Lunch & Learn: Joint MCAS Blanks (D) & Market Analysis Procedures (D) Working Groups

Data Overview - Market Conduct Annual Statement (MCAS) Data

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Topics

- MCAS Data Ownership & Origins
- Data Collected in the MCAS
- MCAS Data Collection & Storage
- Regulator Reports & Data Access
- MCAS and FDR Modernization

MCAS Data Ownership & Origins

MCAS Data Ownership & Origins

MCAS was developed in 2002 to provide a uniform system of collecting market data

MCAS data is state owned and confidential

NAIC has Terms of Use and Confidentiality Agreement with each jurisdiction

First collected centrally at the NAIC for the 2010 data year - generally collected under jurisdiction exam authority

Currently no filing fees are assessed for collection of MCAS data

Market Analysis Procedures (D) Working Group – Approves new MCAS lines of business & standard ratios

Market Conduct Annual Statement Blanks (D) Working Group – Establishes and maintains Blanks and Data Call & Definitions

Established procedures and timelines are followed for adoption of MCAS reporting changes.

- Links:

- [MCAS Proposal Submission Form]()

- [MCAS Proposal Form Instructions]()

- [MCAS Data Element Revision Process]()

NAIC MARKET CONDUCT ANNUAL STATEMENT BLANKS (D) WORKING GROUP
Changes/Additions to Approved Blanks and Data Call and Definitions
Proposal Submission Form

NAIC USE ONLY

Proposal Submission Date: Click or tap to enter a date.	
Proposed Effective Data Year for Reporting: 2025 Data Year	
Proposed ☐ Substantive Change ☐ Non-Substantive Change/Clarification	
Proposal Number	Click or tap here to enter text.
Proposal Status	All Submissions ☐ Received – Date Click or tap to enter a date. ☐ Accepted ☐ Rejected by MCAS Blanks WG Chair ☐ Posted to Web Page for Public Exposure/Comment – Date Click or tap to enter a date. ☐ Referred to Another NAIC Group – Date Click or tap to enter a date. – Name of Group Click or tap here to enter text. ☐ Adopted ☐ Modified ☐ Rejected ☐ Deferred by WG – Date Click or tap to enter a date. Substantive Revisions ☐ Adopted ☐ Rejected by D Committee – Date Click or tap to enter a date. ☐ Adopted ☐ Rejected by EX/Plenary – Date Click or tap to enter a date. ☐ Other – Date Click or tap to enter a date. Specify Click or tap here to enter text.
NAIC Staff Input	Click or tap here to enter text.

Proposal Contact Information

Name of Contact Person	Click or tap here to enter text.
Name of Organization	Click or tap here to enter text.
Email Address	Click or tap here to enter text.
Phone Number	Click or tap here to enter text.
Affiliation Type	☐ State Regulator ☐ NAIC Staff ☐ Other Regulator ☐ Reporting Company ☐ Industry Trade Association ☐ Consumer Representative ☐ Other

PROPOSAL IS FOR: ☐ Data Element ☐ Data Definitions ☐ Data Validation

APPLICABLE LINE(S) OF BUSINESS:

☐ Annuity	☐ Lender Placed Auto and Home	☐ Private Flood
☐ Disability Income	☐ Life	☐ Private Passenger Auto
☐ Health	☐ Long-Term Care	☐ Travel
☐ Homeowners	☐ Other Health	☐ STLD
☐ Pet		

PROVIDE A CONCISE STATEMENT OF THE PROPOSED CHANGE:

PROVIDE THE REASON FOR THE CHANGE:

Revision Process – Best Practices

A minimum of 5 Working Group jurisdictions should volunteer and participate in Subject Matter Expert (SME) group meetings when creating reporting for a new MCAS line of business or blank changes to an existing line of business.

Monthly exposure of SME group draft documents and summary of progress to Working Group members, Interested Regulators, and Interested Parties.

Encourage weekly subject matter expert (SME) meetings from the beginning of SME work.

Formal meeting, after the conclusion of the SME Group Meetings and prior to the voting deadline, to present the draft document to Working Group members, Interested Regulators, and Interested Parties to increase exposure, facilitate discussion, and proactively identify any concerns.

