

## Chapter 10

### Instructions regarding reporting templates

#### IR.02.01 – Balance sheet

##### General comments

This section relates to quarterly and annual submission of information for individual entities, groups, third country branches, ring-fenced funds, matching adjustment portfolios and remaining part.

The “Solvency II value” column (C0010) shall be completed using the valuation principles set out in the Valuation Part.

Third country branches should read any reference to “technical provisions” as the provisions for insurance and reinsurance obligations referred to in Third Country Branches 6.1.

With regards to the “Statutory accounts value” or “Branch management accounts value” column (C0020), recognition and valuation methods are the ones used by undertakings in their statutory accounts in accordance with the local GAAP or IFRS if accepted as local GAAP.

The default instruction is that each item shall be reported in the “Statutory accounts value” or “Branch management accounts value” column, separately. However, in the “Statutory accounts value” or “Branch management accounts value” column the dotted rows were introduced in order to enable the reporting of aggregated figures if the split figures are not available. Amounts reported in this template should be in line with those reported for such purposes (e.g. deferred acquisition costs would not be reported separately if allowed for within technical provisions). Where the statutory accounts or branch management accounts split reinsurance recoverables and technical provisions between assets and liabilities the amounts reported should be netted off. All reinsurance recoverables are reported in the assets section and all technical provisions are reported in the liabilities section.

Individual entities and third country branches shall report template IRR.02.01 for each ring-fenced fund (RFF), matching adjustment portfolio (MAP) and remaining part.

Groups shall report template IRR.02.01 if they have RFFs other than supported RFFs (where the SCR is not covered within that RFF). Groups shall report template IRR.02.01 for the remaining part (incorporating embedded MAPs and supported RFFs) and for the sum of the RFFs (incorporating embedded MAPs and excluding supported RFFs).

	ITEM	INSTRUCTIONS
<b>ASSETS</b>		
Z0020	Ring-fenced fund or matching adjustment portfolio or remaining part	Identifies whether the reported figures are with regard to a RFF, matching adjustment portfolio or to the remaining part. One of the options in the following closed list shall be used:

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		1 – RFF/MAP  2 – Remaining part
Z0030	Fund number	When item Z0020 = 1, this is a unique number of fund, as attributed by the undertaking. It shall remain unvarying over time. It shall not be re-used for any other fund.  The number shall be used consistently across all templates, where relevant, to identify that fund.
C0020/R0010	Goodwill	Intangible asset that arises as the result of a business combination and that represents the economic value of assets that cannot be individually identified or separately recognised in a business combination.
C0020/R0020	Deferred acquisition costs	Acquisition costs relating to contracts in force at the balance sheet date which are carried forward from one reporting period to subsequent reporting periods, relating to the unexpired periods of risks. In relation to life business, acquisition costs are deferred when it is probable that they will be recovered.
C0010–C0020/R0030	Intangible assets	Intangible assets other than goodwill. An identifiable non-monetary asset without physical substance.
C0010–C0020/R0040	Deferred tax assets	Deferred tax assets are the amounts of income taxes recoverable in future periods in respect of:  (a) deductible temporary differences;  (b) the carryforward of unused tax losses; and/or  (c) the carryforward of unused tax credits.
C0010–C0020/R0050	Pension benefit surplus	This is the total of net surplus related to employees' pension scheme.
C0010–C0020/R0060	Property, plant & equipment held for own use	Tangible assets which are intended for permanent use and property held by the undertaking for own use. It includes also property for own use under construction.
C0010–C0020/R0070	Investments (other than assets held for index-linked and unit-linked	This is the total amount of investments, excluding assets held for index-linked and unit-linked contracts.

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	contracts)	
C0010–C0020/R0080	Property (other than for own use)	Amount of the property, other than for own use. It includes also property under construction other than for own use.
C0010–C0020/R0090	Holdings in related undertakings, including participations	<p><i>Participations and holdings in related undertakings.</i></p> <p>When part of the assets regarding participation and related undertakings refer to unit and index linked contracts, these parts shall be reported in “Assets held for index-linked and unit-linked contracts” in C0010–C0020/R0220.</p>
C0010–C0020/R0100	Equities	<p>This is the total amount of equities, listed and unlisted.</p> <p>With regard to ‘statutory accounts values ‘column (C0020), where— the split between listed and unlisted is not available, this item shall reflect the sum.</p>
C0010–C0020/R0110	Equities – listed	<p>Shares representing corporations’ capital, e.g. representing ownership in a corporation, negotiated on a regulated market or on a multilateral trading facility, as defined by MiFID II.</p> <p>It shall exclude holdings in related undertakings, including participations.</p> <p>With regard to ‘statutory accounts values ‘column (C0020), where the split between listed and unlisted is not available, this item shall not be reported.</p>
C0010–C0020/R0120	Equities – unlisted	<p>Shares representing corporations’ capital, e.g. representing ownership in a corporation, not negotiated on a regulated market or on a multilateral trading facility, as defined by MiFID II.</p> <p>It shall exclude holdings in related undertakings, including participations.</p> <p>With regard to ‘statutory accounts values ‘column (C0020), where the split between listed and unlisted is not available, this item shall not be reported.</p>

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C0010–C0020/R0130	Bonds	<p>This is the total amount of government bonds, corporate bonds, structured notes and collateralised securities.</p> <p>With regard to “statutory accounts values” column (C0020) – where the split of bonds is not available, this item shall reflect the sum.</p>
C0010–C0020/R0140	Government Bonds	<p>Bonds issued by public authorities, whether by central governments, supra-national government institutions, regional governments or local authorities and bonds that are fully, unconditionally and irrevocably guaranteed by the European Central Bank, Member States' central government and central banks denominated and funded in the domestic currency of that central government and the central bank, multilateral development banks referred to in paragraph 2 of Article 117 of Regulation (EU) No 575/2013 or international organisations referred to in Article 118 of Regulation (EU) No 575/2013, where the guarantee meets the requirements set out in Solvency Capital Requirement – Standard Formula 3G9.</p> <p>With regard to ‘statutory accounts values’ column (C0020), where the split between bonds, structured products and collateralised securities is not available, this item shall not be reported.</p>
C0010–C0020/R0150	Corporate Bonds	<p>Bonds issued by corporations</p> <p>With regard to ‘statutory accounts values’ column (C0020), where – the split between bonds, structured products and collateralised securities is not available, this item shall not be reported.</p>
C0010–C0020/R0160	Structured notes	<p>Hybrid securities, combining a fixed income (return in a form of fixed payments) instrument with a series of derivative components. Excluded from this category are fixed income securities that are issued by sovereign governments. Concerns securities that have embedded any categories of derivatives, including Credit Default Swaps (“CDS”), Constant Maturity Swaps (“CMS”), Credit Default Options (“CDOp”). Assets under this category are not subject to unbundling.</p> <p>With regard to ‘statutory accounts values’ column</p>

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		(C0020), where— the split between bonds, structured products and collateralised securities is not available, this item shall not be reported.
C0010–C0020/R0170	Collateralised securities	<p>Securities whose value and payments are derived from a portfolio of underlying assets. Includes Asset Backed Securities ("ABS"), Mortgage Backed securities ("MBS"), Commercial Mortgage Backed securities ("CMBS"), Collateralised Debt Obligations ("CDO"), Collateralised Loan Obligations ("CLO"), Collateralised Mortgage Obligations ("CMO")</p> <p>With regard to 'statutory accounts values 'column (C0020), where the split between bonds, structured products and collateralised securities is not available, this item shall not be reported.</p>
C0010–C0020/R0180	Collective Investments Undertakings	Collective investment undertaking' means an undertaking for collective investment in transferable securities ("UCITS") as defined in Article 1(2) of Directive 2009/65/EC of the European Parliament and of the Council or an alternative investment fund (AIF) as defined in Article 4(1)(a) of Directive 2011/61/EU of the European Parliament and of the Council.
C0010–C0020/R0190	Derivatives	<p>A financial instrument or other contract with all three of the following characteristics:</p> <p>(a) Its value changes in response to the change in a specified interest rate, financial instrument price, commodity price, foreign exchange ("FX") rate, index of prices or rates, credit rating or credit index, or other variable, provided in the case of a non-financial variable that the variable is not specific to a party to the contract (sometimes called the 'underlying').</p> <p>(b) It requires no initial net investment or an initial net investment that is smaller than would be required for other types of contracts that would be expected to have a similar response to changes in market factors.</p> <p>(c) It is settled at a future date.</p> <p>Solvency II value, only if positive, of the derivative as of the reporting date is reported here (in case</p>

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		of negative value, see R0790).
C0010–C0020/R0200	Deposits other than cash equivalents	Deposits other than cash equivalents that cannot be used to make payments until before a specific maturity date and that are not exchangeable for currency or transferable deposits without any kind of significant restriction or penalty.
C0010–C0020/R0210	Other investments	Other investments not covered already within investments reported above.
C0010–C0020/R0220	Assets held for index-linked and unit-linked contracts	Assets held for index-linked and unit-linked contracts (classified in line of business 31 as defined in Technical Provisions – Further Requirements Annex 1).
C0010–C0020/R0230	Loans and mortgages	<p>This is the total amount of loans and mortgages, i.e. financial assets created when undertakings lend funds, either with or without collateral, including cash pools.</p> <p>With regard to “statutory accounts values” column (C0020) – where the split of the split of loans &amp; mortgages is not available, this item shall reflect the sum</p>
C0010–C0020/R0240	Loans on policies	<p>Loans made to policyholders, collateralised on policies (underlying technical provisions).</p> <p>With regard to ‘statutory accounts values’ column (C0020), where – the split between loans on policies, loans on mortgages to individuals and other loans and mortgages is not available, this item shall not be reported.</p>
C0010–C0020/R0250	Loans and mortgages to individuals	<p>Financial assets created when creditors lend funds to debtors – individuals, with collateral or not, including cash pools.</p> <p>With regard to ‘statutory accounts values’ column (C0020), where – the split between loans on policies, loans on mortgages to individuals and other loans and mortgages is not available, this item shall not be reported.</p>
C0010–C0020/R0260	Other loans and mortgages	Financial assets created when creditors lend funds to debtors – others, not classifiable in item R0240 or R0250, with collateral or not, including cash pools.

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		With regard to 'statutory accounts values 'column (C0020), where— the split between loans on policies, loans on mortgages to individuals and other loans and mortgages is not available, this item shall not be reported.
C0010–C0020/R0270	Reinsurance recoverables from:	This is the total amount of reinsurance recoverables. It corresponds to the amount of reinsurer share of technical provisions (including Finite reinsurance and SPV).
C0010–C0020/R0280	Non–life and health similar to non–life	Reinsurance recoverables in respect of technical provisions for non–life and health similar to non–life.  With regard to 'statutory accounts values 'column (C0020), where the split between non–life excluding health and health similar to non–life is not available this item shall reflect the sum.
C0010–C0020/R0315	Life and health similar to life, excluding index–linked and unit–linked	Reinsurance recoverable in respect of technical provisions for life and health similar to life, excluding index–linked and unit–linked.
C0010–C0020/R0340	Life index–linked and unit–linked	Reinsurance recoverables in respect of technical provisions for life index–linked and unit–linked business.
C0010–C0020/R0350	Deposits to cedants	Deposits relating to reinsurance accepted.
C0010–C0020/R0360	Insurance and intermediaries receivables	Amounts for payment by policyholders, insurers, and other linked to insurance business that are not included in technical provisions.  It shall include receivables from reinsurance accepted.  For Solvency II column (C0010) this cell should only include amounts past-due.
C0010–C0020/R0370	Reinsurance receivables	Amounts for payment by reinsurers and linked to reinsurance business that are not included in reinsurance recoverables.  It might include: the amounts from receivables from reinsurers that relate to settled claims of policyholders or beneficiaries; receivables from

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		<p>reinsurers in relation to other than insurance events or settled insurance claims, for example commissions.</p> <p>For Solvency II column (C0010) this cell should only include amounts past-due.</p>
C0010–C0020/R0380	Receivables (trade, not insurance)	<p>Includes amounts receivables from employees or various business partners (not insurance-related), including public entities.</p>
C0010–C0020/R0390	Own shares (held directly)	<p>This is the total amount of own shares held directly by the undertaking.</p> <p>This item does not apply to third country branches.</p>
C0010–C0020/R0400	Amounts due in respect of own fund items or initial fund called up but not yet paid in	<p>Value of the amount due in respect of own fund items or initial fund called up but not yet paid in.</p> <p>This item does not apply to third country branches.</p>
C0010–C0020/R0410	Cash and cash equivalents	<p>Notes and coins in circulation that are commonly used to make payments, and deposits exchangeable for currency on demand at par and which are directly usable for making payments by cheque, draft, giro order, direct debit/credit, or other direct payment facility, without penalty or restriction.</p> <p>Bank accounts shall not be netted off, thus only positive accounts shall be recognised in this item and bank overdrafts shown within liabilities unless where both legal right of offset and demonstrable intention to settle net exist.</p>
C0010–C0020/R0420	Any other assets, not elsewhere shown	<p>This is the amount of any other assets not elsewhere already included within balance Sheet items.</p>
C0010–C0020/R0500	Total assets	<p>This is the overall total amount of all assets.</p>
<b>LIABILITIES</b>		
C0010–C0020/R0505	Technical provisions – total	<p>Sum of the technical provisions for non-life and life.</p>
C0010–	Technical provisions	<p>Sum of the technical provisions non-life.</p>

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C0020/R0510	– non-life	
C0010- C0020/R0515	Technical provisions – life	Sum of the technical provisions for life.
C0010/R0542	Best estimate – total	Sum of the best estimate liabilities (including technical provisions as a whole) for non-life and life
C0010/R0544	Best estimate – non-life	Sum of the best estimate liabilities (including technical provisions as a whole) for non-life
C0010/R0546	Best estimate – life	Sum of the best estimate liabilities (including technical provisions as a whole) for life
C0010/R0552	Risk margin – total	Sum of the risk margin for non-life and life  This item does not apply to third country branches.
C0010/R0554	Risk margin – non-life	Sum of the risk margin for non-life  This item does not apply to third country branches.
C0010/R0556	Risk margin – life	Sum of the risk margin for life  This item does not apply to third country branches.
C0010/R0565	Transitional (TMTP) – life	Transitional on technical provisions. TMTP only applies to life business.  This item does not apply to third country branches.
C0020/R0730	Other technical provisions	Other technical provisions, as recognised by undertakings in their statutory accounts, in accordance with the local GAAP or IFRS.
C0010– C0020/R0740	Contingent liabilities	A contingent liability is defined as:  a) a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the entity; or  b) a present obligation that arises from past events even if:  (i) it is not probable that an outflow of resources

		<p>embodying economic benefits will be required to settle the obligation; or</p> <p>(ii) the amount of the obligation cannot be measured with sufficient reliability.</p> <p>The amount of contingent liabilities recognised in the balance sheet shall follow the criteria set in Valuation 7.</p>
C0010–C0020/R0750	Provisions other than technical provisions	<p>Liabilities of uncertain timing or amount, excluding the ones reported under “Pension benefit obligations.”</p> <p>The provisions are recognised as liabilities (assuming that a reliable estimate can be made) when they represent obligations and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligations.</p>
C0010–C0020/R0760	Pension benefit obligations	This is the total net obligations related to employees' pension scheme.
C0010–C0020/R0770	Deposits from reinsurers	Amounts (e.g. cash) received from reinsurer or deducted by the reinsurer according to the reinsurance contract.
C0010–C0020/R0780	Deferred tax liabilities	Deferred tax liabilities are the amounts of income taxes payable in future periods in respect of taxable temporary differences.
C0010–C0020/R0790	Derivatives	<p>A financial instrument or other contract with all three of the following characteristics:</p> <p>(a) Its value changes in response to the change in a specified interest rate, financial instrument price, commodity price, foreign exchange rate, index of prices or rates, credit rating or credit index, or other variable, provided in the case of a non-financial variable that the variable is not specific to a party to the contract (sometimes called the ‘underlying’).</p> <p>(b) It requires no initial net investment or an initial net investment that is smaller than would be required for other types of contracts that would be expected to have a similar response to changes in market factors.</p>

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		<p>(c) It is settled at a future date.</p> <p>Only derivative liabilities shall be reported on this row (i.e. derivatives with negative values as of the reporting date.) Derivatives assets shall be reported under C0010– C0020/R0190.</p> <p>Undertakings which do not value derivatives in their Local GAAP do not need to provide a financial statements value.</p>
C0010–C0020/R0800	Debts owed to credit institutions	<p>Debts, such as mortgage and loans, owed to credit institutions, excluding bonds held by credit institutions (it is not possible for the undertaking to identify all the holders of the bonds that it issues) and subordinated liabilities. It This shall also include bank overdrafts.</p>
C0010–C0020/R0810	Financial liabilities other than debts owed to credit institutions	<p>Financial liabilities including bonds issued by undertaking (held by credit institutions or not), structured notes issued by the undertaking itself and mortgage and loans due to other entities than credit institutions.</p> <p>Subordinated liabilities shall not be included here.</p>
C0010–C0020/R0820	Insurance and intermediaries payables	<p>Amounts payable to policyholders, insurers and other business linked to insurance that are not included in technical provisions.</p> <p>Includes amounts payable to (re)insurance intermediaries (e.g. commissions due to intermediaries but not yet paid by the undertaking).</p> <p>Excludes loans &amp; mortgages due to other insurance companies, if they only relate to financing and are not linked to insurance business (such loans and mortgages shall be reported as financial liabilities).</p> <p>It shall include payables from reinsurance accepted.</p> <p>For Solvency II column (C0010) this cell should only include amounts past-due.</p>

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C0010 – C0020/R0830	Reinsurance payables	<p>Amounts payable to reinsurers (in particular current accounts) other than deposits linked to reinsurance business that are not included in reinsurance recoverables.</p> <p>Includes payables to reinsurers that relate to ceded premiums.</p> <p>For Solvency II column (C0010) this cell should only include amounts past-due.</p>
C0010– C0020/R0840	Payables (trade, not insurance)	This is the total amount trade payables, including amounts due to employees, suppliers, etc. and not insurance-related, parallel to receivables (trade, not insurance) on asset side; includes public entities.
C0010– C0020/R0850	Subordinated liabilities	<p>Subordinated liabilities are debts which rank after other specified debts when undertaking is liquidated. This is the total of subordinated liabilities classified as Basic Own Funds and those that are not included in Basic Own Funds.</p> <p>This item does not apply to third country branches.</p> <p>With regard to 'statutory accounts values 'column (C0020), where the split between subordinated liabilities not in basic own funds and subordinated liabilities in basic own funds is not available, this item shall reflect the sum.</p>
C0010– C0020/R0860	Subordinated liabilities not in Basic Own Funds	<p>Subordinated liabilities are debts which rank after other specified debts when undertaking is liquidated. Other debts may be even more deeply subordinated. Only subordinated liabilities that are not classified in Basic Own Funds shall be presented here.</p> <p>This item does not apply to third country branches.</p> <p>With regard to 'statutory accounts values 'column (C0020), where the split between subordinated liabilities not in basic own funds and subordinated liabilities in basic own funds is not available, this item shall not be reported.</p>

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C0010–C0020/R0870	Subordinated liabilities in Basic Own Funds	<p>Subordinated liabilities classified in Basic Own Funds.</p> <p>This item does not apply to third country branches.</p> <p>With regard to ‘statutory accounts values’ column (C0020), where the split between subordinated liabilities not in basic own funds and subordinated liabilities in basic own funds is not available, this item shall not be reported.</p>
C0010–C0020/R0880	Any other liabilities, not elsewhere shown	This is the total of any other liabilities, not elsewhere already included in other Balance Sheet items.
C0010–C0020/R0900	Total liabilities	This is the overall total amount of all liabilities
C0010/R1000	Excess of assets over liabilities	This is the total of undertaking’s excess of assets over liabilities, valued in accordance with Solvency II valuation basis. Value of the assets minus liabilities.
C0020/R1000	Excess of assets over liabilities (statutory accounts value)	This is the total of excess of assets over liabilities of statutory accounts value column.

