

VM-51 Experience Reporting Formats

Drafting Notes:

This Valuation Manual Statement ~~revises~~ contains revisions to the ~~September 2007~~ ~~June 2007~~ LHATF exposure of the experience reporting data formats ~~as found in and previously labeled Appendix B. These requirements have been moved from the prior Appendix B to this Valuation Manual Statement, referred in to as~~ “VM-51 Experience Reporting Formats.” ~~The revisions have been made in order to provide better organization to the various Valuation Manual requirements. Note that the former “Section 6 — Experience Reporting Requirements” is now found in “VM 50 Experience Reporting Requirements.”~~

~~In addition, revisions based on a Subgroup 3 survey have~~ These requirements reflect what is currently requested in the voluntary SOA data submission request sent to companies. They are not been made to the experience reporting formats and requirements contained in this chapter. A summary of meant as recommendations on the Subgroup 3 survey results will best or most efficient content items to be provided included. The Academy’s Subgroup 3 recommends the NAIC formally request input on the specifics of these data requirements from industry, regulators, the SOA and the Academy to insure that the short and long term needs and the full potential of these data requests for the September 2007 LHATF meeting all parties can be achieved.

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I. Introduction

The Experience Reporting Requirements are limited to the experience data available from statistical agents serving the primary life and health insurance industry for the following lines of insurance:

- Life
- Annuity
- Long Term Care
- Health

Since their contents are unlikely to change, statistical plans are included in the Valuation Manual when they are ready to be implemented. Factors to be used in determining whether statistical plans are ready to be used include prior use in intercompany studies, review by committees/task forces involved with principles-based valuation, review by regulators/NAIC/LHATF, and the process of implementing principles-based valuation. Reporting formats for additional data elements will be added as necessary, in subsequent revisions to the Valuation Manual.

In the first year that the Valuation Manual is used, the Data Reporting Formats included in this Appendix are in the first year of implementation.

New Data Reporting Formats included in this Valuation Manual by December 31 of YYYY are in their first year of implementation in year YYYY+1.

Revisions to Data Reporting Formats included in this Appendix by December 31 of YYYY have the revised data elements in their first year of implementation in year YYYY+1.

Data shall be reported gross of reinsurance ceded. Reinsurance assumed is exempt from experience reporting requirements and is not to be included.

II. Individual Life insurance

A. Introduction

Individual life insurance is one of the first lines of insurance to be covered under principles-based reserving. There are three sub-sections: mortality, policyholder behavior and expenses. The first of the subsections to be implemented is mortality.

B. Mortality

~~1. Statistical Plan for Individual Life Insurance Mortality~~

~~(Except for Item 1 changing from Company Code to NAIC Company Code, Item 23 changing from Policy Form Number to Valuation Mortality Table, and simplified wording, this is the format used in 2005 and 2006 Interecompany Data Calls)~~

1. Company Level Information:
 - a. Risk Class Rank Questionnaire

RISK CLASS RANK QUESTIONNAIRE

The purpose of this risk class rank questionnaire is to gather information to better evaluate mortality experience using risk class rank structures for different multiple preferred and standard classes for both nonsmokers and smokers in calendar years 1990 and later. Although lags exist between planned changes in risk class rank structures of multiple preferred and standard classes and their implementation exist, please use your best estimate concerning your company's risk class rank structures. Make as many copies of the risk class rank questionnaire as necessary for your individual life business and submit in addition to policy level information.

Company

Name

Date

RISK CLASS RANK STRUCTURE – Part 1 Nonsmokers

Use multiple copies of this page if needed for nonsmokers

.Number of Nonsmoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Nonsmoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Nonsmoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Nonsmoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Nonsmoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____

d) Plan Types

RISK CLASS RANK STRUCTURE – Part 2 Smokers

Use multiple copies of this page if needed for smokers

.Number of Smoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Smoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Smoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Smoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Smoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

.Number of Smoker Risk Classes

- a) Issue Date Range _____ through _____
Date Date
- b) Issue Age Range _____ through _____
- c) Face Amount Range _____ through _____
- d) Plan Types

b. Mortality Claims Questionnaire

Mortality Claims Questionnaire

The purpose of this mortality claims questionnaire is to gather information to better evaluate mortality experience. The questions will be asked for total claim experience with some additional questions for duration 1 and 2 business as well as ultimate business. If exact answers are unknown, please use your best estimate concerning your company's mortality claims.
Fill out this questionnaire for your individual life business and submit in addition to policy level information.

Company

Name

Date

MORTALITY CLAIMS

1. Through what date after the end of the exposure period are claims included in the study data?

mm/dd/yyyy

2. The Claim Amounts in the study data are based on:

e) Face Amount OR NAR

f) Gross Basis OR Net of reinsurance basis

Is this the same basis used for Insurance Amounts included in the study data? Yes No

3. What termination date is used for claims in the study data?

Date of Death Paid date Reported date Other (describe): _____

4. Are pending claims included in the study data? Yes No:

Are unpaid contested claims included as pending claims? Yes No:

<u>5. Denied claims as % of all claims?</u>	<u>By Number</u>	<u>_____ %</u>	<u>By Amount</u>	<u>_____ %</u>
<u>Denied claims as % of duration 1 or 2 claims?</u>	<u>By Number</u>	<u>_____ %</u>	<u>By Amount</u>	<u>_____ %</u>

How do you treat tobacco usage fraud after the end of the incontestable period?

Are denied claims included in the study data? Yes No

<u>6. Compromised claims as % of all claims?</u>	<u>By Number</u>	<u>_____ %</u>	<u>By Amount</u>	<u>_____ %</u>
<u>Compromised claims as % of duration 1 or 2 claims?</u>	<u>By Number</u>	<u>_____ %</u>	<u>By Amount</u>	<u>_____ %</u>

7. Are claims/exposures capped or excluded for large claims? Yes No

8. For claims on later duration policies:

Beginning with what date were policies actually sold on Smoker Distinct Basis? mm/dd/yyyy
For policies sold before that date, how are they coded (Smoker/Nonsmoker/Aggregate)?

Is the Premium Paying Status (Premium Paying, Paid Up, Reduced Paid Up) generally known? Yes No

If Premium Paying Status is not known, how is it coded?

Are claims matched up to a corresponding inforce policy? Yes No

If no, indicate approach used

9. Please briefly describe any other unique aspects of the claims data that are not covered above?

c. Product Information Form

Product Information Form

If you need an additional plan code(s) for a product(s) in addition to those plan codes in Item 20, Plan, of the statistical plan for life insurance mortality, fill in this form. Your data submission should reflect the plan codes in this form. Make as many copies as necessary for your individual life business and submit in addition to policy level information.

Completed by _____ Title _____
 Company _____ Date _____
 Phone number _____ Email _____

Add comments or attachments where necessary.

Enter specific plan codes.

<u>Product I</u>	<u>Product II</u>	<u>Product III</u>
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Enter specific plan names for each product.

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A. General Product Information

	<u>Product I</u>	<u>Product II</u>	<u>Product III</u>
1. <u>In what year was each product introduced?</u>			
2. <u>Briefly describe the product.</u>	_____ _____ _____	_____ _____ _____	_____ _____ _____
3. <u>Briefly describe the market for the product</u>	_____ _____ _____	_____ _____ _____	_____ _____ _____

4. For the products listed, please fit each product into one of the categories below.

	<u>Product I</u>	<u>Product II</u>	<u>Product III</u>
1 <input type="checkbox"/> <u>Traditional Whole Life Plans:</u>	1 <input type="checkbox"/> <u>Traditional Whole Life Plans:</u>	1 <input type="checkbox"/> <u>Traditional Whole Life Plans:</u>	
2 <input type="checkbox"/> <u>Term Insurance Plans</u>	2 <input type="checkbox"/> <u>Term Insurance Plans</u>	2 <input type="checkbox"/> <u>Term Insurance Plans</u>	
3 <input type="checkbox"/> <u>Universal Life Plans</u>	3 <input type="checkbox"/> <u>Universal Life Plans</u>	3 <input type="checkbox"/> <u>Universal Life Plans</u>	
4 <input type="checkbox"/> <u>Variable Life Plans</u>	4 <input type="checkbox"/> <u>Variable Life Plans</u>	4 <input type="checkbox"/> <u>Variable Life Plans</u>	
5 <input type="checkbox"/> <u>Nonforfeiture</u>	5 <input type="checkbox"/> <u>Nonforfeiture</u>	5 <input type="checkbox"/> <u>Nonforfeiture</u>	
6 <input type="checkbox"/> <u>Other</u>	6 <input type="checkbox"/> <u>Other</u>	6 <input type="checkbox"/> <u>Other</u>	

