

Capital Adequacy (E) Task Force

RBC Proposal Form

- | | | |
|---|--|---|
| <input type="checkbox"/> Capital Adequacy (E) Task Force | <input type="checkbox"/> Health RBC (E) Working Group | <input type="checkbox"/> Life RBC (E) Working Group |
| <input checked="" type="checkbox"/> Catastrophe Risk (E) Subgroup | <input type="checkbox"/> P/C RBC (E) Working Group | <input type="checkbox"/> Longevity Risk (A/E) Subgroup |
| <input type="checkbox"/> Variable Annuities Capital. & Reserve (E/A) Subgroup | <input type="checkbox"/> Economic Scenarios (E/A) Subgroup | <input type="checkbox"/> RBC Investment Risk & Evaluation (E) Working Group |

DATE: <u>4/15/25</u>	FOR NAIC USE ONLY
CONTACT PERSON: <u>Eva Yeung</u> TELEPHONE: <u>816-783-8407</u> EMAIL ADDRESS: <u>eyeung@naic.org</u> ON BEHALF OF: <u>Catastrophe Risk (E) Subgroup</u> NAME: <u>Wanchin Chou</u> TITLE: <u>Chair</u> AFFILIATION: <u>Connecticut Department of Insurance</u> ADDRESS: <u>153 Market St., Hartford CT 06103</u>	Agenda Item # <u>2025-11-CR</u> Year <u>2025</u> <hr/> DISPOSITION ADOPTED: <input type="checkbox"/> TASK FORCE (TF) _____ <input type="checkbox"/> WORKING GROUP (WG) _____ <input type="checkbox"/> SUBGROUP (SG) _____ EXPOSED: <input type="checkbox"/> TASK FORCE (TF) _____ <input checked="" type="checkbox"/> WORKING GROUP (WG) <u>5/2/25</u> <input checked="" type="checkbox"/> SUBGROUP (SG) <u>5/2/25</u> REJECTED: <input type="checkbox"/> TF <input type="checkbox"/> WG <input type="checkbox"/> SG _____ OTHER: <input type="checkbox"/> DEFERRED TO _____ <input type="checkbox"/> REFERRED TO OTHER NAIC GROUP _____ <input type="checkbox"/> (SPECIFY) _____

IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

- | | | |
|--|---|--|
| <input type="checkbox"/> Health RBC Blanks | <input checked="" type="checkbox"/> Property/Casualty RBC Blanks | <input type="checkbox"/> Life and Fraternal RBC Blanks |
| <input type="checkbox"/> Health RBC Instructions | <input type="checkbox"/> Property/Casualty RBC Instructions | <input type="checkbox"/> Life and Fraternal RBC Instructions |
| <input type="checkbox"/> Health RBC Formula | <input checked="" type="checkbox"/> Property/Casualty RBC Formula | <input type="checkbox"/> Life and Fraternal RBC Formula |
| <input type="checkbox"/> OTHER _____ | | |

DESCRIPTION/REASON OR JUSTIFICATION OF CHANGE(S)

The purpose of this proposal is to update the PR002 Attestation by incorporating the newly added wildfire and severe convective storm perils for informational purposes only from PR027.

Additional Staff Comments:

**** This section must be completed on all forms.**

Revised 2-2023

ATTESTATION RE: CATASTROPHE MODELING USED IN RBC CATASTROPHE RISK CHARGES PR002

(1) Company Name hereby certifies that the modeled catastrophe losses for earthquake risk, hurricane risk, ~~and~~ wildfire risk, ~~and~~ severe convective storm risk entered on lines 1 through 4 of Schedule PR027A, PR027B, PR027C and PR027D of this Risk-Based Capital Report were determined by applying the same catastrophe models or combination of models to the same underlying exposure data, and using the same modeling assumptions, as the company uses in its own internal risk management process, with the following exceptions:

(1a) _____

These exceptions, if any, are made for the following reasons:

(1b) _____

The following describes the company's application of catastrophe modeling to the determination of the Reat risk charges: (Include which models are used in what combinations for each of the Reat charges; what key modeling assumptions are used, including but not limited to time dependency, secondary uncertainty, storm surge, demand surge, and fire following earthquake; and the rationale for treatment of each issue or item): (provide attachments if necessary):

(2) _____

The company further certifies that the underlying exposure data used in the catastrophe modeling process is accurate and complete to the best of our knowledge and ability, with the following limitations:

(3) _____

The following describes the extent to which the exposure location data is accurate to GPS coordinates; to zip code; and to a level less accurate than zip code: (provide attachments if necessary):

(4) _____

The following describes the steps taken to validate, to the best of the Company's knowledge and belief, the accuracy and completeness of the exposure data used in the modeling process to determine the Reat catastrophe risk charges (provide attachments if necessary):

(5) _____

Provide an explanation of the methodology used to derive the amounts in columns 3 and 4 of page PR027A, PR027B, ~~and~~ PR027C, and PR027D.

(6) _____

(7) Completed on behalf of: _____ (7) Completed By: _____
Last First Middle Title

(7) Email: _____ (7) Phone: _____ Date: _____