



NEW YORK STATE
DEPARTMENT *of*
FINANCIAL SERVICES

Andrew M. Cuomo
Governor

Linda A. Lacewell
Superintendent

January 24, 2020

TO: ALL LICENSED FRATERNAL, LIFE AND ACCIDENT AND HEALTH, TITLE, PROPERTY/CASUALTY, RECIPROCAL, FINANCIAL GUARANTY AND MORTGAGE GUARANTY INSURERS, AND COOPERATIVE PROPERTY/CASUALTY INSURERS OPERATING ON THE ADVANCE PREMIUM PLAN, ASSESSMENT COOPERATIVE COMPANIES, THE STATE INSURANCE FUND, AND UNITED STATES BRANCHES, ACCREDITED REINSURERS OF THE AFOREMENTIONED TYPES OF COMPANIES, ARTICLE 42 HEALTH COMPANIES, HOSPITAL, HEALTH, MEDICAL, AND DENTAL SERVICE OR INDEMNITY ARTICLE 43 CORPORATIONS AND PUBLIC HEALTH LAW ARTICLE 44 HEALTH MAINTENANCE ORGANIZATIONS

RE: ANNUAL STATEMENT, NEW YORK SUPPLEMENT, AND QUARTERLY STATEMENT ELECTRONIC FILING REQUIREMENT AND HARD COPY REQUIREMENT

Effective with the 2001 Annual Statement filing due March 1, 2002, and annually thereafter, all captioned entities that file their annual and quarterly statements pursuant to Section 307 or 308 of the New York Insurance Law on either the Property and Casualty annual statement blank, the Life and Accident and Health annual statement blank, the Fraternal annual statement blank, the Health annual statement blank, or the Title annual statement blank are required to submit one hardcopy statement and one electronic filing prepared in compliance with the NAIC Electronic Submission Directive (Note: Exceptions for Authorized Foreign Property/Casualty Insurers, Authorized Foreign Title Insurers, and Foreign Accredited Reinsurers of the aforementioned companies from making **hardcopy** filings are set forth in Supplement No. 1 to Circular Letter No. 4 (2001) dated February 6, 2008). Those companies that do not file electronically will still be required to file the statement executed in duplicate.

All captioned insurers that file a New York Supplement to the Property and Casualty annual statement, the Life and Accident and Health annual statement, the Fraternal annual statement or the Health annual statement are required to file one hardcopy statement (subject to Supplement No. 1 to Circular Letter No. 4 (2001) dated February 8, 2008) and one electronic filing. Both types of filings are due at the same time. Article 42 Health Companies should file annual and quarterly New York Supplement to A&H Health Statement. Article 43 Corporations should file annual and quarterly New York Supplement to Article 43 Corporations Statement. Health maintenance organizations should file the annual and quarterly New York Supplement for Health Maintenance Organizations.

Supplement No. 1 to Circular Letter No. 4 (2001) of February 8, 2008 adopted several important changes in regard to the electronic filing with the NAIC via the Internet of Annual Statements and New York Supplements, Quarterly Statements and Audited Financial Statements as filings with the Department by authorized foreign property/casualty insurers and authorized foreign title insurers and foreign accredited reinsurers of the aforementioned types of insurers.

Effective with filings due March 1, 2008 and thereafter, all authorized foreign property/casualty insurers, authorized foreign title insurers and foreign accredited reinsurers of the aforementioned types of insurers that file their Annual Statements and New York Supplements, Quarterly Statements and Audited Financial Statements pursuant to Section 307 or 308 of the New York Insurance Law on the Property and Casualty and Title blanks, are strongly encouraged

to file electronically with the NAIC via the Internet. By filing over the Internet with the NAIC, an insurer will fulfill its filing requirement with New York and therefore should not file either a hard copy or CDCD with the Department. Please note, however, that filing a CD with the NAIC for the New York Supplement will not meet an insurer's filing requirement with this Department, and would necessitate the filing of a New York Supplement CD with New York. It is further noted, those companies making electronic filings pursuant to Supplement No. 1 to Circular Letter No. 4 (2001) dated February 8, 2008 must also make a hard copy submission to the Department of the completed jurat page for each Annual Statement, New York Supplement and Quarterly Statement signed by the appropriate officers and duly notarized.

Insurers subject to these filing requirements are strongly encouraged to submit copies of all annual and quarterly statement filings electronically with the NAIC. Instructions on filing over the Internet with the NAIC are available on their Web site at <http://www.naic.org/>

Please click on the link for Internet Filings. The following electronic submission to the NAIC will fulfill the electronic filing requirements of New York:

- National Form Annual Statements via the internet or CD.
 - National Form Quarterly Statements via the internet or CD.
 - New York Supplements via the internet.
- Any statements not filed as above will require the filing of a CD with New York.

An appropriate CD transmittal form (see attached) **must** accompany any ORIGINAL, AMENDED, or REFILING CD filed with this Department and the NAIC.

For any AMENDED or REFILED electronic filing, you must submit a new Jurat Page to the New York State Department of Financial Services. For Amended filings, the entire electronic filing is required.

Several commercial software vendors offer personal computer-based software packages to facilitate your compliance with this filing requirement. Sets of the detailed specifications are required only by those insurers intent upon developing their own computer software. Such insurers, and any others wishing to acquire the NAIC Electronic Specifications, may obtain a subscription to the NAIC Electronic Submission Directive and NAIC Electronic Specifications from the NAIC Publications Department for a nominal fee. Questions about the New York Supplement specifications should be directed to Mr. William Pow at (212) 480-4635.