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2. Statistical Plan for Mortality

(There seems to be some formatting/allignment issues in this grid – if you are keeping track edits in submitted version – will need to be fixed)

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
1	1-5	5	NAIC Company Code	Your NAIC Company Code
2	6-9	14	Data Type Observation Year	All Records must have the same Data Type. Enter appropriate code. Enter Calendar Year of Observation 1 = Policy Year Submission 2 = Calendar Year Submission
3	7-26	20	Policy Number	Enter Policy Number. For Policy Numbers with length less than 20, Left justify the number and blank fill the empty columns. Any other unique identifying number can be used instead of Policy Number for privacy reasons. Left justify the number and blank fill the empty columns.
4	30-49	20	Segment Number	Any other unique identifying number can be used instead of for separate segments of the policy, if any. If only one segment exists, enter "1". Policy segments can exist for situations included, but not limited to, 1) universal life joint life policies and variable universal joint life policies; and 2) plans that feature a term rider that has a face amount that exceeds the whole life policy it is attached to. Policy Number for privacy reasons.
4	27-30	4	Observation Year	For Policy Year Submission, enter the year that the policy year ends. For Calendar Year Submission, enter the calendar year.
5	34-50	12	Gender State of Issue	0 = Unknown or unable to subdivide Use standard, two letter, state abbreviation codes (e.g. NY for New York). 1 = Male
6	52	1	Gender	0 = Unknown or unable to subdivide 1 = Male 2 = Female 3 = Unisex- Unknown or unable to identify (Seems like 3-5 are redundant, or are meant for a different kind of table w/o gender) 4 = Unisex - Male 5 = Unisex - Female 3 = Unisex - Unknown or unable to identify 4 = Unisex - Male 5 = Unisex - Female
6	32-39	8	Date of Birth	Enter the numeric date of birth in MMDDYYYY format
7	40-53	18	Age Basis Date of Birth	0 = Age Nearest Birthday Enter the numeric date of birth in MMDDYYYY format 1 = Age Last Birthday

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ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
				<p>2 = Calendar 3 = Age Next Birthday</p>
8	41-42 61	21	Issue Age Basis	<p>Enter the insurance Issue Age <u>0 = Age Nearest Birthday</u> <u>1 = Age Last Birthday</u> <u>2 = Calendar</u> <u>3 = Age Next Birthday</u></p>
9	43-44 62-64	23	Duration <u>Issue Age</u>	<p>For Policy Year Submission, enter the policy's duration at the beginning of the policy year. <u>Enter the insurance Issue Age</u> For Calendar Year Submission, — For policies issued in the calendar year, set duration equal to 1. — For all other policies, enter the policy's duration at the beginning of the calendar year,</p>
10	45-52 65-67	83	Issue Date <u>Duration</u>	<p>Enter the numeric calendar year in MMDDYYYY format <u>For policies issued in the calendar year, set duration equal to 1.</u> <u>For all other policies, enter the policy's duration at the beginning of the calendar year.</u> For continuations of prior policies, such as term conversions, enter issue date of original policy, if available. If date is unknown, leave blank.</p>
11	53 68-75	48	Nonsmoker Date <u>Issue Date</u>	<p>For nonsmoker policies that could have been issued as one of multiple <u>Enter the numeric calendar year in MMDDYYYY format</u> <u>For continuations of prior policies, such as term conversions, enter issue date of original policy, if available.</u></p>
			Risk Class <u>Risk Class</u>	<p>preferred and standard classes: 0 = Unknown, substandard or smoker risk class 1 = Best preferred class 2 = Next Best preferred class after 1 3 = Next Best preferred class after 2 4 = Next Best preferred class after 3 5 = Next Best preferred class after 4 6 = Next Best preferred class after 5 7 = Next Best preferred class after 6 8 = Next Best preferred class after 7 9 = Next Best preferred class after 8 Note: Standard policies should have Nonsmoker Risk Class Rank equal to —— Number of Nonsmoker Risk Classes</p>
12	54-62 76	91	Internal Smoker Status <u>Smoker Status</u>	<p>If field 53 used, leave blank. <u>0 = For issues before 1980 or if unknown</u> <u>1 = No tobacco usage</u> <u>2 = Nonsmoker</u> <u>3 = Cigarette smoker</u> <u>4 = Tobacco user</u></p>

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
			Company Codes for Nonsmoker Risk Class Rank	For the first year a company submits data, a company may choose to use internal company codes instead of the codes in field 53. If used, the company must provide documentation, explanation and algorithm for their use.
13	6377	1	Number of Risk Class Rank Indicator Nonsmoker Risk Classes	For nonsmoker policies that could have been issued as one of multiple preferred and standard classes available for this policy 0 = For issues before 1990 or if policy was issued substandard or if there were no multiple preferred and standard classes for this policy 1 = if this policy was issued in one of the available multiple preferred and standard classes for this policy Note: If Risk Class Rank Indicator is 0 leave the next four items blank preferred and standard classes, enter the number of nonsmoker preferred and standard risk classes available at time of issue.
14	6478	1	Smoker Number of Nonsmoker Risk Classes Risk Class Rank	If Risk Class Rank Indicator is 0 or if Smoker Status is 0, 3 or 4, leave blank. For smoker/nonsmoker or no tobacco usage policies that could have been issued as one of multiple preferred and standard risk classes available at time of issue. preferred and standard classes: 0 = Unknown, substandard or nonsmoker risk class 1 = Best preferred class 2 = Next Best preferred class after 1 3 = Next Best preferred class after 2 4 = Next Best preferred class after 3 5 = Next Best preferred class after 4 6 = Next Best preferred class after 5 7 = Next Best preferred class after 6 8 = Next Best preferred class after 7 9 = Next Best preferred class after 8 Note: Standard policies should have Smoker Risk Class Rank equal to _____ Number of Smoker Risk Classes
15	65-7379	91	Internal Nonsmoker Risk Class Rank Smoker Risk	If field 64 used Risk Class Rank Indicator is 0 or if Smoker Status is 0, 3 or 4, leave blank. For nonsmoker policies that could have been issued as one of multiple preferred and standard classes: 0 = Unknown preferred or standard class 1 = Best preferred class 2 = Next Best preferred class after 1 3 = Next Best preferred class after 2 4 = Next Best preferred class after 3 5 = Next Best preferred class after 4 6 = Next Best preferred class after 5 7 = Next Best preferred class after 6 8 = Next Best preferred class after 7 9 = Next Best preferred class after 8 Note: Standard policies should have Nonsmoker Risk Class Rank equal to _____ Number of Nonsmoker Risk Classes For the first year a company submits data, a company may choose to use internal company codes instead of the codes in field 64. If used, the company must provide documentation,

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
			<u>Class Rank</u>	<u>explanation and algorithm for their use.</u>
16	<u>7480</u>	1	<u>Number of Smoker Risk Classes</u>	<u>If Risk Class Rank Indicator is 0 or if Smoker Status is 0, 1 or 2, leave blank</u> For smoker or tobacco user policies that could have been issued as one of multiple preferred and standard classes, enter the number of smoker preferred and standard risk classes available at time of issue.
17	<u>81</u>	<u>1</u>	<u>Smoker Risk Class Rank</u>	<u>preferred and standard classes, enter the number of smoker</u> <u>If Risk Class Rank Indicator is 0 or if Smoker Status is 0, 1 or 2, leave blank</u> For smoker policies that could have been issued as one of multiple preferred and standard risk classes available at time of issue: <u>0 = Unknown preferred or standard class</u> <u>1 = Best preferred class</u> <u>2 = Next Best preferred class after 1</u> <u>3 = Next Best preferred class after 2</u> <u>4 = Next Best preferred class after 3</u> <u>5 = Next Best preferred class after 4</u> <u>6 = Next Best preferred class after 5</u> <u>7 = Next Best preferred class after 6</u> <u>8 = Next Best preferred class after 7</u> <u>9 = Next Best preferred class after 8</u> <u>Note: Standard policies should have Smoker Risk Class Rank equal to Number of Smoker Risk Classes</u>
17	<u>75</u>	<u>1</u>	<u>Cause of Termination</u>	<u>0 = Termination type unknown or unable to subdivide</u> <u>1 = Reduced Paid-Up</u> <u>2 = Extended Term</u> <u>3 = Voluntary unable to subdivide among 1, 2, 9, A, B or D</u> <u>4 = Death (No ADB Paid)</u> <u>5 = Death (ADB Paid)</u> <u>6 = Death (Unknown whether ADB Paid)</u> <u>7 = 1035 Exchange</u> <u>9 = Term Conversion (Unknown whether Attained Age or Original Age)</u> <u>A = Attained Age Term Conversion</u> <u>B = Original Age Term Conversion</u> <u>C = Coverage expired or contract reached mortality</u> <u>D = Surrendered for full account value</u> <u>E = Lapse due to insufficient cash value</u> <u>F = Lapse due to non-payment of premium</u> <u>Z = Inforce</u>
18	<u>76-8382</u>	<u>81</u>	<u>Termination Type of Underwriting Requirements</u>	<u>For policies that are still inforce, leave blank. If unable to distinguish between underwritten and not underwritten, use code "Z" For policies not underwritten, use code "9"</u> <u>0 = Underwritten, but type unknown or unable to subdivide</u> <u>1 = Medical</u> <u>2 = Paramedical</u> <u>3 = Nonmedical (Complete set of medical history questions, using traditional nonmedical form)</u> <u>4 = Simplified or limited underwriting (less than a complete nonmedical screening)</u> <u>5 = Nonmedical and simplified combined (unable to subdivide)</u> <u>6 = Fluid Tested</u> <u>9 = Not Underwritten</u>

