



**STATE OF NEW YORK
INSURANCE DEPARTMENT
160 WEST BROADWAY
NEW YORK, NEW YORK 10013**

NOTE: WITHDRAWN EFFECTIVE OCTOBER 11, 2002

Circular Letter No. 20 (1994)
December 8, 1994

TO: All Authorized Life Insurance Companies

RE: Agency Convention Survey

The Department is conducting a survey of all agency conventions conducted during the year 1994 in order to determine whether it is cost effective to restrict the locale of agency conferences to the United States, the U.S. Virgin Islands, Mexico or Canada as was previously mandated by Regulation 93, 11 NYCRR 30. A waiver of this requirement is currently in place.

The information gathered in this survey will also be utilized to reevaluate Regulation 93, as it is currently formulated, in terms of its effectiveness.

The survey questionnaire is enclosed. Please complete, in its entirety, a separate survey form for each agency convention held in calendar year 1994 and return them by March 31, 1995. To each survey form attach copies of:

- (1) All material disseminated to the agents that describes location and itinerary of the conference, accommodations, travel arrangements and the daily convention activity schedule.
- (2) The production qualifications for all attendees. If such qualifications were not stated in terms of first year commissions, please convert the stated qualifications, for each tier of qualifiers, into first year commissions, as required by Regulation No. 93, in order that the expense limitations can be determined for each tier of qualifiers. Also provide the conversion formula.

The individual assigned as contact person must be fully conversant with the subject matter. Such person will be contacted by the Life Insurance & Companies Bureau if clarification is needed on any survey material submitted by the insurer.

Should you have any question in regard to filling out the survey, please contact Senior Examiner, William Tardogno at (212) 602-0325.

Return the survey to:

Mrs. Catherine J. Brooks, Supervising Examiner
Life Insurance & Companies Bureau
State of New York Insurance Department

160 West Broadway
New York, New York 10013-3393

Salvatore R. Curiale
Superintendent of Insurance

AGENCY CONVENTION SURVEY

1. Total cost of convention, including expenses of home office personnel \$ _____
2. Specific qualifier convention expenses:
- a. Cost of one hotel room per night \$ _____
 - b. Cost of one round trip airfare from New York \$ _____
 - c. Type of airline ticket - Coach____ First Class____
if other than above, specify type_____
 - d. Was cost of ticket based upon a restricted _____
or unrestricted airplane ticket _____
 - e. Total cost of awards or gifts to qualifiers and guests \$ _____
 - f. Largest amount in awards and gifts to any one qualifier \$ _____
3. Total number of attendees paid for by company and the first year commission needed to qualify:

| | Number | | Number | Qualifying Commissions |
|--------------------|--------|--------|--------|------------------------|
| Soliciting agents | _____ | Guests | _____ | \$_____ |
| General agents | _____ | | _____ | _____ |
| Supervising agents | _____ | | _____ | _____ |
| Branch managers | _____ | | _____ | _____ |
| Other* | _____ | | _____ | _____ |
| H.O. personnel | _____ | | _____ | |
| Total | ===== | | | |

*description of "Other" type of qualifier

4. Number of hours spent on educational meetings:

Day#1 ____ Day#2 ____ Day#3 ____ Day#4 ____ Day#5 ____

Please provide name, position and telephone number of the contact person who can answer any questions pertaining to this

survey. Please print or type.

Name _____ Position _____

Telephone number _____