

Draft date: 10/02/26

Virtual Meeting

MARKET CONDUCT ANNUAL STATEMENT BLANKS (D) WORKING GROUP

Thursday, October 8, 2026

1:00 – 2:00 p.m. ET / 12:00 – 1:00 p.m. CT / 11:00 a.m. – 12:00 p.m. MT / 10:00 – 11:00 a.m. PT

ROLL CALL

Spencer Peacock, Chair	Oregon	Matt Fischer	North Dakota
Tolanda McNeal, Vice Chair	Arizona	Guy Self	Ohio
Teri Ann Mecca/Lori Plant	Arkansas	Gary Jones/August Hall/	Pennsylvania
Sheryl Parker	Florida	Karen Veronikis	
Paula Shamburger	Georgia	Gwendolyn Fuller McGriff/	South Carolina
Chris Heisler	Illinois	Rachel Moore	
Charles Thomas	Kansas	Larry D. Deiter	South Dakota
Lori Cunningham	Kentucky	Rhonda Bowling-Black	Tennessee
Raymond A. Guzman	Maryland	Shelley Wiseman	Utah
Mary Lou Moran	Massachusetts	Melissa Gerachis	Virginia
Danielle Torres	Michigan	Sandy Ray	Washington
Julie Hesser	Missouri	Theresa Miller/Letha Tate	West Virginia
Martin Swanson	Nebraska	Jamie Adams	Wisconsin
Elouisa Tyler	New Mexico		

NAIC Committee Support: Teresa Cooper/Hal Marsh/Kelsey Bollin

AGENDA

1. Consider Adoption of its May 21 and May 7 Minutes
—*Spencer Peacock (OR)* Attachment 1
Attachment 2
2. Consider the Frequently Asked Questions (FAQ) for Other Health (OH)
Accident-Only Coverage—*Spencer Peacock (OR)* Attachment 3
3. Receive an Update on Proposed Required to File (RTF) Reporting
—*Teresa Cooper (NAIC)*
4. Discuss MCAS Reporting Questions Identified by Maryland
—*Raymond A. Guzman (MD)*
5. Receive an Update on the Financial Data Repository (FDR) Modernization
Project—*Spencer Peacock (OR)*
6. Discuss Any Other Matters Brought Before the Working Group
—*Spencer Peacock (OR)*
7. Adjournment

Draft: 6/11/26

Market Conduct Annual Statement Blanks (D) Working Group
Virtual Meeting
May 21, 2026

The Market Conduct Annual Statement Blanks (D) Working Group of the Market Regulation and Consumer Affairs (D) Committee met May 21, 2026. The following Working Group members participated: Joshua Guillory, Chair (LA); Tolanda McNeal, Vice Chair (AZ); Rachael Lozano (FL); Paula Shamburger (GA); Chris Heisler (IL); Charles Thomas (KS); Lori Cunningham (KY); Mary Lou Moran (MA); Salama Karim-Camara (MD); Danielle Torres (MI); Julie Hesser (MO); Matt Fischer (ND); Guy Self (OH); Spencer Peacock (OR); Karen Veronikis (PA); Rachel Moore (SC); Rhonda Bowling-Black (TN); Melissa Gerachis (VA); Sandy Ray (WA); Jamie Adams (WI); and Theresa Miller (WV).

1. Adopted the Removal of Duplicative LTC MCAS Blank Data Elements Nos. 39–40

Guillory referred members to the long-term care (LTC) Market Conduct Annual Statement (MCAS) blank (Attachment 01 adopted during the May 7 meeting. He explained that, during final review, questions 39 and 40 appeared to request the same information. Specifically, question 39 requests the number of lapses during the reporting period, while question 40 requests the number of policies terminated or canceled due to nonpayment of premium.

Guillory further noted that the LTC data column definitions (Attachment 02) define a lapse as the termination of the entire policy or contract, or the termination of the LTC benefit, due to nonpayment of premium. He indicated that this definition appears to encompass the concept described in question 40, raising the concern that the two data elements may be duplicative.

Guillory opened the floor for comments from Working Group members and regulators. Hearing none, he invited comments from interested parties. Hearing none, he requested a motion to address the potentially duplicative data elements.

Gerachis made a motion, seconded by Hesser, to remove question 40 and retain question 39, noting that lapses are already defined in the data column definitions. The motion passed unanimously.

2. Adopted LTC MCAS Edits

Guillory began by considering updates to the interrogatory section, including language defining “actively writing policies” as premium written during the reporting period. Hearing no comments or concerns from Working Group members or interested parties, he proceeded to definitions for managing general agents (MGAs) and third-party administrators (TPAs), which were sourced from other MCAS lines. Hearing no objections, the definitions were accepted as presented.

