

**IN FORCE CONTRACTS STANDARDIZED DATA REQUEST**  
**Annuity Line of Business**

Contents: This file should be downloaded from company system(s) and contain one record for each annuity contract issued to [applicable state] residents that were in force at any time during the examination period.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to annuity contracts in [applicable state] within the scope of the examination:

- Cross-reference with annual statement data to validate the completeness of the in force file;
- Cross-reference with the company’s MCAS data to validate the accuracy of MCAS reporting;
- Cross-reference with claims data to validate the completeness of the in force file; and
- Cross-reference to state (s) licensing information to ensure proper producer licensure.

| Field Name | Start | Length | Type | Decimals | Description  | ACLI Comments  |
|------------|-------|--------|------|----------|--|--|
| CoCode     | 1     | 5      | A    |          | NAIC company code  |  |
| ConNo      | 6     | 20     | A    |          | Contract number  |  |
| EffDt      | 26    | 10     | D    |          | Contract effective date [MM/DD/YYYY]   |  |
| ConForm    | 36    | 20     | A    |          | Contract form number as filed with the insurance department                          | <u>Are forms other than the base contract form sought? Are additional forms that constitute the “contract” sought as well? Also, provision of this information may require manual process, making it challenging to produce.</u>   |
| COFirst    | 56    | 15     | A    |          | First name of contract owner <del>responsible for premium payment of contract</del>  | <u>This field seems to be predicated on the contract owner being the one to pay the premium which is not always the case. ACLI recommends deletion of reference to responsibility for payment of premium. Also, how should this field be completed if there is more than one contract owner?</u> |
| COMid      | 71    | 15     | A    |          | Middle name of contract owner <del>responsible for premium payment of contract</del> | <u>Same as above. Also, company may only have this information if it is stored in its systems and provision of the information may require cross referencing to systems other than the policy administration system or manual process, likely to make production challenging.</u>                |
| COLast     | 86    | 20     | A    |          | Last name of contract owner <del>responsible for premium payment of contract</del>   | <u>Same as above. Also, should this field be modified to take into account that the annuity may be owned by trust or business?</u>   |
| CODOB      | 106   | 10     | D    |          | Contract owner date of birth [MM/DD/YYYY]  | <u>How should this field be completed if there is more than one contract owner? Also, the field would not be applicable if annuity is owned by trust or business.</u>  |
| COAddr     | 116   | 100    | A    |          | Contract owner street address  | <u>Same as above. Also, if the contract owner is in client</u>   |

|          |     |     |   |  |   |   |
|----------|-----|-----|---|--|---|---|
|          |     |     |   |  |   | <u>database and later changes address, only the contract owner's current address, and not his or her address at time of application, is likely to be stored.</u>  |
| COCity   | 216 | 20  | A |  | Contract owner city   | <u>Same as above.</u>   |
| COS      | 236 | 2   | A |  | State abbreviation of contract owner as of the end of the examination period  | <u>Same as above.</u>   |
| COZip    | 238 | 5   | A |  | Contract owner ZIP code   | <u>Same as above.</u>   |
| AntFirst | 243 | 15  | A |  | First name of annuitant   | <u>How should this field be completed if there are joint or multiple annuitants?</u>  |
| AntMid   | 258 | 15  | A |  | Middle name of annuitant  | <u>Same as above.</u>   |
| AntLast  | 273 | 20  | A |  | Last name of annuitant  | <u>Same as above</u>  |
| AntAddr  | 293 | 100 | A |  | Annuitant street address  | <u>Same as above</u>  |
| AntCity  | 393 | 20  | A |  | Annuitant city  | <u>Same as above</u>  |
| AntSt    | 413 | 2   | A |  | Abbreviation of annuitant's state   | <u>Same as above</u>  |
| AntZip   | 415 | 5   | A |  | Annuitant ZIP code  | <u>Same as above</u>  |
| AntDOB   | 420 | 10  | D |  | Annuitant date of birth [MM/DD/YYYY]  | <u>Same as above. Also, provision of the information may require cross referencing to systems other than the policy administration system or manual process, likely to make production challenging.</u>                     |
| AntSx    | 430 | 1   | A |  | Annuitant's sex (M/F)   | <u>Same as above</u>  |
| PrCode   | 431 | 10  | A |  | Company internal producer, CSR or business entity producer identification code <b>Please provide a list to explain any codes used</b> |   |
| NPN      | 441 | 7   | A |  | National producer number  | <u>Company policy administration system likely does not capture this information, necessitating some linking to agent licensing systems or a manual process, likely to make it challenging to produce this information.</u> |
| Rep      | 448 | 1   | A |  | Did this annuity contract replace an existing contract regardless of who wrote the previous contract? (Y/N)                           |   |
| RepType  | 449 | 1   | A |  | Type of replacement <b>Internal = 1 or External = 2</b>   | <u>How should this field be completed if the contract replaced more than one existing contract?</u>   |
| T1035    | 450 | 1   | A |  | Is a T1035 required to be completed in the event of a termination of replacement? (Y/N)   | <u>The goal of this field and the meaning of the phrase "termination of replacement" are unclear. Also, company may not have this information in its systems.</u>   |
| TxStat   | 451 | 1   | A |  | <b>Q = qualified N = nonqualified</b>   |   |
| AppProDt | 452 | 10  | D |  | Date application processed [MM/DD/YYYY]   | <u>It is unclear what information is sought and the reasons for which it is sought. ACLI suggests that the relevant dates appear to be the dates the application was received and the</u>                                   |

