

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p align="right">DATE: <u>12/14/2022</u></p> <p>CONTACT PERSON: <u>Teresa Cooper</u></p> <p>TELEPHONE: <u>816-783-8226</u></p> <p>EMAIL ADDRESS: <u>tcooper@naic.org</u></p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Jon Pike</u></p> <p>TITLE: <u>Commissioner</u></p> <p>AFFILIATION: <u>Utah Insurance Department</u></p> <p>ADDRESS: <u>4315 S 2700 W Suite 2300</u> <u>Taylorsville, UT 84129</u></p>	<p align="center">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2023-02BWG</u></p> <p>Year <u>2023</u></p> <p>Changes to Existing Reporting []</p> <p>New Reporting Requirement [X]</p> <hr/> <p align="center">REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</p> <p>No Impact [X]</p> <p>Modifies Required Disclosure []</p> <p>Is there data being requested in this proposal which is available elsewhere in the Annual/Quarterly Statement? [No]</p> <p><i>***If Yes, complete question below***</i></p> <hr/> <p align="center">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[X] Received For Public Comment</p> <p>[] Adopted Date _____</p> <p>[] Rejected Date _____</p> <p>[] Deferred Date _____</p> <p>[] Other (Specify) _____</p>
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BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS | <input type="checkbox"/> CROSSCHECKS |
| <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input type="checkbox"/> Title |
| <input checked="" type="checkbox"/> Property/Casualty | <input type="checkbox"/> Protected Cell | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Health (Life Supplement) | |

Anticipated Effective Date: Annual 2023

IDENTIFICATION OF ITEM(S) TO CHANGE

Add an exhibit to identify premiums that are reportable for Market Conduct Annual Statement (MCAS) purposes.

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

Addition of MCAS premium reporting will allow accurate identification of required MCAS filing submissions.

*****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.

ANNUAL STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, PROPERTY, AND HEALTH

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

This exhibit is required to be filed no later than March 1.

The purpose of this exhibit is to identify premiums that are reportable for Market Conduct Annual Statement purposes. Refer to the Data Call and Definitions document for each individual line of business, found on the MCAS webpage: http://www.naic.org/mcas_main.htm

A schedule must be prepared and submitted for each jurisdiction in which the company has direct written premiums or direct earned premiums for the MCAS lines of business. In addition, a schedule must be prepared and submitted that contains the grand total (GT) for the company.

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL, PROPERTY, AND HEALTH

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Affix Bar Code Above

Market Conduct Annual Statement (MCAS) Premium Exhibit For Year

For The Year Ended December 31, 20__

(To Be Filed by March 1)

FOR THE STATE OF

NAIC Group Code.....

NAIC Company Code.....

<u>MCAS Line of Business</u>	<u>MCAS Reportable Premium/Considerations</u>	
	<u>1</u> <u>Direct Written Premium</u>	<u>2</u> <u>Direct Earned Premium</u>
<u>1. Disability Income</u>	<u>XXX</u>
<u>2. Health</u>	<u>XXX</u>
<u>3. Homeowners</u>	<u>XXX</u>
<u>4. Individual Annuity</u>	<u>XXX</u>
<u>5. Individual Life</u>	<u>XXX</u>
<u>6. Lender-Placed Home and Auto</u>	<u>XXX</u>
<u>7. Long-Term Care</u>	<u>XXX</u>
<u>8. Other Health</u>	<u>XXX</u>
<u>9. Private Flood</u>	<u>XXX</u>
<u>10. Private Passenger Auto</u>	<u>XXX</u>
<u>11. Short-Term Limited Duration Health Plans</u>	<u>XXX</u>
<u>12. Travel</u>	<u>XXX</u>

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