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## Chapter 10

### Instructions regarding reporting templates

#### IR.12.01 – Life technical provisions

##### General comments

This section relates to quarterly and annual submission of information for individual entities, third country branches, ring-fenced funds, matching adjustment portfolios and remaining part.

Undertakings may apply appropriate approximations in the calculation of the technical provisions as referred to in Technical Provisions – Further Requirements 6. In addition, Supervisory Statement SS8/24 3.2 may be applied to calculate the risk margin during the financial year.

Third country branches should read any reference to ‘technical provisions’ as the provisions for insurance and reinsurance obligations referred to in Third Country Branches 6.1.

Line of business for life obligations: The lines of business as defined in Technical Provisions – Further Requirements Annex 1. The segmentation shall reflect the nature of the risks underlying the contract (substance), rather than the legal form of the contract (form). By default, where an insurance or reinsurance contract covers risks across the lines of business undertakings shall, where possible, unbundle the obligations into the appropriate lines of business (Technical Provisions – Further Requirements 26.5). In this template life annuities are shown as a separate column and not as part of ‘other life insurance’. Reinsurance accepted is shown as a separate row for the underlying line of business and not as separate columns.

The information reported shall be gross of reinsurance as information on Recoverables from reinsurance/SPV and Finite reinsurance is requested in specific rows.

The information to be reported between R0010 and R0100 shall be after the volatility adjustment, the matching adjustment and the transitional adjustment to the relevant risk-free interest rate term structure if applied but shall not include the transitional measure on technical provisions. The amount of the transitional on technical provisions is requested separately between rows R0140 and R0180.

Individual entities and third country branches shall report template IRR.12.01 for each ring-fenced fund (RFF), matching adjustment portfolio (MAP) and remaining part.

For IRR.12.01 only rows R0025-R0030, R0080-R0100 and R0140-R0200 should be completed.

	ITEM	INSTRUCTIONS
Z0020	Ring Fenced Fund/Matching adjustment portfolio	Identifies whether the reported figures are with regard to a RFF, matching adjustment portfolio or to the remaining part. One of the options in the following closed list shall be used:

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	or remaining part	1 – RFF/MAP 2 – Remaining part
Z0030	Fund/Portfolio number	Identification number for a ring-fenced fund or matching adjustment portfolio. This number is attributed by the undertaking and must be consistent over time and with the fund/portfolio number reported in other templates.

## Column definitions

C0010	Insurance with profit participation	Corresponds to the line of business defined in Technical Provisions – Further Requirements Annex 1 and the corresponding part of ‘reinsurance accepted’.
C0020	Index-linked and unit-linked insurance	Corresponds to the line of business defined in Technical Provisions – Further Requirements Annex 1 and the corresponding part of ‘reinsurance accepted’.
C0030	Life annuities	Annuities and deferred annuities which would be included in the line of business ‘other life insurance’ defined in Technical Provisions – Further Requirements Annex 1 and the corresponding part of ‘reinsurance accepted’.
C0040	Annuities stemming from non-life insurance contracts	Corresponds to the sum of the lines of business ‘annuities stemming from non-life insurance contracts and relating to insurance obligation other than health insurance obligations’ and ‘annuities stemming from non-life insurance contracts and relating to health insurance obligations’ defined in Technical Provisions – Further Requirements - Annex 1 and the corresponding part of ‘reinsurance accepted’.
C0050	Other life insurance	Corresponds to the line of business ‘other life insurance’ excluding annuities and deferred annuities defined in Technical Provisions – Further Requirements Annex 1 and the corresponding part of ‘reinsurance accepted’.
C0060	Health insurance	Corresponds to the line of business ‘health insurance’ defined in Technical Provisions – Further Requirements Annex 1 and the corresponding part of ‘reinsurance accepted’.

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C0070	Total life and health	The sum of all the preceding columns.
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## Technical provisions - best estimate and risk margin

R0025	Gross Best Estimate (direct business)	Amount of Gross Best Estimate including Technical Provisions as a Whole (no deduction of reinsurance, SPVs and Finite Re according to Technical Provisions 3) for direct business.
R0026	Gross Best Estimate (reinsurance accepted)	Amount of Gross Best Estimate including Technical Provisions as a Whole (no deduction of reinsurance, SPVs and Finite Re according to Technical Provisions 3) for reinsurance accepted.
R0030	Gross Best Estimate	Amount of Gross Best estimate including Technical Provisions as a Whole (no deduction of reinsurance, SPVs and Finite Re according to Technical Provisions 3).
R0040	Total Recoverables from reinsurance/SPV and Finite Re before the adjustment for expected losses due to counterparty default	Amount of recoverables before adjustment for expected losses due to possibility of default of the reinsurer, as defined in Technical Provisions 11.1, including ceded intra group reinsurance.
R0050	Recoverables from reinsurance (except SPV and Finite Re) before adjustment for expected losses	Amount of recoverables (before adjustment for expected losses) from “traditional” reinsurance, ie without SPVs and Finite Reinsurance, calculated consistently with the boundaries of the contracts to which they relate, including ceded intra group reinsurance.
R0060	Recoverables from SPV before adjustment for expected losses	Amount of recoverables from SPVs before adjustment for expected losses, calculated consistently with the boundaries of the contracts to which they relate, including ceded intra group reinsurance.
R0070	Recoverables from Finite Re before adjustment for expected losses	Amount of recoverables from Finite Re before adjustment for expected losses, calculated consistently with the boundaries of the contracts to which they relate, including ceded intra group reinsurance.

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R0080	Total Recoverables from reinsurance/SPV and Finite Re after the adjustment for expected losses due to counterparty default	Amount of recoverables after adjustment for expected losses due to possibility of default of the reinsurer, as defined in Technical Provisions 11.1, including ceded intra group reinsurance.
R0090	Best Estimate minus recoverables from reinsurance/SPV and Finite Re	Amount of Best Estimate minus recoverables from reinsurance/SPV and Finite Re after adjustment for expected losses due to possibility of default of the reinsurer, as defined in Technical Provisions 11.1.
R0100	Risk Margin	Amount of Risk margin, as defined in Technical Provisions 4.2.  This item does not apply to third country branches.

## Amount of the Transitional Measure on Technical Provisions (TMTP)

R0140	TMTP – risk margin	Amount of TMTP attributable to the risk margin portion. This corresponds to A <sub>r</sub> in Transitional Measure on Technical Provisions 5.1.  For firms applying the legacy approach in accordance with Statement of Policy 'Permissions for transitional measures on technical provisions and risk-free interest rates', this item corresponds to the amount of TMTP attributable to the risk margin.  This item does not apply to third country branches.
R0150	TMTP – best estimate dynamic component	Amount of TMTP attributable to the dynamic portion. This corresponds to B <sub>r</sub> in Transitional Measure on Technical Provisions 5.1.  For firms applying the legacy approach in accordance with Statement of Policy 'Permissions for transitional measures on technical provisions and risk-free interest rates', this item corresponds to the amount of TMTP attributable to the best estimate.  This item does not apply to third country branches.
R0160	TMTP – best estimate non-	Amount of TMTP attributable to the non-dynamic portion. This corresponds to C <sub>r</sub> in Transitional

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	dynamic component	<p>Measure on Technical Provisions 5.1.</p> <p>This item does not apply to firms applying the legacy approach in accordance with Statement of Policy 'Permissions for transitional measures on technical provisions and risk-free interest rates'.</p> <p>This item does not apply to third country branches.</p>
R0170	TMTP – amortisation adjustment	<p>Adjustment to increase the rate of run-off of TMTP. This corresponds to <math>W_r</math> in Transitional Measure on Technical Provisions 5.1.</p> <p>This item does not apply to firms applying the legacy approach in accordance with Statement of Policy 'Permissions for transitional measures on technical provisions and risk-free interest rates'.</p> <p>This item does not apply to third country branches.</p>
R0180	Transitional Measure on Technical Provisions	<p>Amount of TMTP, calculated as <math>R0140+R0150+R0160-R0170</math> subject to a minimum of zero.</p> <p>This corresponds to <math>Tr</math> in Transitional Measure on Technical Provisions 5.1 and should be reported as a positive value.</p> <p>This item does not apply to third country branches.</p>

## Technical provisions – Total

R0200	Technical Provisions – Total	Total amount of Technical Provisions after the transitional deduction to technical provisions.
R0210	Technical Provisions minus Recoverables from reinsurance/SPV and Finite Re including technical provisions calculated as a whole and after the transitional deduction to technical provisions – Total	Total amount of Technical Provisions minus Recoverables from reinsurance/SPV and Finite Re including technical provisions calculated as a whole and after the transitional deduction to technical provisions.

R0300 (C0020 only)	Surrender value	<p>The amount of surrender value net of taxes.</p> <p>Shall reflect the amount, defined contractually, to be paid to the policyholder in case of early termination of the contract (ie before it becomes payable by maturity or occurrence of the insured event, such as death), net of charges and policy loans. It includes surrender values guaranteed and</p>
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		not guaranteed. The amount allows for any duration based penalties and assumes that any clause deferring the availability of the surrender value does not apply.
R0302 (C0020 only)	Nominal value of units	Value of units allocated. The amount should allow for actuarial funding / discounting where these are 'initial' or 'capital' units subject to a higher management charge.
R0304 (C0020 only)	Matching value of units	Value of units held included in IR.02.01 R0220 and IR.02.01 R0340 which are matching the unit liability in R0302.
R0310	Best estimate subject to transitional of the interest rate	Indicate the amount of gross best estimate (R0030) subject to the transitional adjustment to the relevant risk-free interest rate term structure.  This item does not apply to third country branches.
R0320	Technical provisions without transitional on interest rate	Amount of technical provisions where the transitional adjustment to the relevant risk-free interest rate term structure has been applied calculated without the transitional adjustment to the relevant risk-free interest rate term structure.  In the cases where the same best estimates were also subject to the volatility adjustment, the amount reported in this item shall reflect the value without the transitional adjustment to the relevant risk-free interest rate term structure but with the volatility adjustment.
R0330	Best estimate subject to volatility adjustment	Indicate the amount of gross best estimate (R0030) subject to volatility.
R0340	Technical provisions without volatility adjustment and without others transitional measures	Amount of technical provisions calculated without volatility adjustment.  In the cases where the same technical provisions were also subject to the transitional deduction to technical provisions/transitional adjustment to the relevant risk-free interest rate term structure, the amount reported in this item shall reflect the value with neither the volatility adjustment nor the transitional deduction to technical provisions/transitional adjustment to the relevant risk-free interest rate term structure.

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R0350	Best estimate subject to matching adjustment	Indicate the amount of gross best estimate (R0030) subject to matching adjustment.
R0360	Technical provisions without matching adjustment and without all the others	<p>Amount of technical provisions calculated without matching adjustment, for each line of business.</p> <p>In the cases where the same technical provisions were also subject to the transitional deduction to technical provisions, the amount reported in this item shall reflect the value with neither the matching adjustment nor the transitional deduction to technical provisions.</p>

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## Chapter 10

### Instructions regarding reporting templates

#### IR.14.01 – Life obligations analysis

##### General comments

This section relates to annual submission of information for individual entities and third country branches.

This template includes information about life insurance contracts (direct business and accepted reinsurance) and also includes annuities stemming from non-life contracts (which are also analysed in IR.16.01). All insurance contracts shall be reported even if classified as investments contract on accounting basis. In case of products unbundled, the different parts of the product shall be reported in different rows, using different ID codes.

Third country branches should read any reference to “technical provisions” as the provisions for insurance and reinsurance obligations referred to in Third Country Branches 6.1.

Where firms show the number of contracts in C0040 and C0050 the PRA expects firms to count multiple policies issued as part of the same premium, identifiable increments and rider benefits as being a single contract. Where firms report unbundled products across multiple rows and using different Product ID codes log instructions for C0040 and C0050 are directly applicable.

For scheme contracts which cover multiple lives and where the insurer is providing protection or annuity benefits defined at member level the number of contracts to be reported in C0040 and C0050 is the number of members of the scheme. For corporate pensions the number of contracts is the number of schemes.

Firms should use an approximation to apportion between product codes where parts of the technical provisions are calculated for a combination of products (eg with-profits guarantee costs) or if there is uncertainty as to which product code applies.

	ITEM	INSTRUCTIONS
C0001	Line identification	Each row of data is required to have a unique numerical reference.
C0010	Product ID code	<p>Firms should use the three digit product codes listed in the Appendix.</p> <p>In the cases where the same product is reported in more than one row the content of C0010 should follow the specific pattern: {ID code of product}/{name/number of version}. For example 'AB222/+3'. Where individual or corporate pensions are written as part of a Master Trust these should be shown as a separate row with a product ID code such as '212/+/Master Trust'. In this example the remainder for the product code may be shown as '212'.</p>

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C0020	Fund number	<p>Applicable to products that are part of ring fenced funds or other internal funds (defined according to national markets). This number is attributed by the undertaking and shall be consistent over time and shall not be reused for other funds.</p> <p>The number shall be used consistently across all templates, where relevant, to identify the fund.</p>
C0030	Line of Business	<p>Line of business as defined in Technical Provisions – Further Requirements Annex 1. The following closed list shall be used:</p> <ul style="list-style-type: none"> <li>29 – Health insurance</li> <li>30 – Insurance with profit participation</li> <li>31 – Index-linked and unit-linked insurance</li> <li>32 – Other life insurance</li> <li>33 – Annuities stemming from non-life insurance contracts and relating to health insurance obligations</li> <li>34 – Annuities stemming from non-life insurance contracts and relating to insurance obligations other than health insurance obligations</li> <li>35 – Health reinsurance</li> <li>36 – Life reinsurance</li> </ul>
C0040	Number of contracts at the end of the year	<p>Number of contracts attached to each reported product. Contracts with more than one policyholder count as only one contract.</p> <p>In case of inactive policyholder (no premium paid) the contract shall be reported anyway unless the contract is cancelled.</p> <p>For annuities stemming from non-life use the number of annuities obligations.</p> <p>For products which are unbundled in more than one row, please report the number of contracts in all rows reported.</p>
C0050	Number of new contracts during year	<p>Number of new contracts during reporting year (this is for all new contracts). Otherwise use the same instructions as for cell C0040.</p> <p>For annuities stemming from non-life use the number of annuities obligations.</p>
C0060	Written premiums	<p>Total amount of gross written premiums.</p> <p>For annuities stemming from non-life this cell is not applicable.</p>
C0070	Claims paid	Total amount of gross claims paid during the year, including claims management expenses.
C0080	Country	<p>Country ISO 3166–1 alpha–2 code or list of codes according to the following instructions:</p> <ul style="list-style-type: none"> <li>- ISO 3166–1 alpha–2 code of the country where the contract was entered into, for countries representing more than 10 % of</li> </ul>

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		<p>technical provisions or written premiums for a given product.</p> <ul style="list-style-type: none"><li>- If reinsurance it shall refer to the country of the cedent undertaking.</li><li>- For countries representing less than 10 % of Technical Provisions or written premiums for a given product, report a list of ISO 3166–1 alpha–2 Codes of the countries concerned.</li></ul>
C0180	Best estimate	Amount of gross best estimate and Technical Provisions as a whole.
C0190	Capital at risk	The capital at risk, as defined in Solvency Capital Requirement – Standard Formula 7.8 and 7.10. For annuities stemming from non-life contracts this cell shall be filled in with zero unless the annuities have positive risk.

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## Appendix

### List of life insurance product reporting codes

This appendix sets out how the PRA expects firms to derive the data item 'product ID code' C0010 in template IR.14.01 as a 3 character string.

PRA Solvency II product codes	Description
<b>Savings and investments</b>	
100	Whole of life OB CWP
101	Whole of life OB UWP
102	Whole of life OB UL
104	Whole of life OB NP
105	Whole of life IB CWP
106	Whole of life IB NP
111	Single premium bond UWP
112	Single premium bond UL
113	Single premium bond IL
114	Single premium bond NP
120	Endowment OB CWP
121	Endowment OB UWP
122	Endowment OB UL
124	Endowment OB NP
125	Endowment IB CWP
126	Endowment IB NP
131	Investment only reinsurance UWP
132	Investment only reinsurance UL
<b>Individual pensions</b>	
200	Individual defined contribution pensions CWP
201	Individual defined contribution pensions UWP
202	Individual defined contribution pensions UL
204	Individual defined contribution pensions NP
210	Workplace defined contribution pensions CWP
211	Workplace defined contribution pensions UWP
212	Workplace defined contribution pensions UL
214	Workplace defined contribution pensions NP
221	Income drawdown UWP
222	Income drawdown UL
224	Income drawdown NP
231	Individual pensions investment only reinsurance UWP
232	Individual pensions investment only reinsurance UL
<b>Corporate pensions</b>	
300	Corporate defined benefit pensions CWP
301	Corporate defined benefit pensions UWP
302	Corporate defined benefit pensions UL
304	Corporate defined benefit pensions NP

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PRA Solvency II product codes	Description
310	Corporate defined contribution pensions WP
311	Corporate defined contribution pensions UWP
312	Corporate defined contribution pensions UL
314	Corporate defined contribution pensions NP
321	Corporate pensions investment only reinsurance UWP
322	Corporate pensions investment only reinsurance UL
<b>Protection</b>	
404	Level term regular premium
414	Level term single premium
424	Decreasing term regular premium
434	Decreasing term single premium
444	Accelerated critical illness (guaranteed premiums)
454	Accelerated critical illness (reviewable premiums)
464	Stand-alone critical illness (guaranteed premiums)
474	Stand-alone critical illness (reviewable premiums)
480	Income protection CWP
481	Income protection Holloway accounts UWP
494	Income protection (guaranteed premiums)
504	Income protection (reviewable premiums)
514	Income protection single premium
524	Income protection claims in payment
534	Group life
544	Group death in service dependants' annuities
554	Collective life
564	Group income protection
574	Group income protection claims in payment
584	Group critical illness
594	Risk premium mortality reinsurance
604	Risk premium critical illness reinsurance
614	Risk premium income protection reinsurance
620	Miscellaneous protection CWP
621	Miscellaneous protection UWP
622	Miscellaneous protection UL
624	Miscellaneous protection NP
<b>Annuities</b>	
700	Purchased life annuity WP
704	Purchased life annuity NP
710	Individual deferred annuity WP
714	Individual deferred annuity NP
720	Individual pension annuity WP

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PRA Solvency II product codes	Description
722	Individual pension annuity UL
724	Individual pension annuity NP
734	Individual enhanced pension annuity NP
740	Bulk purchase deferred annuity WP
744	Bulk purchase deferred annuity NP
754	Bulk purchase pension annuity NP
764	Purchased temporary annuity NP
774	Pension temporary annuity NP
784	Annuity stemming from non-life
794	Longevity swap accepted

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## Notes on product categories

**Whole life and endowment** – regular premium business only – includes policies made ‘paid-up’ – excludes single premium bonds which are technically whole of life.

**Single premium bond** – includes ‘investment bond’ and ‘with-profits bond’.

**Individual defined contribution pensions** – pensions savings before retirement, excludes deferred annuity buyouts, but contract may be written as deferred annuity with-profits, endowment with-profits, UWP or UL. Individual means there is no employer involvement.

**Workplace defined contribution pensions** – covers ‘group pensions’ where the group is the employer and the insurer has a separate record for each employee covered, which may include employer contributions. The firm calculates liabilities at member level.

**Corporate pensions** – covers trust based pension arrangements where the insurer does not hold separate records for individual employees. The insurer normally just provides investment services, and the records of benefits are maintained by the trustees or another party. The firm calculates liabilities at scheme level.

**Miscellaneous protection** – these categories are for types of protection which do not fit within the named protection categories, e.g. long term care.

**Bulk purchase annuity** – this is for annuity liabilities arising from occupational pension schemes including where members hold individual policies after winding up of the scheme.

