

BAR CODE INSTRUCTIONS

FOR FILING OF THE

NEW YORK SUPPLEMENT

TO THE ANNUAL STATEMENT

AS OF
DECEMBER 31, 2020



NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

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LINDA A. LACEWELL Superintendent of Financial Services

BAR CODE INSTRUCTIONS
FOR FILING OF THE
NAIC ANNUAL STATEMENT AND NEW YORK SUPPLEMENT
AS OF DECEMBER 31, 2020

The NAIC Annual Statement and New York Supplement require the use of bar codes on the jurat page and certain other pages and forms. In certain cases, the NAIC Annual Statement and New York Supplement may require the use of bar codes on the Supplemental Exhibits and Schedules Interrogatories. Bar Coding Instructions included in the NAIC Annual Statement General Instructions are reprinted here with certain New York References.

The listing of document identifiers on the attached pages include the NAIC bar coded forms required by New York and the New York Supplement bar coded forms.

The upper right hand corner of the jurat page, and other pages and forms as identified on the Bar Codes listing of this Appendix will be the location of a seventeen (17) digit bar code symbol. The bar code standard to be utilized is the 3 of 9 (or 39) methodology. In addition to the bar code symbols, the name of the insurer, the year, and the document code should be printed on the bar code label. When the bar code is printed as part of the page (rather than an affixed label), the insurer's name need not be printed above the bar code.

The bar code consists of the entity identifier (5 digits), the year (YYYY- 4 digits), the document identifier (3 digits), the state code (2 digits), if state specific page (33=NY), the data indicator (1 digit), and a filing type identifier (1 digit).

This 17th digit should contain a zero (0) to represent the annual statement filing, a one (1) to represent the March quarterly filing, a two (2) to represent the June quarterly filing, a three (3) to represent the September quarterly filing, or a four (4) to represent the Health Maintenance Organization's fourth quarter filing.

Certain exhibits or schedules on the New York State Supplement require the use of bar codes. For any Supplemental Exhibits and Schedules Interrogatory to which an insurer responds that it is not required to submit the form in question and the form requires the use of a bar code, the insurer is required to affix the appropriate bar code in the space indicated. The 15th digit should contain a zero (0) for the data indicator. The respective bar code document identifiers are included in the following pages as part of these instructions.

For filings of an insurer, the entity identifier is the NAIC Company Code Number. State insurance departments may issue requirements for bar codes to be affixed to filings from other than insurers, and in those instances, the entity identifier will be some other number, such as N1234 or X1234. Please see the **Insurance Company Search facility** on our web site for a complete listing. <https://myportal.dfs.ny.gov/>

The year is represented as the four (4) digits of the filing year. For the 2020 Annual Statement due March 1, 2021, the year would be "2020."

The document identifier represents what page, schedule, exhibit, etc. is being filed. The respective identifiers for those documents requiring a bar code are included on the Bar Codes listing of this Appendix.

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AS OF DECEMBER 31, 2020

The state code represents if the document identifier can be filed as state page such as the state business pages. The two digit code would be the same as used on Schedule T in the life, accident and health or property and casualty statements. If it is not a state specific form the state code is "00". The state code Other is "57" and the code for Grand Total is "58".

The data indicator represents if the document contains data. For filings containing data place a one (1) in this field, if the document is a NONE place a zero (0) in this field.

The filing type identifier is used to indicate the filing of NAIC filing components or state mandated (state specific) filing requirements other than those required by the NAIC. For NAIC filing requirements, the type code is "0." For state filing requirements, the type code is "1."

If forms which are required to have a separate bar code as identified on the Document Identifier Codes listing are bound in the statement, these forms MUST have the bar code affixed to them. If an insurer submits with the March 1 filing a page requiring a bar code and that page has not been completed due to a later filing date, the bar code should not be affixed for the March filing. If the filing includes a page listing "none" schedules (and the state in which you are filing permits such a filing) and any of these schedules fall within that listing that requires a bar code, the bar code must be placed to the right of the name of the page, exhibit or schedule. On those forms which are completed on a by-state basis and are marked "none" because the company does not write that type of business or that particular state page is "none," place the appropriate identifier with the data indicator of zero (0). State pages which have values reported must use the appropriate state bar code identifier from Schedule T. If any state requires the filing of a "none" 'by-state basis' page, the name of the appropriate state must still be printed on the hard copy after 'For the State of _____.'

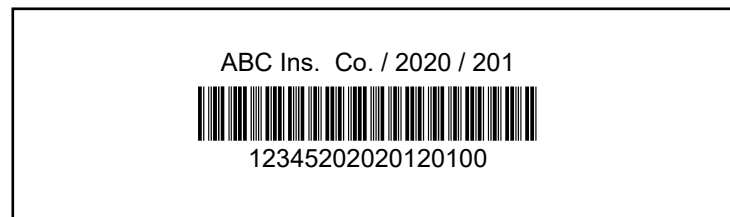
The insurer is required to affix the appropriate bar code next to the respective Supplemental Interrogatory using the document identifier code provided. Note that it is only Supplemental Interrogatories to which the insurer has responded "no," that it does not have to file a particular exhibit or form, and for which the physical page or form is marked "none" that the appropriate bar code be affixed. For supplements that are state specific, the only instance a bar code should be affixed is when that type of business is not written at all in any state.

It is the responsibility of the company to prepare and utilize the bar codes correctly.