Gerachis made a motion, seconded by Veronikis, to approve the updates to the data call and definitions for the interrogatory section. The motion passed unanimously.

The Working Group next considered general information updates, including direct written premium and direct earned premium. Guillory noted that no revisions were initially identified as necessary; however, McNeal stated that the language had been added from the financial annual statement to support reporting consistency. Later discussion clarified that definitions for these premium items would be retained to provide additional guidance for

reporting.

Guillory then asked whether additional guidance was needed for the newly added data elements for applications received, approved, pending, or denied. Hearing no concerns, the Working Group proceeded to termination and cancellation data elements.

Guillory reviewed proposed cancellation and termination definitions adapted from the homeowners MCAS, noting that revisions would be required for applicability to LTC. He indicated that references specific to property coverage would be removed and that language would be updated to align with LTC terminology. Cooper clarified that the definition of lapse would remain, consistent with the earlier decision to retain the associated data element. Hearing no objections to the revised cancellation definition, the Working Group agreed to use the adapted language.

The Working Group then reviewed definitions of adverse determination, overturned decisions, and upheld decisions, drawn from the health MCAS. McNeal stated that including these definitions was necessary to support newly added data elements. Hearing no opposition, the Working Group agreed to include the definitions as drafted.

McNeal made a motion, seconded by Gerachis, to adopt the updates to the LTC MCAS data call and definitions. The motion passed unanimously.

Guillory noted that the updated data call and definitions would be forwarded to the D Committee for further consideration.

3. Discussed the Pet MCAS Proposal Form Regarding Maximum Benefit Limit Reporting

Guillory introduced the agenda item regarding the pet MCAS proposal form related to maximum benefit limit reporting for partial payments (Attachment 03). He noted that the proposal, submitted by John Fielding (Fielding Strategy), requests the removal of data element 109, which asks for the number of claims closed during the period with partial payment due to maximum benefit limit, and proposes revising the definition of “partial payment” to exclude claims reduced by maximum benefit limits.

Guillory noted that the proposal had been discussed at the May 7 Working Group meeting, and industry representatives were invited to provide additional information regarding reporting capabilities. Fielding explained that, based on discussions with members of the North American Pet Health Insurance Association (NAPHIA), companies may track when policies reach maximum benefit limits but do not track claims in a way that allows reporting of the requested data elements. He further stated that claims paid up to the maximum benefit limit are considered full payments under the contract rather than partial payments.

Caren Alvarado (Crum & Forster A&H) confirmed that, while information on maximum benefit limits may appear in explanation-of-benefits documentation, it is not captured in a format that is reportable. She indicated that system programming changes would be required for companies to report such data and noted that similar data elements are not required in other MCAS lines.

McNeal inquired whether the data element could be revised to capture the number of claims closed due to maximum benefit limits without referencing partial payments. Alvarado responded that such information is not currently captured in a reportable manner. Thomas questioned how claims paid at maximum benefit limits are tracked in industry systems and whether such data would have value. Alvarado explained that the information

exists at a transactional level but is not aggregated or reportable without additional system development and requested clarification regarding the regulatory objective.

Gerachis noted that similar data elements are tracked in other lines, such as comprehensive health, and suggested there may be precedent for collecting this information. Guillory sought clarification on how maximum benefit limits apply within pet insurance policies, and Alvarado provided examples illustrating that payments up to policy limits are treated as full payments.

Bache provided background on the origin of the data element, explaining that it was developed to assist regulators in distinguishing partially paid claims and identifying common reasons for partial payments, including maximum benefit limits and inadequate documentation. He stated that the intent was to provide regulators with additional context to evaluate claims handling and determine whether further review may be warranted.

The Working Group discussed potential revisions to wording and the relationship between the data element and the definition of partial payment. Industry representatives emphasized that, under the contract, claims paid up to maximum benefit limits are not partial payments and that the current reporting requirement cannot be met as written.

Guillory requested motions from the Working Group to address the proposal. Hearing no motion to remove data element 109 or to adopt the requested changes, no action was taken.

The Working Group agreed that no changes will be made to the pet MCAS at this time. The item will remain on the agenda for future discussion, including potential revisions to language or data elements for future reporting periods.

4. Exposed the Draft FAQ on Other Health Accident-Only Coverage

Guillory stated that, following prior Working Group discussions, Alvarado had prepared a draft of frequently asked questions (FAQ) for consideration (Attachment 04). The draft FAQ addressed whether the definition of “other health” includes occupational accident insurance issued to independent contractors and proposed clarifying that such coverage is excluded from that definition.

