1. Consider Adoption of its July 12, June 14, and Spring National Meeting Minutes—Eric Slavich (WA)  
   Attachment One

2. Consider Adoption of its Working Group Reports—Eric Slavich (WA)  
   A. Actuarial Opinion (C) Working Group—Anna Krylova (NM)  
   B. Statistical Data (C) Working Group—Sandra Darby (ME)  
   Attachment Three

3. Expose Loss Cost Multiplier (LCM) Form and Instructions—Eric Slavich (WA)/Larry Steinert (IN)  
   Attachment Four

4. Consider Adoption of a Tree-Based Model Appendix to the Regulatory Review of Predictive Analytics White Paper—Sam Kloese (NAIC)  
   Attachment Five
5. Receive a Report on the NAIC Algorithmic Bias Training  
—Dorothy L. Andrews (NAIC)

6. Hear a Presentation on the openIDL Initiative  
—Jefferson Braswell (openIDL.org)

7. Hear from Professional Actuarial Organizations—Eric Slavich (WA)  
   A. American Academy of Actuaries (Academy): Committee on Property and Liability Reporting (COPLFR) and Casualty Practice Council (CPC)  
   B. Actuarial Board for Counseling and Discipline (ABCD)  
   C. Casualty Actuarial Society (CAS)  
   D. Society of Actuaries (SOA)

8. Discuss Any Other Matters Brought Before the Task Force  
—Eric Slavich (WA)

9. Adjournment
The Casualty Actuarial and Statistical (C) Task Force met July 12, 2022. The following Task Force members participated: Mike Kreidler, Chair, represented by Eric Slavich (WA); Grace Arnold, Vice Chair, represented by Connor Meyer (MN); Ricardo Lara represented by Mitra Sanandajifar (CA); Michael Conway represented by Mitchell Bronson (CO); Andrew N. Mais represented by Wanchin Chou (CT); Karima M. Woods represented by David Christhif (DC); David Altmaier represented by Greg Jaynes (FL); Colin M. Hayashida represented by Randy Jacobson (HI); Dana Popish Severynghaus represented by Anthony Bredel and Reid McClintock (IL); Amy L. Beard represented by Larry Steinert (IN); Vicki Schmidt represented by Nicole Boyd (KS); James J. Donelon represented by Arthur Schwartz and Nichole Torblaa (LA); Kathleen A. Birrane represented by Ronald Coleman and Walter Dabrowski (MD); Timothy N. Schott represented by Sandra Darby (ME); Chlora Lindley-Myers represented by Cynthia Amann and Julie Lederer (MO); Troy Downing represented by Mari Kindberg (MT); Mike Causey represented by Michelle Osborne (NC); Chris Nicolopoulos represented by Christian Citarella (NH); Russell Toal and Anna Krylova (NM); Barbara D. Richardson represented by Gennady Stolyarov (NV); Judith L. French represented by Tom Botsko (OH); Glen Mulready represented by Andrew Schallhorn (OK); Andrew R. Stolfi represented by David Dahl (OR); Michael Humphreys represented by Michael McKenney (PA); Cassie Brown represented by J’ne Byckovski (TX); Kevin Gaffney represented by Rosemary Raszka (VT); and Allan L. McVey represented by Juanita Wimmer (WV).

1. **Adopted the Report of the Statistical Data (C) Working Group**

Ms. Darby said the Statistical Data (C) Working Group met June 15 to discuss the timeline of the *Auto Insurance Database Report* (Auto Report) and changes proposed by Mr. Schwartz to the *Dwelling, Fire, Homeowners Owner-Occupied, and Homeowners Tenant and Condominium/Cooperative Unit Owner’s Insurance Report* (Homeowners Report); the Auto Report; the *Competition Database Report* (Competition Report); and the *Report on Profitability by Line by State* (Profitability Report). The Working Group voted to accelerate the timeline of the Auto Report. Written premium and exposure data will now be submitted by Dec. 1 following the end of the data year. This will move up the publication of the report by about six months. This is generally the same timeline adopted for the Homeowners Report in a prior meeting.

The Working Group plans to meet July 20 to continue the discussion of Mr. Schwartz’s proposed changes. It also plans to meet in August after the Summer National Meeting in regulator-to-regulator session to discuss the data for this year’s Homeowners Report and Auto Report.

Ms. Darby made a motion, seconded by Ms. Krylova, to adopt the report of the Statistical Data (C) Working Group. The motion passed unanimously.

2. **Discussed the NAIC’s LCM Form**

The idea to compile and update multiple NAIC loss cost multiplier (LCM) forms into one was brought forward at the Spring National Meeting. Mr. Steinert’s group of volunteers submitted an initial proposal, which was exposed for a public comment period that ended Feb. 7. The group revised the proposal.