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
			Date	<u>Z = Underwritten/not underwritten status unknown or unable to subdivide</u> <u>For policies that have terminated, enter the 8 digit calendar date of termination in the format MMDDYYYY.</u>
19	<u>8483</u>	1	<u>Type of Substandard Issue</u>	<u>If unable to distinguish between underwritten and not underwritten, If not substandard, leave blank</u> <u>0 = Substandard, but degree unknown or unable to subdivide</u> <u>1 = Slightly substandard (Under 175%)</u> <u>2 = Moderately substandard (175% to 250%)</u> <u>3 = Highly substandard (Over 250%)</u> <u>5 = Flat extra premium over \$5 to \$10</u> <u>6 = Flat extra premium over \$10</u> <u>7 = Slightly substandard with flat extra premium</u> <u>8 = Moderately substandard with flat extra premium</u> <u>9 = Highly substandard with flat extra premium</u> <u>A = Flat extra premium of \$3 or less</u> <u>B = Flat extra premium over \$3 to \$5</u> <u>C = Flat extra premium, amount unknown</u> <u>use code "Z".</u>
<u>20</u>	<u>84-86</u>	<u>3</u>	<u>Underwriting Requirements Plan</u>	<u>For policies not underwritten, use code "9"</u> <u>Exclude from contribution: spouse and children under family policies or riders.</u> <u>If Product Information Form submitted for this policy, enter unique plan number that differs from the plan numbers below.</u> <u>00 = All plans combined or unable to subdivide</u> <u>Traditional Whole Life Plans:</u> <u>10 = Traditional fixed premium fixed benefit permanent plan</u> <u>15 = First to die whole life plan (submit separate records for each life)</u> <u>16 = Second to die whole life plan (submit separate records for each life)</u> <u>30 = Permanent life (traditional) with term</u> <u>50 = Permanent plans 10,15,16,30,40 combined (i.e. unable to separate)</u> <u>60= Single premium whole life</u> <u>74 = Econolife (permanent life with lower premiums in the early durations)</u> <u>Term Insurance Plans</u> <u>20 = Term (traditional level benefit and attained age premium)</u> <u>21 = Term (level death benefit with guaranteed level premium for 5 years)</u> <u>22 = Term (level death benefit with guaranteed level premium for 10 years)</u> <u>23 = Term (level death benefit with guaranteed level premium for 15 years)</u> <u>24 = Term (level death benefit with guaranteed level premium for 20 years)</u> <u>25 = Term (decreasing benefit)</u> <u>26 = Term (level death benefit with guaranteed level premium for period other than 5, 10, 15 or 20 years)</u> <u>40 = Select and ultimate term (premium depends on issue age and duration)</u> <u>55 = Term plans 20,25,40,77 combined (unable to separate these plans)</u> <u>77 = Economatic term</u> <u>Universal Life Plans:</u> <u>61 = Single premium universal life</u> <u>70 = Universal life (decreasing risk amount)</u> <u>71 = Universal life (level risk amount)</u> <u>72 = Universal life (unknown whether code 70 or 71)</u> <u>73 = First to die universal life plan (submit separate records for each life)</u> <u>74 = Second to die universal life plan (submit separate records for each life)</u>

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
				<p><u>75 = Joint life universal life plan (submit separate records for each life)</u></p> <p><u>Variable Life Plans</u> <u>80 = Variable Life</u> <u>81 = Variable universal life (decreasing risk amount)</u> <u>82 = Variable universal life (level risk amount)</u> <u>83 = Variable universal life (unknown whether code 81 or 82)</u> <u>84 = First to die variable universal life plan (submit separate records for each life)</u> <u>86 = Second to die variable universal life plan (submit separate records for each life)</u> <u>85 = Joint life variable universal life plan (submit separate records for each life)</u></p> <p><u>Nonforfeiture</u> <u>98 = Extended Term</u> <u>99 = Reduced Paid-Up</u></p> <p>0 = Underwritten, but type unknown or unable to subdivide 1 = Medical 2 = Paramedical 3 = Nonmedical (Complete set of medical history questions, using —Traditional nonmedical form— 4 = Simplified or limited underwriting (less than a complete nonmedical —screening) 5 = Nonmedical and simplified combined (unable to subdivide) 9 = Not Underwritten Z = Underwritten/not underwritten status unknown or unable to subdivide</p>
20	85	+	Substandard Issue	<p>If not substandard, leave blank</p> <p>0 = Substandard, but degree unknown or unable to subdivide 1 = Slightly substandard (Under 175%) 2 = Moderately substandard (175% to 250%) 3 = Highly substandard (Over 250%) 5 = Flat extra premium over \$5 to \$10 6 = Flat extra premium over \$10 7 = Slightly substandard with flat extra premium 8 = Moderately substandard with flat extra premium 9 = Highly substandard with flat extra premium A = Flat extra premium of \$3 or less B = Flat extra premium over \$3 to \$5 C = Flat extra premium, amount unknown</p>
21	<u>86-87-90</u>	<u>24</u>	<u>Plan Valuation Mortality Table</u>	<p><u>Exclude from contribution: spouse and children under family policies or riders. Select the base valuation mortality tables used in annual statement. Variations of the base tables will be determined by data elements of Gender, Age Basis, Smoker Status, and Risk Class fields</u></p> <p><u>1 = American Experience Table</u> <u>2 = 1906 US Standard Industrial</u> <u>3 = 1918 US AM (5)</u> <u>4 = 1941 CSO</u> <u>5 = 1958 CSO</u> <u>10 = 1980 CSO</u> <u>11 = 1980 CSO 80% Male, 20% Female</u> <u>12 = 1980 CSO 75% Male, 25% Female</u> <u>13 = 1980 CSO 60% Male, 40% Female</u></p>

ITEM COLUMN L DATA ELEMENT

DESCRIPTION

- 14 = 1980 CSO 50% Male, 50% Female
- 15 = 1980 CSO 40% Male, 60% Female
- 16 = 1980 CSO 25% Male, 75% Female
- 17 = 1980 CSO 20% Male, 80% Female
- 20 = 2001 CSO
- 21 = 2001 CSO 80% Male, 20% Female
- 22 = 2001 CSO 60% Male, 40% Female
- 23 = 2001 CSO 50% Male, 50% Female
- 24 = 2001 CSO 40% Male, 60% Female
- 25 = 2001 CSO 20% Male, 80% Female
- 30 = 2001 CSO Super Preferred
- 31 = 2001 CSO Preferred
- 32 = 2001 CSO Residual Standard

00 = All plans combined or unable to subdivide

Traditional Whole Life Plans:

- 10 = Traditional fixed premium fixed benefit permanent plan
- 15 = First to die whole life plan (submit separate records for each life)
- 16 = Second to die whole life plan (submit separate records for each life)
- 30 = Permanent life (traditional) with term
- 50 = Permanent plans 10,15,16,30,40 combined (i.e. unable to separate)
- 60 = Single premium whole life
- 74 = Econolife (permanent life with lower premiums in the early durations)

