



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE
 DIVISION OF INSURANCE
 OFFICE OF SOLVENCY REGULATION
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 TRENTON, NJ 08625-0325

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Annual and Quarterly Life and Health Insurer Report Filings

Summarized herein are the annual and quarterly financial reporting requirements for Life and Health Insurers (L&H) licensed in New Jersey. The license holder is responsible to ensure that all required data is properly captured and that all required reports are submitted in order to comply with New Jersey statutes and regulations. The major reporting requirements are as follows:

All filings must be postmarked or submitted electronically no later than the indicated due date.

Reports due March 1	Pursuant to
Annual Statement for preceding year completed as prescribed by NAIC Annual Statement Instructions for L&H Insurers, on a SAP basis in accordance with the NAIC Accounting Practices and Procedures Manual, and via the NAIC Annual Health Blank	N.J.S.A. 17B:21-1(a)
Attachment A: 3-Year Projections, incl. narrative on underlying assumptions and Business Plans	N.J.S.A. 17B:21-1(a)
Attachment B: Budget vs Actual	N.J.S.A. 17B:21-1(a)
Statement of Actuarial Opinion	N.J.S.A. 17B:21-1(a)
Management Discussion & Analysis	NAIC Health Statement Instructions
Risk-Based Capital Report (if applicable)	N.J.A.C. 11:2-39A.3(a), Order No. A15-102
Reports due April 1	Pursuant to
NAIC April (4/1) Supplements, incl. but not limited to Investment Risk Interrogatories, Long-Term Care Insurance Experience Reporting Forms, and Supplemental Health Care Exhibit as applicable	NAIC Health Statement Instructions
Annual Forms B and C	N.J.A.C. 11:1-35.7
Annual Form F	N.J.A.C. 11:1-35.13
Risk Assessment Discussion	N.J.S.A. 17B:21-1(e)
Reports due May 15	Pursuant to
Quarterly Statement for current year completed as prescribed by NAIC Quarterly Statement Instructions for L&H Insurers, on SAP basis in accordance with NAIC Accounting Practices and Procedures Manual, and via NAIC Quarterly Health Blank	N.J.S.A. 17B:21-1(a)
Attachment B: Budget vs Actual	N.J.S.A. 17B:21-1(a)
Management Discussion & Analysis	NAIC Health Statement Instructions

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Reports due June 1	Pursuant to
Audited Annual Statement, incl. CPA Qualification Letter and Internal Control Letter	N.J.A.C. 11:2-26.4(a)
Corporate Governance Annual Disclosure	N.J.S.A. 17:23-42
Reports due August 15	Pursuant to
Quarterly Statement for current year completed as prescribed by NAIC Quarterly Statement Instructions for L&H Insurers, on SAP basis in accordance with NAIC Accounting Practices and Procedures Manual, and via NAIC Quarterly Health Blank	N.J.S.A. 17B:21-1(a)
Attachment B: Budget vs Actual	N.J.S.A. 17B:21-1(a)
Management Discussion & Analysis	NAIC Health Statement Instructions
Reports due November 15	Pursuant to
Quarterly Statement for current year completed as prescribed by NAIC Quarterly Statement Instructions for L&H Insurers, on SAP basis in accordance with NAIC Accounting Practices and Procedures Manual, and via NAIC Quarterly Health Blank	N.J.S.A. 17B:21-1(a)
Attachment B: Budget vs Actual	N.J.S.A. 17B:21-1(a)
Management Discussion & Analysis	NAIC Health Statement Instructions
Reports due as applicable to filer	Pursuant to
Forms A and E regarding change of control transaction	N.J.S.A. 17:27A-2
Forms D regarding transactions with affiliates	N.J.S.A. 17:27A-4, N.J.A.C. 11:1-35.10
Own Risk Self-Assessment (ORSA) if the Group's annual direct written and assumed premiums >\$1B, and/or if the Company's annual direct written and assumed premiums >\$500M	N.J.S.A. 17:23-31

All required forms must be completed in their entirety; if a specific field or schedule is not applicable to the L&H, the L&H should indicate this by responding "N/A" or "None."

Original signatures are required on all filings; in regard to the Annual and Quarterly Statements in particular, these must be signed by the President and Secretary of the company or, in their absence, by two principal officers of the company.

Any and all requests for exemptions from the filing requirements above must be submitted in writing at least 30 days prior to the due date of the filing for which such exemption is being sought. Any deviations from the instructions in this announcement without the written permission of the Commissioner may be considered a violation of filing requirements and may cause the entire statement filing to be rejected. Accordingly, the Department may also impose the maximum penalties and enforcement measures available under statute for failure to file proper or timely financial statements.

Please note that the Commissioner of Banking and Insurance has the regulatory authority (N.J.S.A. 17B:21-2) to impose enforcement remedies against a Life and Health Insurers for violations of any statutory requirements including the late filing of quarterly reports.

Within these instructions, references are made to the NAIC Health Blank, Health Annual Statement Instructions Manual, and the Accounting Policies and Procedures Manual. These forms are all available for purchase directly from the NAIC or through several independent insurance service companies

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throughout the United States. Should the L&H wish to procure the forms through the NAIC, please contact the following:

National Association of Insurance Commissioners
Insurance Products and Services Division
Telephone: (816) 783-8300
Facsimile: (816) 460-7593
Website: http://www.naic.org/prod_serv_publications.htm

Regardless of how the L&H chooses to obtain the forms, please be advised that it is the L&H's responsibility to ensure all forms are current and up-to-date at all times.