All reinsurance refers to reinsurance accepted. Reinsurance ceded is not reported in IR.14.01.

## Abbreviations

- OB**    **Ordinary branch:** in the past this term was required to distinguish OB and IB policies.
- IB**    **Industrial branch:** business sold in the past where premiums were collected door to door. The policies are now either paid up or premiums are collected by direct debit.
- WP**    **With-profits:** a contract of long-term insurance which provides benefits through eligibility to participate in discretionary distributions based on profits arising from the firm's business or from a particular part of the firm's business
- CWP**    **Conventional with-profits:** the traditional style of with-profits, where the policy specifies the regular premium payable and the initial guaranteed benefit, to which reversionary (annual bonuses) are added.
- UWP**    **Unitised with-profits (includes accumulating with-profits):** the newer style of with-profits, where each premium is invested in units or to an account at the face value of the amount invested. This amount grows with ‘bonus’ and any further premiums.
- UL**    **Unit-linked:** the same as the legal term ‘property linked’ in the PRA annual returns.
- IL**    **Index-linked:** includes policies linked to a stock market index or the value of specific securities. It excludes RPI / CPI linked policies.
- NP**    **Non-profit:** all policies covered by the ‘Other’ Solvency II line of business and including life health business.

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## Chapter 10

### Instructions regarding reporting templates

#### IR.16.01 — Non-life annuities information

##### General comments

This section relates to annual submission of information for individual entities and third-country insurance undertakings in regard to branch operations.

This template shall not be reported for any accepted reinsurance business.

This template shall be reported only for annuities formally settled stemming from non-life contracts and relating to health insurance obligations and relating to insurance obligations other than health insurance obligations.

For the purpose of this template ‘allocated loss adjustment expenses (ALAE)’ means: the costs of processing and resolving claims that could be assignable to individual claim (eg legal and adjuster’s fees).

Firms are required to report data on an accident year or underwriting year basis according to how the business is managed. Firms must report each line of business (and where applicable each currency within a line of business) by accident year or each line of business (and where applicable each currency within a line of business) by underwriting year. Firms are not to report some lines of business by accident year and some by underwriting year.

This template shall be reported by non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, originating the annuity and by currency, considering the following specifications:

- i. If the best estimate for the annuity claims provisions on a discounted basis from one non-life line of business represents more than 3% of the total best estimate for all annuity claims provisions the information shall be reported with the following split by currencies in addition to the total for the line of business:
  - a) Amounts for any currency that represents more than 25 % of the best estimate for the annuity claims provisions on a discounted basis from that non-life line of business; or
  - b) Amounts for any currency that represents less than 25 % of the best estimate for the annuity claims provisions (discounted basis) from that non-life line of business but more than 5 % of total best estimate for all annuity claims provisions.
- ii. If the best estimate for the annuity claims provisions on a discounted basis from one non-life line of business represents less than 3 % of the total best estimate for all annuity claims provisions no currency split is required, only the total for the line of business shall be reported;
- iii. The information shall be reported in the original currency of the contracts unless otherwise specified.

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As already specified above this template is interlinked with the non-life template IR.19.01. The sum of technical provisions in templates IR.16.01 and IR.19.01 for one non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, represents the total claims best estimate originating from this line of business (also refer log to template IR.19.01). Historical data are required for information with reference to claims paid and RBNS claims amounts. For claims provisions, historical data starting from the firm's first reporting reference date on or after 31 December 2024 are required.

All or part of an obligation moves from IR.19.01 into IR.16.01, when both of the below conditions are met:

- i. All or part of the obligation has been formally settled as an annuity; and
- ii. a best estimate of an obligation formally settled as an annuity can be established using life techniques.

Formally settled as an annuity typically means that a legal process has ordered that the beneficiary is to receive payments as an annuity.

In the event that after an obligation has been formally settled as an annuity and some of that obligation subsequently ends up being settled via a lump sum payment that was not in the original annuity payment order, that lump sum would be recorded as a payment in template IR.16.01; ie there is no movement of claims data out of template IR.16.01 and into IR.19.01.

Year N is the reporting year.

	ITEM	INSTRUCTIONS
Z0010	The related non-life line of business	<p>Name of the line of business, as defined in Technical Provisions – Further Requirements Annex 1.</p> <p>The origin of the liability (medical expense, income protection, workers' comp, motor liability etc.). All the figures in the template are stemming from the related line of business.</p> <p>The following close list shall be used:</p> <ol style="list-style-type: none"><li>1 - Medical expense insurance</li><li>2 - Income protection insurance</li><li>3 - Workers' compensation insurance</li><li>4 - Motor vehicle liability insurance</li><li>5 - Other motor insurance</li><li>6 - Marine, aviation and transport insurance</li><li>7 - Fire and other damage to property insurance</li><li>8 - General liability insurance</li><li>9 - Credit and suretyship insurance</li><li>10 - Legal expenses insurance</li><li>11 – Assistance insurance</li></ol>

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	ITEM	INSTRUCTIONS
		12 - Miscellaneous financial loss insurance 41 – Total all non-life insurance obligations (ie total of lines of business 1 to 12 above)
Z0020	Accident year/Underwriting year	<p>Report the standard used by the undertakings for reporting of claims development.</p> <p>The following close list shall be used:</p> <ul style="list-style-type: none"> <li>1 — Accident year</li> <li>2 — Underwriting year</li> </ul> <p>A firm must use the standard (ie accident year or underwriting year) used for the public disclosure template S.19.01.21 for all of its lines of business and currencies. ie it must not use accident year for some lines business and underwriting year for other lines of business.</p>
Z0030	Currency	<p>Identify the ISO 4217 alphabetic code of the settlement currency of the obligation. All amounts, not reported by currency, are reported in the undertaking's reporting currency.</p> <p>This item shall be filled in with 'Total' when reporting the total for the line of business reported in Z0010.</p> <p>Currency is not reported when the line of business is '41 - Total all non-life insurance obligations'</p>
Z0040	Currency conversion	<p>Identify if the information reported by currency is being reported in the original currency (default) or in the reporting currency (otherwise specified).</p> <p>The following close list shall be used:</p> <ul style="list-style-type: none"> <li>1 — Original currency</li> <li>2 — Reporting currency</li> </ul> <p>Only applicable when reporting by currency.</p>
	Information on year N:	
C0010 / R0010	The average interest rate	The average interest rate used in percentage (as a decimal) for the end of year N
C0010 / R0020	The average duration of the obligations	Average duration in years on total obligations basis for the end of the year N
C0010 / R0030	The weighted average age of the beneficiaries	<p>The weight shall be the Best Estimate for annuity claims provisions at the end of year N. Age of beneficiaries calculated on a weighted average for total obligations.</p> <p>The beneficiary is the person to whom the payments are reverting to, following the occurrence of a claim (that affects the insured person) which originates this type of payment. Information should be considered gross of reinsurance.</p>

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	ITEM	INSTRUCTIONS
	Annuities information:	
C0013/R0040–R0190	RBNS prior to claim being designated a non-life annuity claim	<p>The reported but not settled (RBNS) amount for the claim at the last quarter-end when the claim was allocated to the line of business reported in Z0010 (ie the last quarter end prior to the claim being designated a non-life annuity claim).</p> <p>Eg suppose a firm has a 31 December year-end and the firm designated a non-life claim to be a non-life annuity claim on 29 August in a particular calendar year, the RBNS amount for this is to be the RBNS at 30 June in that calendar year.</p> <p>This RBNS amount is undiscounted and includes 'allocated loss adjustment expenses'.</p>
C0014/R0040–R0190	Lump sum paid when claim was designated a non-life annuity claim	Amount of any lump sum that the firm paid or agreed to pay on the date when the claim was designated a non-life annuity claim.
C0015/R0040–R0190	Undiscounted claims provisions established when claim was designated a non-life annuity claim	<p>The undiscounted claims provision established on the date that the claim was designated a non-life annuity claim.</p> <p>This amount is to include any provision for 'allocated loss adjustment expenses'.</p>
C0016/R0040–R0190	Best Estimate (discounted basis) when claim was designated a non-life annuity claim	The discounted amount of the provision reported in column C0015
C0017/R0040–R0190	Amounts paid from when claim was designated a non-life annuity claim until start of year N	<p>The amount paid between the date when the claim was designated a non-life annuity claim and the start of year N.</p> <p>This amount includes annuity benefit payments and 'allocated loss adjustment expenses'.</p>
C0020/R0040–R0190	Undiscounted annuity claims provisions at the start of year N	Amount of annuity claims best estimate stemming from non-life Insurance obligations at beginning of year N.
C0030/R0040–R0190	Undiscounted annuity claims provisions set up during year N	<p>Total amount of annuity claims provisions stemming from non-life insurance obligations set up during year N as at the moment they were first set up (ie, where assumptions used were for the first time based on life techniques)</p> <p>This is a part of technical provisions set up during year N (Net movements between new reserves during year N/release of reserves during year N).</p>

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	<b>ITEM</b>	<b>INSTRUCTIONS</b>
C0040/R0040–R0190	Annuity payments paid during year N	Total amount of annuity payments stemming from non-life insurance obligations made during the calendar year N.
C0050/R0040–R0190	Undiscounted annuity claims provisions at the end of year N	Total amount of annuity claims provisions stemming from non-life insurance obligations at end of year N.
C0060/R0040–R0190	Number of annuities obligations at the end of year N	Number of non-life insurance annuity obligations.
C0070/R0040–R0190	Best Estimate for annuity claims provisions at the end of year N (discounted basis)	Best estimate covering annuities stemming from non-life insurance obligations at the end of calendar year N.  Information should be considered gross of reinsurance.
C0020–C0070/R0200	Total	Total amount for all accident/underwriting years.  R0200 is the total of R0040 to R0190.

## Chapter 10

### Instructions regarding reporting templates

#### IR.16.02 — Non-life annuities projection of future cash flows

##### General comments

This section relates to annual submission of information for individual entities and third-country insurance undertakings in regard to branch operations.

This template shall include information only in relation to the best estimates. The cash flows to be reported in columns C0130 through to C0160 are gross of reinsurance and undiscounted. The future cash flows relate to annuities stemming from non-life insurance contracts only. These cash flows are to not include annuities stemming from non-life accepted reinsurance contracts.

Cash-flow projections such as central scenarios can be used as no perfect reconciliation with Best Estimate calculation is required.

All cash flows expressed in different currencies shall be considered and converted in the reporting currency using the exchange rate at the reporting date.

	ITEM	INSTRUCTIONS
C0130/R0010–R0340	Future cash flows used in the Best estimate, Annuities stemming from non-life contracts (gross), Cash out-flows — Future benefits	<p>From R0010 to R0330: Amount of undiscounted cash flows expected for each year from year 1 to year 30, aggregated for the interval of years 31 to 40, aggregated for the interval of years 41 to 50 and aggregated for all the years after year 50.</p> <p>R0340 is the total of R0010 to R0330.</p> <p>The cash flows are the ones stemming from Future benefits regarding Annuities stemming from non-life contracts relating to insurance obligations.</p> <p>Cash out flows from non-life insurance contracts that will change to Annuities but are not yet formally settled as Annuities shall not be included.</p>
C0140/R0010–R0340	Future cash-flows used in the Best estimate, Annuities stemming from non-life contracts (gross), Cash out-flows — Future expenses and other cash out-flows	<p>From R0010 to R0330: Amount of undiscounted cash flows expected for each year from year 1 to year 30, aggregated for the interval of years 31 to 40, aggregated for the interval of years 41 to 50 and aggregated for all the years after year 50.</p> <p>R0340 is the total of R0010 to R0330.</p> <p>The cash flows are the ones related to expenses that will be incurred in servicing insurance and reinsurance obligations, and other cash-flow items such as taxation payments which are, or expected to be, charged to policyholders or are required to settle the insurance obligations,</p>

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		<p>regarding Annuities stemming from non-life contracts relating to insurance obligations.</p> <p>Cash out-flows from non-life insurance contracts that are not yet settled as Annuities and will change to Annuities and dealt with within the same company shall not be included.</p>
C0150/R0010–R0340	Future cash-flows used in the Best estimate, Annuities stemming from non-life contracts (gross), Cash in-flows — Future premiums	<p>From R0010 to R0330: Amount of undiscounted cash flows expected for each year from year 1 to year 30, aggregated for the interval of years 31 to 40, aggregated for the interval of years 41 to 50 and aggregated for all the years after year 50.</p> <p>R0340 is the total of R0010 to R0330.</p> <p>The cash flows are the ones stemming from future premiums and any additional cash-flows that result from those premiums, regarding Annuities stemming from non-life contracts relating to insurance obligations.</p> <p>Cash out-flows from non-life insurance contracts that are not yet settled as Annuities and will change to Annuities shall not be included.</p>
C0160/R0010–R0340	Future cash-flows used in the Best estimate, Annuities stemming from non-life contracts (gross), Cash in-flows — Other cash in-flows	<p>From R0010 to R0330: Amount of undiscounted cash flows expected for each year from year 1 to year 30, aggregated for the interval of years 31 to 40, aggregated for the interval of years 41 to 50 and aggregated for all the years after year 50.</p> <p>R0340 is the total of R0010 to R0330.</p> <p>The cash flows are the ones not included in Future premiums and not including investment returns, regarding Annuities stemming from non-life contracts relating to insurance obligations.</p> <p>Cash out flows from non-life insurance contracts that are not yet settled as Annuities and will change to Annuities shall not be included.</p>

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C0165/R0010–R0340	Annuities stemming from non-life insurance contracts - Total recoverable from reinsurance - (after the adjustment)	<p>From R0010 to R0330: Amount of undiscounted future cash flows estimated for each year from year 1 to year 30, aggregated for the interval of years 31 to 40, aggregated for the interval of years 41 to 50 and aggregated for all the years after year 50.</p> <p>R0340 is the total of R0010 to R0330.</p> <p>The future cash flows relate to annuities stemming from non-life insurance contracts. These cash flows are to not include annuities stemming from non-life accepted reinsurance contracts.</p> <p>The future cash flows undiscounted from amounts recoverables from reinsurance and SPVs/Finite Re, including ceded intra group reinsurance, including future reinsurance premiums. Amount shall be reported net of adjustment for counterparty default risk.</p>
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## Chapter 10

### Instructions regarding reporting templates

#### IR.17.01 — Non-life technical provisions

##### General comments

This section relates to quarterly and annual submission of information for individual entities, third country branches, ring-fenced funds, matching adjustment portfolios and remaining part.

Undertakings may apply appropriate approximations in the calculation of the technical provisions as referred to in Technical Provisions – Further Requirements 6. In addition, Supervisory Statement SS8/24 3.2 may be applied to calculate the risk margin during the financial year.

Third country branches should read any reference to ‘technical provisions’ as the provisions for insurance and reinsurance obligations referred to in Third Country Branches 6.1.

Line of Business for non-life obligations: The lines of business, referred to in Technical Provisions 10.1, as defined in Technical Provisions – Further Requirements Annex 1, referred to direct business/accepted proportional reinsurance and accepted non-proportional reinsurance. The segmentation shall reflect the nature of the risks underlying the contract (substance), rather than the legal form of the contract (form).

Health direct insurance business pursued on a non-similar technical basis to life insurance shall be segmented into Non-Life line of business 1 to 3.

Accepted proportional reinsurance shall be considered together with the direct business in the C0020 to C0130.

The information to be reported between R0060 and R0280 shall be after the volatility adjustment, the matching adjustment and the transitional adjustment to the relevant risk-free interest rate term structure if applied.

For the purpose of this template ‘allocated loss adjustment expenses (ALAE)’ means: the costs of processing and resolving claims that could be assignable to individual claim (e.g. legal and adjuster’s fees).

	ITEM	INSTRUCTIONS
Z0020	Ring-Fenced Fund/Matching adjustment portfolio or remaining part	Identifies whether the reported figures are with regard to a RFF, matching adjustment portfolio or to the remaining part. One of the options in the following closed list shall be used: 1 — RFF/MAP 2 — Remaining part
Z0030	Fund/Portfolio number	Identification number for a ring-fenced fund or matching adjustment portfolio. This number is attributed by the undertaking and must be consistent over time and with the fund/portfolio number reported in other templates.

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C0020 to C0170/R0060	Best Estimate of Premium provisions, Gross, total	The amount of best estimate for premium provisions, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted business.
C0180/R0060	Total Non–Life obligations, Best Estimate of Premium provisions, Gross, total	The total amount of best estimate for premium provisions, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance regarding direct and accepted business.
C0020 to C0130/R0070	Best Estimate of Premium provisions, Gross — direct business	The amount of best estimate for premium provisions, for the direct business, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1.
C0180/R0070	Total Non–Life obligations, Best Estimate of Premium provisions, Gross, total direct business	The total amount of best estimate for premium provisions, for the direct business, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance.
C0020 to C0130/R0080	Best Estimate of Premium provisions, Gross — accepted proportional reinsurance business	The amount of best estimate for premium provisions, for accepted proportional reinsurance business, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1.
C0180/R0080	Total Non–Life obligations, Best Estimate of Premium provisions, Gross, total accepted proportional reinsurance business	The total amount of best estimate for premium provisions, for the accepted proportional reinsurance business, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance.
C0140 to C0170/R0090	Best Estimate of Premium provisions, Gross — accepted non proportional reinsurance business	The amount of best estimate for premium provisions, for accepted non–proportional reinsurance business, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1.

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C0180/R0090	Total Non-Life obligations, Best Estimate of Premium provisions, Gross, total accepted non proportional reinsurance business	The total amount of best estimate for premium provisions, for accepted non-proportional reinsurance business, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance.
C0020 to C0170/R0100	Best estimate of Premium provisions, Total recoverable from reinsurance/SPV and Finite re before the adjustment for expected losses due to counterparty default Direct and accepted reinsurance business	Total recoverable from reinsurance/SPV and Finite reinsurance before the adjustment for expected losses due to counterparty default, referred to the best estimate for premium provisions for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1.
C0180/R0100	Total Non-Life obligations, Best estimate of Premium provisions, Total recoverable from reinsurance/SPV and Finite re before the adjustment for expected losses due to counterparty default	The Total recoverable from reinsurance/SPV and Finite reinsurance before the adjustment for expected losses due to counterparty default, referred to the best estimate for premium provisions.
C0020 to C0170/R0110	Best Estimate of Premium provisions, Recoverables from reinsurance (except SPV and Finite Reinsurance) before adjustment for expected losses — Direct and accepted reinsurance business	The amount of Recoverables from reinsurance (except SPV and Finite Reinsurance) before adjustment for expected losses, referred to the best estimate for premium provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex I regarding direct and accepted reinsurance business.
C0180/R0110	Total Non-Life obligations, Best Estimate of Premium provisions, Recoverables from reinsurance (except SPV and Finite	The total amount of Recoverables from reinsurance (except SPV and Finite Reinsurance) before adjustment for expected losses, referred to the best estimate for premium provisions.

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	Reinsurance) before adjustment for expected losses	
C0020 to C0170/R0120	Best Estimate of Premium provisions, Recoverables from SPV before adjustment for expected losses — Direct and accepted reinsurance business.	The amount of Recoverables from SPV before adjustment for expected losses, referred to the best estimate for premium provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0120	Total Non-Life obligations, Best Estimate of Premium provisions, Recoverables from SPV before adjustment for expected losses	The total amount of Recoverables from SPV before adjustment for expected losses, referred to the best estimate for premium provisions.
C0020 to C0170/R0130	Best Estimate of Premium provisions, Recoverables from Finite Reinsurance before adjustment for expected losses — Direct and accepted reinsurance business	The amount of Recoverables from Finite Reinsurance before adjustment for expected losses, referred to the best estimate for premium provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0130	Total Non-Life obligations, Best Estimate of Premium provisions, Recoverables from Finite Reinsurance before adjustment for expected losses.	The total amount of Recoverables from Finite Reinsurance before adjustment for expected losses, referred to the best estimate for premium provisions.
C0020 to C0170/R0140	Best Estimate of Premium provisions, Total recoverable from reinsurance/SPV and Finite reinsurance after the adjustment for expected losses due to counterparty default — Direct and accepted	The amount of recoverable from reinsurance/SPV and Finite reinsurance after the adjustment for expected losses due to counterparty default, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted reinsurance business.