TERM INSURANCE PLANS:

- 20 = Term (traditional level benefit and attained age premium)
- 21 = Term (level death benefit with guaranteed level premium for 5 years)
- 22 = Term (level death benefit with guaranteed level premium for 10 years)
- 23 = Term (level death benefit with guaranteed level premium for 15 years)
- 24 = Term (level death benefit with guaranteed level premium for 20 years)
- 25 = Term (decreasing benefit)
- 26 = Term (level death benefit with guaranteed level premium for period
— other than 5, 10, 15 or 20 years)
- 40 = Select and ultimate term (premium depends on issue age and duration)
— (I.E. WHERE)
- 55 = Term plans 20,25,40,77 combined (unable to separate these plans)
- 77 = Economatic term

UNIVERSAL LIFE PLANS:

- 61 = Single premium universal life
- 70 = Universal life (decreasing risk amount)
- 71 = Universal life (level risk amount)
- 72 = Universal life (unknown whether code 70 or 71)
- 73 = Second to die universal life

VARIABLE LIFE PLANS:

- 80 = Variable Life
- 81 = Variable universal life (unknown whether code 82 or 83)
- 82 = Variable universal life (level risk amount)
- 83 = Variable universal life (decreasing risk amount)

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
				84 = Survivorship variable universal life plan
				<u>NONFORFEITURE</u>
				98 = Extended Term
				99 = Reduced Paid Up
22	<u>8891</u>	1	Smoker Status <u>Inforce Indicator</u>	0 = Unknown 1 = No tobacco usage 2 = Nonsmoker 3 = Cigarette smoker 4 = Tobacco user 0 = If policy has terminated during the calendar year of observation 1 = If this policy was inforce at the end of the calendar year of observation
23	<u>89-9192-103</u>	<u>312</u>	<u>Valuation Face Amount of Insurance at Issue Mortality Table</u>	Select the base valuation mortality tables used in annual statement. Face amount of policy to exact dollar of the policy at policy issue Variations of the base tables will be determined by data elements of Gender, Age Basis, Smoker Status, and Risk Class fields 1 = American Experience Table 2 = 1906 US Standard Industrial 3 = 1918 US AM (5) 4 = 1941 CSO 5 = 1958 CSO 10 = 1980 CSO 11 = 1980 CSO 80% Male, 20% Female 12 = 1980 CSO 75% Male, 25% Female 13 = 1980 CSO 60% Male, 40% Female 14 = 1980 CSO 50% Male, 50% Female 15 = 1980 CSO 40% Male, 60% Female 16 = 1980 CSO 25% Male, 75% Female 17 = 1980 CSO 20% Male, 80% Female 20 = 2001 CSO 21 = 2001 CSO 80% Male, 20% Female 22 = 2001 CSO 60% Male, 40% Female 23 = 2001 CSO 50% Male, 50% Female 24 = 2001 CSO 40% Male, 60% Female 25 = 2001 CSO 20% Male, 80% Female 30 = 2001 CSO Super Preferred 31 = 2001 CSO Preferred 32 = 2001 CSO Residual Standard
24	<u>92-103104-115</u>	12	Face Amount of Insurance at the beginning of the observation year of Insurance	Face amount of policy to exact dollar of the policy at the beginning of the calendar year of observation 1. Initial amount is preferred due to measuring the effect of underwriting by face amount at issue. 2. Face Amount of Insurance should be on a basis consistent with the Claim Amount, i.e., initial amount or current amount.

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
25	104-115 116-127	12	Claim-Face Amount of Insurance at the end of the observation year	Claim If Inforce Indicator is 0, leave blank Face amount of policy to exact dollar- of the policy at the end of the calendar year of observation 1. Include only amount paid when amount paid is limited due to suicide, If Inforce Indicator is 1, leave blank
26	128-139	12	Claim Amount	Claim amount to exact dollar. 1. <u>Include only amount paid when amount paid is limited due to suicide, exclusion clause, contested claim or compromised claim.</u> <u>Claim amount should be on a basis consistent with the Face Amount of Insurance, i.e., initial amount or current amount.</u> 2. Claim amount should be on a basis consistent with the Face Amount of Insurance, i.e., initial amount or current amount. If Inforce Indicator is 1, leave blank.
27	140-147	8	Termination Date	For policies that have terminated, enter the 8 digit calendar date of termination in the format MMDDYYYY
2. 28	148	1	Cause of Termination	If Inforce Indicator is 1, leave blank 0 = Termination type unknown or unable to subdivide 1 = Reduced Paid-Up 2 = Extended Term 3 = Voluntary unable to subdivide among 1, 2, 9, A, B or D 4 = Death (No ADB Paid) 5 = Death (ADB Paid) 6 = Death (Unknown whether ADB Paid) 7 = 1035 Exchange 9 = Term Conversion (Unknown whether Attained Age or Original Age) A = Attained Age Term Conversion B = Original Age Term Conversion C = Coverage expired or contract reached mortality D = Surrendered for full account value E = Lapse due to insufficient cash value F = Lapse due to non-payment of premium

3. Data Call and Time Frame for Life Insurance Mortality

Unless identified as a smaller company in Section ~~4~~5, “Reduced Reporting for Smaller Companies”, each company is to submit data using the data format in Section ~~4~~2. Each company is to submit data for all inforce individual life insurance policies issued since ~~1980~~1990 except for policies where the company certifies that both 1) face amount of policies excluded are less than 5% of the face amount of inforce policies issued since ~~1980~~1990, and 2) this requirement presents a hardship due to fields not readily available in their systems/databases.

Ongoing data calls are anticipated to be on an annual basis. An annual data call made in a given year such as 20XX+1 ~~can~~will be complied with ~~on either on/through~~ a calendar year method ~~or a policy year method.~~

A calendar year method includes policies in force during or issued during year 20XX. In submitted termination experience for calendar year 20XX, companies must include death claims reported after year 20XX but that occurred during calendar year 20XX.

~~2. A policy year method would report on policies for policy anniversaries ending in 20XX. In submitting termination experience, companies must include experience on terminated policies that terminated prior to 20XX but within the policy year ending in 20XX.~~

For data calls that occur less frequently than annually, the data call will consist of the data that would have been submitted if the data call had been done on an annual basis. For example, there is no data call in the year 20XX but there is a data call in 20XX+1. Under this example, the 20XX + 1 data call occurred less frequently than annually and would include data that would have been included in the combination of data from both a 20XX annual data call and a 20XX+1 annual data call.

Requirements for Statistical Plans for life insurance mortality required in this Appendix as of the previous year:

- a. Data Call occurs in March.

~~Each company will supply data for fields readily available in their systems/databases.~~

- ~~e.b.~~ For Data Reporting Formats or revised data elements that are in their first year of implementation, each company will provide either the data or determine how to make the data available in their systems/databases.

- ~~d.c.~~ For Data Reporting Formats or revised data elements that are in their second or later year of implementation, each company will provide the data.

Company's data submission to comply with the data call

- a. Either data submissions or notification of when data submission will be made are to be given within three months after the data call.
- b. Data submissions will be given no later than August 31 of the year of the data call.
- c. Corrections of data submissions will be given no later than November 30 of the year of the data call.

Reporting of industry experience to regulators by a statistical agent

- a. A list of NAIC Company Codes of companies whose data can be used for the aggregate reporting of industry experience will be given to regulators by December 31 of the year of the data call.
- b. Reports of industry average experience will be given to regulators by February 28th of the year following the data call.
- c. If the regulator requires individual company data or reports submitted to the statistical agent, the statistical agent will send such data and/or reports to the individual company to forward to the regulator.

