**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**