Revision Process - Timeline

Changes that have been adopted by the MCAS Blanks WG prior to June 1 and subsequently adopted by the Market Regulation and Consumer Affairs (D) Committee by August 1 and by the NAIC Plenary by December 31 of the same year will become effective for the following year's experience reporting.

Data Collected in the MCAS

MCAS Lines of Business - Summary Level Data

- Homeowners (Original)
- Individual Annuity (Original)
- Individual Life (Original)
- Private Passenger Auto (Original)
- Long-Term Care (2014)
- Health (2017)
- Lender-Placed Home & Auto (2018)
- Disability Income (2019)
- Private Flood (2020)
- Short-Term Limited Duration (2022)
- Travel (2022)
- Other Health (2023)
- Pet Insurance (2025)

MCAS Data

- Interrogatories
- Claims
- Underwriting
- Complaints & Requests for Internal & External Review
- Lawsuits
- Health Prior Authorizations
- Attestation
- Appropriate coverage breakouts for each line of business

MCAS Webpage Link

KEY 2025 MCAS DATES	
Mid-December 2025	Call letters to companies
Late January 2026	Last day to submit 2024 corrections (See FAQ Document)
February - March 2026	**MCAS training webinars (Information and Registration)**
March 13, 2026	2025 filings may be submitted via the online MCAS filing tool **The MCAS Application is Currently Open**
April 30, 2026	MCAS submissions due for all lines of business *except Health, Other Health and STLD (one month extension for NY filings)*
May 31, 2026	MCAS submissions due for Health, Other Health and STLD *(one month extension for NY filings)*
July 1, 2026	MCAS industry scorecards posted to MCAS Web page for all lines of business except *for Health, Other Health and STLD*
August 1, 2026	MCAS industry scorecards posted to MCAS Web page for Health, Other Health and STLD

CSV Instructions and Resources

- CSV Data Upload Instructions
- CSV Assistant Instruction

CSV Assistant Files

- Annuity 2025.3.2 (4/3/2026)
- Disability Income 2025.2.0 (2/10/2026)
- Health 2025.6.0 (5/22/2026)
- Homeowners 2025.0.2 (12/02/2025)
- Lender-Placed Home and Auto 2025.0.1 (11/12/2025)
- Life 2025.0.2 (3/23/2026)
- Long-Term Care 2025.0.1 (12/15/2025)
- Other Health 2025.2.2 (12/15/2025)
- Pet 2025.0.2 (3/31/2026)
- Private Flood 2025.0.1 (11/25/2025)
- Private Passenger Auto 2025.1.3 (2/24/2026)
- Short-Term Limited Duration 2025.0.2 (4/16/2026)
- Travel 2025.0.1 (12/15/2025)

COMMUNICATION

Applicable Statutory Reference 2025.0.0
Data Call Letter
Signatories 2025.0.0

RESOURCES

Data Collection Worksheets (Blanks)

- Annuity 2025.0.1 (6/12/2025)
- Disability Income 2025.0.3 (2/6/2026)
- Health 2025.0.5 (9/30/2025)
- Homeowners 2025.0.4 (10/14/2025)
- Lender-Placed Home and Auto 2025.0.1 (10/14/2025)
- Life 2025.0.1 (10/21/2025)
- Long-Term Care 2025.0.0 (7/2/2025)
- Other Health 2025.1.1 (3/18/2025)
- Pet 2025.0.2 (10/15/2025)
- Private Flood 2025.0.2 (10/15/2025)
- Private Passenger Auto 2025.0.2 (8/4/2025)
- Short-Term Limited Duration 2025.0.1 (3/20/2025)
- Travel 2025.0.2 (10/3/2025)

Data Call and Definitions (Instructions)

- Disability Income 2025.0.0 (9/4/2024)
- Health 2025.0.0 (10/23/2024)
- Homeowners 2025.0.3 (4/20/2026)
- Lender-Placed Home and Auto 2025.0.0 (08/04/2025)
- Life and Annuity 2025.0.0 (10/21/2025)
- Long-Term Care 2025.0.1 (9/3/2025)
- Other Health 2025.1.1 (3/25/2025)
- Pet 2025.0.3 (10/15/2025)
- Private Flood 2025.0.1 (2/18/2026)
- Private Passenger Auto 2025.0.1 (4/20/2026)
- Short-Term Limited Duration 2025.0.1 (3/20/2025)
- Travel 2025.0.0 (8/7/2024)