Guillory opened the floor for comments from Working Group members, regulators, and interested parties. Hearing no comments or questions, he requested a motion to adopt the proposed FAQ clarification. Hearing no motion, the Working Group did not take action on the proposal.

Guillory stated that the draft FAQ would be exposed for a 30-day comment period ending June 20, and the Working Group will revisit the item following the close of the comment period.

Having no further business, the Market Conduct Annual Statement Blanks (D) Working Group adjourned.

Draft: 5/26/26

Market Conduct Annual Statement Blanks (D) Working Group
Virtual Meeting
May 7, 2026

The Market Conduct Annual Statement Blanks (D) Working Group of the Market Regulation and Consumer Affairs (D) Committee met May 7, 2026. The following Working Group members participated: Joshua Guillory, Chair (LA); Tolanda McNeal, Vice Chair (AZ); Teri Ann Mecca (AR); Sheryl Parker and Karen McGlynn (FL); Paula Shamburger (GA); Patrick Tallman and Chris Heisler (IL); Charles Thomas (KS); Lori Cunningham (KY); David Lindquist (MA); Raymond A. Guzman (MD); Amy Bonito (MI); Teresa Kroll (MO); Martin Swanson (NE); Elouisa Tyler (NM); Ben Hauck (OH); August Hall (PA); Rachel Moore (SC); Tony Dorschner (SD); Rhonda Bowling-Black (TN); Melissa Gerachis (VA); Sandy Ray (WA); Darcy Paskey (WI); and Theresa Miller and Letha Tate (WV).

1. Adopted its April 4 Minutes

Shamburger made a motion, seconded by Swanson, to adopt the Working Group's April 4 minutes (Attachment 01). The motion passed unanimously.

2. Considered LTC MCAS Edits

Guillory referred members to the draft long-term care (LTC) Market Conduct Annual Statement (MCAS) reporting blank included in the meeting materials. He acknowledged the extensive time, effort, and collaboration by Working Group members and interested parties in developing the draft and expressed appreciation for their participation. He noted the Working Group's goal of finalizing the draft during the meeting, if possible.

Guillory opened the floor for comments from Working Group members and regulators. Hearing none, he invited comments from interested parties.

Kirsten Wolfford (American Council of Life Insurers—ACLI) explained that the ACLI and AHIP submitted comments reflecting member company feedback and identified four areas of concern within the draft. She noted that their comments were intended to ensure that the data collected would be meaningful and practical for reporting entities.

Ray Nelson (AHIP) addressed the first concern regarding lines 16–21, stating that these items appeared duplicative of earlier questions (lines 4–15). He suggested that the newer, broader questions may encompass the existing items and questioned whether the earlier items were necessary. He also identified an editorial issue regarding parenthetical language following "LTC" that should be removed.

Hal Marsh (NAIC) confirmed the parenthetical language was included in error and would be removed. The Working Group members discussed whether the items were duplicative.

Charles suggested that earlier questions might represent more objective standards, while the newer items could introduce subjectivity. McNeal noted that the newer questions were broader in scope and could result in more robust responses. Nelson concluded that clarity in data definitions may help distinguish the items if both sets are retained.

Public comment was provided by Bonnie Burns (California Health Advocates), who inquired whether certain

critical illness riders were captured in the LTC reporting. Guillory clarified that the Working Group's current scope is limited to LTC products and that other products would need to be addressed separately. Additional discussion indicated that such products may be partially captured under hybrid categories or other blanks, and it was suggested that further consideration could be referred to the Market Analysis Procedures (D) Working Group if warranted.

Nelson then addressed lines 30–31, recommending removing premium-related data elements due to concerns about data availability and limited value, particularly for hybrid products. He noted that similar premium data is already reported through other mechanisms. Gerachis expressed support for this concern and suggested that, if feasible, existing data sources could be leveraged.

Nelson also proposed editorial revisions to policy termination categories (lines 41–43), suggesting clarification to avoid overlap and improve categorization. Working Group members indicated general support for these edits.

Wolfford presented the final concern regarding lines 52–56, recommending removal due to potential reporting burden and a lack of clarity in definitions, particularly regarding appeals and adverse determinations. She suggested that, if retained, clearer definitions be developed in subsequent data column definitions.

Guillory acknowledged the feedback and reminded participants that the Working Group would later review data column definitions and FAQs, which may address concerns regarding clarity.

