

CLAIMS STANDARDIZED DATA REQUEST
Annuity Line of Business

Contents: This file should be downloaded from company system(s) and contain one record for any and all claims which were submitted, reviewed or processed during the examination period. This data should be presented by contract owner/claimant.

For any fields where there are multiple entries, please repeat field as necessary. If fields are related, denote by adding a number suffix to applicable fields.

If the data is not available for extraction from company administrative systems, but is available on request from company fields, please insert AOR (available on request) in the data field.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to death claims regarding annuity contracts during the scope of the examination during the scope of examination:

- Cross-reference to MCAS claims data (record count) to ensure completeness of exam data submitted;
- Cross-reference with annuity in force data to ensure completeness of exam data submitted; and
- Cross- reference to annual statement claims data (amount) to ensure completeness of exam data submitted.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ClmNo	6	15	A		Claim number
ConPre	21	3	A		Contract prefix (Blank if NONE)
ConNo	24	20	A		Contract number
ConSuf	44	3	A		Contract suffix (Blank if NONE)
ConForm	47	10	A		Contract form number as filed with the insurance department
PlanCode	57	6	A		System plan code Please provide a list of system plan codes and their descriptions
COFirst	63	15	A		First name of contract owner <u>responsible for premium payment of contract</u>
COMid	78	15	A		Middle name of contract owner <u>responsible for premium payment of contract</u>
COLast	93	20	A		Last name of contract owner <u>responsible for premium payment of contract</u> <u>or entity name</u> (e.g. trust, organization, etc.)
CODOB	113	10	D		Contract owner date of birth -[MM/DD/YYYY]
COAddr	123	100	A		Contract owner street address
COCity	223	20	A		Contract owner city
COST	243	2	A		State abbreviation of contract owner as of the end of the examination period
COZip	245	5	A		Contract owner ZIP code

IssSt	250	2	A		State abbreviation where contract was issued
CmtFirst	252	15	A		First name of claimant
CmtMid	267	15	A		Middle name of claimant
CmtLast	282	20	A		Last name of claimant (Entity filing proof of loss) (e.g. trust, organization, etc.)
CmtRel	302	50	A		Claimant relationship to contract owner Please provide a list to explain any codes used
BeneFirst	352	15	A		First name of beneficiary If multiple beneficiaries are designated, repeat field as necessary
BeneMid	367	15	A		Middle name of beneficiary If multiple beneficiaries are designated, repeat field as necessary
BeneLast	382	20	A		First name of beneficiary or name of non-living entity named as beneficiary (e.g. trust, organization, etc.) If multiple beneficiaries are designated, repeat field as necessary
AntFirst	352 02	15	A		First name of annuitant
AntMid	367 17	15	A		Middle name of annuitant
AntLast	382 32	20	A		Last name of annuitant or name of entity named as annuitant
AntSt	402 52	2	A		Resident state of annuitant
StlmtOpt	404 54	10	A		Settlement option code Please provide a list to explain settlement option codes
ClmStat	414 64	10	A		Claim status code as of the end of the exam period Please provide a list of claim status codes along with their meanings. Example: Paid, denied, pending, etc.
ClmIncDtDtDt h	424 74	10	D		Claim incurred dateDate of death [MM/DD/YYYY]
ClmPrfDt	484	10	D		Date proof of death received [MM/DD/YYYY]
ClmNtDt	434 94	10	D		Date the company or producer received notification of claim [MM/DD/YYYY]
ClmAckDt	444 04	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
ClmPdAmt	454 14	11	N	2	Amount of claim payment
IntRate	465 25	8	N	5	Interest rate, expressed as a decimal applied to contract proceeds, if applicable (4% = 0.04000)
IntAmt	473 33	11	N	2	Interest amount credited to contract proceeds, if applicable
ClmPdDt	484 44	10	D		Claim paid date [MM/DD/YYYY]
ClmDnyDt	494 54	10	D		Claim denial date [MM/DD/YYYY]

ClmDenRsn	5045 <u>64</u>	50	A		Reason for claim denial Please provide a list to explain any codes used
ClmPendRsn	5546 <u>14</u>	50	A		Reason for claim pending Please provide a list to explain any codes used
DlyRsn	6046 <u>64</u>	50	A		Reason for claim delay Please provide a list to explain any codes used
DlyLtrDt	6547 <u>14</u>	10	D		Date when delay letter was sent [MM/DD/YYYY]
EndRec	6647 <u>24</u>	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.

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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.

For any fields where there are multiple entries, please repeat field as necessary. If fields are related, denote by adding a number suffix to applicable fields.

If the data is not available for extraction from company administrative systems, but is available on request from company fields, please insert AOR (available on request) in the data field.

