

NAIC BLANKS WORKING GROUP

Blanks Agenda Item Submission Form

	<b>FOR NAIC USE ONLY</b>
DATE: <u>09/27/2024</u>	Agenda Item # <u>202417BWG</u>
CONTACT PERSON: <u>Teresa Cooper</u>	Year <u>2025</u>
TELEPHONE: <u>8167838226</u>	Change to Existing Reporting <input type="checkbox"/> [ X ]
EMAIL ADDRESS: <u>tcooper@naic.org</u>	New Reporting Requirement <input type="checkbox"/> [ X ]
ON BEHALF OF: _____	*** If Yes, complete question below ***
NAME: _____	<p style="text-align: center;"><u>DISPOSITION</u></p> <p>[    ] Rejected For Public Comment</p> <p>[    ] Referred To Another NAIC Group</p> <p>[ X ] Received For Public Comment</p> <p>[    ] Adopted Date _____</p> <p>[    ] Rejected Date _____</p> <p>[    ] Deferred Date _____</p> <p>[    ] Other (Specify) _____</p>
TITLE: _____	
AFFILIATION: _____	
ADDRESS: _____	
_____	

BLANK(S) TO WHICH PROPOSAL APPLIES

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT                  | <input 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) | <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.

***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 .....