

NAIC General Electronic Filing Submission Directive – Data Year 2024
Annual Filings

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Supplemental Life data due March 1 (Health) ~~Note: All Supplemental Life data is due March 1, with the exception of the following items, which are due April 1: Analysis of Annuity Operations by Lines of Business; Analysis of Increase in Annuity Reserves During the Year.)~~

Supplemental Schedule O (Life)

Supplemental Schedule for Reinsurance ~~and~~ Third-Party Reporting Exception – Asbestos and Pollution Contracts (Property)

Trusteed Surplus Statement (Property, Life)

VM-20 Reserves Supplement (Life)

Workers' Compensation Carve-Out Supplement (Life)

Actuarial Certification Regarding the Use ~~of~~ 2001 Preferred Class Tables Required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities (Life) (PDF file only)

Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities (Life) (PDF file only)

Actuarial Opinion (Property, Life, Health, Title) (PDF file only)

Actuarial Opinion (Statement) on Non-Guaranteed Elements as Required in Interrogatory 3 to Exhibit 5 (Life, Health Life Supplement) (PDF file only)

Actuarial Opinion on Participating and Non-Participating Policies as Required in Interrogatories 1 and 2 to Exhibit 5 (Life, Health Life Supplement) (PDF file only)

Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit (Life) (PDF file only)

Actuarial Opinion on Synthetic Guaranteed Investment Contracts (Life) (PDF file only)

Actuarial Opinion on X-Factors (Life) (PDF file only)

Actuarial Opinion Required by the Modified Guaranteed Annuity Model Regulation (Life) (PDF file only)

C-3 RBC Certifications Required Under C-3 Phase I (Life) (PDF file only – to be filed with Risk-Based Capital Report)

C-3 RBC Certifications Required Under C-3 Phase II (Life) (PDF file only – to be filed with Risk-Based Capital Report)

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Cybersecurity Insurance Coverage Supplement (Property)
Insurance Expense Exhibit (Property)
Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2
(Life, Health, Property)
Long-Term Care Experience Report Forms (Property, Life, Health)
Mortgage Guaranty Insurance Exhibit (Property)
Private Flood Insurance Supplement (Property)
Supplemental Health Care Exhibit – Part 1 and 2 (Property, Life, Health)
Supplemental Investment Risks Interrogatories (Property, Life, Health, Title)
Supplemental Life data due April 1 (Health) Analysis of Annuity Operations by Lines of
Business; Analysis of Increase in Annuity Reserves During the Year
Supplemental Term and Universal Life Insurance Reinsurance Exhibit (Life)

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2.2. Filing Types (Statement Data Files)

An original filing is required the first time an electronic statement data file is submitted to the NAIC for any filing deadline. Each original data file must be reported as one of the following in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

- OCM Original and Complete March electronic filing
- OCRP Original and Complete RBC Property electronic filing
- OCRL Original and Complete RBC Life electronic filing
- OCRX Original and Complete RBC Health electronic filing
- OCS Original and Complete Separate Accounts electronic filing
- OCA Original and Complete April electronic filing
- OCCP Original and Complete Combined Property electronic filing

A refiling is required when an insurer's electronic statement data file fails certain minimum standards that have been established by the NAIC. (See the section of this Directive titled "Minimum Standards for the Electronic Filing".) In such a circumstance, the NAIC will contact the insurer and request that all data to be reported on that particular electronic file be resubmitted. (The insurer's state of domicile will be informed that the insurer has not complied with filing requirements, if necessary.) A refiling must always be a complete filing. Each refiling must be reported as one of the following in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

- RCM Refiling of Complete March electronic filing
- RCRP Refiling of Complete RBC Property electronic filing
- RCRL Refiling of Complete RBC Life electronic filing
- RCRX Refiling of Complete RBC Health electronic filing
- RCS Refiling of Complete Separate Accounts electronic filing
- RCA Refiling of Complete April electronic filing
- RCCP Refiling of Complete Combined Property electronic filing

An amended filing is to be submitted when any portion of an insurer's electronic statement data file is being revised or restated due to analysis by the insurer, the insurer's state of domicile, or the NAIC. Amended filings must include all records for the table(s) containing revised or restated data. (For example: Even if only one line of the 2024 Assets table needs correction, the amended 2024 Assets table must contain all required lines and should include all data as represented by the hard copy of the table.) Amended filings must be submitted as partial amended filings if only a portion of the entire statement data file is being revised. Amended filings must be submitted as complete amended filings if the entire statement data file is being revised. All amended filings must be accompanied by Jurat page information. Each amendment must be reported as one of the following in the Submission Filing Type Code column of line 01 of the Jurat Company Information table.