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	reinsurance business	
C0180/R0140	Total Non–Life obligations, Best Estimate of Premium provisions, Recoverable from reinsurance/SPV and Finite reinsurance after the adjustment for expected losses due to counterparty default.	The total amount of Recoverable from reinsurance/SPV and Finite reinsurance after the adjustment for expected losses due to counterparty default, referred to the best estimate for premium provisions.
C0020 to C0170/R0150	Net best estimate of Premium provisions — Direct and accepted reinsurance business	The amount of net best estimate for premium provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1.
C0180/R0150	Total Non–Life obligations, Net best estimate of Premium provisions	The total amount of net best estimate for premium provisions.
C0020 to C0170/R0160	Best Estimate of Claims Provisions, Gross, Total	The amount of best estimate for Claims Provisions, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted business.
C0180/R0160	Total Non–Life obligations, Best Estimate of Claims Provisions, Gross, total	The total amount of best estimate for Claims Provisions, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance.
C0020 to C0130/R0170	Best Estimate of Claims Provisions, Gross — direct business	The amount of best estimate for claims provisions, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business.
C0180/R0170	Total Non–Life obligations, Best Estimate of Claims	The total amount of best estimate for Claims provisions, direct business, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance.

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	Provisions, Gross, total direct business	
C0020 to C0130/R0180	Best Estimate of Claims Provisions, Gross — accepted proportional reinsurance business	The amount of best estimate for claims provisions, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding accepted proportional reinsurance.
C0180/R0180	Total Non–Life obligations, Best Estimate of Claims Provisions, Gross, total accepted proportional reinsurance business	The total amount of best estimate for Claims provisions, accepted proportional reinsurance business, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance.
C0140 to C0170/R0190	Best Estimate of Claims Provisions, Gross — accepted non proportional reinsurance business	The amount of best estimate for Claims Provisions, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding accepted non proportional reinsurance.
C0180/R0190	Total Non–Life obligations, Best Estimate of Claims Provisions, Gross — accepted non proportional reinsurance business	The total amount of best estimate for Claims Provisions, gross of the amounts recoverable from reinsurance contracts, special purpose vehicles and finite reinsurance.
C0020 to C0170/R0200	Best Estimate of Claims provisions, Total recoverable from reinsurance/SPV and Finite before the adjustment for expected losses due to counterparty default	Total recoverable from reinsurance/SPV and Finite Re, before the adjustment for expected losses due to counterparty default, referred to the Best Estimate for Claims Provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0200	Total Non–Life obligations, Best estimate of Claims Provisions, Total recoverable from reinsurance/SPV and Finite re before	The Total recoverable from reinsurance/SPV, and Finite before the adjustment for expected losses due to counterparty default, referred to the Best Estimate for Claims Provisions.

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	the adjustment for expected losses due to counterparty default	
C0020 to C0170/R0210	Best Estimate of Claims provisions, Recoverables from reinsurance (except SPV and Finite Reinsurance) before adjustment for expected losses — Direct and accepted reinsurance business	The amount of Recoverables from reinsurance (except SPV and Finite Reinsurance) before adjustment for expected losses, referred to the Best Estimate for Claims Provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0210	Total Non–Life obligations, Best estimate of Claims provisions, Total Recoverables from reinsurance (except SPV and Finite Reinsurance) before adjustment for expected losses — Direct and accepted reinsurance business	The total amount of Recoverables from reinsurance (except SPV and Finite Reinsurance) before adjustment for expected losses, referred to the Best Estimate for Claims Provisions.
C0020 to C0170/R0220	Best Estimate of Claims provisions, Recoverables from SPV before adjustment for expected losses — Direct and accepted reinsurance business	The amount of Recoverables from SPV before adjustment for expected losses, referred to the Best Estimate for Claims Provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0220	Total Non–Life obligations, Best Estimate of Claims Provisions, Recoverables from SPV before adjustment for expected losses	The total amount of Recoverables from SPV before adjustment for expected losses, referred to the Best Estimate for Claims Provisions.
C0020 to C0170/R0230	Best Estimate of Claims provisions, Recoverables from Finite Reinsurance before adjustment	The amount of Recoverables from Finite Reinsurance before adjustment for expected losses, referred to the best estimate for claims provisions, for each non-life line of business, as defined in Technical Provisions – Further

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	for expected losses — Direct and accepted reinsurance business	Requirements Annex 1, regarding direct business and accepted reinsurance business.
C0180/R0230	Total Non-Life obligations, Best Estimate of Claims Provisions, Recoverables from Finite Reinsurance before adjustment for expected losses	The total amount of Recoverables from Finite Reinsurance before adjustment for expected losses, referred to the Best Estimate for Claims Provisions.
C0020 to C0170/R0240	Best Estimate of Claims provisions, Total recoverable from reinsurance/SPV and Finite re after the adjustment for expected losses due to counterparty default — Direct and accepted reinsurance business	The amount recoverable from reinsurance/SPV and Finite re after the adjustment for expected losses due to counterparty default, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0240	Total Non-Life obligations, Best Estimate of Claims Provisions, Recoverable from reinsurance/SPV and Finite re after the adjustment for expected losses due to counterparty default	The total amount of Recoverable from reinsurance/SPV and Finite re after the adjustment for expected losses due to counterparty default, referred to the Best Estimate for Claims Provisions.
C0020 to C0170/R0250	Net best estimate of Claims provisions — Direct and accepted reinsurance business	The amount of net best estimate for claims provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0250	Total Non-Life obligations, Net best estimate of Claims Provisions	The total amount of net Best Estimate for Claims Provisions.
C0020 to C0170/R0260	Total best estimate, Gross — Direct and accepted	The amount of Total gross best estimate (sum of the Premium Provision and Claims Provisions), for each non-life line of business, as defined in

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	reinsurance business	Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0260	Total Non–Life obligations, Total Best Estimate, Gross	The total amount of Gross Best Estimate (sum of the Premium Provision and Claims Provisions).
C0020 to C0170/R0270	Total best estimate, Net — Direct and accepted reinsurance business	The amount of Total net best estimate (sum of the Premium Provision and Claims Provisions), for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0270	Total Non–Life obligations, Total Best Estimate, Net	The total amount of Net Best Estimate (sum of the Premium Provision and Claims Provisions).
C0020 to C0170/R0280	Technical provisions calculated as a sum of a best estimate and a risk margin — Risk margin	This item does not apply to third country branches.  The amount of risk margin, as required by Technical Provisions 4.2. The risk margin is calculated to whole portfolio of (re)insurance obligations and then allocated to each single non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted reinsurance business.
C0180/R0280	Total Non–Life obligations, Total risk margin	This item does not apply to third country branches.  The total amount of risk margin, as required by Technical Provisions 4.2.
<i>Technical provisions — Total</i>		
C0020 to C0170/R0320	Technical provisions, Total — Direct and accepted reinsurance business	The total amount of gross technical provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0320	Total Non–Life obligations, Technical Provision — total	The total amount of gross technical provisions regarding direct and accepted reinsurance business.
C0020 to C0170/R0330	Technical provisions, Total — Recoverable from	The total amount of recoverable from reinsurance contract/SPV and Finite reinsurance, after the adjustment for expected losses due to

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	reinsurance contract/SPV and Finite reinsurance, after the adjustment for expected losses due to counterparty default — Direct and accepted reinsurance business	counterparty default, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0330	Total Non–Life obligations, Recoverable from reinsurance contract/SPV and Finite re, after the adjustment for expected losses due to counterparty default — Direct and accepted reinsurance business	The total amount of recoverable from reinsurance contract/SPV and Finite reinsurance, after the adjustment for expected losses due to counterparty default regarding direct and accepted reinsurance business.
C0020 to C0170/R0340	Technical provisions, Total — Technical provisions minus recoverables from reinsurance/SPV and Finite reinsurance — Direct and accepted reinsurance business	The total amount of net technical provisions, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct and accepted reinsurance business.
C0180/R0340	Total Non–Life obligations, Technical provisions minus recoverables from reinsurance and SPV — Direct and accepted reinsurance business	The total amount of net technical provisions regarding direct and accepted reinsurance business.
C0020 to C0170/R0370	Best estimate Premium Provisions, Cash out–flows, future benefits and claims and allocated loss adjustment expenses	The amount of split, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted proportional reinsurance and accepted non–proportional reinsurance, of cash flows for future benefits and claims and allocated loss adjustment expenses (ALAE) used to determine the gross best estimate of premium

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		provisions, i.e. the probability-weighted average of future cash out-flows, discounted to take into account the time value of money (expected present value of future cash-flows). In case of use of a stochastic methodology for the cash-flow projection, it is required to report the average scenario.
C0180/R0370	Best estimate Premium Provisions, Cash out-flows, future benefits and claims and allocated loss adjustment expenses — Total	The total amount of cash flows for future benefits and claims and allocated loss adjustment expenses used to determine the gross best estimate of premium provisions.
C0020 to C0170/R0380	Best estimate Premium Provisions, Cash out-flows, future expenses that are not ALAE and other cash-out flows	The amount of split, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted proportional reinsurance and Accepted non-proportional reinsurance, of cash flows for future expenses that are not allocated loss adjustment expenses and other cash out-flows used to determine the gross best estimate of premium provisions, i.e. the probability-weighted average of future cash out-flows, discounted to take into account the time value of money (expected present value of future cash-flows). In case of use of a stochastic methodology for the cash-flow projection, it is required to report the average scenario.
C0180/R0380	Best estimate Premium Provisions, Cash out-flows, future expenses that are not ALAE and other cash-out flows — Total	The total amount of future expenses that are not allocated loss adjustment expenses and other cash-out flows used to determine the gross best estimate of premium provisions.
C0020 to C0170/R0390	Best estimate Premium Provisions, Cash in-flows, future premiums	The amount of split, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted proportional reinsurance and accepted non-proportional reinsurance, of cash flows for future premiums used to determine the gross best estimate of premium provisions, i.e. the probability-weighted average of future cash in-flows, discounted to take into account the time value of money (expected present value of future cash-flows). In case of use of a stochastic methodology for the cash flow projection, it is required to report the average scenario.

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C0180/R0390	Best estimate Premium Provisions, Cash in–flows, future premiums — Total	The total amount of future premiums used to determine the gross best estimate of premium provisions.
C0020 to C0170/R0400	Best estimate Premium Provisions, Cash in–flows, Other cash–in flows (incl. Recoverables from salvages and subrogations)	The amount of split, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted proportional reinsurance and Accepted non–proportional reinsurance, of cash flows for other cash in–flows, including recoverables from salvages and subrogations, used to determine the gross best estimate of premium provisions, i.e. the probability–weighted average of future cash in–flows, discounted to take into account the time value of money (expected present value of future cash–flows). In case of use of a stochastic methodology for the cash–flow projection, it is required to report the average scenario.
C0180/R0400	Best estimate Premium Provisions, Cash in–flows, Other cash–in flows (incl. recoverables from salvages and subrogations) — Total	The total amount of Other cash–in flows, {including recoverables from salvages and subrogations,} used to determine the gross best estimate of premium provisions.
C0020 to C0170/R0410	Best estimate Claims Provisions, Cash out–flows, future benefits and claims and allocated loss adjustment expenses	The amount of split, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted proportional reinsurance and Accepted non–proportional reinsurance, of cash flows for future benefits and claims, and allocated loss adjustment expenses (ALAE) used to determine the gross best estimate of Claims provisions, i.e. the probability–weighted average of future cash out–flows, discounted to take into account the time value of money (expected present value of future cash–flows). In case of use of a stochastic methodology for the cash–flow projection, it is required to report the average scenario.
C0180/R0410	Best estimate Claims Provisions, Cash out–flows, future benefits and claims and allocated loss adjustment expenses — Total	The total amount of Claims Provisions, Cash out–flows, future benefits and claims, and allocated loss adjustment expenses used to determine the gross best estimate of claims provisions.

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C0020 to C0170/R0420	Best estimate Claims Provisions, Cash out–flows, future expenses that are not ALAE and other cash–out flows	The amount of split, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted proportional reinsurance and Accepted non–proportional reinsurance, of cash flows for future expenses that are not allocated loss adjustment expenses and other cash out–flows used to determine the gross best estimate of Claims provisions, i.e. the probability–weighted average of future cash out–flows, discounted to take into account the time value of money (expected present value of future cash–flows). In case of use of a stochastic methodology for the cash–flow projection, it is required to report the average scenario.
C0180/R0420	Best estimate Claims Provisions, Cash out–flows, future expenses that are not allocated loss adjustment expenses and other cash–out flows — Total	The total amount of Claims Provisions, Cash out–flows, future expenses that are not allocated loss adjustment expenses and other cash–out flows used to determine the gross best estimate of claims provisions.
C0020 to C0170/R0430	Best estimate Claims Provisions, Cash in–flows, future premiums	The amount of split, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted proportional reinsurance and accepted non–proportional reinsurance, of cash flows for future premiums used to determine the gross best estimate of claims provisions, i.e. the probability–weighted average of future cash in–flows, discounted to take into account the time value of money (expected present value of future cash–flows). In case of use of a stochastic methodology for the cash–flow projection, it is required to report the average scenario.
C0180/R0430	Best estimate Claims Provisions, Cash in–flows, future premiums — Total	The total amount of Claims Provisions, cash in–flows, future premiums used to determine the gross best estimate of claims provisions.
C0020 to C0170/R0440	Best estimate Claims Provisions, Cash in–flows, Other cash–in flows (incl. Recoverable from salvages and subrogations)	The amount of split, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1, regarding direct business and accepted proportional reinsurance and accepted non–proportional reinsurance, of other cash–in flows (including Recoverable from salvages and subrogations) used to determine the gross best estimate of Claims provisions, i.e. the probability–weighted average of future cash in–flows, discounted to take into account the time

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		value of money (expected present value of future cash-flows). In case of use of a stochastic methodology for the cash-flow projection, it is required to report the average scenario.
C0180/R0440	Best estimate Claims Provisions, Cash in-flows, Other cash-in flows (incl. Recoverable from salvages and subrogations) — Total	The total amount of Claims Provisions, cash in-flows, Other cash-in flows (including Recoverable from salvages and subrogations) used to determine the gross best estimate of claims provisions.
C0020 to C0170/R0460	Best estimate subject to transitional of the interest rate	This item does not apply to third country branches.  Amount of best estimate reported in R0260 subject to transitional adjustment to the relevant risk-free interest rate term structure, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1.
C0180/R0460	Best estimate subject to transitional of the interest rate — Total Non-Life obligation	This item does not apply to third country branches.  Total amount, for all non-life lines of business, as defined in Technical Provisions – Further Requirements Annex 1, of best estimate reported in R0260 subject to transitional adjustment to the relevant risk-free interest rate term structure.
C0020 to C0170/R0470	Technical provisions without transitional of the interest rate	Amount of the technical provisions calculated without the transitional adjustment to the relevant risk-free interest rate term structure, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1.  In the cases where the same best estimates were also subject to the volatility adjustment, the amount reported in this item shall reflect the value without the transitional adjustment to the relevant risk-free interest rate term structure but with the volatility adjustment.
C0180/R0470	Technical provisions without transitional of the interest rate — Total Non-Life obligation	Total amount, for all non-life lines of business, as defined in Technical Provisions – Further Requirements Annex 1, of the technical provisions calculated without the transitional adjustment to the relevant risk-free interest rate term structure.  In the cases where the same best estimates were also subject to the volatility adjustment, the amount reported in this item shall reflect the value without the transitional adjustment to the relevant

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		risk-free interest rate term structure but with the volatility adjustment.
C0020 to C0170/R0480	Best estimate subject to volatility adjustment	Amount of best estimate reported in R0260 subject to volatility adjustment, for each Line of Business.
C0180/R0480	Best estimate subject to volatility adjustment — Total Non-Life obligation	Total amount, for all non-life lines of business, as defined in Technical Provisions – Further Requirements Annex 1, of the best estimate reported in R0260 subject to volatility adjustment.
C0020 to C0170/R0490	Technical provisions without volatility adjustment and without transitional on interest rate	<p>Amount of Technical provisions without volatility adjustment, for each non-life line of business, as defined in Technical Provisions – Further Requirements Annex 1 .</p> <p>In the cases where the same best estimates were also subject to the transitional adjustment to the relevant risk-free interest rate term structure, the amount reported in this item shall reflect the value without both the transitional adjustment to the relevant risk-free interest rate term structure and without the volatility adjustment.</p>
C0180/R0490	Technical provisions without volatility adjustment and without transitional on interest rate — Total Non-Life obligation	<p>Total amount, for all non-life lines of business, as defined in Technical Provisions – Further Requirements Annex 1, of technical provisions without volatility adjustment.</p> <p>In the cases where the same best estimates were also subject to the transitional adjustment to the relevant risk-free interest rate term structure, the amount reported in this item shall reflect the value without both the transitional adjustment to the relevant risk-free interest rate term structure and without the volatility adjustment.</p>

## Chapter 10

### Instructions regarding reporting templates

#### IR.18.01 — Non-life projection of future cash flows

##### General comments

This section relates to annual submission of information for individual entities and third-country insurance undertakings in regard to branch operations.

This template applies only to Best Estimate and the following shall be considered:

- All cash flows expressed in different currencies shall be considered and converted in the reporting currency using the exchange rate at the reporting date;
- The cash flows shall be reported gross of reinsurance and undiscounted;

For the purpose of this template ‘allocated loss adjustment expenses (ALAE)’ means: the costs of processing and resolving claims that could be assignable to individual claim (eg legal and adjuster’s fees).

ITEM	INSTRUCTIONS
C0010/R0010 to R0320	Best Estimate Premium Provision — Gross cash out-flows — Future Benefits  From R0010 to R0310: Amounts of all the expected payments to policyholders and beneficiaries as defined Technical Provisions 9.1(2) and 9.1(3) plus ‘allocated loss adjustment expenses’, referred to the whole portfolio of non-life obligations falling within the contract boundary, used in the calculation of premium provisions, from year 1 to year 30 and from year 31 and after.  R0320 is the total of R0010 to R0310.
C0020/R0010 to R0320	Best Estimate Premium Provision — Gross cash out-flows — Future expenses and other cash out-flows  From R0010 to R0310: Amount of expenses, excluding ‘allocated loss adjustment expenses’, that will be incurred in servicing insurance and reinsurance obligations as defined in Technical Provisions 9.1(1) and 9.1(2) and in Technical Provisions – Further Requirements chapter 16 and other cash out-flow items such as taxation payments which are charged to policyholders used in the calculation of premium provisions, referred to the whole portfolio of non-life obligations from year 1 to year 30 and from year 31 and after.  R0320 is the total of R0010 to R0310.
C0030/R0010 to R0320	Best Estimate Premium Provision — Gross cash in—  From R0010 to R0310: Amounts of all the future premiums stemming from existing policies, excluding the past-due premiums, referred to the

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	ITEM	INSTRUCTIONS
	flows — Future Premiums	whole portfolio of non-life obligations, used in the calculation of premium provisions, from year 1 to year 30 and from year 31 and after. R0320 is the total of R0010 to R0310.
C0040/R0010 to R0320	Best Estimate Premium Provision — Gross cash in-flows — Other cash-in flows	From R0010 to R0310: Amount of recoverables from salvages and subrogations and other cash-in flows (not including investment returns), used in the calculation of premium provisions, referred to the whole portfolio of non-life obligations from year 1 to year 30 and from year 31 and after. R0320 is the total of R0010 to R0310.
C0045/R0010 to R0320	Best Estimate Premium Provision - recoverable from reinsurance (after the adjustment)	From R0010 to R0310: Amount of undiscounted cash flows expected for each year from year 1 to year 30 and from year 31 and after. The future cash flows in the best estimate premium provision undiscounted from amounts recoverables from reinsurance and SPVs/Finite Re, including ceded intra group reinsurance, including future reinsurance premiums. Amount shall be reported net of adjustment for counterparty default risk. R0320 is the total of R0010 to R0310.
C0050/R0010 to R0320	Best Estimate Claims Provision — Gross cash out-flows — Future Benefits	From R0010 to R0310: Amounts of all the expected payments to policyholders and beneficiaries as defined in Technical Provisions 9.1(2) and 9.1(3) plus 'allocated loss adjustment expenses', referred to the whole portfolio of non-life obligations and relating existing contracts, used in the calculation of claims provisions, from year 1 to year 30 and from year 31 and after. R0320 is the total of R0010 to R0310.
C0060/R0010 to R0320	Best Estimate Claims Provision — Gross cash out-flows — Future Expenses and other cash-out flows	Amount of expenses, excluding 'allocated loss adjustment expenses', that will be incurred in servicing insurance and reinsurance obligations as defined in Technical Provisions 9.1(1) and 9.1(2) and other cash-flow items such as taxation payments which are charged to policyholders used in the calculation of claims provisions, referred to the whole portfolio of non-life obligations from year 1 to year 30 and from year 31 and after. R0320 is the total of R0010 to R0310.
C0070/R0010 to R0320	Best Estimate Claims Provision — Gross cash in-flows — Future premiums	From R0010 to R0310: Amounts of all the future premiums stemming from existing policies, excluding the past-due premiums, referred to the whole portfolio of non-life obligations used in the calculation of claims provisions, from year 1 to year 30 and from year 31 and after.