3.4. Statistical Report for Life Insurance Mortality

Using the data collected for the data format in Section ~~4.2~~, the statistical report given to state regulators will aggregate all companies (not include NAIC Company Code). The statistical report for smaller companies is defined in Section 4, "Reduced Reporting for Smaller Companies."~~"~~

The statistical reports from the data collected under the data format should include the following report:

Mortality Statistical Report											
Statistical Agent Pivot Table Report to State Regulator											
Pivot Table Features Omitted (e.g. drop-down arrows)											
VALUATION MOR	(All)										
OBSERVATION Y	(All)										
GENDER	(All)										
SMOKER STATU	(All)										
RISK_CLASS_RA	(All)										
RISK CLASSES E	(All)										
CLASS RANK BY	(All)										
ISSUE AGE	(All)										
		DURATION									
FACE AMT BAND	Data	1	2	3	4-5	6-10	11-15	16-20	21-25	26+	Total
25,000-49,999	2001 VBT A/E	99.6%	130.7%	115.7%	118.1%	100.9%	86.9%	83.5%	82.4%	83.8%	87.1%
	ACTUAL DEAT	189	296	309	1,012	4,378	9,521	10,893	4,335	7,972	38,905
50,000-99,999	2001 VBT A/E	100.5%	100.8%	113.3%	101.5%	88.5%	79.1%	73.2%	71.7%	79.4%	78.7%
	ACTUAL DEAT	332	401	514	1,174	4,963	9,430	13,459	2,403	3,110	35,786
100,000-249,999	2001 VBT A/E	74.2%	80.2%	88.0%	82.5%	73.0%	71.4%	68.5%	73.3%	81.8%	73.4%
	ACTUAL DEAT	610	880	1,104	2,929	6,594	7,705	6,568	1,478	1,175	29,043
250,000-499,999	2001 VBT A/E	65.9%	73.6%	78.7%	65.7%	62.2%	64.6%	64.0%	70.8%	76.5%	65.6%
	ACTUAL DEAT	283	371	416	983	1,795	1,415	838	171	81	6,353
500,000-999,999	2001 VBT A/E	43.9%	64.1%	65.4%	63.2%	63.0%	66.8%	62.5%	70.5%	58.6%	63.0%
	ACTUAL DEAT	108	188	178	486	788	559	253	58	21	2,639
1,000,000-2,499,999	2001 VBT A/E	49.5%	56.5%	67.2%	71.6%	63.3%	58.3%	62.2%	57.9%	53.3%	62.6%
	ACTUAL DEAT	67	95	99	284	385	221	101	16	7	1,275
2500000+	2001 VBT A/E	65.6%	69.9%	85.8%	74.0%	72.1%	46.6%	63.5%	98.2%	0.0%	67.8%
	ACTUAL DEAT	13	20	19	44	60	32	21	4	0	213
Total 2001 VBT A/E Ratio by Amt		59.7%	69.2%	77.8%	72.8%	69.4%	69.4%	70.0%	74.1%	79.9%	70.6%
Total ACTUAL DEATHS		1,602	2,251	2,639	6,912	18,963	28,883	32,133	8,465	12,366	114,214

As long as it does not identify individual companies, an additional report will be given to states which contain the business of companies domiciled in that state. Drafting Note: LHATF needs to specify whether reports to regulators will include ability to identify individual companies.

From time to time, it is anticipated that additional reports will be developed based on the data collected in Section 2.

4.5. Reduced Reporting for Smaller Companies

Identifying Smaller Companies - The smaller company identifier is \$xx million of ordinary life premium before any offset for reinsurance using page 9, line 20.1 of the statutory annual statement - the ordinary life column. (The -smaller company identifier needs to be decided by regulators--.)

Reduced Data Format - Instead of using the data format of Section 2, smaller companies can use output from their valuation system to determine the expected amount of death claims based on the 2001 Valuation Basic Table. Smaller companies may group the a reduced format for submitting data instead of reporting. After reports are issued on this data format, an evaluation will be made on individual policies. However, each company must provide the actual death claim amounts corresponding to the grouping used.

Submissions of data should include identifications of gender, smoking status (e.g., nonsmoker, smoker, unknown), underwriting class (e.g., preferred, standard, substandard), issue age and duration since issue. (Over time, the a migration from

~~the reduced data format used by smaller companies is expected to become more defined and eventually become the data format in of Section 1-2.~~

Extent of Data Call and Time Frame for Data Call

~~For data calls, the expected amount of death claims based on the 2001 Valuation Basic Table will be submitted for individual life policies valued in the company’s main life valuation system for the two most recent annual statements. The groupings for individual life policy expected deaths will be~~

~~At the same for both years. The actual death claim amounts from the year of the most recent annual statement for the corresponding groupings of individual life policies will also be submitted. For example, time that a 20XX+2 data call would require the expected amount of death claims from policies valued for the 20XX Annual statement and the 20XX+1 Annual Statement as well as the actual death claim amounts for 20XX+1.~~

~~Time frame for smaller companies’ data call:~~

~~??Smaller is made for larger companies data submission to comply with the data call??~~

- ~~a. A notification of when the data submission will be made by April 30th of the year of the data call.~~
- ~~b. Data submissions will be given no later than August 31 of the year of the data call.~~
- ~~c. Corrections of data submissions will be given no later than November 30 of the year of the data call.~~

~~When the data format for smaller companies becomes identical with the Section 1, Data Format, the extent of data call and time frame of data call will become the same as Section 2 are to be gathering data for the reduced format. For the purpose of producing reports, three years of data will be collected every third year unless specified differently by the NAIC.~~

Statistical Report for Smaller Companies

~~For the initial data call, the statistical report to state regulators will aggregate the data collected from the smaller companies. The specifics of the report will depend upon the data groupings used by smaller companies.~~

~~As long as it does not identify individual companies, an additional report will be given to states which contain the business of companies domiciled in that state. Drafting Note: LHATF needs to specify whether reports to regulators will include ability to identify individual companies.~~

C. Individual Life Policyholder Behavior

1. Statistical Plan for Individual Life Policyholder Behavior

To submit policyholder behavior in addition to the mortality study, this format assumes:

1. All Minimal Mortality Data Contribution ~~format~~ fields are submitted as the 28 items that precede this format.
 - ~~ii. Providing data for all fields is NOT required for submitting policyholder behavior data.~~
 - ~~— Each company will supply data for fields easily available in their systems/databases.~~
 - ~~— The Minimal Policy Behavior format provides a good starting point for what data will be needed for principles based reserves and experience studies.~~
2. Contributing companies ~~will~~ may be sent a questionnaire on policyholder behavior items not typically kept on an individual policy record level but which vary by plan/policy form.

**ITEM COLUMN L DATA DESCRIPTION
ELEMENT**

PREMIUMS AND SECONDARY GUARANTEES

<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
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ITEM COLUMN L DATA DESCRIPTION
ELEMENT

354-364	10	BASE POLICY GUARANTEED PREMIUM	<p>ANNUAL PREMIUM AMOUNT THAT MUST BE PAID TO GUARANTEE THE POLICY WILL NOT LAPSE:</p> <p>1)FOR UL/VUL SPECIFIED PREMIUM DESIGNS: IT IS THE SPECIFIED PREMIUM AMOUNT REQUIRED TO MAINTAIN THE NO LAPSE GUARANTEE.</p> <p>2)FOR UL/VUL WITH SHADOW ACCOUNT DESIGNS: IT IS THE PREMIUM ILLUSTRATED AT ISSUE TO MAINTAIN NO LAPSE GUARANTEE.</p> <p>3)FOR WHOLE LIFE/TERM: IT IS THE PREMIUM AMOUNT REQUIRED TO MAINTAIN THE POLICY INFORCE.</p> <p>THE PREMIUM INFORMATION PROVIDED HERE WILL NEED TO BE CONSISTENT WITH THE NEXT TWO FIELDS.</p>
365-367	3	LENGTH OF BASE POLICY PREMIUM GUARANTEE (NUMBER OF YEARS)	IF THE BASE POLICY PREMIUM IS GUARANTEED FOR A SPECIFIED NUMBER OF YEARS, PROVIDE THE LENGTH OF THE GUARANTEE IN YEARS. USE THE LONGEST GUARANTEE

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**ITEM COLUMN L DATA DESCRIPTION
ELEMENT**

			PERIOD. 999= LIFETIME. IF THIS FIELD IS FILLED OUT, LEAVE NEXT FIELD BLANK.
368-370	3	LENGTH OF BASE POLICY PREMIUM GUARANTEE (ATTAINED AGE)	IF THE BASE POLICY PREMIUM IS GUARANTEED FOR A SPECIFIED NUMBER OF YEARS, PROVIDE THE ATTAINED AGE AT WHICH THE GUARANTEE ENDS. IF THIS FIELD IS FILLED OUT, LEAVE PRIOR FIELD BLANK.
371	1	SECONDARY GUARANTEES: RETURN OF PREMIUM OPTION	1= POLICYHOLDER ELECTED A RETURN OF PREMIUM (ROP) RIDER 2= POLICYHOLDER DID NOT ELECT RETURN OF PREMIUM RIDER (ROP) 3= POLICY INCLUDES RETURN OF PREMIUM AS PART OF THE BASE POLICY 4= POLICY DOES NOT OFFER RETURN OF PREMIUM OPTION
372-374	3	SECONDARY GUARANTEES: RETURN OF PREMIUM PERIOD	IF THE ROP OPTION FIELD ABOVE IS CODED AS "1" OR "3", PLEASE PROVIDE THE NUMBER OF YEARS UNTIL THE FULL RETURN OF PREMIUM IS AVAILABLE
375	1	SECONDARY GUARANTEES: GUARANTEED WITHDRAWAL BENEFITS	1= POLICYHOLDER ELECTED GUARANTEED WITHDRAWAL BENEFIT RIDER. 2= POLICYHOLDER DID NOT ELECT GUARANTEED WITHDRAWAL BENEFIT RIDER. 3= GUARANTEED WITHDRAWAL