- APM Amendment of Partial March electronic filing
- APS Amendment of Partial Separate Accounts electronic filing
- APA Amendment of Partial April electronic filing
- APCP Amendment of Partial Combined Property electronic filing
- ACM Amendment of Complete March electronic filing
- ACRP Amendment of Complete RBC Property electronic filing
- ACRL Amendment of Complete RBC Life electronic filing
- ACRX Amendment of Complete RBC Health electronic filing
- ACS Amendment of Complete Separate Accounts electronic filing
- ACA Amendment of Complete April electronic filing
- ACCP Amendment of Complete Combined Property electronic filing

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Note:

- a) A company's partial or complete amended ~~March~~ Separate Accounts, April, or Combined Property electronic data filing must be accompanied by the following:
 - i) the appropriate amended PDF file(s),
 - ii) a cover letter detailing all changes.
- b) Complete amended filings (~~partial~~ amended filings) must be submitted for the following:
 - i) RBC Property electronic filing,
 - ii)

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PDF Guidelines

1. Security must not be applied to PDF files by insurance companies, software vendors, or third-party preparers.
2. Scanned images are not allowed except as noted under Miscellaneous Instructions for the Electronic Filing section, part 3-Jurat and organizational chart included in Schedule Y, Part 1.
3. Bar codes are not required in PDF files.
4. All original and refiled annual statement PDF files should contain a Jurat page.
5. Each amended annual statement PDF file should contain a Jurat page as well as an explanation cover page.
6. If only Jurat page information is being amended, a company can submit an amended Jurat page in any statement PDF file that corresponds to the filing date for which the information is being amended.

Note: The PDF filings listed below undergo a screening process upon receipt by the NAIC. Hence, no scanned

MISCELLANEOUS INSTRUCTIONS FOR THE ELECTRONIC FILING

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10. Tables that consist of both variable line ranges and fixed lines must not contain zero-filled detail lines on the electronic filing.

11. The following are guidelines regarding the completion of the annual Supplemental Exhibits and Schedules Interrogatories. The Supplemental Exhibits Schedules Interrogatories is divided into two sections.

The first section includes filings required from all companies.

If the reporting company will be filing a required supplement

Electronic data file response – YES (in YES/NO Response column – Column 1)

Hard copy / PDF response – YES (in Response column of page)

If the reporting company will not be filing a required supplement because the company's domiciliary state has waived the company from filing that supplement:

Electronic data file response – WAIVED (in YES/NO Response column – Column 1); appropriate bar code (in Document Bar Code column – Column 3)

Hard copy / PDF response – WAIVED (in Response column of page); appropriate code (in Bar Code section of page)

Note 1: If the state of domicile has waived a filing, the company must file the waiver with NAIC FDR Data Support Analysts.

Note 2: There should be no other reason for not filing a required supplement. However, a response of SEE EXPLANATION may be reported in certain instances if directed by the state of domicile.

Electronic data file response – SEE EXPLANATION (in YES/NO Response column – Column 1); appropriate explanation (in Explanation section of page)

Hard copy / PDF response – SEE EXPLANATION (in Response column of page); appropriate explanation (in Explanation section of page)

Note 3: The Insurance Expense Exhibit is a required filing for all Property companies unless specifically waived by the domiciliary state. The Accident and Health Policy Experience Exhibit is a required filing for all Health companies unless specifically waived by the domiciliary state. The Investment Risks Interrogatories is a required filing for all companies regardless of statement type, unless specifically waived by the domiciliary state.

12. For the second section: A supplement should be filed if it is applicable to the reporting company. If a company answers z

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If the reporting company will not be filing a particular supplement because the company's domiciliary state has waived the company from filing that supplement:

Electronic data file response – WAIVED (in YES/NO Response column – Column 1); appropriate bar code (in Document Bar Code column – Column 3)

Hard copy / PDF response – WAIVED (in Response column of page); appropriate bar code (in Bar Code section of page)

If the reporting company will not be filing a particular supplement because the company does not do the type of business to which the supplement applies

Electronic data file response – NO (in YES/NO Response column – Column 1); appropriate explanation (in Explanation column – Column 2); appropriate bar code (in Document Bar Code column – Column 3)

Hard copy / PDF response – NO (in Response column of page); appropriate explanation (in Explanation section of page); appropriate bar code (in Bar Code section of page)

If the reporting company will not be filing a particular supplement for any other reason

