

**NAIC BLANKS (E) WORKING GROUP**

**Blanks Agenda Item Submission Form**

<p align="right">DATE: <u>10/16/2024</u></p> <p>CONTACT PERSON: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Jenn Webb</u></p> <p>TITLE: <u>NOLHGA's Chief of Staff</u></p> <p>AFFILIATION: <u>NOLHGA and NCIGF</u></p> <p>ADDRESS: _____</p>	<p align="center"><b>FOR NAIC USE ONLY</b></p> <p>Agenda Item # <u>2024-20BWG MOD</u></p> <p>Year <u>2025</u></p> <p>Changes to Existing Reporting [ X ]</p> <p>New Reporting Requirement [ ]</p> <hr/> <p align="center"><b>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</b></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"><b>DISPOSITION</b></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>3/6/2025</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 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) | <input type="checkbox"/> Life (Health Supplement) |

Anticipated Effective Date: Annual 2025

**IDENTIFICATION OF ITEM(S) TO CHANGE**

Add electronic only contact information field to the annual and quarterly Jurat page for the Guaranty Association Assessment Contact.

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

The purpose of this proposal is add an assessment contact to the Jurat page so members can contact insurers about Guaranty Association operations (Class A Assessments) and for specific insolvencies (Class B Assessments).

**\*\*\*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 INSTRUCTIONS – LIFE/FRATERNAL, PROPERTY, HEALTH, & TITLE**

**JURAT PAGE**

Enter all information completely as indicated by the format of the page.



**Detail Eliminated To Conserve Space**

**To be filed in electronic format only:**

*\*\*\* Reporting Note: This new electronic contact will be added after the last electronic contact (Qualified Actuary Contact 3) in the instructions. \*\*\**

Guaranty Association Assessment Contact (Not applicable to Title and Fraternal companies, unless otherwise provided by state law)

Name

List the name of the person responsible for managing and paying state Guaranty Association assessments (i.e., Class A Administrative Assessments, Class B Insolvency Specific Assessments, and other Assessments as applicable).

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 contact person as described above, or shared email inbox if applicable.

**QUARTERLY STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, PROPERTY, HEALTH, & TITLE**

**JURAT PAGE**

Enter all information completely as indicated by the format of the page.



**Detail Eliminated To Conserve Space**

**To be filed in electronic format only:**

*\*\*\* Reporting Note: This new electronic contact will be added after the last electronic contact (Life Experience Data Contact) in the instructions. \*\*\**

Assessment Contact (Not applicable to Title and Fraternal companies)

Name

List the name of the person responsible for managing and paying state Guaranty Association assessments (i.e., Class A Administrative Assessments, Class B Insolvency Specific Assessments, and other Assessments as applicable).

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 contact person as described above, or shared email inbox if applicable.

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