non-Affiliates | 0699999 1099999 |
| Total General Account | 0799999 1199999 |

Separate Accounts

Affiliates

| | |
|---------------------------|----------------------------|
| U.S. Affiliates | 0899999 |
| Non-U.S. Affiliates | 0999999 |
| U.S. | |
| Captive | 1299999 |
| Other | 1399999 |
| Total | 1499999 |
| Non-U.S. | |
| Captive | 5515 99999 |
| Other | 1699999 |
| Total | 1799999 |
| Total Affiliates | 1099999 1899999 |

Non-Affiliates

| | |
|-------------------------------|-----------------------------|
| U.S. Non-Affiliates | 1199999 1999999 |
| Non-U.S. Non-Affiliates | 1299999 2099999 |
| Total Non-Affiliates | 1399999 22199999 |

Total Separate Accounts

~~1499999~~23299999

Total U.S. (Sum of ~~0199999~~0399999, ~~0499999~~0899999, ~~0899999~~1499999 and ~~1199999~~1999999)

~~1599999~~242399999

Total Non-U.S. (Sum of ~~0299999~~0699999, ~~0599999~~0999999, ~~0999999~~1799999 and ~~1299999~~2099999)

~~1699999~~252499999

Total (Sum of ~~0799999~~1199999 and ~~1499999~~23299999)

~~1799999~~9999999

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

ANNUAL STATEMENT INSTRUCTIONS – LIFE, FRATERNAL & HEALTH

SCHEDULE S – PART 1 – SECTION 2

**REINSURANCE ASSUMED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURED COMPANY
AS OF DECEMBER 31, CURRENT YEAR**

If a reporting entity has any detail lines reported for any of the following required groups, categories, or subcategories it shall report the subtotal amount of the corresponding group, category, or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total line and number:

| <u>Group or Category</u> | <u>Line Number</u> |
|--|--------------------|
| Affiliates | |
| U.S. Affiliates..... | 0199999 |
| Non-U.S. Affiliates..... | 0299999 |
| <u>U.S.</u> | |
| Captive..... | 0199999 |
| Other..... | 0299999 |
| Total..... | 0399999 |
| <u>Non-U.S.</u> | |
| Captive..... | 0499999 |
| Other..... | 0599999 |
| Total..... | 0699999 |
| Total..... | 0799999 |
| Total Affiliates..... | 039999908799999 |
| Non-Affiliates | |
| U.S. Non-Affiliates..... | 049999909899999 |
| Non-U.S. Non-Affiliates..... | 059999910099999 |
| Total Non-Affiliates..... | 069999911099999 |
| Total U.S. (Sum of 0199999-0399999 and 0499999-09899999)..... | 0799999121199999 |
| Total Non-U.S. (Sum of 0299999-0699999 and 0599999-100999999)..... | 0899999131299999 |
| Total (Sum of 0399999-08799999 and 0699999-11099999)..... | 099999999999999 |



Detail Eliminated To Conserve Space



ANNUAL STATEMENT INSTRUCTIONS – LIFE, FRATERNAL & HEALTH

SCHEDULE S – PART 2

REINSURANCE RECOVERABLE ON PAID AND UNPAID LOSSES LISTED BY REINSURING COMPANY
AS OF DECEMBER 31, CURRENT YEAR

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Detail Eliminated To Conserve Space

⌞

Group or Category

Line Number

Life and Annuity

Affiliates

| | |
|----------------------------------|-----------------------------------|
| <u>U.S. Affiliates</u> | <u>0199999</u> |
| <u>Non-U.S. Affiliates</u> | <u>0299999</u> |
| <u>U.S.</u> | |
| <u>Captive</u> | <u>0199999</u> |
| <u>Other</u> | <u>0299999</u> |
| <u>Total</u> | <u>0399999</u> |
| <u>Non-U.S.</u> | |
| <u>Captive</u> | <u>0499999</u> |
| <u>Other</u> | <u>0599999</u> |
| <u>Total</u> | <u>0699999</u> |
| Total Affiliates | 0399999 <u>0799999</u> |

Non-Affiliates

| | |
|-------------------------------|-----------------------------------|
| U.S. Non-Affiliates | 0499999 <u>0899999</u> |
| Non-U.S. Non-Affiliates | 0599999 <u>0999999</u> |
| Total Non-Affiliates | 0699999 <u>1099999</u> |
| Total Life and Annuity | 0799999 <u>1199999</u> |

Accident and Health

Affiliates

| | |
|----------------------------------|-----------------------------------|
| <u>U.S. Affiliates</u> | <u>0899999</u> |
| <u>Non-U.S. Affiliates</u> | <u>0999999</u> |
| <u>U.S.</u> | |
| <u>Captive</u> | <u>1299999</u> |
| <u>Other</u> | <u>1399999</u> |
| <u>Total</u> | <u>1499999</u> |
| <u>Non-U.S.</u> | |
| <u>Captive</u> | <u>1599999</u> |
| <u>Other</u> | <u>1699999</u> |
| <u>Total</u> | <u>1799999</u> |
| Total Affiliates | 1099999 <u>1899999</u> |

Non-Affiliates

| | |
|---------------------------------|-----------------------------------|
| U.S. Non-Affiliates | 1199999 <u>1999999</u> |
| Non-U.S. Non-Affiliates | 1299999 <u>2099999</u> |
| Total Non-Affiliates | 1399999 <u>2199999</u> |
| Total Accident and Health | 1499999 <u>2299999</u> |

| | |
|--|-----------------------------------|
| Total U.S. (Sum of 0199999 <u>0399999</u> , 0499999 <u>0899999</u> , 0899999 <u>1499999</u> and 1199999 <u>1999999</u>) | 1599999 <u>2399999</u> |
| Total Non-U.S. (Sum of 0299999 <u>0699999</u> , 0599999 <u>0999999</u> , 0999999 <u>1799999</u> and 1299999 <u>2099999</u>) | 1699999 <u>2499999</u> |
| Total (Sum of 0799999 <u>1199999</u> and 1499999 <u>2299999</u>) | 1799999 <u>2999999</u> |