Electronic data file response – SEE EXPLANATION (in YES/NO Response column – Column 1); appropriate explanation (in Explanation column – Column 2)

Hard copy / PDF response – SEE EXPLANATION (in Response column of page); appropriate explanation (in Explanation section of page)

13. There never should be more than one state page or state abbreviation that is included on Schedule T.
14. If a base table that has a corresponding write-in table or footnote table is included on a company's electronic filing, the write-in table and/or footnote table must be included on the electronic filing, also.
15. The following are guidelines regarding the electronic filing of tables that contain key columns. (For example, tables that contain a state abbreviation column.)
 - If a base table that contains a key column has a corresponding write-in table and/or footnote table, each value that is reported in the key column of the base table also must be reported in the key column of the corresponding write-in table and/or footnote table.
 - For each value that is reported in the key column of a given table, all required lines of the table must be included on the electronic filing.
 - If a particular valid value for the key column of a given table is not applicable to a company, that key column value should not be included on the company's electronic filing.
16. Unless otherwise stated, the following are guidelines:

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19. Original and refiled RBC filings, April filings, and Combined Property filings that contain EITHER of the following files must contain BOTH of the following files: the statement data file and the statement data PDF file.
20. Following are the minimum standards Consistency Descriptions, listed by statement type. An insurer's electronic filing having an error related to any of these descriptions will fail the NAIC's consistency checks process (and will not, therefore, be loaded to the NAIC's database).

Annual Property

Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 38
Liabilities, Surplus and Other Funds Page, Column 1, Line 37 did not equal Statement of Income Page, Column 1, Line 39
Assets Page, Column 1, Line 28 should not equal to 0

Combined Property

Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 38
Liabilities, Surplus and Other Funds Page, Column 1, Line 37 did not equal Statement of Income Page, Column 1, Line 39

Annual Life

Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 39
Liabilities, Surplus and Other Funds Page, Column 1, Line 38 did not equal Summary of Operations Page, Column 1, Line 55
Assets Page, Column 1, Line 28 should not equal to 0

Annual Health

Assets Page, Column 3, Line 28 did not equal Liabilities, Capital and Surplus Page, Column 3, Line 34
Liabilities, Capital and Surplus Page, Column 1, Line 33 did not equal Statement of Revenue and Expenses Page, Column 1, Line 49
Assets Page, Column 1, Line 28 should not equal to 0

Annual Title

Assets Page, Column 3, Line 28 did not equal Liabilities, Surplus and Other Funds Page, Column 1, Line 33
Liabilities, Surplus and Other Funds Page, Column 1, Line 32 did not equal Operations and Investment Exhibit Page, Statement of Income, Column 1, Line 32
Assets Page, Column 1, Line 28 should not equal to 0

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SPECIAL INSTRUCTIONS FOR JURAT TABLES

Some of the Jurat information that is to be reported on a given electronic filing may not apply to a particular reporting entity. However, reporting entities must report the following Jurat information on their electronic filings.

March and April Filings

NAIC Company Code

FEIN

Submission Filing Type Code (See page 5 of this directive for valid codes.)

Full Company Name

Internet Website Address for Statutory Home Office

Note: If a company does not have an Internet Website Address, the company should enter N/A for this item.

Licensing information (Life, Health)

Name and Title of at least two individuals who sign the Jurat

Vendor Name

Vendor Version Number

Vendor Code

Note: (if reported) “Other officer” information must begin on Line 05; “Additional other officers” information must begin on Line 07, continuing on consecutive lines as necessary. “Director or trustee” information must begin on Line 06; “Additional directors or trustees” information must begin on Line 08, continuing on consecutive lines as necessary.

Combined Property Filings

Current Period Group Code

NAIC Company Code

Submission Filing Type Code (See page 5 of this directive for valid codes.)

Full Company Name

Mail Address

Vendor Name

Vendor Version Number

Vendor Code

Risk-Based Capital Filings

NAIC Company Code

FEIN

State of Organization

Submission Filing Type Code (See page 5 of this directive for valid codes.)

Full Company Name

RBC Contact Address

Name and Title of at least one officer who signs the Jurat

Vendor Name

Vendor Version Number

Vendor Code

Was a Vendor Link File Used (YES/NO response)

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SPECIAL INSTRUCTIONS FOR UNIFORM INVESTMENT SCHEDULES

Annual Uniform

SCHEDULE B, PART 1

All lines apply to all companies.

SCHEDULE B, PART 2

All lines apply to all companies.