There are special mailing instructions for the submission of certain CD filings:

The New York Supplement CDs **must** be submitted in a suitable mailer, separate from the Annual Statement CDs. The mailer should be labeled "New York Supplement" in red ink.

All CDs filed with this Department and the NAIC must contain the following information on the external label:

- Company Name;
- Company NAIC and Federal Employer's Identification Number;
- Name of Software Vendor and Release Number used;
CD No. ____ of ____ (i.e., CD No. 2 of 3);
- Date of Filing;
- Name and Telephone Number of CD Contact Person; and
Filing Type (i.e., _____ ORIGINAL, _____ AMENDED, _____ REFILING, where the
spaces should contain MARCH, APRIL, OR MAY -

representing the month the annual statement data is required to be filed; QUARTER 1, QUARTER 2 or QUARTER 3 representing the statement quarter; SUPPLEMENT MARCH or SUPPLEMENT APRIL representing the month the NEW YORK SUPPLEMENT data is required to be filed.

Example 1 for the Annual Statement March filing:

ABC INSURANCE COMPANY OF AMERICA
NAIC: 12345 FEIN: 12-3456789
XYZ SOFTWARE CORP. RELEASE 2.01
CD NO. 1 OF 2
DATE: 3/1/2020 JOE SMITH 800-123-4567
FILING TYPE: MARCH ORIGINAL

Example 2 for Quarterly filing:

ABC INSURANCE COMPANY OF AMERICA
NAIC: 12345 FEIN: 12-3456789
XYZ SOFTWARE CORP. RELEASE 2.01
CD NO. 1 OF 1
DATE: 5/15/2020 JOE SMITH 800-123-4567
FILING TYPE: QUARTER 1 ORIGINAL

Example 3 for New York Supplement filing:

ABC INSURANCE COMPANY OF AMERICA
NAIC: 12345 FEIN: 12-3456789
XYZ SOFTWARE CORP. RELEASE 2.01
CD NO. 1 OF 1
DATE: 3/1/2020 JOE SMITH 800-123-4567
FILING TYPE: SUPPLEMENT MARCH ORIGINAL

Example 4 for New York Quarterly Supplement filing:

ABC INSURANCE COMPANY OF AMERICA
NAIC: 12345 FEIN: 12-3456789
XYZ SOFTWARE CORP. RELEASE 2.01
CD NO. 1 OF 1
DATE: 5/15/2020 JOE SMITH 800-123-4567
FILING TYPE: SUPPLEMENT QUARTER 1 ORIGINAL

You may direct questions on the CD/electronic filing requirements to Mr. William Pow at (212) 480-4635.

William Pow
Information Technology Systems

2019 NEW YORK SUPPLEMENT CD TRANSMITTAL FORM

Name of Insurer _____

Date __/__/__ FEIN ____-____ NAIC Group # ____ NAIC Company # _____

THIS FORM IS REQUIRED FOR ALL CD TRANSMITTALS. BE SURE TO RESPOND TO ALL QUESTIONS BELOW AND TO PROVIDE ALL REQUIRED INFORMATION. ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY THE CD CONTENTS SHOULD BE SUPPLIED.

A.

	MARCH	APRIL*
1. Is this the first time you have submitted this filing? (Y/N)	_____	_____
2. Is this being re-filed at the request of the NYS Department of Financial Services? (Y/N)	_____	_____
3. Is this being re-filed due to changes to the data originally filed? (Y/N) IF "YES", ENCLOSE HARD COPY PAGES FOR EACH CHANGE.	_____	_____
4. Other? (Y/N) If "yes" attach an explanation.	_____	_____

* = Must be filed by all subject Fire and Casualty companies and HMO's.

B. Additional comments if necessary for clarification: _____

C. CD Contact: _____ Phone: ____ - ____ - ____
Address: _____

D. Software Vendor: _____ Version: _____

E. Attach copy of external label of CD 1 on the back of this form. One label for March; and one label for April.

F. The undersigned hereby certifies that, according to the best of his/her information, knowledge and belief, the CDs submitted with this form have been scanned through virus detection software and no viruses are present on the CDs. The virus detection software used was
(name) _____, (version #) _____

(Signed) _____
Type Name and Title _____

2020 NEW YORK SUPPLEMENT QUARTERLY CD TRANSMITTAL FORM

Name of Insurer _____

Date __/__/__ FEIN ____-____ NAIC Group # ____ NAIC Company # _____

THIS FORM IS REQUIRED FOR ALL CD TRANSMITTALS. BE SURE TO RESPOND TO ALL QUESTIONS BELOW AND TO PROVIDE ALL REQUIRED INFORMATION. ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY THE CD CONTENTS SHOULD BE SUPPLIED.

A.

	1st Qtr	2nd Qtr	3rd Qtr
1. Is this the first time you have submitted this filing? (Y/N)	_____	_____	_____
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	_____	_____	_____
3. Is this being re-filed due to changes to the data originally filed? (Y/N) IF "YES", ENCLOSE HARD COPY PAGES FOR EACH CHANGE.	_____	_____	_____
4. Other? (Y/N) If "yes" attach an explanation.	_____	_____	_____

B. Additional comments if necessary for clarification: _____

C. CD Contact: _____ Phone: ____ - ____ - ____
Address: _____

D. Software Vendor: _____ Version: _____

E. Attach copy of external label of CD 1 on the back of this form.

F. The undersigned hereby certifies that, according to the best of his/her information, knowledge and belief, the CDs submitted with this form have been scanned through virus detection software and no viruses are present on the CDs. The virus detection software used was
(name) _____, (version #) _____

(Signed) _____

Type Name and Title _____