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
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
COFirst	56	15	A		First name of contract owner responsible for premium payment of contract
COMid	71	15	A		Middle name of contract owner responsible for premium payment of contract
COLast	86	20	A		Last name of contract owner responsible for premium payment of contract <u>or entity name (e.g. trust, organization, etc.)</u>
CODOB	106	10	D		Contract owner date of birth [MM/DD/YYYY]
COAddr	116	100	A		Contract owner street address
COCity	216	20	A		Contract owner city
COST	236	2	A		State abbreviation of contract owner as of the end of the examination period
COZip	238	5	A		Contract owner ZIP code
AntFirst	243	15	A		First name of annuitant
AntMid	258	15	A		Middle name of annuitant
AntLast	273	20	A		Last name of annuitant
AntAddr	293	100	A		Annuitant street address

AntCity	393	20	A		Annuitant city
AntSt	413	2	A		Abbreviation of annuitant's state
AntZip	415	5	A		Annuitant ZIP code
AntDOB	420	10	D		Annuitant date of birth [MM/DD/YYYY]
AntSx	430	1	A		Annuitant's sex (M/F)
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
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-or Both = 3
T1035	450	1	A		Is a T1035 required to be completed in the event of a termination of replacement? (Y/N)
TxStat	451	1	A		Q = qualified N = nonqualified
AppProDt	452	10	D		Date application processed [MM/DD/YYYY]
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
MinAnAmt	494	10	N	2	Minimum annual additional consideration required
PaidDt	504	10	D		Date to which the contract is paid [MM/DD/YYYY]
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
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
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
PayOp	644	20	A		Payout option elected Please provide a list of all payout options available, including their meanings

MatDt	664	10	D		Maturity date of annuity contract [MM/DD/YYYY]
CanReqDt	674	10	D		Date cancellation requested, if applicable [MM/DD/YYYY]
CanTer	684	1	A		Who cancelled the coverage C=Consumer and I=Insurer
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]
RefTo	735	20	A		Person who received refund, if applicable
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
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.

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NEW BUSINESS DECLINATIONS STANDARDIZED DATA REQUEST
Annuity Line of Business

Contents: This file should be downloaded from company system(s) and contain one record for each contract that was declined in the examination state(s) during the examination period.

For any fields where there are multiple entries, please repeat field as necessary. If fields are related, denote by adding a number suffix to applicable fields.

If the data is not available for extraction from company administrative systems, but is available on request from company fields, please insert AOR (available on request) in the data field.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to refusal of the company to issue an annuity contract:

- Cross-reference to in_force data file to test if declined applicants subsequently written;
- Cross-reference to producer data file to test for producers with declination rates that are significantly higher than or lower than the average;
- Test for unfair discrimination in declinations; and
- Test for compliance with declination notice requirements.

“Declination” means refusal of an insurer to issue a contract or add additional coverage from an application or written request from a producer or applicant.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
AppNo	6	10	A		Application number, if applicable. Include prefix or suffix
PlanCode	16	10	A		System plan code Please provide a list of system plan codes and their descriptions
PrCode	26	10	A		Company internal producer, CSR or business entity producer identification code Please provide a list to explain any codes used
NPN	36	7	A		National producer number
Rep	43	1	A		Was this an application of replacement, regardless of who wrote the previous contract? (Y/N)
RepCo	44	100	A		Name of replaced company If codes or abbreviations are provided, please provide a list to explain
AppFirst	144	15	A		First name of individual requesting the contract <u>applicant</u>
AppMid	159	15	A		Middle name of individual requesting the contract <u>applicant</u>
AppLast	174	20	A		Last name of individual requesting the contract <u>applicant</u> If the contract was requested by a business or trust, please provide the business or trust name here
AppDOB	194	10	D		Applicant date of birth [MM/DD/YYYY]
AppAddr	204	100	A		Applicant street address

AppCity	304	20	A		Applicant city
AppSt	324	2	A		State in which contract was applied for
AppZip	326	5	A		Applicant ZIP code
AntDOB	331	10	D		Annuitant date of birth [MM/DD/YYYY]
AntFirst	341	15	A		First name of annuitant
AntMid	356	15	A		Middle name of annuitant
AntLast	371	20	A		Last name of annuitant
AntSx	391	1	A		Annuitant's sex (M/F)
AntOcc	392	50	A		Annuitant occupation/retired If codes are used, please provide a list of codes and their descriptions
AntAddr	442	100	A		Annuitant street address
AntCity	542	20	A		Annuitant city
AntSt	562	2	A		Abbreviation of annuitant's state
Ant ZIP	564	5	A		Annuitant ZIP code
AppProDt	569	10	D		Date application processed [MM/DD/YYYY]
AppRecDt	579	10	D		Date application received [MM/DD/YYYY]
CWAAmt	589	10	N	2	Consideration amount received with the application
DeclDt	599	10	D		Date of declination [MM/DD/YYYY]
DeclRsn	609	50	A		Reason for declining application If declination codes are used, please provide a list of codes and their descriptions
NoticeDt	659	10	D		Date notice of declination sent to applicant [MM/DD/YYYY]
RefAmt	669	10	N	2	Amount of refund, if applicable
RefDt	679	10	D		Date refund mailed, if applicable [MM/DD/YYYY]
RefToFst	689	15	A		First name of person who received refund, if applicable
RefToMd	704	15	A		Middle name of person who received refund, if applicable
RefToLst	719	20	A		Last name of person who received refund, (or name of business), if applicable
EndRec	739	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.