Column 4 (Loan Type) – If the loan was made by an officer or a director of the reporting entity/subsidiary/affiliate, enter E. If the loan was made directly to a subsidiary or an affiliate, enter S. Otherwise, leave the column blank.

SCHEDULE B, PART 3

Column 4 (Loan Type) – If the loan was made by an officer or a director of the reporting entity/subsidiary/affiliate, enter E. If the loan was made directly to a subsidiary or an affiliate, enter S. Otherwise, leave the column blank.

SCHEDULE BA, PART 1

Column 7 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 7a1, 7a2 and 7a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

SCHEDULE D, PART 1 through SCHEDULE D, PART 5

For acquisition and disposal dates, if a company reports multiple issues of bonds or stocks on any one line of the listed parts of Schedule D, the date of the first acquisition or last disposal should be reported.

SCHEDULE D, PART 1 through SCHEDULE D, PART 6, SECTION 2

For securities that do not have CUSIP, PPN, or CINS numbers, the CUSIP fields should be zero filled on the electronic filing and valid ISIN security numbers should be reported in the ISIN Identification column of applicable parts of Schedule D.

SCHEDULE D, PART 1

Column 5 (Bond Characteristics) – Companies should input only the one-digit characteristics codes that apply, separated by commas. For plain vanilla only characteristics codes 1, 3, 5, and 8 apply to a company, 1,3,5,8 should be reported (rather than 10305008). If none of the characteristics applies, the column should be left blank.

Column 6 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 6a1, 6a2 and 6a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

Column 18 (Interest – When Paid) – If interest is paid monthly, use MON.

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Column 23 (State Abbreviation) – This column appears on the electronic filing only. Each line within the line ranges to which the column applies can be used only once, although a given STABBR can be used multiple times within a given range. For example: Line 0410000001 – AL (for Alabama), Line 0410000002 – KS (for Kansas), Line 0410000003 – AL (for Alabama), Line 0410000004 – NY (for New York).

SCHEDULE D, PART 2, SECTION 1

Column 6 (Par Value Per Share) – All detail lines require correct reporting of dollars and cents.

Column 20 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 20a1, 20a2 and 20a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

SCHEDULE D, PART 2, SECTION 2

Column 5 (Number of Shares) – All detail lines require correct reporting of shares of stock.

Column 18 (NAIC Designation, NAIC Designation Modifier, and SVO Administrative Symbol) – The electronic data is collected in three columns: 18a1, 18a2 and 18a3. The printed page should be shown as one column with a period between the NAIC Designation and the NAIC Designation Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

SCHEDULE D, PART 3

Column 8 (Par Value) – For preferred stock, the value per share is to be reported in dollars and cents.

Column 10 (State Abbreviation) – This column appears on the electronic filing only. Each line within the line ranges to which the column applies can be used only once, although a given STABBR can be used multiple times within a given range. For example: Line 0500000001 – AL (for Alabama), Line 0500000002 – KS (for Kansas), Line 0500000003 – AL (for Alabama), Line 0500000004 – NY (for New York).

SCHEDULE D, PART 4

Column 8 (Par Value) – For preferred stock, the value per share is to be reported in dollars and cents.

Column 22 (State Abbreviation) – This column appears on the electronic filing only. Each line within the line ranges to which the column applies can be used only once, although a given STABBR can be used multiple times within a given range. For example: Line 0500000001 – AL (for Alabama), Line 0500000002 – KS (for Kansas), Line 0500000003 – AL (for Alabama), Line 0500000004 – NY (for New York).

SCHEDULE D, PART 5

Column 8 (Par Value [Bonds] or Number of Shares [Stock]) – Lines 4010000001 through 5929999996 require correct reporting of shares of stock.

Column 22 (State Abbreviation) – This column appears on the electronic filing only. Each line within the line ranges to which the column applies can be used only once, although a given STABBR can be used multiple times within a given range. For example: Line 0500000001 –

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AL (for Alabama), Line 0500000002 – KS (for Kansas), Line 0500000003 – AL (for Alabama),
Line 0500000004 – NY (for New York).

SCHEDULE D, PART 6, SECTION 1
Column 6 (NAIC Valuation Method) – For th

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Modifier, and a space between the NAIC Designation Modifier and the SVO Administrative Symbol (e.g., “1.A YE”).

SCHEDULE E, PART 2

Column 11 (NAIC Designation Equivalent and NAIC Designation Modifier Equivalent) – The electronic data is collected in two columns: 11a and 11a2. This is an electronic only column.

