

KATHY HOCHUL  
Governor



ADRIENNE A. HARRIS  
Superintendent

November 20, 2024

**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, 2025 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](#).

Please note that the Department's "Special Considerations" letter which relates to December 31, 2024 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 Monday, January 27, 2025. The Department will act on all requests by Monday, February 3, 2025.

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 3, 2025. 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

### 2024 Instructions

INSTRUCT24.docx	Instructions for Filing Valuations
AOMCHKLST24.docx	Actuarial Opinion and Memorandum & Risk Based Capital Checklist

### General Account Forms

CHKLST24.docx	General Account Valuation Filing Check-List
ANQIMM24.docx	General Account Annuity Questionnaire Structured Settlements and Fixed Payment Annuities
ANQACC24.docx	General Account Annuity Questionnaire Accumulation-Type Annuities
ISL24.docx	General Account Interest Sensitive Life Questionnaire
Group_Life24.docx	Group Life Insurance Questionnaire
AHQ24.docx	Accident and Health Reserve Questionnaire

### Separate Account Forms

SACHKLST24.docx	Separate Account Valuation Filing Check-List
VISL24.docx	Separate Account Interest Sensitive Life Questionnaire
SAANN24.docx	Separate Account Annuity Questionnaire

### Analysis of Valuation Reserves

AoVR_24_Life_GA.docx	General Account Analysis of Valuation Reserves
AoVR_24_Life_SA.docx	Separate Account Analysis of Valuation Reserves
AoVR_24_Frat.docx	Fraternal General Account Analysis of Valuation Reserves

### EDP Forms & Instructions

ann_inst24.docx	Structured Settlement and Immediate Annuity EDP System Filing Instructions
acuminst24.docx	Accumulation-type Annuity EDP System Inforce File Instructions
isl_ife24.docx	Interest Sensitive Life EDP System Filing Instructions
tl_ife24.docx	Traditional Life EDP System Inforce File Instructions
wkaggttest.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 3, 2025**

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, 2024. 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, 2024 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