1. Complete this form for EACH proposal to modify RBC documents.
2. Check which group to which this proposal form applies.
3. Under “Identification of Sources and Form(s)/Instructions to Change”, mark all appropriate boxes for the forms or instructions that apply.
4. Under "Description of Changes", state in specific terms the changes to be made for this proposal. Include the line(s) to be changed, as well as the Page number(s), and the Paragraph or Item number(s), or other identification and specific reference to items to be changed.
5. Under "Reason or Justification for Change", state in specific terms the enhancement to the RBC formula to be derived from this proposal.
6. All attachments should be presented in Word and/or Excel format wherein new language is underscored and deletions struck through.
7. Original forms, etc., are available from the RBC Forecasting & Instructions and from NAIC staff support for the RBC Working Groups.
8. All Submission Forms and Attachments must be Typed and Submitted electronically directly to the appropriate NAIC staff support.

Legend for Working Group/Subgroup /Business Type

CA  Capital Adequacy
CR  Catastrophe Risk Subgroup
F   Fraternal
X   Health RBC Working Group
I   Investment RBC Working Group
L   Life RBC Working Group
P   Property/Casualty RBC Working Group
O   Operational Risk Subgroup f.k.a. SMI RBC Subgroup
C3  C3/P2 (E/A) Subgroup
S   Stress Testing Subgroup
### RBC Proposal Form

**Capital Adequacy (E) Task Force**

| Capital Adequacy (E) Task Force | Health RBC (E) Working Group | Life RBC (E) Working Group |
| Catastrophe Risk (E) Subgroup | Investment RBC (E) Working Group | Operational Risk (E) Subgroup |
| C3 Phase II/ AG43 (E/A) Subgroup | P/C RBC (E) Working Group | Stress Testing (E) Subgroup |

#### DATE:

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<th>EMAIL ADDRESS:</th>
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<tbody>
<tr>
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**FOR NAIC USE ONLY**

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

| Health RBC Blanks | Property/Casualty RBC Blanks | Life RBC Instructions |
| Fraternal RBC Blanks | Health RBC Instructions | Property/Casualty RBC Instructions |
| Life RBC Blanks | Fraternal RBC Instructions | OTHER ______________ |

#### DESCRIPTION OF CHANGE(S)

#### REASON OR JUSTIFICATION FOR CHANGE **

Additional Staff Comments:

** This section must be completed on all forms. Revised 11-2013

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