Mr. Steinert said the group proposes that the form be in an Excel file. State insurance regulators can protect cells and include calculations. Mr. Steinert walked through the revised form and pointed out some programming and
wording changes. He said the group did not include the System for Electronic Rates & Forms Filings (SERFF) filing number and the NAIC group code because those can be found in the filing elsewhere. The profit and contingencies entry was combined with investment income offset. Additional calculations of percent change were added.

Mr. Steinert said there is an instructions document that will need some updates. He suggests that the instructions remain a separate document because it is more applicable to providing guidance about loss costs and loss cost filings rather than technical instructions about the LCM calculations. Mr. Schwartz volunteered to redraft the instructions document. Mr. Slavich asked the group to produce an instructions document to be considered for adoption as a package with the proposed form at the Summer National Meeting.

Ms. Darby asked for the consideration of states that require a portable document format (PDF) version in SERFF. The PDF version is needed for production of the SERFF pipeline document. The group will consider adding some instructions for how to convert an Excel file into a PDF document for SERFF filing purposes.

Mr. Steinert said the Excel file will have a password with locked cells. Only the input cells would be changeable, not the formulas.

3. Discussed the Regulatory Review of Tree-Based Rate Models

At its meeting in lieu of the Spring National Meeting, the Task Force adopted a document describing the regulatory review of random forest models and accompanying definitions. Sam Kloese (NAIC) began work to develop similar materials for gradient boosting machines (GBMs) and decided to instead propose a modification to the random forest documents for them to apply more broadly to all tree-based models.

Mr. Kloese provided education on random forest models and tree-based models (Attachment One-A). He presented his proposal for the regulatory review of tree-based models (Attachment One-B).

With few changes from the already adopted random forest models document, the Task Force agreed to a short exposure. Mr. Slavich said comments would be due Aug. 5 and discussed at the Summer National Meeting.

4. Discussed Other Matters

Mr. Slavich said the Task Force discussed the possibility of creating a handbook to help guide NAIC staff in their technical reviews of models during its June 14 call. NAIC staff will discuss the alternative of creating a steering committee with senior NAIC management.

Having no further business, the Casualty Actuarial and Statistical (C) Task Force adjourned.
The Casualty Actuarial and Statistical (C) Task Force met June 14, 2022. The following Task Force members participated: Mike Kreidler, Chair, represented by Eric Slavich (WA); Grace Arnold, Vice Chair, represented by Connor Meyer and Phil Vigliaturo (MN); Jim L. Ridling represented by Daniel Davis (AL); Ricardo Lara represented by Lynne Wehmueller (CA); Michael Conway represented by Mitchell Bronson (CO); Andrew N. Mais represented by Wanchin Chou (CT); Karima M. Woods represented by David Christhilf (DC); David Altmaier represented by Greg Jaynes (FL); Colin M. Hayashida represented by Randy Jacobson (HI); Doug Ommen represented by Travis Grassel (IA); Dana Popish Severinghaus represented by Chantel Long, Reid McClintock, and Judy Mottar (IL); Amy L. Beard represented by Larry Steinert (IN); Vicki Schmidt represented by Nicole Boyd (KS); James J. Donelon represented by Nichole Torbla and Arthur Schwartz (LA); Kathleen A. Berrane represented by Ron Coleman and Walter Dabrowski (MD); Timothy N. Schott represented by Sandra Darby (ME); Chlora Lindley-Myers represented by Julie Lederer (MO); Troy Downing represented by Mari Kindberg (MT); Mike Causey represented by Michelle Osborne (NC); Chris Nicolopoulos represented by Christian Citarella (NH); Russell Toal and Anna Krylova (NM); Barbara D. Richardson represented by Gennady Stolyarov (NV); Judith L. French represented by Tom Botsko (OH); Glen Mulready represented by Andrew Schallhorn and Kate Yang (OK); Andrew R. Stolfi represented by David Dahl and Ying Liu (OR); Michael Humphreys represented by Kevin Clark and Michael McKenney (PA); Michael Wise represented by Will Davis (SC); Cassie Brown represented by J’ne Byckovski (TX); and Kevin Gaffney represented by Rosemary Raszka (VT). Also participating was: Kevin Dyke (MI).

1. **Adopted the Report of the Actuarial Opinion (C) Working Group**

Ms. Krylova said the Actuarial Opinion (C) Working Group met in regulator-to-regulator sessions to discuss individual Statements of Actuarial Opinion (SAOs). The Working Group also received a referral from the Financial Analysis (E) Working Group.

Ms. Krylova made a motion, seconded by Ms. Lederer, to adopt the report of the Actuarial Opinion (C) Working Group. The motion passed unanimously.

2. **Adopted the Report of the Statistical Data (C) Working Group**

Ms. Darby said the Statistical Data (C) Working Group is making progress on its charge to accelerate the reporting of average premiums for auto and homeowners insurance. For both auto and homeowners insurance, 2020 data is being collected. For homeowners insurance, 2021 data is also being collected. The aim for homeowners is to produce two reports, with the 2020 data being released in late 2022 and the 2021 data being released in the early months of 2023. For auto insurance, similar timelines are planned. The Working Group will hear from Louisiana during the June 15 meeting on suggested revisions to future statistical reports.

