

**NAIC BLANKS (E) WORKING GROUP**

**Blanks Agenda Item Submission Form**

DATE: <u>12/14/2022</u>		<b>FOR NAIC USE ONLY</b>	
<b>CONTACT PERSON:</b> <u>Teresa Cooper</u>		Agenda Item # <u>2023-02BWG MOD</u>	
<b>TELEPHONE:</b> <u>816-783-8226</u>		Year <u>2023</u>	
<b>EMAIL ADDRESS:</b> <u>tcooper@naic.org</u>		Changes to Existing Reporting [ ]	
<b>ON BEHALF OF:</b> _____		New Reporting Requirement [ X ]	
<b>NAME:</b> <u>Jon Pike</u>		<b>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</b>	
<b>TITLE:</b> <u>Commissioner</u>		No Impact [ X ]	
<b>AFFILIATION:</b> <u>Utah Insurance Department</u>		Modifies Required Disclosure [ ]	
<b>ADDRESS:</b> <u>4315 S 2700 W Suite 2300</u>		Is there data being requested in this proposal which is available elsewhere in the Annual/Quarterly Statement? [ No ]	
<u>Taylorsville, UT 84129</u>		***If Yes, complete question below***	
		<b>DISPOSITION</b>	
		[ ]	Rejected For Public Comment
		[ ]	Referred To Another NAIC Group
		[ ]	Received For Public Comment
		[ X ]	Adopted Date <u>05/31/2023</u>
		[ ]	Rejected Date _____
		[ ]	Deferred Date _____
		[ ]	Other (Specify) _____

**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](http://www.naic.org/mcas_main.htm). Indicate a “Yes” in the premium column for the lines of business in which the reporting entity has met the MCAS premium thresholds, otherwise indicate a “No”.

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 answered “Yes” to having MCAS Reportable Premiums/Considerations. 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**

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.....

MCAS Line of Business	MCAS Reportable Premium/Considerations (Yes/No)	MCAS Reportable Premium/Considerations	
		1 Direct Written Premium	2 Direct Earned Premium
1. Disability Income	.....	.....	XXX
2. Health	.....	XXX	.....
3. Homeowners	.....	.....	XXX
4. Individual Annuity	.....	.....	XXX
5. Individual Life	.....	.....	XXX
6. Lender-Placed Home and Auto	.....	.....	XXX
7. Long-Term Care	.....	.....	XXX
8. Other Health	.....	.....	XXX
9. Private Flood	.....	.....	XXX
10. Private Passenger Auto	.....	.....	XXX
11. Short-Term Limited Duration Health Plans	.....	.....	XXX
12. Travel	.....	.....	XXX

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