



NEW YORK STATE  
DEPARTMENT *of*  
FINANCIAL SERVICES

Andrew M. Cuomo  
Governor

Maria T. Vullo  
Superintendent

December 13, 2016

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

The Department's [Life Bureau website](#) 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, 2017, directly to the Life Bureau Reserve Section – One Commerce Plaza, Suite 1910, Albany, New York, 12257, of this Department. (See Instructions for Filing Valuations).

Please note the Department's e-mail system can no longer accept emails greater than 25MB. Emails containing larger files should either be submitted in multiple e-mails or submitted via CD (see item 18 below).

Please note that the Department's "Special Considerations" letter which relates to December 31, 2016 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](#) by Friday, January 27, 2017. The Department will act on all requests by Friday, February 3, 2017.

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](#) by Friday, January 6, 2017. 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  
Assistant Chief Life Actuary  
Life Bureau

## APPENDIX

### 2016 Instructions

INSTRUCT.docx	Instructions for Filing Valuations
AOMCHKLST.docx	Actuarial Opinion and Memorandum & Risk Based Capital Checklist

### General Account Forms

CHKLST.docx	General Account Valuation Filing Check-List
ANQIMM.docx	General Account Annuity Questionnaire Structured Settlements and Fixed Payment Annuities
ANQACC.docx	General Account Annuity Questionnaire Accumulation-Type Annuities
ISL.docx	General Account Interest Sensitive Life Questionnaire
Group.docx	Group Life Insurance Questionnaire
AHQ.docx	Accident and Health Reserve Questionnaire

### Separate Account Forms

SACHKLST.docx	Separate Account Valuation Filing Check-List
VISL.docx	Separate Account Interest Sensitive Life Questionnaire
SAANN.docx	Separate Account Annuity Questionnaire

### Analysis of Valuation Reserves

AoVR_16_Life_GA.docx	General Account Analysis of Valuation Reserves
AoVR_16_Life_SA.docx	Separate Account Analysis of Valuation Reserves
AoVR_16_Frat.docx	Fraternal General Account Analysis of Valuation Reserves

### EDP Forms & Instructions

ann_inst16.docx	Structured Settlement and Immediate Annuity EDP System Filing Instructions
acuminst.docx	Accumulation-type Annuity EDP System Inforce File Instructions
isl_ife.docx	Interest Sensitive Life EDP System Filing Instructions
tl_ife.docx	Traditional Life EDP System Inforce File Instructions
annedp2016.docx	Structured Settlement and Immediate Annuity EDP System Filing External Label
accumedp.docx	Accumulation-Type Annuity EDP System Filing External Label
tledp.docx	Traditional Life EDP System Filing External Label
isledp.docx	Interest Sensitive Life EDP System Filing External Label
wkaggtest.xlsx	Aggregate Test Worksheet
wkedprecon.xlsx	Sample EDP Reconciliation Worksheet

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



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**THIS FORM MUST BE SUBMITTED FROM THE APPOINTED ACTUARY'S  
E-MAIL ACCOUNT TO THE [ALBANY LIFE BUREAU](#) BY JANUARY 6, 2017**

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, 2016. 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, 2016 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