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	ITEM	INSTRUCTIONS
		R0320 is the total of R0010 to R0310.
C0080/R0010 to R0320	Best Estimate Claims Provision — Gross cash in–flows — Other cash-in flows	<p>From R0010 to R0310: Amount of recoverables from salvages and subrogations and other cash–in flows (not including investment returns), used in the calculation of claims provisions, referred to the whole portfolio of non–life obligations and relating existing contracts, from year 1 to year 30 and from year 31 and after.</p> <p>R0320 is the total of R0010 to R0310.</p>
C0085/R0010 to R0320	Best Estimate Claims Provision - recoverable from reinsurance (after the adjustment)	<p>From R0010 to R0310: Amount of undiscounted cash flows expected for each year from year 1 to year 30 and from year 31 and after.</p> <p>The future cash flows in the best estimate claims provision undiscounted from amounts recoverables from reinsurance and SPVs/Finite Re, including ceded intra group reinsurance, including future reinsurance premiums. Amount shall be reported net of adjustment for counterparty default risk.</p> <p>R0320 is the total of R0010 to R0310.</p>
C0090/R0010 to R0320	Total recoverable from reinsurance (after the adjustment)	<p>From R0010 to R0310: Total amount of undiscounted cash flows expected for each year from year 1 to year 30 and from year 31 and after.</p> <p>The future cash flows undiscounted from amounts recoverables from reinsurance and SPVs/Finite Re in the premium provision and claims provision combined, including ceded intra group reinsurance, including future reinsurance premiums. Amount shall be reported net of adjustment for counterparty default risk.</p> <p>R0320 is the total of R0010 to R0310.</p>

## Chapter 10

### Instructions regarding reporting templates

#### IR.18.02 – Non-life liability projection of future cash flows

This section relates to annual submission of information for individual entities and third-country insurance undertakings in regard to branch operations.

#### Purpose

The purpose of this template is for insurance and reinsurance firms to report best estimate cash-flows relating to latent claim and other specified types of claim obligations of non-life business. The template provides information on the type and materiality of a firm's obligations for these claims.

In this template:

- The sum of Solvency II gross best estimate cash-flows are reported by cash-flow type and by specified claim type.
- Historical cash-flows are reported by specified claim type in order to give context to the sum of the gross best estimate cash-flows.
- Gross discounted best estimate cash-flows are reported in order to provide an indication of the impact of discounting on the obligations included in the template.
- Mean term of cash flows are reported in order to provide an indication of the term of the latent claim and injury claims included in the template.
- Number of reported outstanding claims from direct insurance business (ie not accepted reinsurance) are reported in order to provide an indication of the number of RBNS claims reported on template IR.20.01 that are included in this template.
- The above information for UK Employers' Liability is reported in order to provide an indication of a firm's future outgo for this compulsory class of insurance.
- Narrative information is reported for specified claim types.

#### Types of cash flows to be reported in columns

Throughout these instructions, 'gross' means gross of reinsurance unless otherwise stated.

Type of cash flow		column
Solvency II claim provision gross cash-flows from the reporting reference date	Sum of undiscounted cash out-flows	Future benefits and claims C0050
		Future allocated loss adjustment expenses C0060
	Sum of discounted cash out-flows	C0150
	Sum of discounted cash in-flows	C0170
Historical gross cash-flows	Benefits & claims and claims management	In year N (the 12 months preceding the reference date) C0210

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Type of cash flow	column
expenses assignable to individual claims cash out-flows	In year N-1 (the 12 months preceding the start of year N)
	In year N-2 (the 12 months preceding the start of year N-1)

Sum of undiscounted cash out-flows in the gross undiscounted best estimate claim provision reported in column C0050 should be cash-flows included in reporting templates at {IR.18.01.01, (C0050 +C0060)}.

Sum of undiscounted cash out-flows for claims management expenses assignable to individual claims reported in column C0060 should be part of the cash-flows reported in reporting templates at {IR.18.01.01, C0060}.

Sum of discounted cash out-flows in the claim provision reported in column C0150 should be cash-flows included in reporting templates at {IR.17.01.01, (R0410 +R0420)}.

Sum of discounted cash in-flows in the claim provision reported in column C0170 should be cash-flows included in reporting templates at {IR.17.01.01, (R0430 +R0440)}.

The cash out-flows for claims management expenses assignable to individual claims (reported in C0060 and included in C0210 to C0230) are to include all legal and adjuster fees that the firm estimates will be incurred in the resolving of claims that can be assigned to the claim type of the row regardless of whether those fees can be assigned to individual claims.

Solvency II gross best estimate claim provision cash out-flows - future benefits & claims (reported in column C0050 and included in column C0150):

- Are defined as amounts of all the expected payments to policyholders and beneficiaries as defined in Technical Provisions 9.1(3) relating to contracts used in the calculation of the claim provision.
- Include costs incurred by policyholders in defending plaintiff claims.
- Are net of any contribution from other insurers (e.g. where parties to an accident are insured by more than one insurer or insurers have an agreement to share claim costs).
- Are gross of reinsurance.

Historical gross cash out-flows for benefits & claims and claims management expenses assignable to individual claims (reported in columns C0210 to C0230):

- Include costs incurred by policyholders in defending plaintiff claims.
- Are net of any contribution from other insurers.
- Are gross of reinsurance.
- In the case of business accepted via a transfer-in during the 36 months preceding the reference date, the historical cash-flows are to be reported as if the firm had always carried on that business.

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- In the case of obligations discharged via a transfer-out during the 36 months preceding the reference date, the historical cash-flows are to be reported as if the firm had never carried on that business.

Where the firm writes only a share of a contract giving rise to an insurance obligation, it should report only that share of the future cash-flows relating to that contract.

## **Other information to be reported in columns**

In column C0100 mean term of cash-flows is to be reported. The mean term is based on undiscounted cash-flows. Thus, for example, if a firm estimates a cash-flow of 50 in year 3, 100 in year 5 and 70 in year 7, the mean term reported in C0100 would be :  $(3*50 + 5*100 + 7*70)/(50 + 100 + 70) = 5.18$  years and the sum of cash out-flows reported in (C0050 +C0060) would be 220.

In column C0110 number of reported outstanding claims at the reporting reference date for insurance business only are reported.

In column C0310 narrative information is reported

## **Claim types reported in rows**

### Latent claims

The claim types reported in rows R0110 to R0510 are latent claims.

For the purpose of this template latent claims are claims on insurance or accepted reinsurance policies that are attributable to: disease caused by exposure to asbestos, disease caused by exposure to non-asbestos health hazards, pollution, other reasons that results in the firm deeming a claim a 'latent claim'.

Whether a claim is deemed a latent claim will be a matter of judgment by the individual firm. A latent claim should normally be reported several years after the policy was written or several years after the occurrence of the event (because several years elapsed before occurrence of the event was known).

### UK Employers Liability

The claim types reported in rows R0160, R0650 and R0810 are UK Employers Liability (UK EL) business.

For the purpose of this template UK Employers Liability business is defined as: Liability insurance obligations included in lines of business 8, 20 or 26 as set out in Technical Provisions – Further Requirements Annex 1 which cover liabilities of employers arising out of death, illness, accident, disability or infirmity of an employee in the course of the employment, where the related insurance obligation was entered into the contract in order to meet the requirements of the Employers' Liability (Compulsory Insurance) Act 1969 and various related regulations.

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## Bodily injury claims

The claim types reported in rows R0610 to R0670 are bodily injury claims.

For the purpose of this template a bodily injury claim is defined as a claim on an insurance policy where:

- A person is claiming compensation for being injured as a result of an accident that was not his or her fault.
- The firm has not allocated the claim to any of the latent claims types set out in this LOG file.
- the accident is known to have occurred within a narrow period of time, or the accident would normally be deemed to be a 'sudden occurrence' (as opposed to being sustained over a prolonged period of time);

## Medical Malpractice claims

The claim types reported in rows R0710 to R0740 are medical malpractice claims.

For the purpose of this template a medical malpractice claim is defined as a claim on an insurance policy where:

- The policy covers health care professionals from liability associated with wrongful practices resulting in bodily injury, medical expenses and property damage, as well as the cost of defending lawsuits related to such claims.
- The firm has not allocated the claim to any of the latent claim or bodily injury liability claim types set out in this LOG file.

## Items reported on the template

The first column of the next table identifies the items to be reported by identifying the columns and rows as shown in the template.

CELL(S)	ITEM	INSTRUCTIONS
R0110 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	Latent claims : health hazards : asbestos related	Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows (C0210 to C0230) arising from exposure to asbestos.  This 'latent claims : health hazards : asbestos related' claim type (row R0110) comprises the claims types of rows R0120 and R0150. If there is a null submission in R0120 for a particular column, the claim type of row R0120 is to be included in row R0110 (and likewise for row R0150).

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CELL(S)	ITEM	INSTRUCTIONS
R0120 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	Latent claims : health hazards : asbestos related : US	Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit & claim payments (C0210 to C0230) arising from exposure to asbestos where the legal jurisdiction governing the policy is the United States.  This 'latent claims : health hazards : asbestos related : US' claim type (row R0120) comprises the claims types of rows R0130 and R0140. If there is a null submission in R0130 for a particular column, the claim type of row R0130 is to be included in row R0120 (and likewise for row R0140).
R0130 / C0050, C0060, C0100, C0110, C0210 to C0230	Latent claims : health hazards : asbestos related : US : insurance	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit & claim payments (C0210 to C0230) arising from exposure to asbestos where the legal jurisdiction governing the policy is the United States and the policy is for insurance.  In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in rows R0120.
R0140 / C0050, C0060 C0100, C0210 to C0230	Latent claims : health hazards : asbestos related : US : accepted reinsurance	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), and historical cash out-flows for benefit & claim payments (C0210 to C0230) arising from exposure to asbestos where the legal jurisdiction governing the policy is the United States and the policy is for accepted reinsurance.  In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in rows R0120.

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CELL(S)	ITEM	INSTRUCTIONS
R0150 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	Latent claims : health hazards : asbestos related : non-US	Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit & claim payments (C0210 to C0230) arising from exposure to asbestos where the legal jurisdiction governing the policy is other than the United States  This 'latent claims : health hazards : asbestos related : non-US' claim type (row R0150) comprises the claims types of rows R0160, R0170 and R0180. If there is a null submission in R0160 for a particular column, the claim type of row R0160 is to be included in row R0150 (and likewise for rows R0170, and R0180).
R0160 / C0050, C0060, C0100, C0110, C0210 to C0230	Latent claims : health hazards : asbestos related : non-US : UK EL : insurance	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit & claim payments (C0210 to C0230) arising from exposure to asbestos where the legal jurisdiction governing the policy is other than the United States and the policy is for UK Employers Liability insurance.  In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in rows R0150.
R0170 / C0050, C0060, C0100, C0110, C0210 to C0230	Latent claims : health hazards : asbestos related : non-US : other: insurance	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit & claim payments (C0210 to C0230) arising from exposure to asbestos where the legal jurisdiction governing the policy is other than the United States and the policy is for insurance other than UK Employers Liability.  In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in rows R0150.

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CELL(S)	ITEM	INSTRUCTIONS
R0180 / C0050, C0060, C0100, C0210 to C0230	Latent claims : health hazards : asbestos related : non-US : accepted reinsurance	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), and historical gross cash out-flows for benefit & claim payments (C0210 to C0230) arising from exposure to asbestos where the legal jurisdiction governing the policy is other than the United States and the policy is for accepted reinsurance.  In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in rows R0150.
R0210 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	Latent claims : health hazards : not asbestos related : Health hazards : not asbestos related	Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit & claim payments (C0210 to C0230) arising all health hazards that are not asbestos related.  This 'latent claims : health hazards : not asbestos related' claim type (row R0210) comprises the claims types of rows R0220, R0230, R0240, R0250, R0260, R0270, R0280, R0290, R0300, R0310 and R0380. If there is a null submission in R0220 for a particular column, the claim type of row R0220 is to be included in row R0210 (and likewise for rows R0230, R0240, R0250, R0260, R0270, R0280, R0290, R0300, R0310 and R0380).
R0220 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Noise-induced hearing loss	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from persons suffering from loss of or reduced hearing.  In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.
R0230 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Abuse	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from physical or sexual abuse.  In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.

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CELL(S)	ITEM	INSTRUCTIONS
R0240 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Psychological (other than abuse)	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), arising from psychological damage to a person that is not related to physical or sexual abuse.</p> <p>Mental harm arising from stress would not normally be included in this psychological claim type because stress claims typically exhibit a short lag between occurrence and notification. However, where the firm regards stress claims as latent claims in the management of its business, mental harm arising from stress should be included.</p> <p>Payments relating to fear of future manifestation of physical harm (eg when a person has been exposed to hazardous substances but no disease has yet manifested in the person) are not included in this category – these payments are to be included within the relevant category (eg exposure to pollution should be included in the pollution category).</p> <p>In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.</p>
R0250 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Vibration-induced diseases	<p>Solvency II gross best estimate cash-flows (C0055), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from painful or disabling condition of the fingers, hands or arms as a result of using vibrating tools (this condition is known as hand-arm vibration syndrome (HAVS) or vibration white finger (VWF) ).</p> <p>In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.</p>
R0260 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Tobacco	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from exposure to tobacco.</p> <p>In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.</p>

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CELL(S)	ITEM	INSTRUCTIONS
R0270 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Organophosphates	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from exposure to organophosphates.  In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.
R0280 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Silicosis	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from exposure to crystalline silica dust.  In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.
R0290 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Electromagnetic fields	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from exposure to magnetic fields.  In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.
R0300 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Medical treatments that are not reported for internal MI purposes under medical malpractice.	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from medical treatments that have caused damage to persons and are not reported for internal MI purposes under medical malpractice.  Examples of health hazards : medical treatments that might be included in row R0300 are: Diethylstilboestrol (DES), blood transfusions, breast implants.  In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.

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CELL(S)	ITEM	INSTRUCTIONS
R0310 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Chronic obstructive pulmonary disease (COPD) not included above	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from chronic obstructive pulmonary disease and are not included in rows R0210 to R0300 above.  In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.
R0380 / C0050, C0060, C0100, C0110	Latent claims : health hazards : not asbestos related : Health hazards not asbestos-related : other)	Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from health hazard conditions attributable to exposure other than those covered in rows R0210 to R0310 above.  Examples of health hazards that might be included in row R0380 are exposure to: Lead paint, Beryllium, and Agent Orange.  In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0210.
R0410 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	Latent claims : pollution	Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit & claim payments (C0210 to C0230) arising from damage caused by or exposure to pollution or from claim events that the firm has allocated to a 'pollution' category for internal management purposes.  The 'latent claims : pollution' claim type comprises the claims types of rows R0420 and R0430. If there is a null submission in R0420 for a particular column, the claim type of row R0420 is to be included in row R0410 (and likewise for row R0430).

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CELL(S)	ITEM	INSTRUCTIONS
R0420 / C0050, C0060, C0100, C0110, C0210 to C0230	Latent claims : pollution : insurance	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit &amp; claim payments (C0210 to C0230) arising from damage caused by or exposure to pollution or from claim events that the firm has allocated to a 'pollution' category for internal management purposes and where the policy is one of insurance.</p> <p>In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0410.</p>
R0430 / C0050, C0060, C0100, C0210 to C0230	Latent claims : pollution : accepted reinsurance	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), and historical gross cash out-flows for benefit &amp; claim payments (C0210 to C0230) arising from damage caused by or exposure to pollution or from claim events that the firm has allocated to a 'pollution' category for internal management purposes and where the policy is one of accepted reinsurance.</p> <p>In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0410.</p>
R0510 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	Latent claims : other	<p>Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit &amp; claim payments (C0210 to C0230) arising from claims which the firm considers to be latent claims and are not covered under the categories specified for asbestos (R0110), health hazards (R0210) or pollution (R0410).</p>

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CELL(S)	ITEM	INSTRUCTIONS
R0610 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	Bodily injury liability	<p>Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit &amp; claim payments (C0210 to C0230) arising from an injury to a third party where:</p> <ul style="list-style-type: none"> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the cash-flows have not arisen from a part claim settled by an annuity.</li> </ul> <p>The ‘bodily injury liability’ claim type comprises the claims types of rows R0620, R0650, R0660 and R0670. If there is a null submission in R0620 for a particular column, the claim type of row R0620 is to be included in row R0610 (and likewise for rows R0650, R0660 and R0670).</p>
R0620 / C0050, C0060, C0100, C0110	Bodily injury liability : insurance : motor	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from an injury to a third party where:</p> <ul style="list-style-type: none"> <li>• the policy is for motor liability insurance,</li> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the cash-flows have not arisen from a part of a claim settled by an annuity.</li> </ul> <p>The ‘bodily injury liability: insurance : motor’ claim type comprises the claims types of rows R0630 and R0640. If there is a null submission in R0630 for a particular column, the claim type of row R0630 is to be included in row R0620 (and likewise for row R0640).</p>
R0630 / C0050, C0060, C0100, C0110	Bodily injury liability : insurance : motor : UK	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from an injury to a third party where:</p> <ul style="list-style-type: none"> <li>• the policy is for motor liability insurance,</li> <li>• the firm does not consider the claim to be a latent claim (i.e. the cash-flows are not included in row R0110, R0210, R0410 or R0510),</li> <li>• the cash-flows have not arisen from a claim settled by an annuity,</li> <li>• legal jurisdiction governing the policy is the United Kingdom of Great Britain and Northern Ireland.</li> </ul> <p>In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0620.</p>

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CELL(S)	ITEM	INSTRUCTIONS
R0640 / C0050, C0060, C0100, C0110	Bodily injury liability : insurance : motor : non-UK	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from an injury to a third party where:</p> <ul style="list-style-type: none"> <li>• the policy is for motor liability insurance,</li> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the cash-flows have not arisen from a claim settled by an annuity,</li> <li>• the legal jurisdiction governing the policy is other than the United Kingdom of Great Britain and Northern Ireland.</li> </ul> <p>In the case where a firm has obligations of this claim type listed but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may not report in this row and instead include this claim type in row R0620.</p>
R0650 / C0050, C0060, C0100, C0110	Bodily injury liability : insurance : UK EL	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from an injury to a third party where:</p> <ul style="list-style-type: none"> <li>• the policy is UK Employers Liability insurance,</li> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the cash-flows have not arisen from a part of a claim settled by an annuity.</li> </ul> <p>In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in row R0610.</p>
R0660 / C0050, C0060, C0100, C0110	Bodily injury liability : insurance : other	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from an injury to a third party where:</p> <ul style="list-style-type: none"> <li>• the policy is an insurance policy that is not for motor liability policies and is not UK Employers Liability,</li> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the cash-flows have not arisen from a part of a claim settled by an annuity.</li> </ul> <p>In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in row R0610.</p>