Information regarding the Annual Statement:

No later than March 1, every L&H shall submit an Annual Statement for the immediately preceding calendar year, completed on a Statutory Accounting Practices (SAP) basis as prescribed by the NAIC Annual Statement Instructions manual and the Accounting Policies and Procedures Manual. L&Hs shall submit the Annual Statement using the current format established by the NAIC for L&Hs, more commonly referred to as the "NAIC Health Blank."

The L&H shall segregate assets into categories of "Admitted Assets" and "Non-Admitted Assets." The Non-Admitted Assets shall be excluded by the Department in consideration of the L&H's minimum statutory net worth, solvency, deposit, and reserve requirements.

All L&Hs are required to comply with the requirements of N.J.S.A. 17B:20 regarding Investments.

Item #3 on the General Interrogatories should state the date initiated or completed and the period covered for the latest financial examination of the L&H by New Jersey or any other state Department of Insurance. This is **not** the CPA annual audit report.

If the L&H is not a separate legal entity in New Jersey, please provide an additional "Underwriting and Investment Exhibit - Part 1 - Premiums" which details and presents only New Jersey business.

Information regarding the Branded Risk Discussion:

No later than April 1st, every L&H shall submit a Branded Risk Discussion identifying the areas of risk that have most significantly affected the L&H over the past year and the Board of Directors' and Executive Management's assessment of those risks. The Branded Risk Discussion shall also include projections and assumptions to support the plan to manage risk. The Branded Risk Discussion should identify specific risk(s) in each of the following branded risk categories:

1. **Credit Risk**
2. **Market Risk**
3. **Pricing & Underwriting Risk**
4. **Reserving Risk**
5. **Liquidity Risk**
6. **Operational Risk**
7. **Legal Risk**
8. **Strategic Risk**
9. **Reputation Risk**

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Information regarding the Audited Annual Financial Statements:

No later than June 1, every L&H shall submit an audited annual financial statement for the L&H and for the company that is the financial Guarantor for the L&H. The L&H's audited statement must be prepared on a Statutory basis.

Information regarding Quarterly Statements:

Every L&H shall submit quarterly financial statements no later than 45 days following the close of each calendar quarter (i.e. on or before May 15, August 15, and November 15 for the 1st Quarter, 2nd Quarter, and 3rd Quarter, respectively) prepared in accordance with SAP using the most current format for the quarterly NAIC Blank. Additional specific instructions regarding the Quarterly Statements are posted on the Department's website.

All filings can be sent to the following address:

Chief Insurance Examiner
NJ Department of Banking and Insurance
Office of Solvency Regulation – 8th Floor

BY US MAIL

P.O. Box 325
Trenton, NJ 08625-0325

BY OVERNIGHT MAIL

20 West State Street
Trenton, NJ 08608-120

Company filings should also be sent electronically in .pdf format to DomesticAnnual@dobi.nj.gov for Domestic Company filings and ForeignAnnual@dobi.nj.gov for Foreign Company filings. Please include the Company Name, NAIC#, and Name of Filing in the subject.

Questions/Concerns

If you have any questions concerning this correspondence, please contact Tim Stroud at (609) 940-7452 or Tim.Stroud@dobi.nj.gov or Shail Mankad at (609) 940-7432 or Shail.Mankad@dobi.nj.gov.

**ATTACHMENT A
PROJECTIONS
CONFIDENTIAL**

Name of L&H Insurer: _____

NAIC #: _____

Annual Statement as of Year Ending: _____

**This Attachment only required with Annual Statement submissions. All \$ amounts in 000s.*

	Next-Year Projections				2nd-Year Projections	3rd-Year Projections
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total Annual	Total Annual
	Budget	Budget	Budget	Budget	Budget	Budget
Commercial Premium (Gross)						
Medicare Premium						
Dept. Human Services Premium						
Other Income - i.e. ASO Fees, Investments, etc.						
Total Revenue						
Commercial Medical Expenses						
Medicare Medical Expenses						
Dept. Human Services Medical Expenses						
TOTAL Medical Expenses						
Medical Loss Ratio						
TOTAL Administrative Expenses						
Administrative Expense Ratio						
Net Income (Loss)						
Commercial Members						
Medicare Members						
Dept. Human Services Members						
TOTAL Membership						
Commercial Member Months						
Medicare Member Months						
Dept. Human Services Member Months						
TOTAL Member Months						
Planned Dividend Distributions (if any)						
Planned Parental Contributions (if any)						
Net Worth						
RBC Ratio						

Assumptions - Please use additional pages as necessary

**ATTACHMENT B
BUDGET VS. ACTUAL
CONFIDENTIAL**

Name of L&H Insurer: _____
 NAIC #: _____
 Statement as of: _____

INSTRUCTIONS: Please complete for the period ended as well as any/all prior quarter(s) as applicable. All \$ amounts in 000s.

	1st Qtr Budget	1st Qtr Actual	2nd Qtr Budget	2nd Qtr Actual	3rd Qtr Budget	3rd Qtr Actual	4th Qtr Budget	4th Qtr Actual
Commercial Premium (Gross)								
Medicare Premium								
Dept. Human Services Premium								
Other Income (i.e. ASO Fees, Investments, etc.)								
Total Revenue								
Commercial Medical Expenses								
Medicare Medical Expenses								
Dept. Human Services Medical Expenses								
TOTAL Medical Expenses								
Medical Loss Ratio								
TOTAL Administrative Expenses								
Administrative Expense Ratio								
Net Income (Loss)								
Commercial Members								
Medicare Members								
Dept. Human Services Members								
TOTAL Membership								
Commercial Member Months								
Medicare Member Months								
Dept. Human Services Member Months								
TOTAL Member Months								
Planned Dividend Distributions (if any)								
Planned Parental Contributions (if any)								
Net Worth								
RBC Ratio								

Please provide a detailed explanation for any material (5% or more) differences.