Summary of 2025 Changes 2025.1.2
2025 MCAS User Guide
MCAS Validation Errors and Warnings 2025.0.1
MCAS Annual Statement Ratios 2025.0.5

MCAS Market Conduct Annual Statement

Homeowners (2025)

Homeowners Interrogatories

		Yes No Response	Explanation
01	Were there policies in-force during the reporting period that provided Dwelling coverage?		———
02	Were there policies in-force during the reporting period that provided Personal Property coverage?		———
03	Were there policies in-force during the reporting period that provided Liability coverage?		———
04	Were there policies in-force during the reporting period that provided Medical Payments coverage?		———
05	Were there policies in-force during the reporting period that provided Loss of Use coverage?		———
06	Was the company still actively writing policies in the state at year end?		———
07	Does the company write in the non-standard market?		———
08	If Yes, what percentage of your business is non-standard?	———	
09	If Yes, how is non-standard defined?	———	
10	Has the company had a significant event/business strategy that would affect data for this reporting period?		———
11	If yes, add additional comments.	———	
12	Has all or part of this block of business been sold, closed or moved to another company during the reporting period?		———
13	If yes, add additional comments.	———	
14	How does the company treat subsequent supplemental or additional payments on previously closed claims?	———	
15	Does the company use Managing General Agents (MGAs)?		———
16	If yes, list the names of the MGAs.	———	
17	Does the company use Third Party Administrators (TPAs)?		———
18	If yes, list the names of the TPAs.	———	
19	Does the company use digital claim settlement?		———
20	If yes, list the names of the vendors providing third-party dataand algorithms used in the digital claim settlement process.	———	
21	Additional state specific Claims comments (optional):	———	
22	Additional state specific Underwriting comments (optional):	———	

Homeowners Claims Activity

		Dwelling				Personal Property				Liability	Medical Payments	Loss of Use
		Digital	Hybrid	Non-Digital	All	Digital	Hybrid	Non-Digital	All			
23	Number of claims open at the beginning of the period.				———				———			
24	Number of claims opened during the period.				———				———			
25	Number of claims closed with payment during the period.				———				———			
26	Number of claims closed without payment during the period.				———				———			
27	Number of claims open at the end of the period.				———				———			
28	Median days to final payment.	———	———	———		———	———	———				
29	Number of claims closed with payment within 0-30 days.				———				———			

Homeowners (2025)

Homeowners Claims Activity

		Dwelling				Personal Property				Liability	Medical Payments	Loss of Use
		Digital	Hybrid	Non-Digital	All	Digital	Hybrid	Non-Digital	All			
30	Number of claims closed with payment within 31-60 days.											
31	Number of claims closed with payment within 61-90 days.											
32	Number of claims closed with payment within 91-180 days.											
33	Number of claims closed with payment within 181-365 days.											
34	Number of claims closed with payment beyond 365 days.											
35	Number of claims closed without payment within 0-30 days.											
36	Number of claims closed without payment within 31-60 days.											
37	Number of claims closed without payment within 61-90 days.											
38	Number of claims closed without payment within 91-180 days.											
39	Number of claims closed without payment within 181-365 days.											
40	Number of claims closed without payment beyond 365 days.											

Homeowners Underwriting Activity

		Total
41	Number of dwellings which have policies in force at the end of the period.	
42	Number of dwelling fire policies in force at the end of the period.	
43	Number of homeowner policies in force at the end of the period.	
44	Number of tenant/renter/condo policies in force at the end of the period.	
45	Number of all other residential property policies in force at the end of the period.	
46	Number of new business policies written during the period.	
47	Dollar amount of direct premium written during the period.	
48	Number of company-initiated non-renewals during the period.	
49	Number of cancellations for non-pay or non-sufficient funds.	
50	Number of cancellations at the insured's request	
51	Number of company-initiated cancellations that occur in the first 59 days after effective date, excluding rewrites to a related company.	
52	Number of company-initiated cancellations that occur 60 to 90 days after effective date, excluding rewrites to a related company.	
53	Number of company-initiated cancellations that occur greater than 90 days after effective date, excluding rewrites to a related company.	
54	Number of complaints received directly from any person or entity other than the DOI.	