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PAYMENT, WITHDRAWAL AND SURRENDER STANDARDIZED DATA REQUEST
Annuity Line of Business

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

For any fields where there are multiple entries, please repeat field as necessary. If fields are related, denote by adding a number suffix to applicable fields.

If the data is not available for extraction from company administrative systems, but is available on request from company fields, please insert AOR (available on request) in the data field.

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

- Cross-reference with the annuity in force standardized data request for data accuracy; and
- Cross-reference with MCAS data to ensure completeness of exam data submitted.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ConNo	6	20	A		Contract number
COFirst	26	15	A		First name of contract owner responsible for premium payment of contract
COMid	41	15	A		Middle name of contract owner responsible for premium payment of contract
COLast	56	20	A		Last name of contract owner responsible for premium payment of contract <u>or entity name (e.g. trust, organization, etc.)</u>
ConYr	76	4	A		The contract year at the time of the individual annuity payment, withdrawal or surrender request
SurWithA	80	1	A		Was the itemized transaction the result of a surrender, withdrawal or annuity payment? (S/W/A)?
PmtTyp	81	20	A		Type of annuity payment Please provide a list to explain any codes used
ReqDt	101	10	D		For the referenced annuity payment, withdrawal or surrender, please provide the date of surrender request, withdrawal request or the request to begin annuity payments? [MM/DD/YYYY]
FrqPay	111	15	A		For annuitized contracts, please specify the frequency of the annuitization payment, if applicable (e.g. monthly, annually, quarterly, etc)
PayDt	126	10	D		For the referenced annuity payment, surrender or withdrawal, please specify when the transaction was effected [MM/DD/YYYY]
AmtSW	136	11	N	2	Amount of surrender or withdrawal or annuity payment
ChargeSW	147	11	N	2	Amount of the withdrawal or surrender charge
PenInc	158	11	N	2	Amount of penalty incurred for the withdrawal or surrender
PenCd	169	10	A		Penalty code(s) applied Please provide a list of all penalty codes and their meanings

EndRec	179	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.
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PLAN CODE STANDARDIZED DATA REQUEST
Annuity Line of Business

Contents: For each annuity plan code which was in force or issued to [applicable state] residents at any time during the examination period, please provide information on the annuity plan code and its features. There should be one record for each annuity plan code.

For any fields where there are multiple entries, please repeat field as necessary. If fields are related, denote by adding a number suffix to applicable fields.

If the data is not available for extraction from company administrative systems, but is available on request from company fields, please insert AOR (available on request) in the data field.

Uses: Data will be used to ascertain general information about the annuity contracts marketed or in force during the exam period as well as when those contracts were marketed:

- Cross-reference product marketing dates with advertising data to validate completeness of the advertising data;
- Cross-reference with the Annuity Payment, Withdrawal, and Surrender data to validate surrender charges were applied during the surrender period; and
- Identify plan codes to sample (e.g. plans marketed during the exam period with a premium bonus).

Field Name	Start	Length	Type	Decimals	Description
PlanCode	1	6	A		System plan code Please provide a list of system plan codes and their descriptions
ConType	7	20	A		Type of contract (i.e. variable, fixed, indexed, etc.) Please provide a list of all contract type codes and their meaning
ConForm	27	10	A		Contract form number applied for as filed with insurance department
FilDt	37	10	D		Date contract sent for approval or filed {MM/DD/YYYY}
ConDtApv	47	10	D		Date contract approved or filed{MM/DD/YYYY}
ProdDesc	57	50	A		Product description/name
ProdBgDt	107	10	D		Date product marketing began in [insert state], if applicable{MM/DD/YYYY}
ProdEnDt	117	10	D		Date product marketing ended in [insert state], if applicable{MM/DD/YYYY}
Illustr	127	1	A		Is an illustration required? (Y/N)
BnsTyp	128	20	A		Types of bonuses available on annuity Please provide a list of all bonus types and a description of each available bonus and applicable percentages
Comm1st	148	5	N	2	Percentage of first year commission
ComReHi	153	5	N	2	Provide the highest percentage of renewal commission payable for the annuity plan
ComReLo	158	5	N	2	Provide the lowest percentage of renewal commission payable for this annuity plan
CommYr	163	2	A		Number of years for which renewal commission was/is payable
IntGuar	165	5	N	2	Guaranteed interest rate
IntSen	170	1	A		Interest sensitive product? (Y/N)

