November 19, 2018

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, 2019, 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, 2018 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 25, 2019. The Department will act on all requests by Friday, February 1, 2019.

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 4, 2019. 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

2018 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_18_Life_GA.docx General Account Analysis of Valuation Reserves
AoVR_18_Life_SA.docx Separate Account Analysis of Valuation Reserves
AoVR_18_Frat.docx Fraternal General Account Analysis of Valuation Reserves

EDP Forms & Instructions
ann_inst.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
annedp.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
wkaaggtest.xlsx Aggregate Test Worksheet
wkedprecon.xlsx Sample EDP Reconciliation Worksheet

If your Company should have trouble accessing these files, please contact us.
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, 2018. 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, 2018 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