

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

DATE: <u>09/27/2024</u>		FOR NAIC USE ONLY	
CONTACT PERSON:	<u>Teresa Cooper</u>	Agenda Item # <u>2024-17BWG</u>	
TELEPHONE:	<u>816-783-8226</u>	Year <u>2025</u>	
EMAIL ADDRESS:	<u>tcooper@naic.org</u>	Changes to Existing Reporting <input type="checkbox"/> [X]	
ON BEHALF OF:		New Reporting Requirement <input type="checkbox"/> []	
NAME:		REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT	
TITLE:		No Impact <input type="checkbox"/> [X]	
AFFILIATION:		Modifies Required Disclosure <input type="checkbox"/> []	
ADDRESS:		Is there data being requested in this proposal which is available elsewhere in the Annual/Quarterly Statement? <input type="checkbox"/> [NO]	
		If Yes, complete question below	
		DISPOSITION	
		<input type="checkbox"/> [] Rejected For Public Comment	
		<input type="checkbox"/> [] Referred To Another NAIC Group	
		<input type="checkbox"/> [] Received For Public Comment	
		<input checked="" type="checkbox"/> [X] Adopted Date <u>3/6/2025</u>	
		<input type="checkbox"/> [] Rejected Date _____	
		<input type="checkbox"/> [] Deferred Date _____	
		<input type="checkbox"/> [] Other (Specify) _____	

BLANK(S) TO WHICH PROPOSAL APPLIES

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

Anticipated Effective Date: Annual 2025

IDENTIFICATION OF ITEM(S) TO CHANGE

Add a line to the Market Conduct Annual Statement (MCAS) Premium Exhibit for Pet Insurance.

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

The purpose of this proposal is add a Pet Insurance reporting line for MCAS exhibit.

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

ANNUAL STATEMENT BLANK – LIFE/FRATERNAL, PROPERTY/CASUALTY, & HEALTH

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	¹ MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....
2. Health.....
3. Homeowners
4. Individual annuity.....
5. Individual life.....
6. Lender-placed home and auto
7. Long-term care.....
8. Other health
9. Private flood.....
10. Private passenger auto
11. Short-term limited duration health plans.....
12. Travel
13. <u>Pet Insurance Plans</u>

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