Lawsuit Activity

		Dwelling	Personal Property	Liability	Medical Payments	Loss of Use	Non-Claim Related
55	Number of lawsuits open at beginning of the period						
56	Number of lawsuits opened during the period						
57	Number of lawsuits closed during the period						
58	Number of lawsuits open at end of period						
59	Number of lawsuits closed with consideration for the consumer						

Homeowners Attestation

		First Name	Middle Name	Last Name	Suffix
60	First Attestor Information				
61	Second Attestor Information				
62	Overall Comments for the Filing Period				

MCAS Data Collection & Storage

MCAS Data Collection Process

1. NAIC Sends MCAS Call Letters to all Insurers licensed to do business in participating jurisdictions
2. NAIC provides online application for collection of MCAS data
3. Insurers Upload or Enter Data into the Online Application and Submit their Data
4. MCAS Data is validated using data warnings and errors within the MCAS application
5. NAIC works with companies to address filing questions and correct data discrepancies
6. NAIC issues company-specific scorecards for each jurisdiction/line of business data submission
7. NAIC issues public scorecards

Key MCAS Dates

December
Mid-December: Call letter to companies

January
Mid-January: Last day to submit prior year corrections

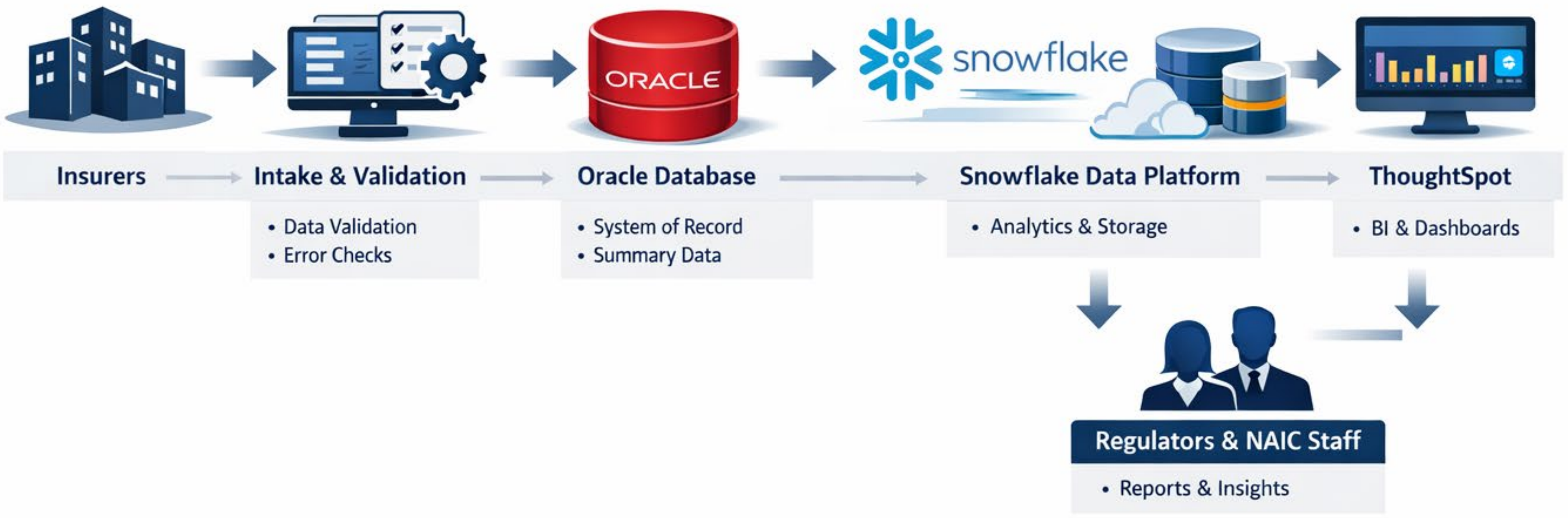
Feb.–Apr.
MCAS training webinars for industry