⌞

Detail Eliminated To Conserve Space

⌞

ANNUAL STATEMENT INSTRUCTIONS – LIFE, FRATERNAL & HEALTH (LIFE SUPPLEMENT)

SCHEDULE S – PART 3 – SECTION 1REINSURANCE CEDED LIFE INSURANCE, ANNUITIES, DEPOSIT FUNDS AND OTHER LIABILITIES
WITHOUT LIFE OR DISABILITY CONTINGENCIES, AND RELATED BENEFITS LISTED BY REINSURING
COMPANY AS OF DECEMBER 31, CURRENT YEAR

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

| General Account | <u>Group or Category</u> | <u>Line Number</u> |
|-----------------|--|-----------------------------------|
| Authorized | | |
| | Affiliates | |
| | U.S. Affiliates | 0199999 |
| | Non-U.S. Affiliates | 0299999 |
| | <u>U.S.</u> | |
| | <u>Captive</u> | <u>0199999</u> |
| | <u>Other</u> | <u>0299999</u> |
| | <u>Total</u> | <u>0399999</u> |
| | <u>Non-U.S.</u> | |
| | <u>Captive</u> | <u>0499999</u> |
| | <u>Other</u> | <u>0599999</u> |
| | <u>Total</u> | <u>0699999</u> |
| | Total Authorized Affiliates | 0399999 <u>0799999</u> |
| | Non-Affiliates | |
| | U.S. Non-Affiliates | 0499999 <u>0899999</u> |
| | Non-U.S. Non-Affiliates | 0599999 <u>0999999</u> |
| | Total Authorized Non-Affiliates | 0699999 <u>1099999</u> |
| | Total General Account Authorized | 0799999 <u>1199999</u> |
| Unauthorized | | |
| | Affiliates | |
| | U.S. Affiliates | 0899999 |
| | Non-U.S. Affiliates | 0999999 |
| | <u>U.S.</u> | |
| | <u>Captive</u> | <u>1299999</u> |
| | <u>Other</u> | <u>1399999</u> |
| | <u>Total</u> | <u>1499999</u> |
| | <u>Non-U.S.</u> | |
| | <u>Captive</u> | <u>1599999</u> |
| | <u>Other</u> | <u>1699999</u> |
| | <u>Total</u> | <u>1799999</u> |
| | Total Unauthorized Affiliates | 1099999 <u>1899999</u> |
| | Non-Affiliates | |
| | U.S. Non-Affiliates | 1199999 <u>1999999</u> |
| | Non-U.S. Non-Affiliates | 1299999 <u>2099999</u> |
| | Total Unauthorized Non-Affiliates | 1399999 <u>2199999</u> |
| | Total General Account Unauthorized | 1499999 <u>2299999</u> |

Certified

Affiliates

| | |
|--|----------------------------|
| U.S. Affiliates | 1599999 |
| Non-U.S. Affiliates | 1699999 |
| <u>U.S.</u> | |
| Captive | 2399999 |
| Other | 2499999 |
| Total | 2599999 |
| <u>Non-U.S.</u> | |
| Captive | 2699999 |
| Other | 2799999 |
| Total | 2899999 |
| Total Certified Affiliates | 1799999 2999999 |
| Non-Affiliates | |
| U.S. Non-Affiliates | 1899999 3099999 |
| Non-U.S. Non-Affiliates | 1999999 3199999 |
| Total Certified Non-Affiliates | 2099999 3299999 |
| Total General Account Certified | 2199999 3399999 |
| Total General Account Authorized, Unauthorized and Certified | 2299999 3499999 |

Separate Accounts

Authorized

Affiliates

| | |
|--|----------------------------|
| U.S. Affiliates | 2399999 |
| Non-U.S. Affiliates | 2499999 |
| <u>U.S.</u> | |
| Captive | 3599999 |
| Other | 3699999 |
| Total | 3799999 |
| <u>Non-U.S.</u> | |
| Captive | 3899999 |
| Other | 3999999 |
| Total | 4099999 |
| Total Authorized Affiliates | 2599999 4199999 |
| Non-Affiliates | |
| U.S. Non-Affiliates | 2699999 4299999 |
| Non-U.S. Non-Affiliates | 2799999 4399999 |
| Total Authorized Non-Affiliates | 2899999 4499999 |
| Total Separate Accounts Authorized | 2999999 4599999 |

Unauthorized

Affiliates

| | |
|-------------------------------------|----------------------------|
| U.S. Affiliates | 3099999 |
| Non-U.S. Affiliates | 3199999 |
| <u>U.S.</u> | |
| Captive | 4699999 |
| Other | 4799999 |
| Total | 4899999 |
| <u>Non-U.S.</u> | |
| Captive | 4999999 |
| Other | 5099999 |
| Total | 5199999 |
| Total Unauthorized Affiliates | 3299999 5299999 |