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CELL(S)	ITEM	INSTRUCTIONS
R0670 / C0050, C0060, C0100	Bodily injury liability : accepted reinsurance	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100) arising from an injury to a third party where:</p> <ul style="list-style-type: none"> <li>• the policy is for accepted reinsurance,</li> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the cash-flows have not arisen from a part of a policyholder claim settled by an annuity.</li> </ul> <p>In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in row R0610.</p>
R0710 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	Medical malpractice	<p>Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit &amp; claim payments (C0210 to C0230) arising from medical malpractice insurance or accepted reinsurance policies where:</p> <ul style="list-style-type: none"> <li>• the firm does not consider the claim to be a latent claim.</li> </ul> <p>The 'medical malpractice' claim type comprises the claims types of rows R0720, R0730 and R0740. If there is a null submission in R0720 for a particular column, the claim type of row R0720 is to be included in row R0710 (and likewise for rows R0730 and R0740).</p>
R0720 / C0050, C0060, C0100, C0110	Medical malpractice : US	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from medical malpractice insurance or accepted reinsurance policies where:</p> <ul style="list-style-type: none"> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the legal jurisdiction governing the policy is the United States.</li> </ul> <p>In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in row R0710.</p>

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CELL(S)	ITEM	INSTRUCTIONS
R0730 / C0050, C0060, C0100, C0110	Medical malpractice : UK	<p>Solvency II gross best estimate cash-flows (C0050, C0060), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from medical malpractice insurance or accepted reinsurance policies where:</p> <ul style="list-style-type: none"> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the legal jurisdiction governing the policy is the United Kingdom of Britain and Northern Ireland.</li> </ul> <p>In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in row R0710.</p>
R0740 / C0050, C0060, C0100, C0110	Medical malpractice : other	<p>Solvency II gross best estimate cash-flows (C0050), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110) arising from medical malpractice insurance or accepted reinsurance policies where:</p> <ul style="list-style-type: none"> <li>• the firm does not consider the claim to be a latent claim,</li> <li>• the legal jurisdiction governing the policy is not the United States and is not the United Kingdom of Britain and Northern Ireland.</li> </ul> <p>In the cases where a firm has obligations of this claim type but does not analyse or report internally this claim type (because, say, this claim type is not material to the firm), the firm may include this claim type in row R0710.</p>
R0810 / C0050, C0060, C0100, C0110, C0150, C0170, C0210 to C0230	UK EL insurance	<p>Solvency II gross best estimate cash-flows (C0050, C0060, C0150, C0170), mean term of those cash flows (C0100), number of reported outstanding insurance claims (C0110), and historical gross cash out-flows for benefit &amp; claim payments (C0210 to C0230) arising from UK EL insurance policies.</p> <p>The cash-flows included in this row might have also been included in rows R0160 or R0650.</p>
<b>Supplementary narrative information</b>		
R1110 / C0310	Mesothelioma cancer proportion	Proportion (expressed as a percentage) of gross best estimate claim provision cash out-flows related to asbestos reported at {R0110, C0050} attributable to mesothelioma. This proportion may be derived on a best efforts basis.
R1120 / C0310	Non-mesothelioma cancer proportion	Proportion (expressed as a percentage) of gross best estimate claim provision cash out-flows related to asbestos reported at {R0110, C0050} attributable to non-mesothelioma cancer. This proportion may be derived on a best efforts basis.

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CELL(S)	ITEM	INSTRUCTIONS
R1130 / C0310	Non-cancer proportion	Proportion (expressed as a percentage) of gross best estimate claim provision cash out-flows related to asbestos reported at {R0110, C0050} attributable to non- cancer. This proportion may be derived on a best efforts basis. {(R1110 + R1120 + R1130), C0310} should equal 100%.
R1140 / C0310	Non-US asbestos jurisdictions	List the legal jurisdictions included in the ‘Latent claims : health hazards : asbestos related : non-US : other : insurance’ claim type (R0170) (or in R0150 – ‘Latent claims : health hazards : asbestos related : non-US’ – if row R0170 is not submitted).
R1150 / C0310	Other health hazard list	List the health hazard claim types included in the ‘Latent claims : health hazards : not asbestos related : Health hazards not asbestos-related : other’ claim type (R0380). If a firm holds a provision for bulk incurred but not enough reported (IBNER) claims or incurred but not reported (IBNR) claims that is for not asbestos related health hazard but is not allocated to specific claims types, include in the list IBNER or IBNR as the case may be.
R1160 / C0310	Other latent claims list	List the claim types included in the ‘Latent claims : other’ claim type (R0510). If a firm holds a provision for bulk incurred but not enough reported (IBNER) claims or incurred but not reported (IBNR) claims that is for other latent claims but is not allocated to specific claims types, include in the list IBNER or IBNR as the case may be.
R1170 / C0310	Bodily injury motor insurance jurisdictions	List the legal jurisdictions included in the ‘Bodily injury liability : insurance : motor : non-UK’ claim type (R0640) (or in R0620 - ‘Bodily injury liability : insurance : motor’ claim type – if R0640 is not submitted).
R1180 / C0310	Bodily injury other types of policy	List the claim types included in the ‘Bodily injury liability : insurance : other’ claim type (R0660) (or in R0610 – the ‘Bodily injury liability’ claim type - if R0660 is not submitted).
R1190 / C0310	Medical malpractice jurisdictions	List the legal jurisdictions included in the ‘Medical malpractice : other’ claim type (R0740) (or in R0710 - ‘Medical malpractice’ claim type – if R0740 is not submitted).
R1200 / C0310	UK EL : insurance - premium provision cash out-flows	The best estimate premium provision cash out-flows included in the Solvency II reporting templates at {IR.17.01.01, (R0370 + R0380)} attributable to UK Employers Liability insurance.
R1210 / C0310	UK EL : insurance - premium provision cash in-flows	The best estimate premium provision cash in-flows included in the Solvency II reporting templates at {IR.17.01.01, (R0390 + R0400)} attributable to UK Employers Liability insurance.

## Chapter 10

### Instructions regarding reporting templates

#### IR.19.01.01 — Non-life insurance claims

##### General comments

This section relates to annual submission of information for individual entities and third-country insurance undertakings in regard to branch operations.

Claims development triangles show the insurer's estimate of the cost of claims (claims paid and claims provisions calculated in accordance with PRA Rulebook principles) and how this estimate develops over time.

Three set of triangles are required regarding claims paid, undiscounted best estimate of claims provisions and RBNS claims.

For the purpose of this template 'allocated loss adjustment expenses (ALAE)' means: the costs of processing and resolving claims that could be assignable to individual claim (eg legal and adjuster's fees).

This template shall be reported for each line of business, as defined in Technical Provisions – Further Requirements Annex 1, and material considering the following specifications:

- i. Reporting for all lines of business in total.
- ii. Reporting by line of business: it is required to report lines of business 1–12 (as reported in IR.17.01) for both direct and accepted proportional reinsurance (to be reported together) and lines of business 25–28 for accepted non-proportional reinsurance. Firms shall report each line of business, or only the lines of business that represent a coverage of 90% of the gross undiscounted Claims Provisions. In the cases where a firm is reporting a coverage of 90%, the lines of business should be selected as follows:
  - a) Lines of business 4 and 16 (Motor vehicle liability insurance – direct and accepted proportional reinsurance combined) must be reported;
  - b) Lines of business 8 and 20 (General liability insurance – direct and accepted proportional reinsurance combined) must be reported;
  - c) Line of business 26 (Non-proportional casualty reinsurance) must be reported;
  - d) For all other lines of business (direct and accepted proportional reinsurance combined), using a decreasing order of gross undiscounted Claims Provision until all lines of business reported represents 90% coverage of the firm's gross total undiscounted claims provisions;
- iii. If the total gross best estimate for a non-life line of business reported according to (ii) above represents more than 10% of the firm's total gross undiscounted best estimate of the claims provision the information for that line of business shall be reported with the following split by currencies in addition to the total for the line of business:
  - a) Amounts for any currency that represents more than 25% of the gross undiscounted best estimate of the claims provisions from that non-life line of business; or
  - b) Amounts for any currency that represents less than 25% of the gross undiscounted best estimate of the claims provisions from that non-life line of

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business but more than 5% of total gross undiscounted best estimate of the claims provisions.

- iv. If the total gross undiscounted best estimate for a reported non-life line of business represents less than 10% of the total gross undiscounted best estimate of the claims provision no currency split is required, only the total for the line of business shall be reported.
- v. The information by currency shall be reported in the original currency of the contracts unless otherwise specified.

For the purpose of calculating whether a line of business or a currency within a line of business meets the above materiality thresholds for reporting, any negative gross undiscounted claims provisions at the level of the line of business or currencies within a line of business shall be considered with absolute value when calculating the firm's gross total undiscounted claims provisions and when calculating the undiscounted claims provisions for each line of business and for each currency within a line of business.

Firms are required to report data on an accident year or underwriting year basis according to how the business is managed. Firms must report each line of business (and where applicable each currency within a line of business) by accident year or each line of business (and where applicable each currency within a line of business) by underwriting year. Firms are not to report some lines of business by accident year and some by underwriting year.

Historical data are required for claims paid and RBNS claims. For undiscounted Best Estimate of Claims Provision, historical data starting from the firm's first reporting reference date on or after 31 December 2024 are required. This means for undiscounted Best Estimate of Claims Provision the diagonals relating to periods before the firm's first reporting reference data on or after 31 December 2024 are not required. Claims paid and RBNS relating to historical data should include 'allocated loss adjustment expenses'.

For the purpose of this template, 'the period being reported' in the Reporting Part of the Rulebook – Chapter 2A – Article 3(4)(b) means the reporting period ending on the reporting reference date.

All or part of an obligation moves from IR.19.01 into IR.16.01, when both of the conditions below are met:

- i. All or part of the obligation has been formally settled as an annuity; and
- ii. A best estimate of an obligation formally settled as an annuity can be established using life techniques.

Formally settled as an annuity typically means that a legal process has ordered that the beneficiary is to receive payments as an annuity.

In the financial year in which all or part of an obligation has been formally settled as an annuity, only claims actually paid out to the policyholder/beneficiary before the obligation has been formally settled as an annuity are to be included in the claims paid in IR.19.01. In particular, firms are to not include the provision set up for the annuity (which is reported in IR.16.01) in the claims paid in IR.19.01

In the case of a firm accepting business via a transfer-in of a portfolio from the first reporting date after the transfer the firm is required to submit data on this template as if it had always carried on the business transferred-in (ie historical data is to be restated). In the case of a

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firm discharging obligations via a transfer-out of a portfolio from the first reporting date after the transfer the firm is required to submit data on this template as if it never had the business transferred-out (ie historical business is to be re-stated). Historical premium data relating to business transfers is to be re-stated on a best endeavours basis.

	ITEM	INSTRUCTIONS
Z0010	Line of Business	<p>Identification of the line of business, as defined in Technical Provisions – Further Requirements Annex 1, reported. The following closed list shall be used:</p> <ul style="list-style-type: none"> <li>1 — 1 and 13 Medical expense insurance</li> <li>2 — 2 and 14 Income protection insurance</li> <li>3 — 3 and 15 Workers' compensation insurance</li> <li>4 — 4 and 16 Motor vehicle liability insurance</li> <li>5 — 5 and 17 Other motor insurance</li> <li>6 — 6 and 18 Marine, aviation and transport insurance</li> <li>7 — 7 and 19 Fire and other damage to property insurance</li> <li>8 — 8 and 20 General liability insurance</li> <li>9 — 9 and 21 Credit and suretyship insurance</li> <li>10 — 10 and 22 Legal expenses insurance</li> <li>11 — 11 and 23 Assistance insurance</li> <li>12 — 12 and 24 Miscellaneous financial loss insurance</li> <li>25 — Non-proportional health reinsurance</li> <li>26 — Non-proportional casualty reinsurance</li> <li>27 — Non-proportional marine, aviation and transport reinsurance</li> <li>28 — Non-proportional property reinsurance</li> <li>40 — Total all lines of business</li> </ul>
Z0020	Accident year or Underwriting year	<p>Report the standard used by the undertakings for reporting of claims development. One of the options from the following closed list shall be used:</p> <ul style="list-style-type: none"> <li>1 — Accident year</li> <li>2 — Underwriting year</li> </ul> <p>A firm must use the standard (ie accident year or underwriting year) used for the public disclosure template S.19.01.21 for all of its lines of business and currencies, ie it must not use accident year for some lines of business and underwriting year for other lines of business.</p> <p>Accident year or underwriting year is not applicable for the inflation information in rows R0700 to R0760</p>
Z0030	Currency	Identify the ISO 4217 alphabetic code of the currency in which the obligation is denominated.

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	ITEM	INSTRUCTIONS
		<p>This item shall be filled in with 'Total' when reporting the total for the line of business reported in Z0010.</p> <p>If Z0010 is '40 — Total all lines of business', the currency reported in this item in 'Total' (ie 'Total all lines of business is not split by currency')</p>
Z0040	Currency conversion	<p>Identify if the information reported by currency is being reported in the original currency (default) or in the reporting currency (otherwise specified).</p> <p>The following close list shall be used:</p> <ul style="list-style-type: none"> <li>1 — Original currency</li> <li>2 — Reporting currency</li> </ul> <p>Only applicable when reporting by currency.</p>
C0010 to C0160/ R0100 to R0250	Gross Claims Paid (non-cumulative) – Triangle	<p>The Gross Claims Paid, net of salvage and subrogation, in a triangle showing the developments of the gross claims payment already made: for each of the accident/underwriting years from N–14 (and prior) and all previous reporting periods to — including — N (last reporting year) report the payments already made corresponding at each development year (which is the delay between the accident/underwriting date and the payment date).</p> <p>The data are non-cumulative and undiscounted.</p> <p>The amounts include all the elements that compose the claim itself, include 'allocated loss adjustment expense', but exclude all other expenses.</p>
C0170/ R0100 to R0260	Gross Claims Paid (non-cumulative) — In current year	<p>Total 'Current year' reflects the last diagonal (all data referred to last reporting year) from R0100 to R0250.</p> <p>R0260 is the total of R0100 to R0250.</p>
C0180/ R0100 to R0260	Gross Claims Paid — Sum of years (cumulative)	<p>Total 'Sum of all years' contains the sum of all data in rows (sum of all payments referred to the accident/underwriting year), including total.</p>
C0200 to C0350/ R0100 to R0250	Gross undiscounted Best Estimate Claims Provisions — Triangle	<p>Triangles of undiscounted best estimate of claims provisions, gross of reinsurance for each of the accident/underwriting years from N–14 (and prior) and all previous reporting periods to — including — N (last reporting year). The best estimate for claims provision relates to claims events occurred</p>

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	ITEM	INSTRUCTIONS
		<p>before or at the valuation date, whether the claims arising from these events have been reported or not.</p> <p>The data are undiscounted. The amounts include all the elements that compose the claim itself, are net of salvage and subrogation, include 'allocated loss adjustment expenses', exclude all other expenses, and exclude any future premiums.</p> <p>The gross undiscounted best estimate claims provision for each accident/underwriting year (N-14 to N) and for each development year d (<math>0 \leq d \leq 14</math>) is to be the gross undiscounted best estimate claims provision at the end of development year d for that accident/underwriting year. The gross undiscounted claims provision for development '15 &amp; +' is to be the gross undiscounted claim provision at the reporting reference date for all accident/underwriting years prior to N-14.</p>
C0360/ R0100 to R0260	Gross Best Estimate Claims Provisions — Year end (discounted data)	<p>Total 'Year end' reflects the last diagonal but on a discounted basis (all data referred to last reporting year) from R0100 to R0250.</p> <p>R0260 is the total of R0100 to R0250.</p>
C0400 to C0550/ R0100 to R0250	Gross Reported but not Settled Claims (RBNS) — Triangle	<p>Triangles for each of the accident/underwriting years from N-14 (and prior) and all previous reporting periods to — including — N (last reporting year) of provisions in respect of claim events that have happened and been reported to the insurer, but have not yet been settled, excluding incurred but not reported claims ('IBNR'). These may be case-by-case reserves estimated by claim handlers and do not need to be on a best estimate Solvency II basis. The reported but not settled claims ('RBNS') shall be measured using consistent reserve strength over time.</p> <p>The data are undiscounted.</p> <p>The amounts include all the elements that compose the claim itself, are net of salvage and subrogation, include 'allocated loss adjustment expenses', exclude all other expenses and exclude any future premiums.</p> <p>The gross RBNS for each accident/underwriting year (N to N-14) and for each development year d</p>

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	ITEM	INSTRUCTIONS
		(0<= d <= 14) is to be the gross RBNS at the end of development year d for that accident/underwriting year. The gross RBNS for development '15 & +' is to the gross RBNS at the reporting reference date for all accident/underwriting years prior to N-14.
C0560/ R0100 to R0260	Gross Reported but not Settled Claims (RBNS) — Year end	Total 'Year end' reflects the last diagonal (all data referred to last reporting year) from R0100 to R0250. R0260 is the total of R0100 to R0250.
C0570 / R0110 to R0250	Gross Earned Premium – up to and including the reporting reference date	<p>When the currency reported in Z0030 is 'Total', historical Gross Earned Premiums are required for each accident / underwriting year (N-14 to N inclusive) starting from the accident / underwriting year that is the later of:</p> <ul style="list-style-type: none"> <li>• N-14; or</li> <li>• When Solvency II first applied to the firm (this will typically be: 2016 for individual entities and third country branches of non-Solvency II undertakings; and 2023 for third country branches of Solvency II undertakings).</li> </ul> <p>When the currency reported in Z0030 is other than 'Total', historical Gross Earned Premiums are required for each origin year starting from the origin year ending on the firm's first reporting reference date on or after 31 December 2024 (subject to the earliest origin year being N-14).</p> <p>The gross earned premium as at the reporting reference date for each of the accident/underwriting years from N-14 to and including N.</p> <p>In the case of accident year reporting (ie that reported in Z0020 is 'accident year'), gross premiums earned in respect of an accident year are the proportion of gross premiums written as is attributable to risks borne by the insurer during that accident year.</p> <p>In the case of underwriting year reporting (ie that reported in Z0020 is 'underwriting year'), gross premiums earned in respect of an underwriting year are the proportion of gross premiums written attributable to that underwriting year that have been earned by the reporting reference date.</p>

