NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

DATE: 10/10/2024

CONTACT PERSON:

TELEPHONE:

EMAIL ADDRESS:

ON BEHALF OF:

NAME: **Dale Bruggeman**

TITLE: **Chair SAPWG**

AFFILIATION: **Ohio Department of Insurance**

ADDRESS: **50W. Town St., 3rd Fl., Ste. 300**

Columbus, OH 43215

FOR ACCOUNTING PRACTICES AND

PROCEDURES IMPACT

No Impact [X]
Modifies Required Disclosure [ ]

Is there data being requested in this proposal which is available elsewhere in the Annual/Quarterly Statement? [NO]
****If Yes, complete question below****

DISPOSITION

[ ] Rejected For Public Comment
[ ] Referred To Another NAIC Group
[X] Received For Public Comment
[ ] Adopted Date
[ ] Rejected Date
[ ] Deferred Date
[ ] Other (Specify)

BLANK(S) TO WHICH PROPOSAL APPLIES

[ ] **ANNUAL STATEMENT**	[X] **INSTRUCTIONS**	[ ] **CROSSCHECKS**
[X] **QUARTERLY STATEMENT**	[X] **BLANK**	
[X] Life, Accident & Health/Fraternal	[ ] Separate Accounts	[X] Title
[X] Property/Casualty	[ ] Protected Cell	[ ] Other
[X] Health	[ ] Health (Life Supplement)	[ ] Life (Health Supplement)

Anticipated Effective Date: 1st Quarter 2026

IDENTIFICATION OF ITEM(S) TO CHANGE Quarter

*****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**