| | |
|--|-----------------------------------|
| Non-Affiliates | |
| U.S. Non-Affiliates | 3399999 <u>5399999</u> |
| Non-U.S. Non-Affiliates | 3499999 <u>5499999</u> |
| Total Unauthorized Non-Affiliates | 3599999 <u>5599999</u> |
| Total Separate Accounts Unauthorized | 3699999 <u>5699999</u> |
| Certified | |
| Affiliates | |
| U.S. Affiliates | 3799999 <u>5799999</u> |
| Non-U.S. Affiliates | 3899999 <u>5899999</u> |
| U.S. | |
| Captive | 5799999 <u>5799999</u> |
| Other | 5899999 <u>5899999</u> |
| Total | 5999999 <u>5999999</u> |
| Non-U.S. | |
| Captive | 6099999 <u>6099999</u> |
| Other | 6199999 <u>6199999</u> |
| Total | 6299999 <u>6299999</u> |
| Total Certified Affiliates | 3999999 <u>6399999</u> |
| Non-Affiliates | |
| U.S. Non-Affiliates | 4099999 <u>6499999</u> |
| Non-U.S. Non-Affiliates | 4199999 <u>6599999</u> |
| Total Certified Non-Affiliates | 4299999 <u>6699999</u> |
| Total Separate Accounts Certified | 4399999 <u>6799999</u> |
| Total Separate Accounts Authorized, Unauthorized and Certified | 4499999 <u>6899999</u> |
| Total U.S. (Sum of 0199999 <u>0399999</u> , 0499999 <u>0899999</u> , 0899999 <u>1499999</u> , 1199999 <u>1999999</u> , 1599999 <u>2599999</u> , 1899999 <u>3099999</u> , 2399999 <u>3799999</u> , 2699999 <u>4299999</u> , 3099999 <u>4899999</u> , 3399999 <u>5399999</u> , 3799999 <u>5999999</u> and 4099999 <u>6499999</u>) | 4599999 <u>6999999</u> |
| Total Non-U.S. (Sum of 0299999 <u>0699999</u> , 0599999 <u>0999999</u> , 0999999 <u>1799999</u> , 1299999 <u>2099999</u> , 1699999 <u>2899999</u> , 1999999 <u>3199999</u> , 2499999 <u>4099999</u> , 2799999 <u>4399999</u> , 3199999 <u>5199999</u> , 3499999 <u>5499999</u> , 3899999 <u>6299999</u> and 4199999 <u>6599999</u>) | 4699999 <u>7099999</u> |
| Total (Sum of 2299999 <u>3499999</u> and 4499999 <u>6899999</u>) | 4799999 <u>9999999</u> |


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=
Detail Eliminated To Conserve Space
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=
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ANNUAL STATEMENT INSTRUCTIONS – LIFE, FRATERNAL & HEALTH

SCHEDULE S – PART 3 – SECTION 2REINSURANCE CEDED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURING COMPANY
AS OF DECEMBER 31, CURRENT YEAR

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≡≡≡
⌞

Detail Eliminated To Conserve Space

Group or Category

Line Number

General Account

Authorized

Affiliates

| | |
|----------------------------------|---------|
| <u>U.S. Affiliates</u> | 0199999 |
| <u>Non-U.S. Affiliates</u> | 0299999 |

U.S.

| | |
|----------------------|---------|
| <u>Captive</u> | 0199999 |
| <u>Other</u> | 0299999 |
| <u>Total</u> | 0399999 |

Non-U.S.

| | |
|--|----------------------------|
| <u>Captive</u> | 0499999 |
| <u>Other</u> | 0599999 |
| <u>Total</u> | 0699999 |
| <u>Total Authorized Affiliates</u> | 0399999 0799999 |

Non-Affiliates

| | |
|---|----------------------------|
| U.S. Non-Affiliates | 0499999 0899999 |
| Non-U.S. Non-Affiliates | 0599999 0999999 |
| <u>Total Authorized Non-Affiliates</u> | 0699999 1099999 |
| <u>Total General Account Authorized</u> | 0799999 1199999 |

Unauthorized

Affiliates

| | |
|----------------------------------|---------|
| <u>U.S. Affiliates</u> | 0899999 |
| <u>Non-U.S. Affiliates</u> | 0999999 |

U.S.

| | |
|----------------------|---------|
| <u>Captive</u> | 1299999 |
| <u>Other</u> | 1399999 |
| <u>Total</u> | 1499999 |

Non-U.S.

| | |
|--|----------------------------|
| <u>Captive</u> | 1599999 |
| <u>Other</u> | 1699999 |
| <u>Total</u> | 1799999 |
| <u>Total Unauthorized Affiliates</u> | 1099999 1899999 |

Non-Affiliates

| | |
|---|----------------------------|
| U.S. Non-Affiliates | 1199999 1999999 |
| Non-U.S. Non-Affiliates | 1299999 2099999 |
| <u>Total Unauthorized Non-Affiliates</u> | 1399999 2199999 |
| <u>Total General Account Unauthorized</u> | 1499999 2299999 |

Certified

Affiliates

| | |
|--|----------------------------|
| U.S. Affiliates | 1599999 |
| Non-U.S. Affiliates | 1699999 |
| <u>U.S.</u> | |
| Captive | 2399999 |
| Other | 2499999 |
| Total | 2599999 |
| <u>Non-U.S.</u> | |
| Captive | 2699999 |
| Other | 2799999 |
| Total | 2899999 |
| Total Certified Affiliates | 1799999 2999999 |
| Non-Affiliates | |
| U.S. Non-Affiliates | 1899999 3099999 |
| Non-U.S. Non-Affiliates | 1999999 3199999 |
| Total Certified Non-Affiliates | 2099999 3299999 |
| Total General Account Certified | 2199999 3399999 |
| Total General Account Authorized, Unauthorized and Certified | 2299999 3499999 |

Separate Accounts

Authorized

Affiliates

| | |
|--|----------------------------|
| U.S. Affiliates | 2399999 |
| Non-U.S. Affiliates | 2499999 |
| <u>U.S.</u> | |
| Captive | 3599999 |
| Other | 3699999 |
| Total | 3799999 |
| <u>Non-U.S.</u> | |
| Captive | 3899999 |
| Other | 3999999 |
| Total | 4099999 |
| Total Authorized Affiliates | 2599999 4199999 |
| Non-Affiliates | |
| U.S. Non-Affiliates | 2699999 4299999 |
| Non-U.S. Non-Affiliates | 2799999 4399999 |
| Total Authorized Non-Affiliates | 2899999 4499999 |
| Total Separate Accounts Authorized | 2999999 4599999 |