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	ITEM	INSTRUCTIONS
		The amount includes any commission or acquisition costs deducted before the insurer receives the premium.
C0580 / R0110 to R0250	Estimate of future gross earned premium at the reporting reference date	<p>This is reported only in the case that the standard used by the undertakings for reporting of claims development (ie that reported in Z0020) is 'underwriting year'.</p> <p>Firms are to report the estimate of future gross earned premium from the reporting reference date for each of the underwriting years for which a Gross Earned Premium is reported in C0570.</p>
C1200 to C1350/ R0500 to R0650	Net Claims Paid (non-cumulative) — Triangle	<p>Triangles for each of the accident/underwriting years from N–14 (and prior) and all previous reporting periods to — including — N (last reporting year) of claims paid net of salvage/subrogation and reinsurance.</p> <p>The data are undiscounted.</p> <p>The amounts include all the elements that compose the claim itself, include 'allocated loss adjustment expenses', but exclude all other expenses.</p>
C1360/ R0500 to R0660	Net Claims Paid (non-cumulative) — In current year	<p>Total 'Current year' reflects the last diagonal (all data referred to last reporting year), from R0500 to R0650.</p> <p>R0660 is the total of R0500 to R0650</p>
C1370/ R0500 to R0660	Net Claims Paid — Sum of years (cumulative)	Total 'Sum of years' contains the sum of all data in rows (sum of all payments referred to the accident/underwriting year), including total.
C1400 to C1550/ R0500 to R0650	Net Undiscounted Best Estimate Claims Provisions — Triangle	<p>Triangles for each of the accident/underwriting years from N–14 (and prior) and all previous reporting periods to — including — N (last reporting year) of Best Estimate of Claims Provisions, net of reinsurance.</p> <p>The data are undiscounted. The amounts include all the elements that compose the claim itself, are net of salvage and subrogation, include 'allocated loss adjustment expenses', exclude all other expenses, and exclude any future premiums.</p> <p>The net undiscounted best estimate claims provision for each accident / underwriting year (N to N-14) and for each development year d (0&lt;= d &lt;= 14) is to be the net of reinsurance undiscounted best estimate claims provision at</p>

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	ITEM	INSTRUCTIONS
		the end of development year d for that accident / underwriting. The net undiscounted claims provision for development '15 & +' is to the net of reinsurance undiscounted claim provision at the reporting reference date for all accident / underwriting years prior to N-14.
C1600 to C1750/ R0500 to R0650	Net RBNS Claims — Triangle	<p>Triangles for each of the accident/underwriting years from N–14 (and prior) and all previous reporting periods to — including — N (last reporting year) of Claims Outstanding net of salvage/subrogation and reinsurance.</p> <p>The data are undiscounted. The amounts include all the elements that compose the claim itself, are net of salvage and subrogation, include 'allocated loss adjustment expenses', exclude all other expenses and exclude any future premiums.</p> <p>The net RBNS for each accident/underwriting year (N to N-14) and for each development year d (<math>0 \leq d \leq 14</math>) is to be the net of reinsurance RBNS at the end of development year d for that accident/underwriting year. The net RBNS for development '15 &amp; +' is to the net of reinsurance RBNS at the reporting reference date for all accident/underwriting years prior to N-14.</p>
C1760/ R0500 to R0660	Net RBNS Claims — Year end	<p>Total 'Year end' reflects the last diagonal (all data referred to last reporting year) from R0500 to R0650.</p> <p>R0660 is the total of R0500 to R0650.</p>
C1770 / R0510 to R0650	Net Earned Premium – up to and including the reporting reference date	<p>When the currency reported in Z0030 is 'Total', historical Net Earned Premiums are required for each accident / underwriting year (N to N-14) starting from the accident / underwriting year that is the later of:</p> <ul style="list-style-type: none"> <li>• N-14; or</li> <li>• When Solvency II first applied to the firm (this will typically be: 2016 for individual entities and third country branches of non-Solvency II undertakings; and 2023 for third country branches of Solvency II undertakings).</li> </ul> <p>When the currency reported in Z0030 is other than 'Total', historical Net Earned Premiums are required for each origin year starting from the origin year ending on the firm's first reporting</p>

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	ITEM	INSTRUCTIONS
		<p>reference date on or after 31 December 2024 (subject to the earliest origin year being N-14).</p> <p>The net earned premium at the reporting reference date for each of the accident/underwriting years from N-14 to and including N.</p> <p>In the case of accident year reporting (ie that reported in Z0020 is 'accident year'):</p> <ul style="list-style-type: none"> <li>• gross premiums earned in respect of an accident year are the proportion of gross premiums written as is attributable to risks borne by the insurer during that accident year; and</li> <li>• the reinsurers' share of premiums earned should be attributed to the same accident years as the corresponding gross premiums earned, so as to calculate the net earned premiums for each accident year.</li> </ul> <p>In the case of underwriting year reporting (ie that reported in Z0020 is 'underwriting year'), net premiums earned in respect of an underwriting year are the proportion of net premiums written attributable to that underwriting year that have been earned by the reporting reference date.</p> <p>The amount includes any commission or acquisition costs deducted before the insurer receives the premium.</p>
C1780 / R0510 to R0650	Estimate of future net earned premium at the reporting reference date	<p>This is reported only in the case that the standard used by the undertakings for reporting of claims development (ie that reported in Z0020) is 'underwriting year'.</p> <p>Firms are to report the estimate of future net earned premium from the reporting reference date for each of the underwriting for which a Net Earned Premium is reported in C01770.</p>
Inflation rates (only in the case of using methods that take into account inflation to adjust data)		
C1800 to C1940/ R0700	Historic inflation rate — total	In the case of use of run-off techniques that explicitly take into account inflation in order to

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	ITEM	INSTRUCTIONS
		adjust data report by year, and for the 15 years, historic inflation rate used to adjust historical paid losses triangles.
C1800 to C1940/ R0710	Historic inflation rate — external inflation	In the case of use of run-off techniques that explicitly take into account inflation in order to adjust data report, by year, and for the 15 years, historic external inflation: which is the 'economic' or 'general' inflation, i.e. the increase of the price of goods and services in a specific economy (eg Consumer Price Index, Producer Price Index, etc).
C1800 to C1940/ R0720	Historic inflation rate — endogenous inflation	In the case of use of run-off techniques that explicitly take into account inflation in order to adjust data report, by year, and for the 15 years, historic endogenous inflation: which is an increase of claim costs specific of the line of business, as defined in Technical Provisions – Further Requirements Annex 1, under consideration.
C2000 to C2140/ R0730	Expected inflation rate — total	In the case of use of run-off techniques that explicitly take into account inflation in order to adjust data report by year, and for the 15 years, expected inflation rate used to adjust historical paid losses triangles.
C2000 to C2140/ R0740	Expected inflation rate — external inflation	In the case of use of run-off techniques that explicitly take into account inflation in order to adjust data report, by year, and for the 15 years, expected external inflation: which is the 'economic' or 'general' inflation, i.e. the increase of the price of goods and services in a specific economy (eg Consumer Price Index, Producer Price Index, etc.).
C2000 to C2140/ R0750	Expected inflation rate — endogenous inflation	In the case of use of run-off techniques that explicitly take into account inflation in order to adjust data report, by year, and for the 15 years, expected endogenous inflation: which is an increase of claim costs specific of the line of business, as defined in Technical Provisions – Further Requirements - Annex 1, under consideration.
C2200/ R0760	Description of inflation rate used	In the case of use of run-off techniques that explicitly take into account inflation in order to adjust data report narrative description of inflation rate used.

## Chapter 10

### Instructions regarding reporting templates

#### IR.19.02 – Non-life general liability claim development

##### General Comment

This section relates to annual submission of information for individual entities and third-country insurance undertakings in regard to branch operations.

This template must be submitted by all insurance and reinsurance firms that carry on any of the following classes of non-life insurance business:

##### Employers' Liability – defined as:

*Liability insurance obligations included in lines of business 8 and 20 as set out in Technical Provisions – Further Requirements Annex 1 which cover liabilities of employers arising out of death, illness, accident, disability or infirmity of an employee in the course of the employment. (Includes these liabilities covered under "Mixed commercial package" policies.)*

##### Public & Products Liability – defined as:

*Liability insurance obligations included in lines of business 8 and 20 as set out in Technical Provisions – Further Requirements Annex 1 which cover liabilities of persons insured to third parties for damage to property, injury, illness or death, arising in the course of the insured's business. (Includes these risks covered under "Mixed Commercial Package" policies)*

##### Professional Indemnity – defined as:

*Liability insurance obligations included in lines of business 8 and 20 as set out in Technical Provisions – Further Requirements Annex 1 which cover liabilities of persons insured to third parties arising from wrongful acts (such as breach of duty, breach of trust, negligence, error or omissions) by professionals, named individuals or businesses occurring in the course of the insured's professional activities. (Includes directors' and officers' liability and errors and omissions liability.)*

Claims development triangles show the insurer's estimate of the cost of claims (claims paid and claims provisions under PRA Rulebook principles) and how this estimate develops over time.

Three set of triangles are required regarding claims paid, undiscounted best estimate of claims provisions and RBNS claims.

For the purpose of this template 'allocated loss adjustment expenses (ALAE)' means: the costs of processing and resolving claims that could be assignable to individual claim (e.g. legal and adjuster's fees).

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Latent claims and annuities stemming from non-life insurance obligations are to be excluded from this template. This relates to:

- claims for which the gross best estimate claims provision is reported in the template IR.18.02 –‘Non-life liability projection of future cash flows’ in the rows pertaining to latent claims; and
- non-life annuity claims reported in template IR.12.01.01.

The template shall be reported for each of the above lines of business (Employer’s liability, Public & products liability, Professional Indemnity - direct and accepted proportional reinsurance to be reported together):

If the total gross best estimate undiscounted claims provisions for a line of business (Employer’s liability, Public & products liability, Professional Indemnity - direct and accepted proportional reinsurance to be reported together) represents more than 10% of the firm’s total gross undiscounted best estimate claims provisions, the information for that line of business shall be reported with the following split by currency in addition to the total for the line of business :

- a) Amounts for any currency that represents more than 25% of the gross undiscounted best estimate claims provisions from that line of business; or
- b) Amounts for any currency that represents less than 25% of the gross undiscounted best estimate claims provisions from that line of business but more than 5% of total gross undiscounted best estimate claims provisions.

The information by currency shall be reported in the original currency of the contracts unless otherwise specified.

For the purpose of calculating whether a line of business, or a currency within a line of business, meets the above materiality thresholds for reporting, any negative gross undiscounted claims provisions at the level of the line of business, or currencies within a line of business, shall be considered with absolute value when calculating the firm’s gross total undiscounted claims provisions and when calculating the undiscounted claims provisions for each line of business and for each currency within a line of business.

For example:

- If the total gross undiscounted best estimate claims provisions for Employers’ Liability was more than 10% of the firm’s total gross undiscounted best estimate claims provisions and GBP represents 100% of the gross undiscounted best estimated claims provisions from Employers’ Liability, the template is reported:
  - i. for total Employers’ Liability in the reporting currency (where “total” is entered in the currency item), and
  - ii. for all the Employers’ Liability in the GBP original currency (where “GBP” is entered in the currency item).
- In this example, if the reporting currency is GBP, the templates reported (i) and (ii) above would be identical apart from the currency item. If the total gross undiscounted best estimate claims provisions for Employers’ Liability was 3% or less of the firm’s total gross undiscounted best estimate claims provisions, the template is only reported for total

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Employers' Liability in the reporting currency (where "total" is entered for the currency item).

Firms are required to report data on an accident year or underwriting year basis, according to how the business is managed. Firms must report each line of business (and where applicable each currency within a line of business) by accident year, or each line of business (and where applicable each currency within a line of business) by underwriting year. Firms are not to report some lines of business by accident year and some by underwriting year.

Historical data is required for claims paid and RBNS claims. For undiscounted Best Estimate of Claims Provision historical data starting from the firm's first reporting reference date on or after 31 December 2024 are required. This means for undiscounted Best Estimate of Claims Provision the diagonals relating to periods before the firm's first reporting reference date on or after 31 December 2024 are not required. Claims paid and RBNS relating to historical data should include 'allocated loss adjustment expenses'.

For the purpose of this template, 'the period being reported' in the Reporting Part of the Rulebook – Chapter 2A – Article 3(4)(b) means the reporting period ending on the reporting reference date.

All or part of an obligation moves from IR.19.02 into IR.16.01, when both of the conditions below are met:

- i. All or part of the obligation has been formally settled as an annuity; and
- ii. A best estimate of an obligation formally settled as an annuity can be established using life techniques.

Formally settled as an annuity typically means that a legal process has ordered that the beneficiary is to receive payments as an annuity.

In the financial year in which all or part of an obligation has been formally settled as an annuity, only claims actually paid out to the policyholder/beneficiary before the obligation has been formally settled as an annuity are to be included in the claims paid in IR.19.02. In particular, firms are to not include the provision set up for the annuity (which is reported in IR.16.01) in the claims paid in IR.19.02

In the case of a firm accepting business via a transfer-in of a portfolio from the first reporting date after the transfer the firm is required to submit data on this template as if it had always carried on the business transferred-in (ie historical data is to be restated). In the case of a firm discharging obligations via a transfer-out of a portfolio from the first reporting date after the transfer the firm is required to submit data on this template as if it never had the business transferred-out (ie historical business is to be re-stated). Historical premium data relating to business transfers is to be re-stated on a best endeavours basis.

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CELL(S)	ITEM	DEFINITION
Z0010	Line of Business	<p>Identification of the class of business, as defined in general comments above. The following closed list shall be used:</p> <p>8A - Employers Liability 8B - Public and Products 8C - Professional Indemnity</p>
Z0020	Accident year or Underwriting_year	<p>Report the standard used by the undertakings for reporting of claims development. One of the options from the following closed list shall be used:</p> <p>1 – Accident year 2 – Underwriting year</p> <p>A firm must use the standard (ie accident year or underwriting year) used for the public disclosure template S.19.01.21 for all of its lines of business and currencies, ie it must not use accident year for some lines of business and underwriting year for other lines of business.</p>
Z0030	Currency	<p>Identify the ISO 4217 alphabetic code of the currency of the monetary amounts used.</p> <p>This item shall be filled in with "Total" when reporting the total for the line of business reported in Z0010.</p>
Z0040	Currency Conversion	<p>Identify if the information reported by currency is being reported in the original currency (default) or in the reporting currency (otherwise specified).</p> <p>The following closed list shall be used:</p> <p>1 - Original currency. 2 – Reporting currency.</p> <p>Only applicable when reporting by currency</p>
R0100: R0260	<b>Gross Claim triangles and vectors</b>	
R0100 / C0160, C0010 to C0150 / R0110 to R0250	Gross Claims Paid (non-cumulative) - triangle	<p>The Gross Claims Paid, net of salvage and subrogation, in a triangle showing the developments of the gross claims payment already made: for each of the accident/underwriting years from N-14 (and prior) and all previous reporting periods to – including – N (last reporting year) report the payments already made corresponding at each development year (which is the delay between the accident/underwriting date and the payment date).</p> <p>The data are non-cumulative and undiscounted.</p> <p>The amounts include all the elements that comprise the claim itself, include 'allocated loss'</p>

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CELL(S)	ITEM	DEFINITION
		adjustment expenses', but exclude all other expenses.
C0170 / R0100 to R0260	Gross Claims Paid (non-cumulative) - In current year	Total "Current year" reflects the last diagonal (all data referred to last reporting year) from R0100 to R0250. R0260 is the total of R0100 to R0250.
C0180 / R0110 to R0250	Gross Claims Paid – Sum of years (cumulative)	Total "Sum of years" contains the sum of all data in rows (sum of all payments referred to the accident/underwriting year).
R0100 / C0350, C0200 to C0340 / R0110 to R0250	Gross undiscounted Best Estimate Claims Provisions - Triangle	<p>Triangles of undiscounted best estimate of claims provisions, gross of reinsurance for each of the accident/underwriting years from N-14 (and prior) and all previous reporting periods to – including - N (last reporting year). The best estimate for claims provision relates to claims events occurred before or at the valuation date, whether the claims arising from these events have been reported or not.</p> <p>The data are undiscounted.</p> <p>The amounts include all the elements that compose the claim itself, are net of salvage and subrogation, include 'allocated loss adjustment expenses', exclude all other expenses, and exclude any future premiums.</p> <p>The gross undiscounted best estimate claims provision for each accident / underwriting year (N to N-14) and for each development year d (<math>0 \leq d \leq 14</math>) is to be the gross undiscounted best estimate claims provision at the end of development year d for that accident/underwriting year. The gross undiscounted claims provision for development '15 &amp; +' is to the gross undiscounted claim provision at the reporting reference date for all accident/underwriting years prior to N-14.</p>
R0100 / C0550, C0400 to C0540 / R0110 to R0250	Gross Reported but not Settled Claims (RBNS) -Triangle	<p>Triangles for each of the accident/underwriting years from N-14 (and prior) and all previous reporting periods to – including - N (last reporting year) of provisions in respect of claim events that have happened and been reported to the insurer, but have not yet been settled, excluding incurred but not reported claims ("IBNR"). These may be case-by-case reserves estimated by claim handlers and do not need to be on a best estimate Solvency II basis. The reported but not settled claims ("RBNS") shall be measured using consistent reserve strength over time.</p> <p>The data are undiscounted.</p> <p>The amounts include all the elements that compose the claim itself, are net of salvage and</p>

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CELL(S)	ITEM	DEFINITION
		<p>subrogation, include 'allocated loss adjustment expenses', exclude all other expenses, and exclude any future premium.</p> <p>The gross RBNS for each accident/underwriting year (N to N-14) and for each development year d (<math>0 \leq d \leq 14</math>) is to be the gross RBNS at the end of development year d for that accident/underwriting year. The gross RBNS for development '15 &amp; +' is to be the gross RBNS at the reporting reference date for all accident/underwriting years prior to N-14.</p>
C0560 / R010 to R0260	Gross Reported but not Settled Claims (RBNS) — Year end	<p>Total 'Year end' reflects the last diagonal (all data referred to last reporting year) from R0100 to R0250.</p> <p>R0260 is the total of R0100 to R0250.</p>
C0570 / R0110 to R0250	Gross Earned Premium – up to and including the reporting reference date	<p>When the currency reported in Z0030 is 'Total', historical Gross Earned Premiums are required for each accident / underwriting year (N-14 to N inclusive) starting from the accident / underwriting year that is the later of:</p> <ul style="list-style-type: none"> <li>• N-14; or</li> <li>• When Solvency II first applied to the firm (this will typically be: 2016 for individual entities and third country branches of non-Solvency II undertakings; and 2023 for third country branches of Solvency II undertakings).</li> </ul> <p>When the currency reported in Z0030 is other than 'Total', historical Gross Earned Premiums are required for each origin year starting from the origin year ending on the firm's first reporting reference date on or after 31 December 2024 (subject to the earliest origin year being N-14).</p> <p>The gross earned premium as at the reporting reference date for each of the accident/underwriting years from N-14 to and including N.</p> <p>In the case of accident year reporting (ie that reported in Z0020 is 'accident year'), gross premiums earned in respect of an accident year are the proportion of gross premiums written as is attributable to risks borne by the insurer during that accident year.</p> <p>In the case of underwriting year reporting (ie that reported in Z0020 is 'underwriting year'), gross premiums earned in respect of an underwriting year are the proportion of gross premiums written attributable to that underwriting year that have been earned by the reporting reference date.</p>

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CELL(S)	ITEM	DEFINITION
		The amount includes any commission or acquisition costs deducted before the insurer receives the premium.
C0580 / R0110 to R0250	Estimate of future gross earned premium at the reporting reference date	This is reported only in the case that the standard used by the undertakings for reporting of claims development (ie that reported in Z0020) is 'underwriting year'. Firms are to report the estimate of future gross earned premium from the reporting reference date for each of the underwriting years for which a Gross Earned Premium is reported in C0570.

## Chapter 10

### Instructions regarding reporting templates

#### IR.20.01 — Development of the distribution of the claims incurred

##### General comments

This section relates to annual submission of information for individual entities and third-country insurance undertakings in regard to branch operations.

This section provides an overview about the run-off/movement of non-life claims portfolios, in terms of both claims paid (split by different type of claims) and RBNS claims (as defined in IR.19.01).

RBNS claims should be reported undiscounted.

This template shall be reported for each non-life Line of Business, as defined in Technical Provisions – Further Requirements Annex 1, and considering the following specifications:

- i. Reporting by line of business: it is required to report direct lines of business 1-12. Firms shall report each direct line of business, or only the direct lines of business that represent a coverage of 90% of the non-life gross undiscounted claims provisions for direct business. In the case where a firm is reporting a coverage of 90%, the lines of business should be selected as follows:
  - The motor vehicle liability line of business should always be reported,
  - The general liability lines of business should always be reported,
  - For all other lines of business using a decreasing order of gross undiscounted claims provisions.