Combined Property Uniform

SCHEDULE D, PART 1

Only total line 2509999999 is to be reported to the Combined Property electronic filing.

SCHEDULE D, PART 2, SECTION 1

Only total line 4509999999 is to be reported to the Combined Property electronic filing.

SCHEDULE D, PART 2, SECTION 2

Only total line 5999999999 is to be reported to the Combined Property electronic filing.

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GENERAL INTERROGATORIES, PART 2

It is valid for Lines 04.1, 04.2, 05.1, and 05.4 to be left unanswered if these interrogatories do not apply to the reporting entity.

EXHIBIT OF PREMIUMS AND LOSSES (State Page)

A filing for each jurisdiction in which the reporting company has written direct business, has direct losses paid, has direct losses incurred and direct losses unpaid must be submitted for the Exhibit of Premiums and Losses. All companies filing must have at least one state page on the annual filing.

A Grand Total page must be submitted for the Exhibit of Premiums and Losses.

SCHEDULE F, PART 1 through SCHEDULE F, PART 3

Column 1 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

SCHEDULE F, PART 1

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory office. For alien reinsurers, this column should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

SCHEDULE F, PART 3

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-character postal code abbreviation for the name of the state where the reinsurer maintains its statutory office. For alien reinsurers, this column should be completed with the three-character postal code abbreviation for the name of the country where the alien is domiciled.

SCHEDULE T

The valid responses for Column (Active Status) are as follows.

1. L (for Licensed or Chartered)
2. R (for Registered)
3. E (for Eligible)
4. Q (for Qualified)
5. D (for DSLI – Domestic Surplus Lines Insurer) - Reporting entities authorized to write surplus lines in the state of domicile

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Line B – The explanation of the basis of addition by states, etc., of premiums and annuity considerations should be entered on this line.

SCHEDULE Y PART 1A

Column 3 (NAIC Company Code) – This column should be zero filled if not applicable.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 10 of this directive.)

For the following interrogatory – if the reporting company responds NO because the company does not do the type of business to which the interrogatory applies – the noted document identifier should be part of the bundle that accompanies the NO response.

Interrogatory 31 – Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? Document Identifier 306

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This supplement is to be filed only if the reporting company writes accident and health business.

Valid responses for the State Code column are the two-letter state abbreviations, including CN (for Canada). OT (for Other Alien) shall be included with all alien business reported on line D1. GT (for Grand Total) also is valid for the State Code column.

FINANCIAL GUARANTY INSURANCE EXHIBIT, PART 1 through FINANCIAL GUARANTY INSURANCE EXHIBIT, PART 7

These tables are to be filed only if the reporting company writes financial guaranty insurance.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES

These tables are to be filed only if the reporting company writes Medicare Supplement insurance.

Medicare Supplement information is to be reported for each applicable state code.

Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

Column 3 (Standardized Medicare Supplement Benefit) – Valid entries for this column are A-N, O, and P.

The information called for in this table should be reported only once for each applicable state code.

MEDICARE PART D COVERAGE SUPPLEMENT

This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

PREMIUMS ATTRIBUTED TO PROTECTED CELLS EXHIBIT

This exhibit is to be filed only if the reporting company has risks attributed to the company's protected cells.

STATEMENT OF ACTUARIAL OPINION, EXHIBIT A, SCOPE and STATEMENT OF ACTUARIAL OPINION, EXHIBIT B, DISCLOSURES

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CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT PART 1, INTERROGATORIES through
CYBERSECURITY INSURANCE COVERAGE SUPPLEMENT PART 5, CYBERSECURITY
COVERAGE BY STATE

These tables are to be filed by those reporting entities (including surplus lines insurers and Risk Retention Groups) that provide cybersecurity insurance as primary coverage, an excess policy or an endorsement.

If the reporting company's answer to questions 2, 3 and 4 of Part 1 is "NO", the company should not complete the supplement. If the reporting company answers "YES" to any of those questions, the supplement should be completed.

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION ASSESSABLE PREMIUM EXHIBIT,
PARTS 1 and 2

These tables are to be filed only if the reporting company received any direct premiums or deposits in a state.

Information is to be reported for each applicable state code .

Note: The state codes AS (for American Samoa), GU (for Guam), VI (for United States Virgin Islands), CN (for Canada), MP (for Northern Mariana Islands), and OT (for Other Alien) must not be submitted for either table. GT (for Grand Total) information must be submitted for the Life, Health & Annuity Guaranty Associations Assessable Premium Exhibit, Parts 1 and 2.