|          |     |    |   |   |  |   |
|----------|-----|----|---|---|--|---|
|          |     |    |   |   |  | <u>annuity was issued (AppRecDt and IssDt).</u>   |
| AppRecDt | 462 | 10 | D |   | Date application received by the company [MM/DD/YYYY]  |   |
| IssDt    | 472 | 10 | D |   | Annuity contract issue date [MM/DD/YYYY]   |   |
| IssSt    | 482 | 2  | A |   | State abbreviation where contract was issued   |   |
| CWAAmt   | 484 | 10 | N | 2 | Consideration amount received with the application   | <u>Is only consideration received at application sought? Is money associated with the application that is received later or other money received later, such as by replaced contracts, also sought?</u> |
| MinAnAmt | 494 | 10 | N | 2 | Minimum annual additional consideration required   | <u>It is unclear what information is sought in this field and whether company will have this information.</u>   |
| PaidDt   | 504 | 10 | D |   | Date to which the contract is paid [MM/DD/YYYY]  | <u>This field does not appear relevant to an annuity product.</u>   |
| PlanCode | 514 | 10 | A |   | System plan code <b>Please provide a list of system plan codes as required under the “Annuity Plan Level” portion of this request</b>                            |   |
| FixVal   | 524 | 10 | N | 2 | Fixed account value <b>Please provide the account value as of the end of the examination period</b>  | <u>There is question whether all companies will be able to provide this value as of “the end of the examination period.”</u>  |
| IndVal   | 534 | 10 | N | 2 | Indexed account value, if applicable <b>Please provide the account value as of the end of the examination period</b>   |   |
| VarVal   | 544 | 10 | N | 2 | Amounts in the investment division of the separate account, if applicable <b>Please provide the account value as of the end of the examination period</b>        |   |
| CrAccum  | 554 | 10 | N | 2 | Current accumulation value <b>Please provide the account value as of the end of the examination period</b>   |   |
| ConStat  | 564 | 20 | A |   | Contract status as of the end of the examination period (e.g. accumulation, annuitization, etc.) <b>Please provide a list to explain any codes used</b>          |   |
| BonusTyp | 584 | 20 | A |   | Bonus types applied to the annuity <b>Please provide a list to explain any codes used. If more than one has been applied, please identify each bonus applied</b> |   |
| BonusAmt | 604 | 10 | N | 2 | Total amount of bonuses applied to the annuity   |   |
| Amrden   | 614 | 20 | A |   | All applicable amendments, riders, and endorsements added <b>Please provide a list to explain any codes used</b>   | <u>This field may not provide adequate number of characters to account for all possible amendments, riders and endorsement codes.</u>   |

|          |     |    |   |   |   |
|----------|-----|----|---|---|---|
| AmrdenDt | 634 | 10 | D | Effective date of applicable amendment, rider or endorsement [MM/DD/YYYY] <b>If multiple amendment, rider or endorsements, repeat fields as necessary</b>   | <u>If this field is allowed to repeat as necessary, the rest of the character start numbers will be off for all of the following fields.</u>  |
| PayOp    | 644 | 20 | A | Payout option elected <b>Please provide a list of all payout options available, including their meanings</b>  | <u>This field may not provide adequate number of characters to account for all possible option codes.</u>   |
| MatDt    | 664 | 10 | D | Maturity date of annuity contract [MM/DD/YYYY]  |   |
| CanReqDt | 674 | 10 | D | Date cancellation requested, if applicable [MM/DD/YYYY]   | <u>Provision of this information may require cross referencing to systems other than the policy administration system or manual process, likely to make production challenging.</u> |
| CanTer   | 684 | 1  | A | Who cancelled the coverage <b>C=Consumer and I=Insurer</b>  | <u>Same as above.</u>   |
| CanTerRs | 685 | 20 | A | Reason for cancellation/termination of coverage Example: Lapse, individual requested cancellation, company cancellation, death, cash surrender, etc. <b>If codes are used, provide a list of all cancellation codes along with their meanings</b> |   |
| CanTerDt | 705 | 10 | D | Date contract cancelled/terminated [MM/DD/YYYY]   |   |
| RefAmt   | 715 | 10 | N | 2 Amount of refund, if applicable   |   |
| RefDt    | 725 | 10 | D | Date refund mailed, if applicable [MM/DD/YYYY]  | <u>There is question whether company will have or be able to provide this information.</u>  |
| RefTo    | 735 | 20 | A | Person who received refund, if applicable   | <u>Same as above.</u>   |
| LOB      | 755 | 3  | A | Line of business according to annual financial statement <b>Please provide a list to explain LOB codes</b>  |   |
| PaySt    | 758 | 2  | A | State where annuity premium/consideration is reported in annual statement, as of the end of the exam period   | <u>There is question whether company will be able to provide information, particularly for a single state, and whether it can be provided as of end of exam period.</u>             |
| EndRec   | 760 | 1  | A | End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.   |   |