For the purpose of calculating whether a line of business meets the above materiality thresholds for reporting, any negative technical provisions at the level of the line of business shall be considered with absolute value when calculating the firm's gross total undiscounted claims provisions and when calculating the undiscounted claims provisions for each line of business.

With regard to the number of claims to be reported, firms will use their specific definition. However, each claim shall be reported once by Line of Business. If any claim is closed and reopened during the year, it shall not be reported in the column 'Reopen Claims during the year' but it shall be reported in relevant column regarding 'Open Claims at the beginning of the year' or 'Claims reported during the year'.

For the purpose of this template 'allocated loss adjustment expenses (ALAE)' means: the costs of processing and resolving claims that could be assignable to individual claim (eg legal and adjuster's fees).

Firms are required to report data on accident year or underwriting year basis according to how the business is managed. Firms must report each line of business by accident year or each line of business by underwriting year. Firms are not to report some lines of business by accident year and some by underwriting year.

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	<b>ITEM</b>	<b>INSTRUCTIONS</b>
Z0010	Line of business	<p>Identification of the line of business, as defined in Technical Provisions – Further Requirements Annex 1, reported. The following closed list shall be used:</p> <ul style="list-style-type: none"> <li>1 — Medical expense insurance</li> <li>2 — Income protection insurance</li> <li>3 — Workers' compensation insurance</li> <li>4 — Motor vehicle liability insurance</li> <li>5 — Other motor insurance</li> <li>6 — Marine, aviation and transport insurance</li> <li>7 — Fire and other damage to property insurance</li> <li>8 — General liability insurance</li> <li>9 — Credit and suretyship insurance</li> <li>10 — Legal expenses insurance</li> <li>11 — Assistance insurance</li> <li>12 — Miscellaneous financial loss insurance</li> <li>41 — Total all non-life insurance obligations (ie total of lines of business 1 to 12 above)</li> </ul>
Z0020	Accident year/Underwriting year	<p>Report the standard used by the undertakings for reporting of claims development. One of the options from the following closed list shall be used:</p> <ul style="list-style-type: none"> <li>1 — Accident year</li> <li>2 — Underwriting year</li> </ul> <p>A firm must use the standard (ie accident year or underwriting year) used for the public disclosure template IR.19.01.21 for all of its lines of business, ie it must not use accident year for some lines business and underwriting year for other lines of business.</p>
C0020/R0010 to R0160	RBNS claims. Open Claims at the beginning of the year, Open Claims at the end of the year — Number of claims	The number of open claims at the beginning of the year and still open at the end of the reporting year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.
C0030/R0010 to R0160	RBNS claims. Open Claims at the beginning of the year, Open Claims at the end of the year — Gross RBNS at the beginning of the year	<p>The amount of gross RBNS Claims, net of salvage and subrogation, at the beginning of the year and still open at the end of the reporting year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>

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	ITEM	INSTRUCTIONS
C0040/R0010 to R0160	RBNS claims. Open Claims at the beginning of the year, Open Claims at the end of the year — Gross payments made during the current year	<p>The amount of gross payments, net of salvage and subrogation, made during the current year regarding claims still open at the end of the reporting year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0050/R0010 to R0160	RBNS claims. Open Claims at the beginning of the year, Open Claims at the end of the year — Gross RBNS at the end of the period	<p>The amount of gross RBNS Claims, net of salvage and subrogation, at the end of the period regarding claims still open at the end of the reporting year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0060/R0010 to R0160	RBNS claims. Open Claims at the beginning of the year, Closed Claims at the end of the year, settled with payment — Number of claims ended with payments	<p>The number of Claims open at the beginning of the year and closed at the end of the year and settled with payments, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p>
C0070/R0010 to R0160	RBNS claims. Open Claims at the beginning of the year, Closed Claims at the end of the year, settled with payment — Gross RBNS at the beginning of the year	<p>The amount of gross RBNS Claims, net of salvage and subrogation, open at the beginning of the year and closed at the end of the year and settled with payments, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0080/R0010 to R0160	RBNS claims. Open Claims at the	The amount of gross payments, net of salvage and subrogation, made during the current year

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	ITEM	INSTRUCTIONS
	beginning of the year, Closed Claims at the end of the year, settled with payment — Gross payments made during the current year	<p>regarding claims closed at the end of the reporting year and settled with payments, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0090/R0010 to R0160	RBNS claims. Open Claims at the beginning of the year, Closed Claims at the end of the year, settled without any payment — Number of claims ended without any payment	<p>The number of Claims open at the beginning of the year and closed at the end of the year and settled without any payment, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p>
C0100/R0010 to R0160	RBNS claims. Open Claims at the beginning of the year, Closed Claims at the end of the year, settled without any payment — Gross RBNS at the beginning of the year referred to claims settled without any payment	<p>The amount of gross RBNS Claims, net of salvage and subrogation, open at the beginning of the year and closed at the end of the year and settled without any payment, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses' those attributable to specific claims.</p>
C0110/R0010 to R0160	Claims reported during the year, Open Claims at the end of the year — Number of claims	<p>The number of Claims reported during the year and still open at the end of the year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p>
C0120/R0010 to R0160	Claims reported during the year, Open Claims at the end of the year — Gross payments made during the current year	<p>The amount of gross payments, net of salvage and subrogation, made during the current year regarding claims reported during the year and still open at the end of the reporting year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to</p>

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	ITEM	INSTRUCTIONS
		<p>N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except ‘allocated loss adjustment expenses’.</p>
C0130/R0010 to R0160	Claims reported during the year, Open Claims at the end of the year — Gross RBNS at the end of the period	<p>The amount of gross RBNS Claims, net of salvage and subrogation, at the end of the period regarding claims reported during the year and still open at the end of the reporting year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except ‘allocated loss adjustment expenses’.</p>
C0140/R0010 to R0160	Claims reported during the year, Closed Claims at the end of the year, settled with payment — Number of claims ended with payments	<p>The number of Claims reported during the year and closed at the end of the year and settled with payments, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p>
C0150/R0010 to R0160	Claims reported during the year, Closed Claims at the end of the year, settled with payment — Gross payments made during the current year	<p>The amount of gross payments, net of salvage and subrogation, made during the current year regarding claims reported during the year and closed at the end of the year and settled with payments, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except ‘allocated loss adjustment expenses’.</p>
C0160/R0010 to R0160	Claims reported during the year, Closed Claims at the end of the year, settled without any payment — Number of claims ended without any payment	<p>The number of Claims reported during the year and closed at the end of the year and settled without any payment, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p>

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	ITEM	INSTRUCTIONS
C0170/R0010 to R0160	Reopen claims during the year, Open Claims at the end of the year — Number of claims	The number of Claims reopened during the year and still open at the end of the year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14
C0180/R0010 to R0160	Reopen claims during the year, Open Claims at the end of the year — Gross payments made during the current year	<p>The amount of gross payments, net of salvage and subrogation, made during the current year regarding claims reopened during the year and still open at the end of the year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0190/R0010 to R0160	Reopen claims during the year, Open Claims at the end of the year — Gross RBNS at the end of the period	<p>The amount of gross RBNS Claims, net of salvage and subrogation, at the end of the period regarding claims reopened during the year and still open at the end of the year, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0200/R0010 to R0160	Reopen claims during the year, Closed Claims at the end of the period — Number of claims ended with payments	The number of Claims reopened during the year and closed at the end of the year and ended with payments, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.
C0210/R0010 to R0160	Reopen claims during the year, Closed Claims at the end of the period — Gross payments made during the current year	The amount of gross payments, net of salvage and subrogation, made during the current year regarding claims reopened during the year and closed at the end of the year with payments, by accident/underwriting years from the year N–1 (the year before the reporting year) to N–14, amount of all previous reporting periods prior to N–14 and the total of all the years from N–1 to prior to year N–14.

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	ITEM	INSTRUCTIONS
		The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.
C0110/R0170	Claims reported during the year, Open Claims at the end of the year — Number of claims	The number of claims reported during the year and still open at the end of the year, for the accident/underwriting year, regarding the reporting year N.
C0120/R0170	Claims reported during the year, Open Claims at the end of the year — Gross payments made during the current year	<p>The amount of gross payments, net of salvage and subrogation, made during the current year regarding claims reported during the year and still open at the end of the reporting year, for the accident/underwriting year, regarding the reporting year N.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0130/R0170	Claims reported during the year, Open Claims at the end of the year — Gross RBNS at the end of the period	<p>The amount of gross RBNS Claims, net of salvage and subrogation, at the end of the period regarding claims reported during the year and still open at the end of the reporting year, for the accident/underwriting year, regarding the reporting year N.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0140/R0170	Claims reported during the year, Closed Claims at the end of the year, settled with payment — Number of claims ended with payments	The number of Claims reported during the year and closed at the end of the year and settled with payments, for the accident/underwriting year, regarding the reporting year N.
C0150/R0170	Claims reported during the year, Closed Claims at the end of the year, settled with payment — Gross payments made during the current year	<p>The amount of gross payments, net of salvage and subrogation, made during the current year regarding claims reported during the year and closed at the end of the year and settled with payments, for the accident/underwriting year, regarding the reporting year N.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>

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	ITEM	INSTRUCTIONS
C0160/R0170	Claims reported during the year, Closed Claims at the end of the year, settled without any payment — Number of claims ended without any payment	The number of Claims reported during the year and closed at the end of the year and settled without any payment, for the accident/underwriting year, regarding the reporting year N.
C0110/R0180	Total Claims reported during the year, Open Claims at the end of the year — Number of claims	Total number of claims reported during the year still open at the end of the year.
C0120/R0180	Total Claims reported during the year, Open Claims at the end of the year — Gross payments made during the current year	<p>Total of gross payments, net of salvage and subrogation, made during the current year in relation to total number of claims reported during the year still open at the end of the year.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0130/R0180	Total Claims reported during the year, Open Claims at the end of the year — Gross RBNS at the end of the period	<p>Total of Gross RBNS, net of salvage and subrogation, at the end of the period in relation to total number of claims reported during the year still open at the end of the year.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0140/R0180	Total Claims reported during the year, Closed Claims at the end of the year, settled with payment — Number of claims ended with payments	Total number of claims reported during the year and settled with payments
C0150/R0180	Total Claims reported during the year, Closed Claims at the end of the year, settled with payment — Gross payments made during the current year	<p>Gross payments, net of salvage and subrogation, made during the current year in relation to claims reported during the year and settled with payments.</p> <p>The amount includes all the elements that compose the claim itself but excludes any expenses except 'allocated loss adjustment expenses'.</p>
C0160/R0180	Total Claims reported during the year	Total number of claims reported during the year and settled without any payment.

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	<b>ITEM</b>	<b>INSTRUCTIONS</b>
	year, Closed Claims at the end of the year, settled without any payment — Number of claims ended without any payment	

## Chapter 10

### Instructions regarding reporting templates

#### IR.22.07 – Best estimate subject to volatility adjustment by currency

##### General comments

This section relates to annual submission of information for individual entities.

This template shall only be reported by insurance and reinsurance undertakings that apply volatility adjustment in accordance with Technical Provisions 8.

This template shall reflect the gross best estimate liability of insurance and reinsurance life obligations subject to volatility adjustment split by currency of the obligations which the contract was entered into. The best estimate liability reported shall take into account the volatility adjustment. The best estimate liability subject to any matching adjustment shall not be reported in this template.

R0010-R0100 should all be shown in the reporting currency and correspond to the sum of the amounts in IR.12.01 C0070/R0330 and IR.17.01 C0180 / R0480.

R0010	BEL subject to VA – GBP	Best estimate liability subject to volatility adjustment – liabilities in GB pounds
R0020	BEL subject to VA – EUR	Best estimate liability subject to volatility adjustment – liabilities in euros
R0030	BEL subject to VA – DKK	Best estimate liability subject to volatility adjustment – liabilities in Danish kroner
R0040	BEL subject to VA – NOK	Best estimate liability subject to volatility adjustment – liabilities in Norwegian kroner
R0050	BEL subject to VA – SEK	Best estimate liability subject to volatility adjustment – liabilities in Swedish krona
R0060	BEL subject to VA – AUD	Best estimate liability subject to volatility adjustment – liabilities in Australian dollars
R0070	BEL subject to VA – CAD	Best estimate liability subject to volatility adjustment – liabilities in Canadian dollars
R0080	BEL subject to VA – USD	Best estimate liability subject to volatility adjustment – liabilities in US dollars
R0090	BEL subject to VA – other	Best estimate liability subject to volatility adjustment – liabilities in currencies other than those listed above
R0100	Total BEL subject to VA	Total best estimate liability subject to volatility adjustment



## Chapter 10

### Instructions regarding reporting templates

#### IR.35.01.04 — Contribution to group technical provisions

##### General comments

This section relates to annual submission of information for groups. This template should only be completed by groups that have insurance and reinsurance subsidiaries outside of the UK.

The information to be reported between C0050 to C0210 shall be after the volatility adjustment, the matching adjustment and interest rate transitional is applied. The transitional deduction to technical provisions is reported separately in C0220 and C0230.

This template is relevant under method 1 as defined in Group Supervision 11.1 to 11.3, method 2 as defined in Group Supervision 12.1 to 13.2 and a combination of methods.

Related insurance and reinsurance undertakings which are not subsidiaries are excluded from the scope of this template since they are assessed through the adjusted equity method.

	ITEM	INSTRUCTIONS
C0010	Legal name of the undertaking	Legal name of each undertaking
C0020	Identification code and type of code of the undertaking	<p>Identification code by this order of priority:</p> <ul style="list-style-type: none"><li>• Legal Entity Identifier (LEI);</li><li>• Specific code</li></ul> <p>Specific code:</p> <ul style="list-style-type: none"><li>• For UK or Gibraltar insurance and reinsurance undertakings and other UK or Gibraltar regulated undertakings within the scope of group supervision: identification code used in the local market, attributed by the Prudential Regulation Authority;</li><li>• For third country undertakings and non-regulated undertakings within the scope</li></ul>

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		<p>of group supervision, identification code will be provided by the group. When allocating an identification code to each third country or non-regulated undertaking, the group should comply with the following format in a consistent manner:</p> <p>identification code of the parent undertaking + ISO 3166–1 alpha–2 code of the country of the undertaking + 5 digits</p>
C0040	Method of group solvency calculation	<p>Identify the method of the group calculation. The following closed list of options shall be used:</p> <p>1 — Method 1</p> <p>2 — Method 2</p>
C0050	Total amount of TP — Amount of TP gross of IGT	<p>Total amount of technical provisions gross of IGT.</p> <p>This item equals the sum of items C0070, C0100, C0130, C0160, C0190 and C0220, except for (re)insurance undertakings situated in equivalent third countries under method 2.</p> <p>For (re)insurance undertakings situated in equivalent third countries under method 2 only item C0050 is mandatory.</p> <p>The cell shall be filled in with amounts gross of reinsurance and of IGT.</p> <p>When method 1 as defined under Group Supervision 11.1 to 11.3 is used for the (re)insurance undertaking, the total amount of technical provisions in cell C0050 accounts for its contribution gross of reinsurance ceded within the</p>

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		<p>scope of group supervision to the group technical provisions.</p> <p>When method 2 is used for the (re)insurance undertaking, the total amount of technical provisions in cell C0050 cannot be reconciled with the amount of group technical provisions in the group balance sheet.</p>
C0060	Total amount of TP — Amount of TP net of IGT	<p>Total amount of technical provisions net of IGT.</p> <p>This item equals the sum of items C0080, C0110, C0140, C0170, C0200 and C0230, except for (re)insurance undertakings situated in equivalent third countries under method 2.</p> <p>For (re)insurance undertakings situated in equivalent third countries and allowed to use the local rules under method 2, only item C0060 is mandatory and this shall be filled on the basis of the local solvency regime.</p> <p>The cell shall be filled in with amounts gross of reinsurance but net of IGT, including intra-group reinsurance (the risk margin should not be net of IGT).</p> <p>When method 1 as defined under Group Supervision 11.1 to 11.3 is used for the (re)insurance undertaking, the total amount of technical provisions in cell C0060 accounts for its contribution net of reinsurance ceded within the scope of group supervision to the group technical provisions. The total amount of technical provisions in cell C0060 for all (re)insurance undertakings under method 1 can be reconciled with the amount of group technical provisions in the group balance sheet.</p>

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		When method 2 is used for the (re)insurance undertaking, the total amount of technical provisions in cell C0060 cannot be reconciled with the amount of group technical provisions in the group balance sheet.
C0070, C0100, C0130, C0160, C0190	Amount of TP gross of IGT	<p>Amount of technical provisions (TP calculated as a whole or the sum of the best estimate and the risk margin), split by respective main categories (Life excluding health and unit linked index-linked, Unit-linked and index linked, Health — SLT and non-SLT, Non-life excluding health) of UK or third country undertakings calculated according to Solvency II rules.</p> <p>The cell shall be filled in with amounts gross of reinsurance and of IGT.</p> <p>The currency used shall be the group currency.</p> <p>This item is reported for the (re)insurance undertakings under method 1 and method 2, except for the (re)insurance undertakings under method 2 situated in equivalent third countries.</p>
C0080, C0110, C0140, C0170, C0200	Amount of TP net of IGT	<p>Amount of technical provisions (TP calculated as a whole or the sum of the best estimate and the risk margin), split by respective main categories (Life excluding health and unit linked index-linked, Unit-linked and index linked, Health — SLT and non-SLT, Non-life excluding health) of UK or third country undertakings calculated according to Solvency II rules.</p> <p>The cell shall be filled in with amounts gross of reinsurance but net of IGT, including intra-group reinsurance.</p>

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		<p>The currency used shall be the group currency.</p> <p>This item is reported for the (re)insurance undertakings under method 1 and method 2, except for the (re)insurance undertakings under method 2 situated in equivalent third countries.</p>
C0090, C0120, C0150, C0180, C0210	Net Contribution to Group TP (%)	<p>The percentage share of TP (TP calculated as a whole or the sum of the best estimate and the risk margin) of the (re) insurance undertaking to the group TP under method 1 net of IGT but gross of reinsurance ceded outside the group, split by respective main categories (Life excluding health and unit linked index-linked, Unit-linked and index linked, Health — SLT and non-SLT, Non-life excluding health).</p> <p>This item is not reported for undertakings under method 2.</p>
C0220	Transitional on TP — Amount of TP gross of IGT	<p>Amount of the transitional deduction to technical provisions. This value is not included in the previous items.</p> <p>The cell shall be filled in with amounts gross of reinsurance and IGT.</p> <p>This value shall be reported as a negative value.</p>
C0230	Transitional on TP — Amount of TP net of IGT	<p>Amount of the transitional deduction to technical provisions. This value is not included in the previous items.</p> <p>The cell shall be filled in with amounts gross of reinsurance but net of IGT, including intra-group reinsurance.</p> <p>This value shall be reported as a negative value.</p>

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C0240	LTG measures — TP subject to Transitional on RFR — Amount of TP gross of IGT	<p>Indicate the amount of Total amount of TP gross of IGT (C0050) subject to the transitional adjustment to the relevant risk-free interest rate term structure.</p> <p>The cell shall be filled in with amounts gross of reinsurance and IGT.</p>
C0250	LTG measures — TP subject to VA — Amount of TP gross of IGT	<p>Indicate the amount of Total amount of TP gross of IGT (C0050) subject to volatility adjustment.</p> <p>The Technical Provisions are reported after transitional and with Risk Margin.</p> <p>The cell shall be filled in with amounts gross of reinsurance and IGT, including intra-group reinsurance.</p>
C0260	LTG measures — TP subject to MA — Amount of TP gross of IGT	<p>Indicate the amount of Total amount of TP gross of IGT (C0050) subject to matching adjustment.</p> <p>The cell shall be filled in with amounts gross of reinsurance and IGT, including intra-group reinsurance.</p>