PRIVATE FLOOD INSURANCE SUPPLEMENTS PART 1 through PART 6

This supplement is to be filed only if the reporting company writes private flood insurance.

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS AS REPORTED ON LINE 17 OF THE
EXHIBIT OF

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This table is unique to the Combined Property electronic filing. The names of the individual companies to which a Combined filing applies must be listed in this table. The NAIC company code and the name of the state of domicile for each individual company must be entered in this table, also.

Risk-Based Capital - Property

All RBC percentage and factor values should be calculated to the number of digits in the blank and reported to the number of digits allowed within electronic guidelines.

RBC ASSET CONCENTRATION FACTOR

The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).

RBC CATASTROPHE RISK INTERROGATORIES

The valid responses for Column 1 of this table are X or blank.

RBC CALCULATION OF CATASTROPHE RISK CHARGE FOR EARTHQUAKE

The valid responses for Column 5 of this table are Y and N.

RBC CALCULATION OF CATASTROPHE RISK CHARGE FOR HURRICANE

The valid responses for Column 5 of this table are Y and N.

RBC CALCULATION OF CATASTROPHE RISK CHARGE FOR WILDFIRE

The valid responses for Column 5 of this table are Y and N.

RBC CALCULATION OF CATASTROPHE RISK CHARGE FOR CONVECTIVE STORMS

The valid responses for Column 5 of this table are Y and N.

RBC COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

The valid entries for Line 06 are as follows.

- 1 (for Company Action Level)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

RBC UNDERWRITING AND INVESTMENT EXHIBIT, PREMIUMS WRITTEN, INTERROGATORIES

The valid responses for this table are YES and NO. YES and NO appear in every cell of the table.

RBC TOTAL CAPITATIONS PAID – ELECTRONIC ONLY

The valid percentage value should be calculated to five decimal places but can be presented to three decimal places.

RBC UNDERWRITING RISK - PREMIUM RISK

Columns 1 through 3: The valid percentage value should be entered to four decimal places on appropriate lines, but three digits in column 4.

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For Lines 1900001-1999996 on the electronic filing,

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SCHEDULE T (Footnote)

Line A – Active Status Counts: These counts should be the sums of Schedule T – column 1, and equal 57.

Line B – The explanation of the basis of addition by states, etc., of premiums and annuity considerations should be entered on this line.

Line C – The balancing schedule used for Schedule T, Column 4 (Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees) should be reported on this line.

SCHEDULE Y PART 1A

Column 3 (NAIC Company Code) – This column should be zero filled if not applicable.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

(See page 10 of this directive.)

For the following interrogatory – if the reporting company responds NO because the company does not do the type of business to which the interrogatory applies – the noted document identifier should be part of the code that accompanies the NO response.

Interrogatory 38 – Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? Document Identifier 306

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This supplement is to be filed only if the reporting company writes accident and health business.

Valid responses for the State Code column are the two-letter state abbreviations, excluding CN (for Canada). OT (for Other Alien) shall be included with all alien business reported on line D1. GT (for Grand Total) also is valid for the State Code column.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT and MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT INTERROGATORIES

These tables are to be filed only if the reporting company writes Medicare Supplement insurance.

Medicare Supplement information is to be reported for each applicable state code.

Note: The state codes CN (for Canada), OT (for Other Alien), and GT (for Grand Total) are not required and will not be accepted.

Column 3 (Standardized Medicare Supplement Benefit) – Valid entries for this column are A-N, O, and P.

The information called for in this interrogatory table should be reported only once for each applicable state code.

MEDICARE PART D COVERAGE SUPPLEMENT

This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

SCHEDULE O, PART 1, SECTION A through SCHEDULE O, PART 4, SECTION G

For each of sections D through G that contains zero data, the Footnote record (Description of line of business) must be completed.

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TRUSTEED SURPLUS STATEMENT ASSETS and TRUSTEED SURPLUS STATEMENT LIABILITIES
AND TRUSTEED SURPLUS

These tables are to be filed only if the reporting company is a United States branch of an alien insurer.

WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT (SCHEDULE F, PART 1) and WORKERS'
COMPENSATION CARVE-OUT SUPPLEMENT (SCHEDULE F, PART 2)

Column 1 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

Column 2 (NAIC Company Code) – This column should be zero filled for insurers domiciled outside of the United States and for pools and associations.

Column 4 (Domiciliary Jurisdiction) – For each domestic reinsurer or United States branch listed, the column should be completed with the two-letter postal code abbreviation for the name of

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Form 5: A schedule must be prepared for each jurisdiction in which the reporting company has long-term care direct earned premiums and/or direct incurred claims. In addition, a schedule that contains the grand total (GT) for the company must be prepared.

SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT, PART 3, COLLATERAL FOR ALL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE TRANSACTIONS REPORTED ON PART 2A OR PART 2B and SUPPLEMENTAL TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE EXHIBIT, PART 4, NON-COLLATERAL ASSETS SUPPORTING RESERVES FOR ALL AFFILIATE TERM AND UNIVERSAL LIFE INSURANCE REINSURANCE TRANSACTIONS REPORTED ON PART 2A OR PART 2B

On the electronic filing, an entry for the Grand Total Cession ID “9999999” is not expected for the footnote section of each noted table. In the accompanying PDF file, footnote data is not expected on the Grand Total page for each noted table.

Life Health Supplements

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

EXHIBIT 3 – HEALTH CARE RECEIVABLES

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

These supplements are to be filed only if the reporting company writes accident and health business.

Risk-Based Capital - Life

All RBC percentage and factor values should be calculated to the number of digits in the blank and reported to the number of digits allowed within electronic guidelines.

RBC ASSET CONCENTRATION FACTOR

The valid entries for the Sequence Number column are 01-10 (representing the individual Issuers listed in Column 1 of the table) and GT (representing the Grand Total for all Issuers listed in Column 1 of the table).

The valid percentage value should be entered to four decimal places.

RBC RISK-BASED CAPITAL LEVEL OF ACTION

The valid entries for Line 06 are as follows.

- 1 (for Company Action Level or Company Action Level–Trend Test, whichever is applicable)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

The valid entries for Line 12 are as follows.

- 1 (for Company Action Level)
- 2 (for Regulatory Action Level)
- 3 (for Authorized Control Level)
- 4 (for Mandatory Control Level)
- 0 (for None)

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RBC TOTAL CAPITATIONS PAID - ELECTRONIC ONLY

The valid percentage value should be calculated to five decimal places but can be presented to three decimal places.

RBC UNDERWRITING RISK - EXPERIENCE FLUCTUATION RISK

Columns 1 through 3: The valid percentage value should be entered to four decimal places on appropriate lines, but three digits in column 4.

OFF-BALANCE SHEET COLLATERAL

The valid percentage value should be calculated to five decimal places but reported to four decimal places.

RBC HEDGED ASSET BOND SCHEDULE

The valid percentage value should be entered to four decimal places.

SPECIAL INSTRUCTIONS FOR HEALTH ELECTRONIC FILINGS

Annual Health

UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION A (DEVELOPMENT OF PAID CLAIMS)

The valid codes for the Key Code column are (OT Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), ~~XI~~ (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).

UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION B (DEVELOPMENT OF INCURRED CLAIMS)

The valid codes for the Key Code column are (OT Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), ~~XI~~ (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).

UNDERWRITING AND INVESTMENT EXHIBIT, PART 2C, SECTION C (INCURRED YEAR CLAIMS AND CLAIMS ADJUSTMENT EXPENSE RATIO)

The valid codes for the Key Code column are (OT Total), HM (for Hospital and Medical), MS (for Medicare Supplement), DO (for Dental Only), VO (for Vision Only), FE (for Federal Employees Health Benefits Plan Premium), ~~XI~~ (for Title XVIII Medicare), XI (for Title XIX Medicaid), and OT (for Other).

NOTES TO FINANCIAL STATEMENT – Note 13 – Capital Surplus, Dividend Restrictions and Quasi-Reorganizations

For Lines 13K001-13K996, Column 1 (Description) does not apply.

Note: All YES/NO responses are to [1SD Premium), XV TM NOTES TO FINANCIAL STATEMENT –

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For Lines 15B01C1-15B01C7, the line captions are as follows.

Line 15B01C1 – 2025 (year ending December 31)

Line 15B01C2 – 2026 (year ending December 31)

Line 15B01C3 – 2027 (year ending December 31)

Line 15B01C4 – 2028 (year ending December 31)

Line 15B01C5 – 2029 (year ending December 31)

Line 15B01C6 – Thereafter (year ending December 31)

Line 15B02C7 – Total (year ending December 31)

Note: Line 15B01C6 should be the aggregate total of future years not included in individually designated lines.

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Column 3 (Standardized Medicare Supplement Plan) of Medicare Supplement Insurance Experience Exhibit – Valid entries for this column are A-N, O, and P.

The information called for in this interrogatory table should be reported only once for each applicable state code.