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AS OF DECEMBER 31, 2020

Example. for an individual document (Jurat page for Property and Casualty Annual Statement):

The upper right hand corner of the jurat page, and other pages and forms will be the location of seventeen (17) digit bar code symbol containing the entity identifier (5 digits), the year (yyyy - 4 digits), the document identifier (3 digits), the state code (2 digits), if state specific page, the data indicator (1 digit), and a filing type identifier (1 digit). The last digit of the bar code is to be used to identify whether the filing is an annual statement form or a quarterly form. For filings of an insurer, the entity identifier is the NAIC Company Code Number. In addition to the bar code symbols, the name of the insurer, the year, and the document code should be printed on the bar code label. (When the bar code is printed as part of the page (rather than an affixed label), the insurer's name need not be printed above the bar code).



Company Name / Year / Document Code

You may direct questions on the bar code filing requirements to Mr. William Pow at (212) 480-4625.

FRATERNAL BENEFIT SOCIETIES

NAIC ANNUAL STATEMENT FORMS

201 Statement (Annual, Quarterly, Combined)
350 Management's Discussion and Analysis of Operations
440 Statement of Actuarial Opinion

NEW YORK SUPPLEMENT FORMS

571 New York Accident and Health Policy Experience Exhibit
573 Exhibit of Participants in Accident and Health Contracts
781 Fraternal Supplement
988 Analysis Of Valuation Reserves

NAIC HEALTH BLANK

NAIC ANNUAL STATEMENT FORMS

201 Statement (Annual, Quarterly, Combined)
350 Management's Discussion and Analysis of Operations
440 Statement of Actuarial Opinion

NEW YORK SUPPLEMENT FORMS

691 Health Supplement (Annual and Quarterly)
571 New York Accident and Health Policy Experience Exhibit
573 Exhibit of Participants in Accident and Health Contracts
575 Exhibit of Grievances & Utilization Review Appeals
972 New York Supplement Schedule G
984 New York Supplement Schedule S — PART 4B
986 Life and Accident and Health Report of Premiums (A&H)

HEALTH MAINTENANCE ORGANIZATIONS

NEW YORK SUPPLEMENT FORMS (Data Requirements)

671 HMO Data Requirement (Annual and Quarterly)
675 HMO Supplement Schedule G

HOSPITAL, MEDICAL, DENTAL SERVICE OR INDEMNITY CORPORATIONS

NEW YORK SUPPLEMENT FORMS

681 HMDI Supplement (Annual and Quarterly)
687 HMDI Supplement Schedule G
689 S-10 Certificate Of Compliance — ADV (HMDI)

LIFE AND ACCIDENT AND HEALTH INSURERS

NAIC ANNUAL STATEMENT FORMS

201 Statement (Annual, Quarterly, Combined)
350 Management's Discussion and Analysis of Operations
440 Statement of Actuarial Opinion

NEW YORK SUPPLEMENT FORMS

571 New York Accident and Health Policy Experience Exhibit
573 Exhibit of Participants in A& H Contracts
575 Exhibit of Grievances & Utilization Review Appeals
960 NAIC Annual Statement Page 3 Ordinary
961 NAIC Annual Statement Page 3 Industrial
962 NAIC Annual Statement Page 3 Accident and Health
963 NAIC Annual Statement Page 4 Ordinary
964 NAIC Annual Statement Page 4 Industrial
965 NAIC Annual Statement Page 4 Accident and Health
966 NAIC Annual Statement Page 12 Ordinary
967 NAIC Annual Statement Page 12 Industrial
968 NAIC Annual Statement Page 12 Accident and Health
971 Life and Accident and Health Supplement
972 New York Supplement Schedule G (Life)
976 New York Supplement Schedule NP
978 New York Supplement Schedule Q
980 Exhibit of Captive Reinsurance Transactions
986 Life and Accident and Health Report of Premiums (Life)
988 Analysis Of Valuation Reserves General Account
989 Analysis Of Valuation Reserves Separate Account
995 NAIC Annual Statement Page 6 Participating
996 NAIC Annual Statement Page 6 Non-Participating

PROPERTY & CASUALTY

NAIC ANNUAL STATEMENT FORMS

201 Statement (Annual, Quarterly, Combined)
350 Management's Discussion and Analysis of Operations
440 Statement of Actuarial Opinion

NEW YORK SUPPLEMENT FORMS

571 New York Accident and Health Policy Experience Exhibit
573 Exhibit of Participants in Accident and Health Contracts
871 Property and Casualty Supplement
875 New York Supplement Schedule SR-1 (Property)
875 New York Supplement Schedule C-1 (Property Quarterly)
877 New York Supplement Insurance Expense Exhibit
879 New York Supplement State (Business) Page (Property)
886 Property and Casualty Report of Premiums

DOCUMENT IDENTIFIER CODES

AUDITED FINANCIAL REPORTS FORMS

220 Audited Financial Reports
221 Accountant's Letter of Qualifications
222 Communication of Internal Control Related Matters Noted in an Audit
223 Management's Report of Internal Control over Financial Reporting

TITLE COMPANIES

NAIC ANNUAL STATEMENT FORMS

201 Statement (Annual, Quarterly, Combined)
350 Management's Discussion and Analysis of Operations
440 Statement of Actuarial Opinion

AUDITED FINANCIAL REPORTS FORMS

220 Audited Financial Reports
221 Accountant's Letter of Qualifications
222 Communication of Internal Control Related Matters Noted in an Audit
223 Management's Report of Internal Control over Financial Reporting

PENSION FUNDS AND RETIREMENT SYSTEMS

NEW YORK STATEMENT FORMS

771 Statement (Annual)

LIFE SETTLEMENT PROVIDERS

NEW YORK STATEMENT FORMS

775 Statement (Annual)

MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

NEW YORK STATEMENT FORMS

777 Municipal Cooperative Health Benefit Plan (Annual)