ITEM	COLUMN	L	DATA ELEMENT	DESCRIPTION
410-419	10		PLANNED PREMIUM	<p>COMMISSION IS PAID. ENTER THE EXACT DOLLAR AMOUNT.</p> <p>FOR UL AND VUL PLANS, THIS IS THE AMOUNT OF ANNUAL PREMIUM THAT THE POLICYHOLDER PLANS TO PAY AT ISSUE. TYPICALLY THIS IS THE BILLED AMOUNT.</p> <p>FOR WHOLE LIFE AND TERM PLANS, THIS IS THE ANNUAL REQUIRED PREMIUM. ENTER THE EXACT DOLLAR AMOUNT.</p>
420	1		MODE OF PREMIUM PAYMENT	<p>1= ANNUAL 2= SEMI ANNUAL 3= QUARTERLY 4= MONTHLY 5= SEMIMONTHLY 6= BIWEEKLY 7= WEEKLY 8= SINGLE PREMIUM 9= OTHER</p>
421-422	2		BILLING TYPE	<p>01= DIRECT BILL 02= PAYROLL DEDUCTION 03= ELECTRONIC FUNDS TRANSFER 04= CREDIT CARD 05= DEBIT 06= COUPON BOOK 07= ON PREMIUM WAIVER 08= AUTOMATIC PREMIUM LOAN 09= POLICY IS PAID UP 10= POLICY IS IN VANISH (NOT PAID UP BUT NOT PAYING PREMIUM CURRENTLY) 11= OTHER</p>

29 149-158 10 Base Policy Guaranteed Premium Annual premium amount that must be paid to guarantee the policy will not lapse:

- 1) For accumulation products with specified premium designs (including UL and VUL): it is the specified premium amount required to maintain the no lapse guarantee.
- 2) For accumulation products with shadow account designs (including UL

<u>ITEM</u>	<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
				and VUL): it is the premium illustrated at issue to maintain the no lapse guarantee. 3) For whole life/ term: it is the premium amount required to maintain the policy inforce. The premium information provided here must be consistent with the information provided with the next two fields.
<u>30</u>	<u>159-161</u>	<u>3</u>	<u>Length of Base Policy Premium:</u> <u>By Number of Years from Issue</u>	If the base policy premium is guaranteed for a specified number of years from issue, provide the length of the guarantee in years. Use the longest guarantee period. Use the longest guarantee period. 999= Lifetime. If this field is filled out, leave the next item blank.
<u>31</u>	<u>162-164</u>	<u>3</u>	<u>Length of Base Policy Premium:</u> <u>To an Attained Age</u>	If the base policy premium is guaranteed to an attained age, provide the attained age at which the guarantee ends. If this field is filled out, leave the prior item blank.
<u>32</u>	<u>165</u>	<u>1</u>	<u>Secondary Guarantees:</u> <u>Return of Premium</u>	1= Policyholder elected a return of premium rider 2= Policyholder did not elect a return of premium rider 3= Policy includes return of premium as part of the base policy 4 = Policy does not offer return of premium option
<u>33</u>	<u>166-168</u>	<u>3</u>	<u>Secondary Guarantees:</u> <u>Return of Premium Period</u>	If the Secondary Guarantee, Return of Premium option item is coded as "1" or "3", Please provide the number of years until the full return of premium is available
<u>34</u>	<u>169</u>	<u>1</u>	<u>Secondary Guarantees:</u> <u>Guaranteed Withdrawal Benefits</u>	1 = Policyholder elected guaranteed withdrawal benefit rider 2= Policyholder did not elect guaranteed withdrawal benefit rider. 3= Guaranteed withdrawal benefits are offered as part of the base policy 4= Policy does not offer guaranteed withdrawal benefits
<u>35</u>	<u>170-172</u>	<u>3</u>	<u>Secondary Guarantees:</u> <u>Guaranteed Withdrawal Benefits Period</u>	If the guaranteed withdrawal benefit item above is coded as "1" Or "3": Please provide the number of years over which the policyholder may make equal withdrawals of benefit.
<u>36</u>	<u>173</u>	<u>1</u>	<u>Secondary Guarantees:</u> <u>Guaranteed Minimum Death Benefits</u>	1= Policyholder elected guaranteed minimum death benefit rider. 2= Policyholder did not elect guaranteed minimum death benefit rider. 3= Guaranteed minimum death benefit is offered as part of the base policy. 4= Policy does not offer guaranteed minimum death benefit.
<u>37</u>	<u>174-183</u>	<u>10</u>	<u>Current Year Total</u>	<u>Report the total amount of premium collected during the current calendar</u>

<u>ITEM</u>	<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
			<u>Premium Collected</u>	<u>observation year.</u>
<u>38</u>	<u>184-193</u>	<u>10</u>	<u>Prior Year Total Premium Collected</u>	<u>Report the total amount of premium collected during the prior calendar observation year.</u>
<u>39</u>	<u>194-203</u>	<u>10</u>	<u>Cumulative Premiums collected since Date of Issue as of Beginning of the Observation Year</u>	<u>Report total premiums collected from the date of issue to the beginning of the current calendar year of observation. Report as 0 for new issues during the current calendar year. Round to nearest dollar.</u>
<u>40</u>	<u>204-213</u>	<u>10</u>	<u>Target Premium (for accumulation products including UL and VUL)</u>	<u>Target premium is typically the amount of premium on which a full first year commission is paid.</u> <u>Enter the exact dollar amount.</u>
<u>41</u>	<u>214-223</u>	<u>10</u>	<u>Planned Premium</u>	<u>For accumulation products including UL and VUL, this is the amount of annual premium that the policyholder plans to pay at issue. Typically this is the billed amount.</u> <u>For whole life and term plans, this is the annual required premium.</u> <u>Enter the exact dollar amount.</u>
<u>42</u>	<u>224-225</u>	<u>2</u>	<u>Mode of Premium Payment</u>	<u>1= Annual</u> <u>2= Semiannual</u> <u>3= Quarterly</u> <u>4= Monthly</u> <u>5= Semimonthly</u> <u>6= Biweekly</u> <u>7= Weekly</u> <u>8= Single premium</u> <u>9= Other</u>
<u>43</u>	<u>226-227</u>	<u>2</u>	<u>Billing Type</u>	<u>01= Direct bill</u> <u>02= Payroll deduction</u> <u>03= Electronic funds transfer</u> <u>04= Credit card</u> <u>05= Debit</u> <u>06= Coupon book</u> <u>07= On premium waiver</u> <u>08= Automatic premium loan</u> <u>09= Paid up policy</u> <u>10= Policy is in vanish (Not paid up but not paying premium currently)</u> <u>11= Other</u>

ACCOUNT VALUES AND TRANSFERS

<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
<u>423-432</u>	<u>40</u>	<u>TOTAL ACCOUNT VALUE</u>	<u>PROVIDE THE ACCOUNT VALUE BEFORE SURRENDER CHARGES BUT AFTER</u>