Unauthorized

Affiliates

| | |
|-------------------------------------|----------------------------|
| U.S. Affiliates | 3099999 |
| Non-U.S. Affiliates | 3199999 |
| <u>U.S.</u> | |
| Captive | 4699999 |
| Other | 4799999 |
| Total | 4899999 |
| <u>Non-U.S.</u> | |
| Captive | 4999999 |
| Other | 5099999 |
| Total | 5199999 |
| Total Unauthorized Affiliates | 3299999 5299999 |

Non-Affiliates

| | |
|--|----------------------------|
| U.S. Non-Affiliates | 3399999 5399999 |
| Non-U.S. Non-Affiliates | 3499999 5499999 |
| Total Unauthorized Non-Affiliates | 3599999 5599999 |
| Total Separate Accounts Unauthorized | 3699999 5699999 |

Certified

Affiliates

| | |
|--------------------------------------|----------------------------|
| U.S. Affiliates | 3799999 |
| Non-U.S. Affiliates | 3899999 |
| <u>U.S.</u> | |
| <u>Captive</u> | 5799999 |
| <u>Other</u> | 5899999 |
| <u>Total</u> | 5999999 |
| <u>Non-U.S.</u> | |
| <u>Captive</u> | 6099999 |
| <u>Other</u> | 6199999 |
| <u>Total</u> | 6299999 |
| Total Certified Affiliates | 3999999 6399999 |

Non-Affiliates

| | |
|--------------------------------------|----------------------------|
| U.S. Non-Affiliates | 4099999 6499999 |
| Non-U.S. Non-Affiliates | 4199999 6599999 |
| Total Certified Non-Affiliates | 4299999 6699999 |

Total Separate Accounts Certified.....~~4399999~~6799999

Total Separate Accounts Authorized, Unauthorized and Certified.....~~4499999~~6899999

Total U.S. (Sum of ~~0199999~~0399999, ~~0499999~~0899999, ~~0899999~~1499999, ~~1199999~~1999999, ~~1599999~~2599999, ~~1899999~~3099999, ~~2399999~~3799999, ~~2699999~~4299999, ~~3099999~~4899999, ~~3399999~~5399999, ~~3799999~~5999999 and ~~4099999~~6499999)

Total Non-U.S. (Sum of ~~0299999~~0699999, ~~0599999~~0999999, ~~0999999~~1799999, ~~1299999~~2099999, ~~1699999~~2899999, ~~1999999~~3199999, ~~2499999~~4099999, ~~2799999~~4399999, ~~3199999~~5199999, ~~3499999~~5499999, ~~3899999~~6299999 and ~~4199999~~6599999)

Total (Sum of ~~2299999~~3499999 and ~~4499999~~6899999)

Detail Eliminated To Conserve Space

ANNUAL STATEMENT INSTRUCTIONS – LIFE, FRATERNAL & HEALTH

SCHEDULE S – PART 4REINSURANCE CEDED TO UNAUTHORIZED COMPANIES

=====
 X ===== Detail Eliminated To Conserve Space ===== X
 =====

Group or CategoryLine Number

General Account

Life and Annuity

Affiliates

| | |
|---------------------------|---------|
| U.S. Affiliates | 0199999 |
| Non-U.S. Affiliates | 0299999 |

U.S.

| | |
|---------------|---------|
| Captive | 0199999 |
| Other | 0299999 |
| Total | 0399999 |

Non-U.S.

| | |
|------------------------|----------------------------|
| Captive | 0499999 |
| Other | 0599999 |
| Total | 0699999 |
| Total Affiliates | 0399999 0799999 |

Non-Affiliates

| | |
|-------------------------------|----------------------------|
| U.S. Non-Affiliates | 0499999 0899999 |
| Non-U.S. Non-Affiliates | 0599999 0999999 |
| Total Non-Affiliates | 0699999 1099999 |

| | |
|------------------------------|----------------------------|
| Total Life and Annuity | 0799999 1199999 |
|------------------------------|----------------------------|

Accident and Health

Affiliates

| | |
|---------------------------|---------|
| U.S. Affiliates | 0899999 |
| Non-U.S. Affiliates | 0999999 |

U.S.

| | |
|---------------|---------|
| Captive | 1299999 |
| Other | 1399999 |
| Total | 1499999 |

Non-U.S.

| | |
|------------------------|----------------------------|
| Captive | 1599999 |
| Other | 1699999 |
| Total | 1799999 |
| Total Affiliates | 1099999 1899999 |

Non-Affiliates

| | |
|-------------------------------|----------------------------|
| U.S. Non-Affiliates | 1199999 1999999 |
| Non-U.S. Non-Affiliates | 1299999 2099999 |
| Total Non-Affiliates | 1399999 2199999 |

| | |
|---------------------------------|----------------------------|
| Total Accident and Health | 1499999 2299999 |
|---------------------------------|----------------------------|

| | |
|-----------------------------|----------------------------|
| Total General Account | 1599999 2399999 |
|-----------------------------|----------------------------|

Separate Accounts

Affiliates

| | |
|--|----------------------------|
| U.S. Affiliates | 1699999 |
| Non-U.S. Affiliates | 1799999 |
| <u>U.S.</u> | |
| Captive | 2499999 |
| Other | 2599999 |
| Total | 2699999 |
| <u>Non-U.S.</u> | |
| Captive | 2799999 |
| Other | 2899999 |
| Total | 2999999 |
| Total Separate Accounts Affiliates | 1899999 3099999 |

Non-Affiliates

| | |
|--|----------------------------|
| U.S. Non-Affiliates | 1999999 3199999 |
| Non-U.S. Non-Affiliates | 2099999 3299999 |
| Total Separate Accounts Non-Affiliates | 2199999 3399999 |

