A picture containing text, porcelain, gear

Description automatically generated

|  |  |  |
| --- | --- | --- |
|  | | |
|  |  |

November 21, 2023

**To all Appointed Actuaries of New York State Domestic Life Insurance Companies and Fraternal Organizations:**

The Department’s [Life Bureau website](https://www.dfs.ny.gov/apps_and_licensing/life_insurers/industry_letters_surveys_more_domestic) contains files as indicated in the Appendix below, to be used in preparing the Company’s year-end valuation, which must be submitted by March 1, 2024 directly to the Life Bureau Reserve Section via email or the Department’s secure file transfer application (Aspera New York State mySend Application). See Instructions for Filing Valuations on the Bureau website for specific submission requirements.

Please note the Department’s e-mail system can no longer accept emails greater than 25MB. Multiple electronic files are acceptable as long as an index and description of these files is included. Please note, the Department will no longer be using the Portal that was previously available to securely transfer large data files. Such application has been replaced with a secure file transfer application site with IBM’s Aspera Connect via the New York State mySend Application. To request access to use the New York State mySend Application or for any questions related to electronic submissions, please send an e-mail to the [Albany Life Bureau](mailto:ALBLIF@dfs.ny.gov).

Please note that the Department’s “Special Considerations” letter which relates to December 31, 2023 Reserves is available on our website.

Upon written request by the Company, we may grant an extension beyond the March 1 deadline for submission of the supporting valuation material. All such requests should be made via e-mail to the [Albany Life Bureau](mailto:ALBLIF@dfs.ny.gov) by Monday, January 29, 2024. The Department will act on all requests by Monday, February 5, 2024.

All Companies are required to complete the attached “Verification of Instructions Receipt and Compliance” form. This form must be submitted via e-mail to the [Albany Life Bureau](mailto:ALBLIF@dfs.ny.gov) by Friday, January 5, 2024. No extensions will be granted on this filing.

Should you have any questions, please contact the Department at (518) 474-7929.

Sincerely,

Amanda Fenwick, FSA, MAAA

Assistant Chief Life Actuary

Life Bureau

### APPENDIX

**2023 Instructions**

INSTRUCT23.docx Instructions for Filing Valuations

## AOMCHKLST23.docx Actuarial Opinion and Memorandum & Risk Based Capital Checklist

**General Account Forms**

## CHKLST23.docx General Account Valuation Filing Check-List

## ANQIMM23.docx General Account Annuity Questionnaire Structured Settlements and Fixed Payment Annuities

ANQACC23.docx General Account Annuity Questionnaire Accumulation-Type Annuities

## ISL23.docx General Account Interest Sensitive Life Questionnaire

Group\_Life23.docx Group Life Insurance Questionnaire

## AHQ23.docx Accident and Health Reserve Questionnaire

**Separate Account Forms**

## SACHKLST23.docx Separate Account Valuation Filing Check-List

## VISL23.docx Separate Account Interest Sensitive Life Questionnaire

SAANN23.docx Separate Account Annuity Questionnaire

**Analysis of Valuation Reserves**

AoVR\_23\_Life\_GA.docx General Account Analysis of Valuation Reserves

AoVR\_23\_Life\_SA.docx Separate Account Analysis of Valuation Reserves

AoVR\_23\_Frat.docx Fraternal General Account Analysis of Valuation Reserves

## EDP Forms & Instructions

## ann\_inst23.docx Structured Settlement and Immediate Annuity EDP System Filing Instructions

acuminst23.docx Accumulation-type Annuity EDP System Inforce File Instructions

## isl\_ife23.docx Interest Sensitive Life EDP System Filing Instructions

tl\_ife23.docx Traditional Life EDP System Inforce File Instructions

wkaggtest.xlsx Aggregate Test Worksheet

wkedprecon.xlsx Sample EDP Reconciliation Worksheet

If your Company should have trouble accessing these files, please contact us.

|  |  |  |
| --- | --- | --- |
|  | | |
|  |  |

## A picture containing text, porcelain, gear Description automatically generated

## THIS FORM must be submitted from the Appointed Actuary’s

## e-mail account to THE [ALBANY LIFE BUREAU](mailto:ALBLIF@dfs.ny.gov) BY JANUARY 5, 2024

Verification of Instruction Receipt and Compliance for New York State Domestic Life Companies and Fraternal Organizations

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the Appointed Actuary of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have reviewed the New York State Department of Financial Services Instructions for Filing Valuations and all associated Questionnaires and forms which need to be completed for the Valuation Year Ending December 31, 2023. I have read and understand all the instructions contained therein.

I am aware that all forms and questionnaires which require a signature must be signed by the actuary responsible for the valuation and that I must attest to their accuracy.

I will ensure the Company’s Valuation Year Ending Filing as of December 31, 2023 complies with all NYS Rules and Regulations and to these instructions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Appointed Actuary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name, NAIC #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Appointed Actuary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Appointed Actuary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address

