

**NAIC MARKET CONDUCT ANNUAL STATEMENT BLANKS (D) WORKING GROUP  
Changes/Additions to Approved Blanks and Data Call and Definitions  
Proposal Submission Form**

NAIC USE ONLY

Proposal Submission Date: 2/29/2024	
Proposed Effective Data Year for Reporting: 2024 Data Year	
Proposed <input checked="" type="checkbox"/> Substantive Change <input type="checkbox"/> Non-Substantive Change/Clarification	
Proposal Number	2024.2
Proposal Status	<u>All Submissions</u> <input checked="" type="checkbox"/> Received – Date 2/29/2024 <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Rejected by MCAS Blanks WG Chair <input checked="" type="checkbox"/> Posted to Web Page for Public Exposure/Comment – Date 4/3/2024 <input type="checkbox"/> Referred to Another NAIC Group – Date Click or tap to enter a date. – Name of Group Click or tap here to enter text. <input type="checkbox"/> Adopted <input type="checkbox"/> Modified <input type="checkbox"/> Rejected <input type="checkbox"/> Deferred by WG – Date Click or tap to enter a date. <u>Substantive Revisions</u> <input type="checkbox"/> Adopted <input type="checkbox"/> Rejected by D Committee – Date Click or tap to enter a date. <input type="checkbox"/> Adopted <input type="checkbox"/> Rejected by EX/Plenary – Date Click or tap to enter a date. <input type="checkbox"/> Other – Date Click or tap to enter a date. Specify Click or tap here to enter text.
NAIC Staff Input	Form updated with recommendation on 4/18/2024.

Proposal Contact Information

Name of Contact Person	LeAnn Crow
Name of Organization	Kansas Insurance Department
Email Address	LeAnn.Crow@ks.gov
Phone Number	785-296-7827
Affiliation Type	<input checked="" type="checkbox"/> State Regulator <input type="checkbox"/> NAIC Staff <input type="checkbox"/> Other Regulator <input type="checkbox"/> Reporting Company <input type="checkbox"/> Industry Trade Association <input type="checkbox"/> Consumer Representative <input type="checkbox"/> Other

PROPOSAL IS FOR:  Data Element       Data Definitions       Data Validation

APPLICABLE LINE(S) OF BUSINESS:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Annuity           | <input type="checkbox"/> Lender Placed Auto and Home | <input type="checkbox"/> Private Flood          |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Life                        | <input type="checkbox"/> Private Passenger Auto |
| <input type="checkbox"/> Health            | <input type="checkbox"/> Long-Term Care              | <input type="checkbox"/> Travel                 |
| <input type="checkbox"/> Homeowners        | <input type="checkbox"/> Other Health                | <input checked="" type="checkbox"/> STLD        |

PROVIDE A CONCISE STATEMENT OF THE PROPOSED CHANGE:

Data elements #64 and #74 both ask for covered lives impacted by cancellations initiated by the policyholder/certificate holder during the period. **Recommendation:** Delete data element #64. Removing data element #64 will create more consistent wording throughout the entire MCAS STLD Blank.

#64 – Number of Covered Lives on Policies/Certificates Cancelled at the Initiation of the policyholder/certificate holder During the Period.

#74 – Number of insured lives impacted on terminations and cancellations initiated by the policyholder/certificateholder.

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PROVIDE THE REASON FOR THE CHANGE:

Identify duplicate data elements and remove the duplicate element.

IF ADDITIONAL DOCUMENTS CONTAIN DEFINITIONS, BLANK MOCK-UPS, ETC, PROVIDE A LISTING OF THESE DOCUMENTS BELOW. SEND THE LISTED DOCUMENTS TO NAIC STAFF ALONG WITH THE COMPLETED FORM:

Click or tap here to enter text.