# NAIC BLANKS (E) WORKING GROUP

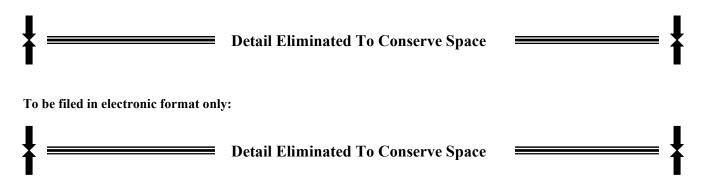
# **Blanks Agenda Item Submission Form**

			FOR NAIC USE ONLY
	DATE:	1/30/2023	Agenda Item # 2023-04BWG MOD
CONTACT PERSON:	Pat Allison		Year <u>2023</u>
		_	Changes to Existing Reporting [ X ]
TELEPHONE:	816-783-8528		New Reporting Requirement [ ]
EMAIL ADDRESS:	pallison@naic.org		REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT
ON BEHALF OF:	LATF		No Impact [X ] Modifies Required Disclosure [ ]
NAME:	Rachel Hemphill, Chair		Is there data being requested in this proposal which is available elsewhere in the
TITLE:			Annual/Quarterly Statement? [ No ]
AFFILIATION:			***If Yes, complete question below***  DISPOSITION
ADDRESS:			[ ] Rejected For Public Comment [ ] Referred To Another NAIC Group [ ] Received For Public Comment [ X ] Adopted Date
BLANK(S) TO WHICH PROPOSAL APPLIES			
[ X ] ANNUAL STATEM			[ ] CROSSCHECKS
[ X ] Life, Accident & F [ X ] Property/Casualt [ X ] Health	y [ ] Prote	rate Accounts ected Cell th (Life Supplement)	[ X ] Title [ ] Other
Anticipated Effective Date	Annual 2023	<u> </u>	
IDENTIFICATION OF ITEM(S) TO CHANGE  Add instructions for the appointed actuary and qualified actuary contacts to the Jurat electronic only section.			
REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**  Add a contact for the appointed actuary and qualified actuary to address any actuarial questions.			
***IF THE DATA IS AVAILABLE ELSEWHERE IN THE ANNUAL/QUARTERLY STATEMENT, PLEASE NOTE WHY IT IS REQUIRED FOR THIS PROPOSAL***			
	NAIC STAI	FF COMMENTS	
Comment on Effective Reporting Date:			
Other Comments:			

<sup>\*\*</sup> This section must be completed on all forms.

ANNUAL QUARTERLY STATEMENT INSTRUCTIONS – LIFE/FRATERNAL, PROPERTY, HEALTH, AND TITLE

### **JURAT PAGE**



Life Experience Data Contact (Life/Fraternal companies only)

#### Name

List the name of the person able to facilitate communication regarding submission of company experience data to the NAIC (e.g., mortality experience data) as required by the Standard Valuation Law (SVL) and its supporting Valuation Manual (VM) included in each state's laws.

#### 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 life experience data contact person as described above.

# **Appointed Actuary Contact**

#### Name

<u>Life/Fraternal Companies</u>: List the name of the Appointed Actuary appointed by the board of directors to provide the actuarial opinion required by VM-30.

Health, Property, and Title Companies: List the name of the Appointed Actuary appointed by the board of directors to provide the actuarial opinion. Refer to the actuarial opinion instructions for guidance.

## 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 Appointed Actuary contact person as described above.

Qualified Actuary Contact 1 (Life/Fraternal companies and Health companies required to file the Life Supplement only)

### Name

<u>List the name of the Qualified Actuary assigned by the company to prepare one or more sub-reports of the PBR Actuarial Report required by VM-31.</u>

### Product Line

<u>Indicate product lines covered by this actuary's sub-report(s).</u>

## Telephone Number

<u>Telephone number should include area code and extension.</u>

#### Email Address

Email address of the Qualified Actuary contact person as described above.

Qualified Actuary Contact 2 (Life/Fraternal companies and Health companies required to file the Life Supplement only – if not applicable, leave blank)

### <u>Name</u>

<u>List the name of the Qualified Actuary assigned by the company to prepare one or more sub-reports of the PBR Actuarial Report required by VM-31.</u>

### Product Line

Indicate product lines covered by this actuary's sub-report(s).

## Telephone Number

Telephone number should include area code and extension.

## Email Address

Email address of the Qualified Actuary contact person as described above.

Qualified Actuary Contact 3 (Life/Fraternal companies and Health companies required to file the Life Supplement only – if not applicable, leave blank)

Name

<u>List the name of the Qualified Actuary assigned by the company to prepare one or more sub-reports of the PBR Actuarial Report required by VM-31.</u>

## Product Line

<u>Indicate product lines covered by this actuary's sub-report(s).</u>

# Telephone Number

Telephone number should include area code and extension.

# Email Address

Email address of the Qualified Actuary contact person as described above.

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