Total Separate Accounts

~~2299999~~ 3749999

Total U.S. (Sum of ~~0199999~~ 0399999, ~~0499999~~ 0899999, ~~0899999~~ 1499999, ~~1199999~~ 1999999, ~~1699999~~ 2699999 and ~~1999999~~ 3199999)

~~2399999~~ 3599999

Total Non-U.S. (Sum of ~~0299999~~ 0699999, ~~0599999~~ 0999999, ~~0999999~~ 1799999, ~~1299999~~ 2099999, ~~1799999~~ 2999999 and ~~2099999~~ 3299999)

~~2499999~~ 3699999

Total (Sum of ~~1599999~~ 2399999 and ~~2299999~~ 3749999)

~~2599999~~ 9999999


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Detail Eliminated To Conserve Space
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ANNUAL STATEMENT INSTRUCTIONS – LIFE, FRATERNAL & HEALTH

SCHEDULE S – PART 5REINSURANCE CEDED TO CERTIFIED REINSURERS

✕

 Detail Eliminated To Conserve Space

✕

Group or CategoryLine Number

General Account

Life and Annuity

Affiliates

| | |
|---------------------------|---------|
| U.S. Affiliates | 0199999 |
| Non-U.S. Affiliates | 0299999 |

U.S.

| | |
|---------------|---------|
| Captive | 0199999 |
| Other | 0299999 |
| Total | 0399999 |

Non-U.S.

| | |
|------------------------|----------------------------|
| Captive | 0499999 |
| Other | 0599999 |
| Total | 0699999 |
| Total Affiliates | 0399999 0799999 |

Non-Affiliates

| | |
|-------------------------------|----------------------------|
| U.S. Non-Affiliates | 0499999 0899999 |
| Non-U.S. Non-Affiliates | 0599999 0999999 |
| Total Non-Affiliates | 0699999 1099999 |

| | |
|------------------------------|----------------------------|
| Total Life and Annuity | 0799999 1199999 |
|------------------------------|----------------------------|

Accident and Health

Affiliates

| | |
|---------------------------|---------|
| U.S. Affiliates | 0899999 |
| Non-U.S. Affiliates | 0999999 |

U.S.

| | |
|---------------|---------|
| Captive | 1299999 |
| Other | 1399999 |
| Total | 1499999 |

Non-U.S.

| | |
|------------------------|----------------------------|
| Captive | 1599999 |
| Other | 1699999 |
| Total | 1799999 |
| Total Affiliates | 1099999 1899999 |

Non-Affiliates

| | |
|-------------------------------|----------------------------|
| U.S. Non-Affiliates | 1199999 1999999 |
| Non-U.S. Non-Affiliates | 1299999 2099999 |
| Total Non-Affiliates | 1399999 2199999 |

| | |
|---------------------------------|----------------------------|
| Total Accident and Health | 1499999 2299999 |
|---------------------------------|----------------------------|

| | |
|-----------------------------|----------------------------|
| Total General Account | 1599999 2399999 |
|-----------------------------|----------------------------|

Separate Accounts

Affiliates

| | |
|--|----------------------------|
| U.S. Affiliates | 1699999 |
| Non-U.S. Affiliates | 1799999 |
| <u>U.S.</u> | |
| Captive | 2499999 |
| Other | 2599999 |
| Total | 2699999 |
| <u>Non-U.S.</u> | |
| Captive | 2799999 |
| Other | 2899999 |
| Total | 2999999 |
| Total Separate Accounts Affiliates | 1899999 3099999 |

Non-Affiliates

| | |
|--|----------------------------|
| U.S. Non-Affiliates | 1999999 3199999 |
| Non-U.S. Non-Affiliates | 2099999 3299999 |
| Total Separate Accounts Non-Affiliates | 2199999 3399999 |

Total Separate Accounts

~~2299999~~ 3499999

Total U.S. (Sum of ~~0199999~~ 0399999, ~~0499999~~ 0899999, ~~0899999~~ 1499999, ~~1199999~~ 1999999, ~~1699999~~ 2699999 and ~~1999999~~ 3199999)

~~2399999~~ 3599999

Total Non-U.S. (Sum of ~~0299999~~ 0699999, ~~0599999~~ 0999999, ~~0999999~~ 1799999, ~~1299999~~ 2099999, ~~1799999~~ 2999999 and ~~2099999~~ 3299999)

~~2499999~~ 3699999

Total (Sum of ~~1599999~~ 2399999 and ~~2299999~~ 3499999)

~~2599999~~ 9999999


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Detail Eliminated To Conserve Space
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ANNUAL STATEMENT INSTRUCTIONS – LIFE

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT

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Detail Eliminated To Conserve Space
 =====

SCHEDULE F – PART 1**ASSUMED REINSURANCE**

If a reporting entity has any detail lines reported for any of the following required groups, categories, or subcategories, it shall report the subtotal of the corresponding group, category, or subcategory, with the specified subtotal line appearing in the same manner and location as the pre-printed total or grand total line and number.

| <u>Group or Category</u> | <u>Line Number</u> |
|---|-----------------------------------|
| Total Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non-Pool | 0299999 |
| Other (Non-U.S.) | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>0299999</u> |
| <u>Other</u> | <u>0399999</u> |
| <u>Total</u> | <u>0499999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>0599999</u> |
| <u>Other</u> | <u>0699999</u> |
| <u>Total</u> | <u>0799999</u> |
| Total Affiliates | 0499999 <u>0899999</u> |
| Other U.S. Unaffiliated Insurers – Reinsurance for which the total of Column 8 is less than \$100,000 | 0599999 <u>0999998</u> |
| Total Other U.S. Unaffiliated Insurers * # | 0599999 <u>0999999</u> |
| Pools and Associations | |
| Mandatory Pools | |
| Reinsurance for which the total of Column 8 is less than \$100,000 | 0699998 <u>1099998</u> |
| Total Pools, Associations or Other Similar Facilities * | 0699999 <u>1099999</u> |
| Voluntary Pools | |
| Reinsurance for which the total of Column 8 is less than \$100,000 | 0799998 <u>1199998</u> |
| Total Pools, Associations or Other Similar Facilities * | 0799999 <u>1199999</u> |
| Total Pools and Associations | 0899999 <u>1299999</u> |
| Other Non-U.S. Insurers – Reinsurance for which the total of Column 8 is less than \$100,000 | 0999998 <u>1399998</u> |
| Total Other Non-U.S. Insurers* | 0999999 <u>1399999</u> |
| Totals | 9999999 |

