

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

<p align="right">DATE: <u>1/30/2023</u></p> <p>CONTACT PERSON: <u>Pat Allison</u></p> <p>TELEPHONE: <u>816-783-8528</u></p> <p>EMAIL ADDRESS: <u>pallison@naic.org</u></p> <p>ON BEHALF OF: <u>LATF</u></p> <p>NAME: <u>Rachel Hemphill, Chair</u></p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p>	<p align="center">FOR NAIC USE ONLY</p> <p>Agenda Item # <u>2023-04BWG MOD</u></p> <p>Year <u>2023</u></p> <p>Changes to Existing Reporting [X]</p> <p>New Reporting Requirement []</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> <p align="center">DISPOSITION</p> <p>[] Rejected For Public Comment</p> <p>[] Referred To Another NAIC Group</p> <p>[] Received For Public Comment</p> <p>[X] Adopted Date <u>05/31/2023</u></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 checked="" type="checkbox"/> QUARTERLY STATEMENT | <input type="checkbox"/> BLANK | |
| <input checked="" type="checkbox"/> Life, Accident & Health/Fraternal | <input type="checkbox"/> Separate Accounts | <input checked="" 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 instructions for the appointed actuary and qualified actuary contacts to the Jurat electronic only section.

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

Add a contact for the appointed actuary and qualified actuary to address any actuarial questions.

*****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.

JURAT PAGE

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Detail Eliminated To Conserve Space
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To be filed in electronic format only:

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Detail Eliminated To Conserve Space
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Life Experience Data Contact (Life/Fraternal companies only)

Name

List the name of the person able to facilitate communication regarding submission of company experience data to the NAIC (e.g., mortality experience data) as required by the Standard Valuation Law (SVL) and its supporting Valuation Manual (VM) included in each state's laws.

Address

May be a P.O. Box and the associated ZIP code.

Telephone Number

Telephone number should include area code and extension.

Email Address

Email address of the life experience data contact person as described above.

Appointed Actuary Contact

Name

Life/Fraternal Companies: List the name of the Appointed Actuary appointed by the board of directors to provide the actuarial opinion required by VM-30.

Health, Property, and Title Companies: List the name of the Appointed Actuary appointed by the board of directors to provide the actuarial opinion. Refer to the actuarial opinion instructions for guidance.

Address

May be a P.O. Box and the associated ZIP code.

Telephone Number

Telephone number should include area code and extension.

Email Address

Email address of the Appointed Actuary contact person as described above.

Qualified Actuary Contact 1 (Life/Fraternal companies and Health companies required to file the Life Supplement only)

Name

List the name of the Qualified Actuary assigned by the company to prepare one or more sub-reports of the PBR Actuarial Report required by VM-31.

Product Line

Indicate product lines covered by this actuary's sub-report(s).

Telephone Number

Telephone number should include area code and extension.

Email Address

Email address of the Qualified Actuary contact person as described above.

Qualified Actuary Contact 2 (Life/Fraternal companies and Health companies required to file the Life Supplement only – if not applicable, leave blank)

Name

List the name of the Qualified Actuary assigned by the company to prepare one or more sub-reports of the PBR Actuarial Report required by VM-31.

Product Line

Indicate product lines covered by this actuary's sub-report(s).

Telephone Number

Telephone number should include area code and extension.

Email Address

Email address of the Qualified Actuary contact person as described above.

Qualified Actuary Contact 3 (Life/Fraternal companies and Health companies required to file the Life Supplement only – if not applicable, leave blank)

Name

List the name of the Qualified Actuary assigned by the company to prepare one or more sub-reports of the PBR Actuarial Report required by VM-31.

Product Line

Indicate product lines covered by this actuary's sub-report(s).

Telephone Number

Telephone number should include area code and extension.

Email Address

Email address of the Qualified Actuary contact person as described above.

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