**NAIC BLANKS (E) WORKING GROUP**

**Blanks Agenda Item Submission Form**

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| --- | --- |
| **DATE:** **CONTACT PERSON:** **TELEPHONE:** **EMAIL ADDRESS:** **ON BEHALF OF:** **NAME:** **TITLE:** **AFFILIATION:** **ADDRESS:**  | **FOR NAIC USE ONLY** |
| Agenda Item # Year Changes to Existing Reporting [ ]New Reporting Requirement [ ]  |
| **REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT** |
| No Impact [ ]Modifies Required Disclosure [ ] |
| Is there data being requested in this proposal which is available elsewhere in the Annual/Quarterly Statement? [ ]\*\*\**If Yes, complete question below*\*\*\* |
| **DISPOSITION**[ ] Rejected For Public Comment[ ] Referred To Another NAIC Group[ ] Received For Public Comment[ ] Adopted Date [ ] Rejected Date [ ] Deferred Date [ ] Other (Specify) |
|
|
|

**BLANK(S) TO WHICH PROPOSAL APPLIES**

[ ] **ANNUAL STATEMENT** [ ] **INSTRUCTIONS** [ ] **CROSSCHECKS**

[ ] **QUARTERLY STATEMENT** [ ] **BLANK**

[ ] Life, Accident & Health/Fraternal [ ] Separate Accounts [ ] Title

[ ] Property/Casualty [ ] Protected Cell [ ] Other

[ ] Health [ ] Health (Life Supplement) [ ] Life (Health Supplement)

Anticipated Effective Date:

**IDENTIFICATION OF ITEM(S) TO CHANGE**

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

**\*\*\*IF THE DATA IS AVAILABLE ELSEWHERE IN THE ANNUAL/QUARTERLY STATEMENT, PLEASE NOTE WHY IT IS REQUIRED FOR THIS PROPOSAL\*\*\***

**NAIC STAFF COMMENTS**

Comment on Effective Reporting Date:

Other Comments:

**\*\* This section must be completed on all forms. Revised 11/17/2022**