* Reinsured companies for which Column 8 is less than \$100,000 may be aggregated and reported separately by category and reported only on Lines ~~0599998~~0999998, ~~0699998~~1099998, ~~0799998~~1199998 and ~~0999998~~1399998. The aggregation of certain companies is permitted only as provided in the instructions to Schedule F.

Unaffiliated U.S. branches of alien insurers should be included with “Total Other U.S. Unaffiliated Insurers.”

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Detail Eliminated To Conserve Space
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ANNUAL STATEMENT INSTRUCTIONS – LIFE

SCHEDULE F – PART 2CEDED REINSURANCE

| <u>Group or Category</u> | <u>Line Number</u> |
|--|-----------------------------------|
| Total Authorized | |
| Affiliates | |
| Affiliates – U.S. Intercompany Pooling | 0199999 |
| Affiliates – U.S. Non-Pool | 0299999 |
| Affiliates – Other (Non-U.S.) | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | 0299999 |
| <u>Other</u> | 0399999 |
| <u>Total</u> | 0499999 |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | 0599999 |
| <u>Other</u> | 0699999 |
| <u>Total</u> | 0799999 |
| Total Authorized – Affiliates | 0499999 <u>0899999</u> |
| Other U.S. Unaffiliated Insurers (Under \$100,000) | 0599999 <u>0999999</u> |
| Other U.S. Unaffiliated Insurers | 0599999 <u>0999999</u> |
| Pools | |
| Mandatory Pools * | 0699999 <u>1099999</u> |
| Voluntary Pools * | 0799999 <u>1199999</u> |
| Other Non-U.S. Insurers # (Under \$100,000) | 0899999 <u>1299999</u> |
| Other Non-U.S. Insurers # | 0899999 <u>1299999</u> |
| Total Authorized | 0999999 <u>1399999</u> |
| Total Unauthorized | |
| Affiliates | |
| U.S. Intercompany Pooling | 1099999 <u>1499999</u> |
| U.S. Non-Pool | 1199999 |
| Other (Non-U.S.) | 1299999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | 1599999 |
| <u>Other</u> | 1699999 |
| <u>Total</u> | 1799999 |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | 1899999 |
| <u>Other</u> | 1999999 |
| <u>Total</u> | 2099999 |
| Total Unauthorized – Affiliates | 1399999 <u>2199999</u> |
| Other U.S. Unaffiliated Insurers (Under \$100,000) | 1499999 <u>2299999</u> |
| Other U.S. Unaffiliated Insurers | 1499999 <u>2299999</u> |

| | |
|--|--------------------|
| Pools | |
| Mandatory Pools * | 1599999 2399999 |
| Voluntary Pools * | 1699999 2499999 |
| Other Non-U.S. Insurers # (Under \$100,000) | 1799998 2599998 |
| Other Non-U.S. Insurers # | 1799999 2599999 |
| Total Unauthorized | 1899999 2699999 |
| Total Certified | |
| Affiliates | |
| U.S. Intercompany Pooling | 1999999 2799999 |
| U.S. Non Pool | 2099999 |
| Other (Non U.S.) | 2199999 |
| <u>U.S. Non-Pool</u> | |
| Captive | 2899999 |
| Other | 2999999 |
| Total | 3099999 |
| <u>Other (Non-U.S.)</u> | |
| Captive | 3199999 |
| Other | 3299999 |
| Total | 3399999 |
| Total Certified – Affiliates | 2299999 3499999 |
| Other U.S. Unaffiliated Insurers (Under \$100,000) | 2399998 3599998 |
| Other U.S. Unaffiliated Insurers | 2399999 3659999 |
| Pools | |
| Mandatory Pools* @ | 2499999 3769999 |
| Voluntary Pools* % | 2599999 3799999 |
| Other Non-U.S. Insurers # (under \$100,000) | 2699998 3899998 |
| Other Non-U.S. Insurers# | 2699999 3899999 |
| Total Certified | 2799999 3999999 |
| Total Authorized, Unauthorized and Certified | 2899999 4099999 |
| Totals | 9999999 |

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”


Detail Eliminated To Conserve Space

ANNUAL STATEMENT INSTRUCTIONS – TITLE

SCHEDULE F – PART 1ASSUMED REINSURANCE AS OF DECEMBER 31, CURRENT YEAR

If a reporting entity has any detail lines reported for any of the following required groups, categories, or subcategories, it shall report the subtotal of the corresponding group, category, or subcategory, with the specified subtotal line appearing in the same manner and location as the pre-printed total or grand total line and number:

| <u>Group or Category</u> | <u>Line Number</u> |
|--|-----------------------------------|
| Total Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non Pool | 0299999 |
| Other (Non U.S.) | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>0299999</u> |
| <u>Other</u> | <u>0399999</u> |
| <u>Total</u> | <u>0499999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>0599999</u> |
| <u>Other</u> | <u>0699999</u> |
| <u>Total</u> | <u>0799999</u> |
| Total Affiliates | 0499999 <u>8999999</u> |
| Other U.S. Unaffiliated Insurers – Reinsurance for which the total of Column 5 is less than \$50,000 | 0599999 <u>0999998</u> |
| Total Other U.S. Unaffiliated Insurers*# | 0599999 <u>0999999</u> |
| Pools and Associations | |
| Mandatory Pools | |
| Reinsurance for which the total of Column 5 is less than \$50,000 | 0699998 <u>1099998</u> |
| Total Pools, Associations or Other Similar Facilities* | 0699999 <u>1099999</u> |
| Voluntary Pools | |
| Reinsurance for which the total of Column 5 is less than \$50,000 | 0799998 <u>1199998</u> |
| Total Pools, Associations or Other Similar Facilities* | 0799999 <u>1199999</u> |
| Total Pools and Associations | 0899999 <u>1299999</u> |
| Other Non-U.S. Insurers – Reinsurance for which the total of Column 5 is less than \$50,000 | 0999998 <u>1399998</u> |
| Total Other Non-U.S. Insurers* | 0999999 <u>1399999</u> |
| Grand Total | 9999999 |

