

July 20, 1979

SUBJECT: INSURANCE

WITHDRAWN

CIRCULAR LETTER NO. 12(1979)

July 20, 1979

TO: ALL AUTHORIZED INSURERS WRITING BUSINESS IN NEW YORK STATE

SUBJECT: REVIEW OF ANNUAL STATEMENT FILING REQUIREMENTS

The New York Insurance Department is engaged in a systematic review of its annual statement filing requirements, focusing on the number and content of required forms and the due dates for each. This review is especially timely as a new section of the Insurance Law provides substantial daily fines for non-compliance with filing requirements. Based on the review, the Department will consider changes designed to help insurance companies reduce paperwork, while still permitting the Department to meet its reporting and publishing responsibilities.

The first step of this program was the issuance of Circular Letter No. 6(1979) on January 24, 1979, which organized the forms by filing dates and set forth general guidelines for the submission of annual statements. The next phase, a review of individual forms, is the subject of Circular Letter No. 12(1979).

Each company is hereby requested to complete the attached survey concerning annual statement forms and return it to the Insurance Department by [A> AUGUST 31, 1979 <A]. The questionnaire will be used to pinpoint those forms which merit closer consideration.

Many of the forms shown will not apply to your company and should be left blank; answer only for those forms with which you have had experience. Space is provided within the survey for comments, explanations, and recommendations. The Department may contact you later concerning specific ideas that you present.

The completed survey should be returned no later than August 31, 1979 to Dr. Eugene Baum, Director of Research and Statistics, New York State Insurance Department, 2 World Trade Center, New York, New York 10047. All questions concerning the completion of the survey should be directed to Dr. Baum at 212-488-4176.

Very truly yours,

[SIGNATURE]

ALBERT B. LEWIS

Superintendent of Insurance

NEW YORK INSURANCE DEPARTMENT - SURVEY OF ANNUAL STATEMENT FILING  
REQUIREMENTS

Please return to: Eugene Baum; Research Bureau; New York Insurance Dept.; Two World Trade Center; New York,

New York 10047.

FORM NUMBER & NAME CHANGES	CONTENT
	RETAIN SHORTE N
	AS IS    CON- TENT
(FORMS DUE MARCH 1)	
1	LIFE ANNUAL STATEMENT
1-6	LIFE SEPARATE ACCOUNTS
1-V	LIFE VARIABLE ACCOUNTS
2	FIRE & CASUALTY ANNUAL STATEMENT
4	FRATERNAL ANNUAL STATEMENT
5	CHARITABLE ANNUITY ANNUAL STATE- MENT
9	TITLE ANNUAL STATEMENT
11	RETIREMENT SYSTEMS ANNUAL STATE- MENT
13	HEALTH, HOSPITAL, MEDICAL & DENTAL ANNUAL STATEMENT
3-74	ASSESSMENT CO-OP ANNUAL STATEMENT HMO REPORT
271LS	SCHEDULE IS
S-10	CERTIFICATE OF COMPLIANCE REGARDING A & H ADVERTISING
128	NEW YORK SCHEDULE F
S-11	LIMITATION OF EXPENSES SUPP. A TO SCH. T - MEDICAL MALPRACTICE PREMIUMS BY STATE
(FORMS DUE APRIL 1)	
271EL	CREDIT LIFE STATISTICAL REPORT
271A	INSURANCE EXPENSE EXHIBIT
271AS	INSURANCE EXPENSE EXHIBIT - PART II
271C	NEW YORK SUPPLEMENTAL INSURANCE EXPENSE EXHIBIT
(FORMS DUE MAY 1)	
271D	A & H POLICY EXPERIENCE EXHIBIT
271E	CREDIT LIFE AND A & H EXHIBIT
271ES	SUPPLEMENTAL CREDIT LIFE AND A & H

FORM NUMBER & NAME CHANGES		CONTENT	
		RETAIN	SHORTEN
		AS IS	CONTENT
EXHIBIT			
(FORMS DUE JUNE 30)			
7	HOME OFFICE ANNUAL STATEMENT		
135A	SUPPLEMENT TO VALUATION REPORT (QUARTERLY FORMS)		
13A	HOSPITAL QUARTERLY		
31A	PROPERTY QUARTERLY		
31B	LIFE QUARTERLY		
FORM NUMBER & NAME CHANGES		CONTENT	
		SUMMAR- IZE	REPLACE
		OR	WITH NEW
		SUBSUME	FORMAT
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1-V	LIFE VARIABLE ACCOUNTS		
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9	TITLE ANNUAL STATEMENT		
11	RETIREMENT SYSTEMS ANNUAL STATE- MENT		
13	HEALTH, HOSPITAL, MEDICAL & DENTAL ANNUAL STATEMENT		
3-74	ASSESSMENT CO-OP ANNUAL STATEMENT HMO REPORT		
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		SUBSUME	FORMAT	
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	PREMIUMS BY STATE			
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271EL	CREDIT LIFE STATISTICAL REPORT			
271A	INSURANCE EXPENSE EXHIBIT			
271AS	INSURANCE EXPENSE EXHIBIT - PART II			
271C	NEW YORK SUPPLEMENTAL INSURANCE			
	EXPENSE EXHIBIT			
	(FORMS DUE MAY 1)			
271D	A & H POLICY EXPERIENCE EXHIBIT			
271E	CREDIT LIFE AND A & H EXHIBIT			
271ES	SUPPLEMENTAL CREDIT LIFE AND A & H			
	EXHIBIT			
	(FORMS DUE JUNE 30)			
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FORM NUMBER & NAME		CONSIDER	CHANG E	OTH- ER*
FOR		DUE		
ELIMINATION*		DATE		
		(TO)		
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4	FRATERNAL ANNUAL STATEMENT			
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