GROUP LIFE INSURANCE QUESTIONNAIRE

Name of Domestic Company_____

Contract Category _____

RESERVE VALUATION AS OF DECEMBER 31, 2025

This questionnaire should be completed electronically by the Actuary responsible for the valuation of Group Life Insurance and saved to electronic media. A copy of the file should be returned to the Life Bureau, along with the submission of the supporting valuation material by March 1, 2026. Do not submit a hard copy response.

NOTE: *Provide separate questionnaires for each major contract category.*

Any additional information required in reply to the following questions should be entered on pages attached to this Questionnaire. If the company has no applicable business inforce, the Questionnaire does not need to be returned. An indication to that effect should be made on the Valuation Filing Check-List.

1. Does the Company have any Group Life Insurance inforce as of 12/31/2025? _____

2. Provide a general product description for each Group Life product in force including features available.

_____
_____

3. Does the Company guarantee Group Life Insurance rates for periods greater than 12 months? If yes, please list each product and the length of each guarantee.

_____
_____
_____
_____

4. For those products described in 3., please address the following:

a) Describe all provisions that enable the Company to terminate or cancel the policy during the guarantee period.

b) Are these products issued on a voluntary basis? Please explain.

c) How are the rates determined (e.g., for each issue age, by age bands, or one rate for the entire group, etc.)? Please explain.

d) Provide a description of who pays the premiums (e.g. employer paid, individual certificate holder…).

e) Provide a description of the reserve methodology.

f) Please confirm compliance with and explain how the reserves meet the requirements of 11 NYCRR 98 or 11 NYCRR 103 – (Insurance Regulation No. 147 & 213).

Name of Actuary completing this Group Life Insurance Questionnaire

_____

Title (Specify Firm, if Consulting Actuary)

_____

Date Completed _____

Group