ITEM COLUMN L DATA DESCRIPTION
ELEMENT

			<p>ADDITIONS FOR PREMIUMS, INTEREST CREDIT AND DEDUCTIONS FOR MORTALITY AND EXPENSE CHARGES, POLICY LOANS, AND WITHDRAWALS.</p> <p>THIS SHOULD INCLUDE VALUES IN FIXED, VARIABLE AND INDEXED ACCOUNTS FOR VUL AND INDEXED UL PRODUCTS.</p>
433-442	10	SURRENDER ACCOUNT VALUE	<p>PROVIDE THE ACCOUNT VALUE <i>AFTER</i> SURRENDER CHARGES CURRENTLY APPLICABLE.</p> <p>THIS SHOULD INCLUDE VALUES IN FIXED, VARIABLE AND INDEXED ACCOUNTS FOR VUL AND INDEXED UL PRODUCTS.</p>
443-452	10	FIXED ACCOUNT VALUE	<p>PROVIDE THE FIXED ACCOUNT PORTION OF THE POLICY'S TOTAL ACCOUNT VALUE FOR VUL AND INDEXED UL PRODUCTS.</p>
453-462	10	INDEXED ACCOUNT VALUE	<p>PROVIDE THE INDEXED ACCOUNT PORTION OF THE POLICY'S TOTAL ACCOUNT VALUE FOR INDEXED UL PRODUCTS.</p>
463-472	10	VARIABLE ACCOUNT VALUE	<p>PROVIDE THE VARIABLE ACCOUNT PORTION OF THE POLICY'S TOTAL ACCOUNT VALUE FOR VARIABLE UNIVERSAL LIFE PRODUCTS.</p>
473-482	10	FIXED ACCOUNT	<p>PROVIDE THE NET</p>

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ITEM COLUMN L DATA DESCRIPTION
ELEMENT

		TRANSFERS	AMOUNT OF MONEY TRANSFERRED INTO FIXED ACCOUNT(S) FOR THE CURRENT OBSERVATION YEAR. THIS MAY BE NEGATIVE. DO NOT INCLUDE FUNDS TRANSFERRED DUE TO AUTOMATIC REBALANCING PROGRAMS.
483-492	10	VARIABLE ACCOUNT TRANSFERS	PROVIDE THE NET AMOUNT OF MONEY TRANSFERRED INTO VARIABLE ACCOUNT(S) FOR THE CURRENT OBSERVATION YEAR. THIS MAY BE NEGATIVE DO NOT INCLUDE FUNDS TRANSFERRED DUE TO AUTOMATIC REBALANCING PROGRAMS.
493-502	10	SHADOW ACCOUNT VALUE	FOR UNIVERSAL LIFE AND VARIABLE UNIVERSAL LIFE PRODUCTS WITH SHADOW ACCOUNT DESIGNS, PROVIDE THE SHADOW ACCOUNT VALUE AS OF THE END OF THE CURRENT YEAR OF OBSERVATION. LEAVE BLANK IF PRODUCT DOES NOT EMPLOY A SHADOW ACCOUNT DESIGN.

44 228-237 10 Total Account Value at the Beginning of the Observation Year Provide the account value at the beginning of calendar year of observation before surrender charges
This includes values in fixed, variable and indexed accounts for accumulation products including VUL and Indexed UL products.

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<u>ITEM</u>	<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
<u>45</u>	<u>238-247</u>	<u>10</u>	<u>Total Account Value at the End of the Observation Year</u>	<u>Provide the account value at the end of calendar year of observation before surrender charges.</u> <u>This includes values in fixed, variable and indexed accounts for accumulation products including VUL and Indexed UL products.</u>
<u>46</u>	<u>239-242</u>	<u>5</u>	<u>Current Interest Rate Credited (For accumulation products including UL and VUL)</u>	<u>Report the current rate of interest credited to account values.</u> <u>For variable or fixed indexed products, provide the current rate credited to funds allocated to the fixed account option.</u> <u>(Example: Enter 5.15% as 00515)</u>
<u>47</u>	<u>243-252</u>	<u>10</u>	<u>Amount of Interest Credited (For accumulation products including UL and VUL)</u>	<u>Report the amount of interest credited to account values during the calendar year of observation. NAIC needs to verify if this can be obtained. (It may be recorded in the policy record only on a policy year basis)</u>
<u>48</u>	<u>253-262</u>	<u>10</u>	<u>Amount of COI Charges (For accumulation products including UL and VUL)</u>	<u>Report the amount of cost of insurance charges debited from account values during the calendar year of observation. NAIC needs to verify if this can be obtained. (It may be recorded in the policy record only on a policy year basis)</u>
<u>49</u>	<u>263-272</u>	<u>10</u>	<u>Amount of Expense Charges (For accumulation products including UL and VUL)</u>	<u>Report the amount of expense charges debited from account values during the calendar year of observation. NAIC needs to verify if this can be obtained. (It may be recorded in the policy record only on a policy year basis)</u>
<u>50</u>	<u>273-282</u>	<u>10</u>	<u>Amount of Other Charges (For accumulation products including UL and VUL)</u>	<u>Report the amount of charges other than cost of insurance and expense charges debited from account values during the calendar year of observation. NAIC needs to verify if this can be obtained. (It may be recorded in the policy record only on a policy year basis)</u>
<u>51</u>	<u>293-292</u>	<u>10</u>	<u>Amount of Bonus Interest Credited (For accumulation products including UL and VUL)</u>	<u>Report the amount of bonus interest credited to account values during the calendar year of observation. NAIC needs to verify if this can be obtained. (It may be recorded in the policy record only on a policy year basis)</u>
<u>52</u>	<u>293-302</u>	<u>10</u>	<u>Amount of Persistency Bonus Credited (For accumulation products including UL and VUL)</u>	<u>Report the amount of persistency bonus credited to account values during the calendar year of observation. NAIC needs to verify if this can be obtained. (It may be recorded in the policy record only on a policy year basis)</u>
<u>53</u>	<u>303-312</u>	<u>10</u>	<u>Free Partial Withdrawals</u>	<u>Total amount of partial withdrawals made during the current calendar year of observation. Report amounts before deduction for surrender charges. NAIC needs to verify if this can be obtained. (It may be recorded in the policy record only on a</u>

<u>ITEM</u>	<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
				policy year basis)
<u>54</u>	<u>313-322</u>	<u>10</u>	<u>Partial Withdrawals with Surrender Charges Assessed</u>	<u>Total amount of partial withdrawals that were assessed surrender charges and that were made during the current calendar year of observation. Report amounts before deduction for surrender charges. NAIC needs to verify if this can be obtained. (It may be recorded in the policy record only on a policy year basis)</u>
<u>55</u>	<u>313-322</u>	<u>10</u>	<u>Surrender Charges</u>	<u>Total amount of surrender charges made during the current calendar year of observation for withdrawals and surrenders.</u>
<u>56</u>	<u>333-342</u>	<u>10</u>	<u>Fixed Account Value at the Beginning of the Observation Year (For accumulation products including UL and VUL)</u>	<u>Provide the fixed account value of the policy's total account value at the beginning of the calendar year of observation for accumulation products including UL and VUL.</u>
<u>57</u>	<u>343-352</u>	<u>10</u>	<u>Fixed Account Value at the End of the Observation Year (For accumulation products including UL and VUL)</u>	<u>Provide the fixed account value of the policy's total account value at the end of the calendar year of observation for accumulation products including UL and VUL.</u>
<u>58</u>	<u>353-362</u>	<u>10</u>	<u>Indexed Account Value at the Beginning of the Observation Year (For accumulation products including indexed UL)</u>	<u>Provide the indexed account value of the policy's total account value at the beginning of the calendar year of observation for accumulation products including indexed UL.</u>
<u>59</u>	<u>363-372</u>	<u>10</u>	<u>Indexed Account Value at the End of the Observation Year (For accumulation products including indexed UL)</u>	<u>Provide the indexed account value of the policy's total account value at the end of the calendar year of observation for accumulation products including indexed UL.</u>
<u>60</u>	<u>373-382</u>	<u>10</u>	<u>Variable Account Value at the Beginning of the Observation Year (For accumulation products including VUL)</u>	<u>Provide the variable account value of the policy's total account value at the beginning of the calendar year of observation for accumulation products including VUL.</u>
<u>61</u>	<u>383-392</u>	<u>10</u>	<u>Variable Account Value at the End of the Observation</u>	<u>Provide the variable account value of the policy's total account value at the end of the calendar year of observation for accumulation products including VUL.</u>

<u>ITEM</u>	<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
			<u>Year (For accumulation products including VUL)</u>	
<u>62</u>	<u>393-402</u>	<u>10</u>	<u>Fixed Account Transfers (For accumulation products including VUL)</u>	<u>Provide the net amount of money transferred into fixed account(s) for the current observation year for accumulation products including VUL. This may be negative. Do not include funds transferred due to automatic rebalancing programs.</u>
<u>63</u>	<u>403-412</u>	<u>10</u>	<u>Variable Account Transfers (For accumulation products including VUL)</u>	<u>Provide the net amount of money transferred into variable account(s) for the current observation year for accumulation products including VUL. This may be negative. Do not include funds transferred due to automatic rebalancing programs.</u>
<u>64</u>	<u>413-422</u>	<u>10</u>	<u>Shadow Account Value at the Beginning of the Observation Year (For accumulation products including UL and VUL)</u>	<u>For accumulation products including UL and VUL with shadow account designs, provide the shadow account value as of the beginning of the current calendar year of observation. Leave blank if product does not employ a shadow account design.</u>
<u>65</u>	<u>423-432</u>	<u>10</u>	<u>Shadow Account Value at the End of the Observation Year (For accumulation products including UL and VUL)</u>	<u>For accumulation products including UL and VUL with shadow account designs, provide the shadow account value as of the beginning of the current calendar year of observation. Leave blank if product does not employ a shadow account design.</u>