* Reinsured companies for which Column 5 is less than \$50,000 may be aggregated and reported separately by category and reported only on Lines ~~0599998~~0999998, ~~0699998~~1099998, ~~0799998~~1199998 and ~~0999998~~1399998. The aggregation of certain companies is permitted only as provided in the instructions to Schedule F, Part 1. In all other Parts, all companies must be identified.

Unaffiliated U.S. Branches of alien insurers should be included with “Total Other U.S. Unaffiliated Insurers”.


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Detail Eliminated To Conserve Space
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ANNUAL STATEMENT INSTRUCTIONS – TITLE

SCHEDULE F – PART 2CEDED REINSURANCE AS OF DECEMBER 31, CURRENT YEAR

If a reporting entity has amounts reported for any of the following required groups, categories, or subcategories, it shall report the subtotal amount of the corresponding group, category, or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total or grand total line and number:

| <u>Group or Category</u> | <u>Line Number</u> |
|---|-----------------------------------|
| Total Authorized | |
| Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non Pool | 0299999 |
| Other (Non U.S.) | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>0299999</u> |
| <u>Other</u> | <u>0399999</u> |
| <u>Total</u> | <u>0499999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>0599999</u> |
| <u>Other</u> | <u>0699999</u> |
| <u>Total</u> | <u>0799999</u> |
| Total Authorized – Affiliates | 0499999 <u>0899999</u> |
| Other U.S. Unaffiliated Insurers | 0599999 <u>0999999</u> |
| Pools | |
| Mandatory Pools* | 0699999 <u>1099999</u> |
| Voluntary Pools* | 0799999 <u>1199999</u> |
| Other Non-U.S. Insurers# | 0899999 <u>1299999</u> |
| Total Authorized | 0999999 <u>1399999</u> |
| Total Unauthorized | |
| Affiliates | |
| U.S. Intercompany Pooling | 1099999 <u>1499999</u> |
| U.S. Non Pool | 1199999 |
| Other (Non U.S.) | 1299999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>1599999</u> |
| <u>Other</u> | <u>1699999</u> |
| <u>Total</u> | <u>1799999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>1899999</u> |
| <u>Other</u> | <u>1999999</u> |
| <u>Total</u> | <u>2099999</u> |
| Total Unauthorized – Affiliates | 1399999 <u>2199999</u> |
| Other U.S. Unaffiliated Insurers | 1499999 <u>2299999</u> |
| Pools | |
| Mandatory Pools* | 1599999 <u>2399999</u> |
| Voluntary Pools* | 1699999 <u>2499999</u> |
| Total Unauthorized – Other Non-U.S. Insurers# | 1799999 <u>2599999</u> |
| Total Unauthorized | 1899999 <u>2699999</u> |

Total Certified

Affiliates

| | |
|---------------------------------------|----------------------------|
| U.S. Intercompany Pooling | 1999999 2799999 |
| U.S. Non Pool | 2099999 |
| Other (Non U.S.) | 2199999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | 2899999 |
| <u>Other</u> | 2999999 |
| <u>Total</u> | 3099999 |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | 3199999 |
| <u>Other</u> | 3299999 |
| <u>Total</u> | 3399999 |
| Total Certified – Affiliates | 2299999 3499999 |
| Other U.S. Unaffiliated Insurers..... | 2399999 3599999 |

Pools

| | |
|-------------------------------|----------------------------|
| Mandatory Pools* @..... | 2499999 3699999 |
| Voluntary Pools* % | 2599999 3799999 |
| Other Non-U.S. Insurers#..... | 2699999 3899999 |
| Total Certified..... | 2799999 3999999 |
| Totals | 9999999 |

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category “Other Non-U.S. Insurers.”

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.



Detail Eliminated To Conserve Space



ANNUAL STATEMENT INSTRUCTIONS – TITLE

SCHEDULE F – PART 3**PROVISION FOR UNAUTHORIZED REINSURANCE AS OF DECEMBER 31, CURRENT YEAR**

If a reporting entity has amounts reported for any of the following required groups, categories, or subcategories, it shall report the subtotal amount of the corresponding group, category, or subcategory, with the specified subtotal line number appearing in the same manner and location as the pre-printed total or grand total line and number:

| <u>Group or Category</u> | <u>Line Number</u> |
|---|-----------------------------------|
| Total Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non Pool | 0299999 |
| Other Non-U.S. Insurers# | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>0299999</u> |
| <u>Other</u> | <u>0399999</u> |
| <u>Total</u> | <u>0499999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>0599999</u> |
| <u>Other</u> | <u>0699999</u> |
| <u>Total</u> | <u>0799999</u> |
| Total Affiliates | 0499999 <u>0899999</u> |
| Total Other U.S. Unaffiliated Insurers..... | 0599999 <u>0999999</u> |
| Total Pools and Associations | |
| Mandatory* | 0699999 <u>1099999</u> |
| Voluntary* | 0799999 <u>1199999</u> |
| Total Other Non-U.S. Insurers#..... | 0899999 <u>1299999</u> |
| Totals | 9999999 |

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category "Other Non-U.S. Insurers."