SurChgF	171	5	N	2	Percentage of first year surrender charge
SurChgL	176	5	N	2	Percentage of last year surrender charge
SurPer	181	2	A		Surrender period (years)
PayOp	183	20	A		Pay out options available for the annuity Please provide a list of all payout options available, including their meanings
Amrden	203	20	A		All applicable amendments, riders, and endorsements added Please provide a list to explain any codes used. If more than one amendment applies, repeat fields as necessary
EndRec	223	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.

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REPLACED 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 that the company replaced in [applicable state] during the examination period. The data should reflect only records that the company replaced, and not include contracts that were issued by the company, and replaced by other companies.

For any fields where there are multiple entries, please repeat field as necessary. If fields are related, denote by adding a number suffix to applicable fields.

If the data is not available for extraction from company administrative systems, but is available on request from company fields, please insert AOR (available on request) in the data field.

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 to in force data file to review persistency;
- Cross-reference with the company’s MCAS data to validate the accuracy of MCAS reporting;
- Cross-reference to in force data file to determine whether producers are coding replacements properly;
- Cross-reference to producer data file to test producer licensure and replacement rates by producer; and
- Test for compliance with replacement notice requirements.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ConNo	6	20	A		Contract number
EffDt	26	10	D		Contract effective date [MM/DD/YYYY]
CWAAmt	36	10	N	2	Consideration amount received with the replacement
ConForm	46	20	A		Contract form number as filed with the insurance department
COFirst	66	15	A		Contract owner first name
COMid	81	15	A		Contract owner middle name
COLast	96	20	A		Contract owner last name <u>or entity name (e.g. trust, organization, etc.)</u>
CODOB	116	10	D		Contract owner date of birth [MM/DD/YYYY]
COAddr	126	100	A		Contract owner street address
COCity	226	20	A		Contract owner city
COSSt	246	2	A		Contract owner state abbreviation
COZip	248	5	A		Contract owner ZIP code
IssDt	253	10	D		Contract issue date [MM/DD/YYYY]
IssSt	263	2	A		State abbreviation where contract was issued

RepNtcCo	265	100	A	Name of replaced company
RepNtcDt	365	10	D	Date replacement notice sent [MM/DD/YYYY]
PrCode	375	10	A	Company internal producer, CSR or business entity producer identification code Please provide a list to explain any codes used
NPN	385	7	A	National producer number
RepType	392	1	A	Type of replacement Internal = 1 or External = 2
PlanCode	393	10	A	System plan code Please provide a list of system plan codes along with their meanings
T1035	403	1	A	Is a T1035 required to be completed in the event of a termination of replacement? (Y/N)
TxStat	404	1	A	Q = Qualified N = Nonqualified
EndRec	405	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.

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PROCEDURES FOR AMENDING THE *MARKET REGULATION HANDBOOK*

The procedures that the Market Conduct Examination Standards (D) Working Group (Working Group) follows for changes, amendments and/or modifications to the *Market Regulation Handbook* (Handbook) follow.

1. When Working Group members or NAIC support staff identify an issue that could lead to relevant changes to the Handbook, an initial draft is prepared by NAIC staff, with input from the chair of the Working Group and regulator subject matter experts, as needed.
2. Exposure drafts are exposed for comment prior to open Working Group meetings, then reviewed and discussed during open Working Group meetings. Comments and suggested revisions received from regulators and interested parties may be incorporated into reviewed exposure drafts. The Working Group adopts amendments to the Handbook by a majority vote at open meetings.
3. Initial comment periods on Working Group exposure drafts are 30 days in length. The Working Group may consider an additional exposure period of less than 30 days, for subsequent revisions to the same draft.
4. Working Group members, interested regulators and interested parties are notified of the Working Group's consideration of new or revised content for the Handbook in advance of the meeting via email and on the NAIC website.
5. After the adoption of Handbook changes by the Market Regulation and Consumer Affairs (D) Committee, the changes are posted on the Market Regulation Handbook Updates web page on StateNet for regulators and on the Market Regulation Handbook Updates web page, for purchasers of the current edition of the Handbook. Changes adopted by the NAIC Executive (EX) Committee and Plenary by the end of a given calendar year are included in the subsequent year's Handbook.
6. Every volume of the Handbook specifies that the Handbook contains all NAIC guidance adopted in the previous calendar year.

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