OTHER POLICYHOLDER BEHAVIOR ITEMS

<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
<u>503-512</u>	<u>10</u>	<u>FACE AMOUNT OF TERM/PAID UP RIDERS</u>	<u>REPORT THE PORTION OF THE TOTAL POLICY DEATH BENEFIT IN FORCE FROM TERM/PAID UP RIDERS OR THROUGH THE PURCHASE OF ADDITIONAL AMOUNTS OF INSURANCE THROUGH DIVIDEND OPTIONS. REPORT AMOUNTS FOR THE PRIMARY INSURED ONLY.</u>
<u>513-522</u>	<u>10</u>	<u>POLICY LOAN AMOUNT</u>	<u>REPORT THE TOTAL AMOUNT OF ALL POLICY LOANS OUTSTANDING. CODE AS ZERO FOR POLICIES WITH NO CURRENT OUTSTANDING LOANS.</u>

<u>ITEM</u>	<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
541	1	DISTRIBUTION SYSTEM USED	CHARGES IF ANY.	<p>INDICATE THE DISTRIBUTION CHANNEL THROUGH WHICH THE POLICY WAS PURCHASED.</p> <p>1= CAREER AGENT 2= MULTILINE EXCLUSIVE AGENT (MLEA) 3= HOME SERVICE AGENT 4= PERSONAL PRODUCING GENERAL AGENT (PPGA) 5= INDEPENDENT LIFE BROKER 6= STOCKBROKER/WIREHOUSE AGENT 7= DIRECT RESPONSE MARKETING 8= BANK OF OTHER FINANCIAL INSTITUTION 9= OTHER</p>
66	433-442	10	Face Amount of Term/Paid Up Riders at the Beginning of the Observation Year	<p>Report the portion of the total policy death benefit in force at the beginning of the calendar year of observation from term/paid up riders or through the purchase of additional amounts of insurance through dividend options.</p> <p>Report amounts for only the primary insured of this segment of this policy.</p>
67	443-452	10	Face Amount of Term/Paid Up Riders at the End of the Observation Year	<p>Report the portion of the total policy death benefit in force at the end of the calendar year of observation from term/paid up riders or through the purchase of additional amounts of insurance through dividend options.</p> <p>Report amounts for only the primary insured of this segment of this policy.</p>
68	453-462	10	Policy Loan at the Beginning of the Observation Year	<p>Report the total amount of all policy loans outstanding at the beginning of the calendar year of observation.</p> <p>Code as "0" for policies with no current outstanding loans.</p>
69	463-472	10	Policy Loan at the End of the Observation Year	<p>Report the total amount of all policy loans outstanding at the end of the calendar year of observation.</p> <p>Code as "0" for policies with no current outstanding loans.</p>
70	472	1	Death Benefit Option (For accumulation products including UL and VUL)	<p>1= Level death benefit 2= Level net amount at risk 3= Other</p>
71	473	1	Replacement Indicator (New Issue)	<p>For policies issue in the current calendar year of observation:</p> <p>1= Policy is an internal replacement of own company's policy.</p>

<u>ITEM</u>	<u>COLUMN</u>	<u>L</u>	<u>DATA ELEMENT</u>	<u>DESCRIPTION</u>
				<u>2= Policy is an external replacement of another company's policy.</u> <u>3= Policy is a new issue and is neither an internal nor an external replacement.</u> <u>4= Unknown whether policy is a replacement or brand new issue.</u>
<u>72</u>	<u>474</u>	<u>1</u>	<u>Replacement Indicator (Terminating Policy)</u>	<u>For policies terminating in the current calendar year of observation.</u> <u>1= Policy was replaced internally with a new policy from the same company.</u> <u>2= Policy was replaced externally with a new policy from the same company.</u> <u>3= Policy was not terminated for replacement.</u> <u>4= Unknown whether or not policy was terminated for replacement.</u>
<u>73</u>	<u>475-476</u>	<u>2</u>	<u>Distribution System Used</u>	<u>Indicate the distribution channel through which the policy was purchased:</u> <u>1= Career agent</u> <u>2= Multiline exclusive agent</u> <u>3= Home service agent</u> <u>4= Personal producing general agent</u> <u>5= Independent life broker</u> <u>6= Stockbroker/wirehouse agent</u> <u>7= Direct response marketing</u> <u>8= Bank of other financial institution</u> <u>9= Other</u>

2. Data Call and Time Frame for Policyholder Behavior

Same as for Mortality

3. Statistical Report for Policyholder Behavior

To Be Developed

4. Reduced Reporting for Smaller Companies

To Be Developed

D. Expenses

1. Statistical Plan for Expenses

(See SOA Expense Study Worksheets.xls)

2. Data Call and Time Frame for Expenses

To Be Developed

3. Statistical Report for Expenses

To Be Developed

4. Reduced Reporting for Smaller Companies

To Be Developed

III. Annuities

A. Introduction
To Be Developed.

B. Mortality

1. Statistical Plan for Annuity Mortality
To Be Developed

2. Extent of Data Call and Time Frame for Annuity Mortality
To Be Developed

3. Statistical Report for Annuity Mortality
To Be Developed

4. Reduced Reporting for Smaller Companies
To Be Developed

C. Policyholder Behavior

1. Statistical Plan for Annuity Policyholder Behavior
To Be Developed

2. Extent of Data Call and Time Frame for Annuity Policyholder Behavior
To Be Developed

3. Statistical Report for Annuity Policyholder Behavior
To Be Developed

4. Reduced Reporting for Smaller Companies
To Be Developed

D. Expenses

1. Statistical Plan for Annuity Expenses
To Be Developed

2. Extent of Data Call and Time Frame for Annuity Expenses
To Be Developed

3. Statistical Report for Annuity Expenses
To Be Developed

4. Reduced Reporting for Smaller Companies
To Be Developed

IV. -Long Term Care Policies

A. Introduction
To Be Developed

B. Mortality

1. Statistical Plan for LTC Mortality / Morbidity
To Be Developed

2. Data Call and Time Frame for LTC Mortality / Morbidity
To Be Developed

3. Statistical Report for LTC Mortality / Morbidity
To Be Developed

4. Reduced Reporting for Smaller Companies

To Be Developed

C. Policyholder Behavior

1. Statistical Plan for LTC Policyholder Behavior

To Be Developed

2. Extent of Data Call and Time Frame for LTC Policyholder Behavior

To Be Developed

3. Statistical Report for LTC Policyholder Behavior

To Be Developed

4. Reduced Reporting for Smaller Companies

To Be Developed

D. Expenses

1. Statistical Plan for LTC Expenses

To Be Developed

2. Extent of Data Call and Time Frame for LTC Expenses

To Be Developed

3. Statistical Report for LTC Expenses

To Be Developed

4. Reduced Reporting for Smaller Companies

To Be Developed

V. Health Policies

A. Introduction

To Be Developed

B. Mortality / Morbidity

1. Statistical Plan for Health Mortality / Morbidity

To Be Developed

2. Data Call and Time Frame for Health Mortality / Morbidity

To Be Developed

3. Statistical Report for Health Mortality / Morbidity

To Be Developed

4. Reduced Reporting for Smaller Companies

To Be Developed

C. Policyholder Behavior

1. Statistical Plan for Health Policyholder Behavior

To Be Developed

2. Time Frame for Health Policyholder Behavior

To Be Developed

**3. Statistical Report for Health Policyholder Behavior
To Be Developed**

**4. Reduced Reporting for Smaller Companies
To Be Developed**

D. Expenses

**1. Statistical Plan for Health Expenses
To Be Developed**

**2. Data Call and Time Frame for Health Expenses
To Be Developed**

**3. Statistical Report for Health Expenses
To Be Developed**

**4. Reduced Reporting for Smaller Companies
To Be Developed**