March
Mid-March: MCAS system open for online filings

30 Apr.
Submission deadline for all lines except Health, Other Health, and STLD

31 May
Submission deadline for Health, Other Health and STLD

MCAS Technical Data Flow



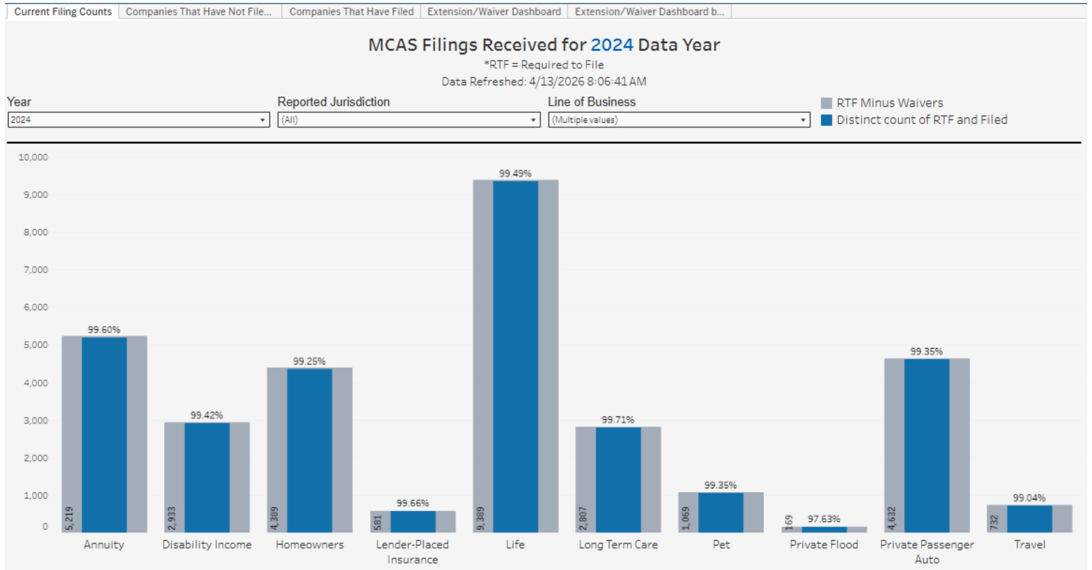
Regulator Reports & Data Access

MCAS Reports Developed by NAIC Market Regulation Business Staff

Tableau

ThoughtSpot

MCAS Filing Status - Tableau



	Annuity	Disability Income	Homeowners	Lender-Placed Insurance	Life	Long Term Care	Pet	Private Flood	Private Passenger Auto	Travel	Grand Total
RTF From Financial Statement	5,326	3,003	4,460	584	9,467	2,829	1,113	246	4,725	734	32,487
Waiver Granted	107	70	71	3	78	22	44	77	93	2	567
RTF Minus Waivers	5,219	2,933	4,389	581	9,389	2,807	1,069	169	4,632	732	31,920
Distinct count of Total MCAS Filings	6,212	3,285	5,144	661	10,654	3,997	1,084	191	5,225	1,096	37,549
Distinct count of RTF and Filed	5,198	2,916	4,356	579	9,341	2,799	1,062	165	4,602	725	31,743
Percentage Complete	99.60%	99.42%	99.25%	99.66%	99.49%	99.71%	99.35%	97.63%	99.35%	99.04%	99.45%

- Includes links for
  - Companies that have not filed
  - Companies that have filed
  - Extension/Waiver Dashboard by state and line of business
  - Extension/Waiver Dashboard by Company