Additional discussion included questions about claim categorization and whether certain claim-closure scenarios were captured. Guillory indicated that such distinctions may be addressed in data definitions and could be revisited if necessary.

Following the discussion, Guillory moved the Working Group to the voting phase and explained that proposed edits would be considered by the reporting section.

3. Adopted Edits to the Interrogatories Section

Guillory presented the proposed edits to the interrogatories section, including questions on identifying outliers, year-end company activity, and the use of managing general agents and third-party administrators.

Gerachis made a motion, seconded by Thomas, to adopt the interrogatory section as presented, with removal of the erroneous parenthetical language. The motion passed unanimously.

4. Adopted Edits to the General Information Section

Guillory then presented the proposed edits to the general information section, including additions related to premiums, application activity, policy terminations, and adverse determinations. The discussion included clarification of reporting instructions and potential alignment with existing data sources.

Charles made a motion, seconded by Ray, to adopt the general information section with specified edits, including revisions to policy termination categories to improve clarity and avoid duplication. The motion passed. Maryland abstained.

5. Declined Proposed Class Action Lawsuit Data Element

Guillory then opened a discussion on adding a data element to capture the number of class-action lawsuits. Hearing no discussion, he requested a motion. Hearing no motion, the proposal failed.

The Working Group agreed that the class action lawsuit data element would not be added to the LTC MCAS blank at this time.

6. Considered the Pet MCAS Proposal Form Related to Maximum Benefit Limit Reporting

Guillory introduced the agenda item regarding the Pet MCAS Proposal Form on maximum benefit limit reporting for partial payments. He referred members to the proposal form included in the meeting materials and noted that it had been presented at a prior meeting, with no comments received during the exposure period.

Guillory explained that the proposal requested the removal of a data element that captures the number of claims closed with partial payment due to maximum benefit limits, and the revision of the definition of “partial payment” to exclude claims reduced by maximum benefit limits.

McNeal asked whether the proposed change reflected current industry reporting practices. Caren Alvarado (Crum & Forster A&H), speaking on behalf of the North American Pet Health Insurance Association (NAPHIA), confirmed that the proposal would memorialize current reporting practices and align reporting with how claims are administered. She explained that claims paid up to the maximum benefit limit are considered fully paid claims by carriers and are not treated as partial payments.

Baytop inquired whether insurers maintain any indicators to identify claims affected by maximum benefit limits. Alvarado responded that such distinctions are not currently captured in a standardized manner and would require additional system programming. She noted that these claims are reported as fully paid claims.

Ray asked whether insurers track when policies reach their maximum benefit limits. Alvarado indicated that such information may be reflected in insurer systems or explanation-of-benefits documentation but may vary across companies. She offered to provide additional information following further review with industry members.

Following the discussion, Gerachis suggested deferring action on the proposal to allow additional time for the industry to provide information regarding potential indicators for maximum benefit limits.

Guillory noted that any decision would need to be made before the upcoming deadline to be effective for the next reporting cycle. He further indicated that an additional meeting was scheduled later in the month, allowing the Working Group to revisit the proposal within the required timeframe.

Hearing no objection, the Working Group agreed to defer consideration of the proposal and revisit the item at its next meeting.

7. Reviewed LTC MCAS Data Call and Definitions Edits

Guillory introduced the agenda item regarding the review of the LTC MCAS data call and data column definition edits developed by NAIC committee support to reflect the Working Group’s approved changes.

Guillory noted that draft language had been prepared; however, due to time constraints, the Working Group would not review the edits during the current meeting. He requested that Working Group members and interested parties review the proposed data call and definition updates in advance of the next meeting, emphasizing the need to move quickly through the edits and reach decisions at that time.

Guillory stated that timely review and approval are necessary to ensure that the data call and definitions are consistently updated with the adopted changes and to avoid confusion during implementation.

McNeal clarified that the LTC data column definitions document must be approved by July 1 to be effective, while an FAQ document could be developed and applied more immediately as needed.

Marsh noted that the updated blank reflecting the Working Group's adopted changes would be posted and distributed to members for review prior to the next meeting to facilitate preparation.

The Working Group agreed to defer detailed review of the data call and definitions edits to the next meeting.

Having no further business, the Market Conduct Annual Statement Blanks (D) Working Group adjourned.

**Proposed FAQ to address the reporting of Accident-Only
coverage on the Other Health MCAS Blank**

Submitted 04/22/2026

Does the definition of Other Health include Occupational Accident insurance issued to independent contractors? No, Occupational Accident insurance is excluded from the definition of Other Health.