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Detail Eliminated To Conserve Space
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ANNUAL STATEMENT INSTRUCTIONS – TITLE

SCHEDULE F – PART 4PROVISION FOR REINSURANCE CEDED TO CERTIFIED REINSURERS
AS OF DECEMBER 31, CURRENT YEAR

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Detail Eliminated To Conserve Space

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| <u>Group or Category</u> | <u>Line Number</u> |
|---|-----------------------------------|
| Total Affiliates | |
| U.S. Intercompany Pooling | 0199999 |
| U.S. Non-Pool | 0299999 |
| Other Non-U.S. Insurers# | 0399999 |
| <u>U.S. Non-Pool</u> | |
| <u>Captive</u> | <u>0299999</u> |
| <u>Other</u> | <u>0399999</u> |
| <u>Total</u> | <u>0499999</u> |
| <u>Other (Non-U.S.)</u> | |
| <u>Captive</u> | <u>0599999</u> |
| <u>Other</u> | <u>0699999</u> |
| <u>Total</u> | <u>0799999</u> |
| Total Affiliates | 0499999 <u>0899999</u> |
| Total Other U.S. Unaffiliated Insurers..... | 0599999 <u>0999999</u> |
| Total Pools and Associations | |
| Mandatory* | 0699999 <u>1099999</u> |
| Voluntary* | 0799999 <u>1199999</u> |
| Total Other Non-U.S. Insurers# | 0899999 <u>1299999</u> |
| Total Affiliates and Others | 0999999 <u>1399999</u> |
| Totals | 9999999 |

* Pools and Associations consisting of affiliated companies should be listed by individual company names.

Alien Pools and Associations should be reported on Schedule F under the category "Other Non-U.S. Insurers."

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Detail Eliminated To Conserve Space

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ANNUAL STATEMENT INSTRUCTIONS – LIFE, PROPERTY FRATERNAL, HEALTH (INCLUDING LIFE & PROPERTY SUPPLEMENTS) & TITLE

DRAFTING NOTE: The following definition for captive affiliates will be added to the General Instructions for Schedule F and S.

Definition of Captive Affiliate

Certain reinsurance schedules allow for reporting captive affiliates separately from other affiliates. For the purposes of those reinsurance schedules a captive affiliate shall be defined as an insurance company formed to insure or reinsure the risks of its parents and affiliates, as well as risks that are not directly related to their parent or sponsoring organization. There are primarily two types of captives: single parent and group captives. Also, there are sponsored captive insurance companies, known as cell captives, rent-a-captives, or sponsored captives and captives that are classified as special purpose insurers. Sponsored captive insurance companies offer a captive structure, typically to smaller companies, who desire to attain the benefits of captive insurance without directly owning a captive or participation in group membership. Special purpose insurers are typically established to enter into a single transaction or a single set of transactions in accordance with a jurisdiction's applicable code or laws.

ANNUAL STATEMENT BLANK – LIFE, FRATERNAL, & HEALTH (INCLUDING LIFE SUPPLEMENT)

DRAFTING NOTE: The grand total line for the following parts of Schedule S will be changed to 9999999.

Schedule S:

- Part 1, Section 1**
- Part 1, Section 2**
- Part 2**
- Part 3, Section 1**
- Part 3, Section 2**
- Part 4**
- Part 5**

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NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

| | | |
|---|--|---|
| CONTACT PERSON: _____ TELEPHONE: _____ EMAIL ADDRESS: _____ ON BEHALF OF: _____ NAME: <u>Joseph Torti III</u> TITLE: <u>Deputy Director and Superintendent</u> <u>Insurance and Banking</u> AFFILIATION: <u>RI Division of Insurance and Banking</u> ADDRESS: <u>1511 Pontiac Ave, Bldg. 69-2</u> <u>Cranston, RI 02920-4407</u> | DATE: <u>06/26/2013</u> | FOR NAIC USE ONLY |
| | | Agenda Item # <u>2013-21BWG</u> |
| | | Year <u>2013</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 | |
| | [] Rejected For Public Comment | |
| | [] Referred To Another NAIC Group | |
| | [] Received For Public Comment | |
| | [] Adopted Date _____ | |
| | [] Rejected Date _____ | |
| | [] Deferred Date _____ | |
| | [] Other (Specify) _____ | |

BLANK(S) TO WHICH PROPOSAL APPLIES

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

Anticipated Effective Date: Annual 2013**IDENTIFICATION OF ITEM(S) TO CHANGE**

Add information related to the cyber-security contact to the jurat page for all statement types as electronic only entries.

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

The federal interagency Financial and Banking Information Infrastructure Committee (FBIIC) recently notified the various financial regulators of the need for them to be able to convey information from FBIIC regarding cyber-security threats to the participants of their industry. This proposal will provide appropriate contact information for the insurance legal entities to allow this information from FBIIC to be passed along.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

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

Revised 6/13/2009

ANNUAL & QUARTERLY STATEMENT INSTRUCTIONS – ALL STATEMENT TYPES

JURAT PAGE

Enter all information completely as indicated by the format of the page.



Detail Eliminated To Conserve Space

To be filed in electronic format only:

Policyowner Relations Contact

Name

List person able to respond to calls regarding policies, premium payments, etc. on individual policies.

Address

May be a P.O. Box and the associated ZIP code.

Telephone Number

Telephone number should include area code and extension.

Email Address

Email address of the policyowner relations contact person as described above.



Detail Eliminated To Conserve Space

Cyber-security Contact

Name

The cyber-security contact represents the person the reporting entity designates to receive information on active, developing and potential cyber-security threats from regulatory agencies.

Address

May be a P.O. Box and the associated ZIP code.

Telephone Number

Telephone number should include area code and extension.

Email Address

Email address of the cyber-security contact person as described above.

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