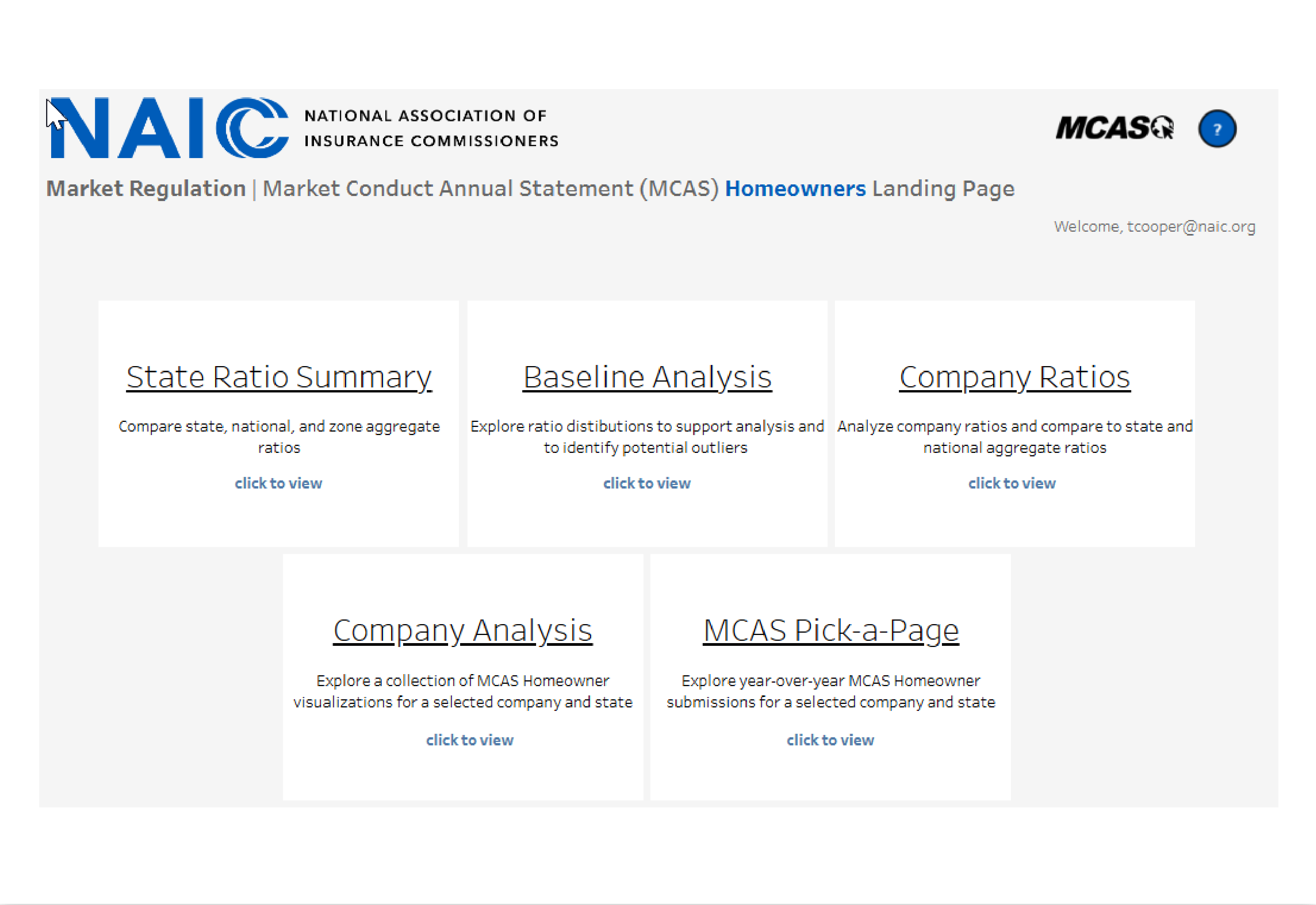
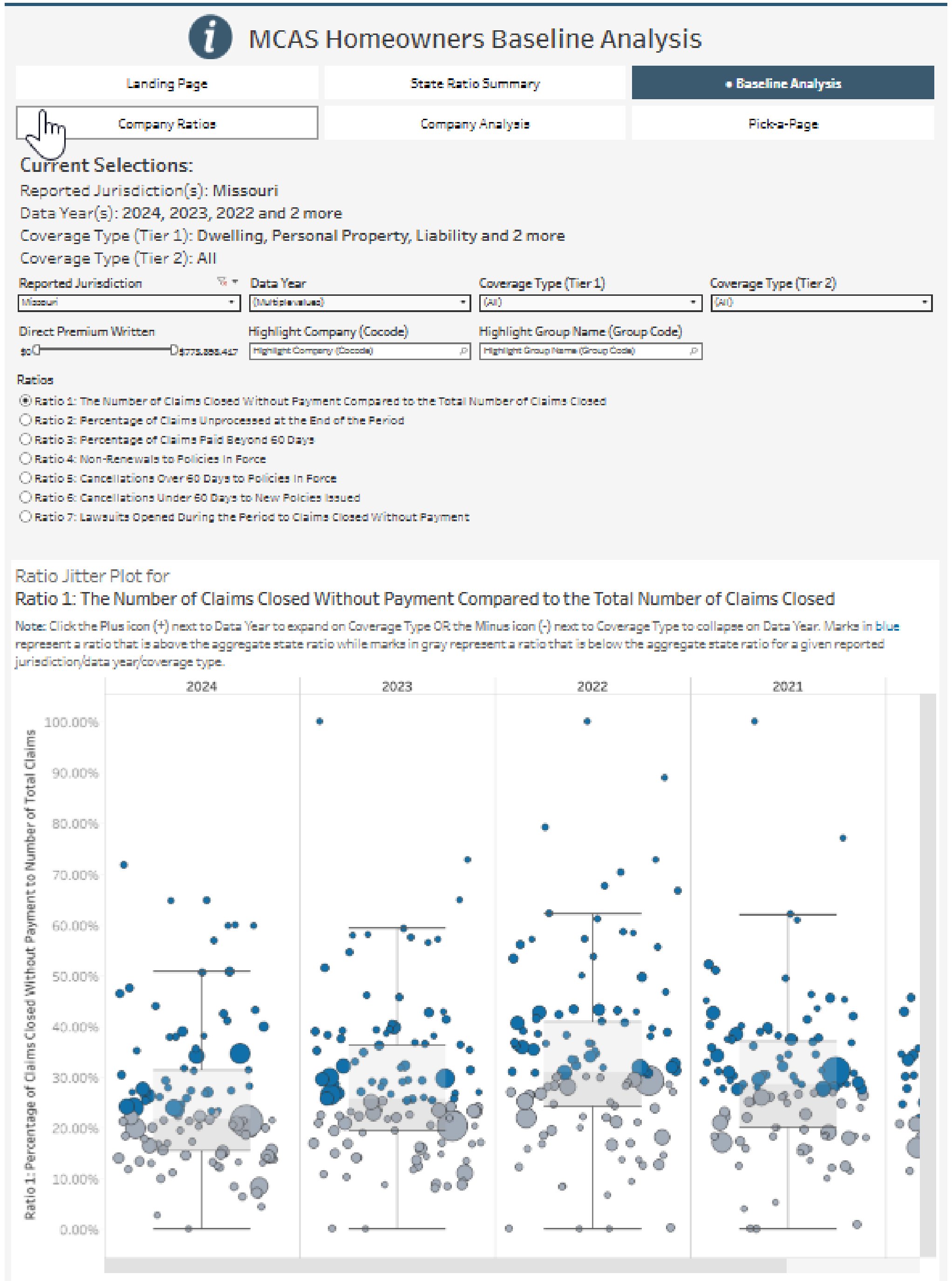


Tableau Dashboards - Analysis for each MCAS Line of Business

Baseline Analysis Visualization



Regulator Access to Raw Data and Calculated Ratios

Snowflake – must use SQL code, Downloadable Results, Sharing Ability

ThoughtSpot – No code needed, Intuitive interface, Downloadable Results, Sharing Ability

MCAS and FDR Modernization

MCAS - Tied to the FDR Modernization Project

- All MCAS application backend processes currently use the FDR system
- MCAS data is currently stored in Oracle and then put into the Enterprise Data Platform Snowflake database
- At completion of the project, all data will be stored directly into the Enterprise Data Platform (Snowflake)

What will MCAS data submission look like in the future?

NAIC staff will continue to send MCAS call letters.

The NAIC MCAS Application will no longer be used.

Insurers will go through a third-party vendor to upload their data into the new file processing application (insurers do this today for their financial filings).

NAIC staff will continue to review data submissions and correspond with insurers as needed to resolve reporting issues.

Completion currently scheduled for 2028 data submitted to the NAIC in 2029

FDR Modernization Project