MEDICARE PART D COVERAGE SUPPLEMENT

This table is to be filed only if the reporting company offers Medicare Part D stand-alone coverage.

SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 1 through SUPPLEMENTAL HEALTH CARE EXHIBIT, PART 2

Valid responses for the State Code column are two-letter state abbreviations, excluding CN (for Canada) and OT (for Other Alien), used throughout the electronic filing. GT (for Grand Total) also is valid for the State Code column.

LONG-TERM CARE EXPERIENCE REPORTING FORM 1 through LONG-TERM CARE EXPERIENCE REPORTING FORM 5

These tables are to be filed only if the reporting company writes long-term care insurance.

A schedule must be prepared for each jurisdiction in which the reporting company has long-term care direct earned premiums and/or has direct claims. In addition, a schedule that contains the grand total (GT) for the company must be prepared.

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should be completed with the three-character ~~post~~ abbreviation for the name of the country where the alien is domiciled.

LIFE INSURANCE (State Page)

A filing for each jurisdiction in which the ~~re~~porting company has written direct business, has direct losses paid, or has direct losses incurred ~~re~~submitted for the Life Insurance tables. All companies' filings must have ~~at~~ least one state page on the annual filing.

A Grand Total page must be ~~sub~~mitted for the Life Insurance tables.

For each reported state abbreviation and for the ~~ac~~ Grand Total page, the footnote that appears at the bottom of the state page in the Life Supplement ~~of~~ the Health Blank must be completed on the electronic filing and in the PDF – even ~~if~~ figures to be reported are zeroes – if health business is reported on the following lines of the ~~res~~ page: Lines 24, 24.1, 24.3, 25.1, 25.2, 25.3, 25.5, and 25.6.

ANALYSIS OF INCREASE IN ANNUITY RESERVES

Line 06 – All columns must be reported as positive numbers.

Risk-Based Capital - Health

SPECIAL INSTRUCTIONS FOR TITLE ELECTRONIC FILINGS

Annual Title

NOTES TO FINANCIAL STATEMENT – Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

For Lines 13K001-13K996, Column 1 (Description) does not apply.

Note: All YES/NO responses are to be spelled out and in all CAPS.

NOTES TO FINANCIAL STATEMENT – Note 14 – Liabilities, Contingencies and Assessments

For Line 14D02 (Range of claims), the valid entries for Column 4 (Claims) are A (for 0-25 claims), B (for 26-50 claims), C (for 51-100 claims), D (for 101-500 claims), and E (for more than 500 claims).

For Line 14D03 (Indicate whether claim count information is disclosed per claim or per claimant), the valid entries for Column 4 (Claims) are F (for per claim) and G (for per claimant).

NOTES TO FINANCIAL STATEMENT – Note 15 - Leases

For Lines 15A02A1-15A02A7, the line captions are as follows.

Line 15A02A1 – 2025 (year ending December 31)

Line 15A02A2 – 2026 (year ending December 31)

Line 15A02A3 – 2027 (year ending December 31)

Line 15A02A4 – 2028 (year ending December 31)

Line 15A02A5 – 2029 (year ending December 31)

Line 15A02A6 – Thereafter (year ending December 31)

Line 15A02A7 – Total (year ending December 31)

Note: Line 15A02A6 should be the aggregate total of future years not included in individually designated lines.

For Lines 15B01C1-15B01C7, the line captions are as follows.

Line 15B01C1 – 2025 (year ending December 31)

Line 15B01C2 – 2026 (year ending December 31)

Line 15B01C3 – 2027 (year ending December 31)

Line 15B01C4 – 2028 (year ending December 31)

Line 15B01C5 – 2029 (year ending December 31)

Line 15B01C6 – Thereafter (year ending December 31)

Line 15B02C7 – Total (year ending December 31)

Note: Line 15B01C6 should be the aggregate total of future years not included in individually designated lines.

GENERAL INTERROGATORIES, PART 1 - General

Lines 08.4001-08.4996 – The valid responses for Column 12 (FRB), Column 13 (OCC), Column 14 (FDIC), and Column 15 (SEC) are YES and NO.

SCHEDULE F, PART 1 through SCHEDULE F, PART 4

Column 1 (ID Number) – Alien Insurer Identification Numbers should be reported in this column for insurers domiciled outside of the United States. Pool/Association Numbers should be reported in this column for pools and associations. Certified Reinsurer Identification Numbers should be reported in this column for certified reinsurers. The ID Number field must be zero filled for insolvent insurers if this number is not available for such insurers.

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