

NAIC BLANKS (E) WORKING GROUP

Blanks Agenda Item Submission Form

DATE: <u>10/01/2024</u>	<u>FOR NAIC USE ONLY</u>
CONTACT PERSON: _____	_____
TELEPHONE: _____	_____
EMAIL ADDRESS: _____	<u>REVIEWED FOR ACCOUNTING PRACTICES AND</u>
ON BEHALF OF: <u>Office of the Insurance Commissioner</u>	<u>PROCEDURES IMPACT</u>
_____	<i>If Yes, complete question below</i>
ADDRESS: _____	<u>DISPOSITION</u>
_____	_____
_____	_____
_____	_____

BLANK(S) TO WHICH PROPOSAL APPLIES

ANNUAL STATEMENT
QUARTERLY STATEMENT

INSTRUCTIONS
BLANK

CROSSCHECKS

IDENTIFICATION

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

SUPPLEMENTAL HEALTH CARE EXHIBIT – PART 2

Column 13 – Total

For Part 2, the GT (Grand Total) page:

W:\QA\BlanksProposals\2024-18BWG.docx