

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 responsible for premium payment of contract	<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 responsible for premium payment of contract	<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 responsible for premium payment of contract	<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 Please provide a list to explain any codes used	
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 Internal = 1 or External = 2	<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		Q = qualified N = nonqualified	
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 Please provide a list of system plan codes as required under the “Annuity Plan Level” portion of this request	
FixVal	524	10	N	2	Fixed account value Please provide the account value as of the end of the examination period	<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 Please provide the account value as of the end of the examination period	
VarVal	544	10	N	2	Amounts in the investment division of the separate account, if applicable Please provide the account value as of the end of the examination period	
CrAccum	554	10	N	2	Current accumulation value Please provide the account value as of the end of the examination period	
ConStat	564	20	A		Contract status as of the end of the examination period (e.g. accumulation, annuitization, etc.) Please provide a list to explain any codes used	
BonusTyp	584	20	A		Bonus types applied to the annuity Please provide a list to explain any codes used. If more than one has been applied, please identify each bonus applied	
BonusAmt	604	10	N	2	Total amount of bonuses applied to the annuity	
Amrden	614	20	A		All applicable amendments, riders, and endorsements added Please provide a list to explain any codes used	<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] If multiple amendment, rider or endorsements, repeat fields as necessary	<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 Please provide a list of all payout options available, including their meanings	<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 C=Consumer and I=Insurer	<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. If codes are used, provide a list of all cancellation codes along with their meanings	
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 Please provide a list to explain LOB codes	
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.	