The Working Group is collecting information on state data calls. The goal is to find common data elements that are being requested in these data calls to inform updates to the *Statistical Handbook of Data Available to Insurance Regulators*. The Working Group is trying to determine the type of data state insurance regulators would find useful and include those data elements in the required statistical reporting. Members of the Task Force were asked to send any data call templates to Libby Crews (NAIC). Ms. Crews said there is no need to send information about past data calls when the NAIC was involved.
Ms. Darby made a motion, seconded by Mr. Chou, to adopt the report of the Statistical Data (C) Working Group. The motion passed unanimously.

3. **Discussed the NAIC LCM Form**

In March, Mr. Steinert asked if there was interest in updating the NAIC’s loss cost multiplier (LCM) forms. After the Task Force agreed, a Subgroup was formed to create a draft for exposure. The Subgroup’s draft was then exposed for a public comment period ending June 7. Parties who submitted written comments (Attachment Two-A) presented their comments orally to the Task Force. Mr. Slavich asked the Subgroup to consider the written comments and discussion to produce a revised draft.

4. **Discussed the Creation of a Rate Review Support Services Handbook**

The NAIC’s Rate Model Review Team was created by the Executive (EX) Committee after the former Big Data (EX) Working Group asked the Committee to research the best option to provide rate model assistance to states. Around the same time, the Task Force was asked to write a white paper about the regulatory review of predictive analytics, which was adopted in 2020.

With the completion of its white paper, which contains the recommendations for the priority of information items needed to review a rate filing’s risk classification model, NAIC staff were able to begin to implement the NAIC rate model review process based largely on the white paper.

The NAIC Rate Model Review Team has now built processes, a shared model database, and technical review templates based on the white paper, advice from a few state insurance regulators who would use the database, and requests from individual users of the NAIC rate model technical reviews. Those processes and procedures have largely stabilized.

Mr. Slavich said the Blanks (E) Working Group has a handbook for the adoption of blanks changes, the Financial Analysis (E) Working Group has a handbook for its operations, and other NAIC committee activities have handbooks or guidance manuals. He asked the Task Force whether it should create a handbook to explain the NAIC staff technical reviews of models and help guide staff over time. He said such a handbook could contain current processes and procedures for NAIC rate model review; include state insurance regulators’ guidance to the NAIC Rate Model Review Team, perhaps including the appendices of the Task Force white paper; explain how regulators want the NAIC to prioritize requests if not on a first come, first served basis; and include a process for requesting changes in the process.

Kris DeFrain (NAIC) said her vision of a handbook would not be technical, such as the development of templates, and would not put restraints on NAIC staff who might need to make changes depending on the individual filing. She said the handbook could document the history and purpose and explain confidentiality. She said most of the other NAIC staff operations have a direct tie to a specific committee that oversees the work.

Mr. Stolyarov said it might be best to keep internal documentation rather than a Task Force handbook.

Mr. Dyke said although the nature of this work is different from other committee/NAIC staff work, there might be some information in other NAIC regulator-only handbooks that could prove useful. He said the handbook for blanks is a public-facing document, and that does not seem appropriate for this case.

Mr. Davis said he sometimes just wants to ask questions to the Rate Model Review Team. He said a compilation of questions and answers (Q&As) might prove useful. He suggested creating an academic resource and Q&A
document for state insurance regulators’ access. Ms. DeFrain said there is no Q&A document at this time, but academic resources are available to regulators on I-SITE. Mr. Steinert said a collection of common pitfalls, such as collinearity or things that could go wrong when modeling, would be helpful.

Mr. Slavich said it would be important to record practice and procedures in case of staff turnover. He said he does not believe the Task Force needs to exert control over the process. Ms. Darby agreed, saying that when she has used the resource, she had control over how the model was reviewed and what questions were asked for the companies to answer.

The group seemed to agree that the individual state should control the process it uses with NAIC staff. There was no interest in directing the content of the NAIC’s technical reports, generally because that was thought to be best handled between the individual state and NAIC staff.

Ms. DeFrain said there are some decisions where it would be helpful to have state agreement. For example, should NAIC staff work on a first come, first served basis? Ms. DeFrain asked if it is fair if one state dominates the staff resource given every state can benefit from every review due to the sharing of information in the shared model database or would regulators prefer a more even distribution of requesting states? Another example is whether there are enough NAIC resources dedicated to the project. Mr. Vigliaturo said determining priorities may be helpful, but he would suggest handling questions on a case-by-case basis. He said things appear to work fine now, and nothing may be needed unless things start to break down. Mr. Dyke said it sounds like NAIC staff may want assistance before things break down.

Mr. Dyke said another approach might be the creation of a steering committee like System for Electronic Rates & Forms Filing (SERFF) uses. That might handle what sounds like a governance role. Ms. DeFrain said she would gather information about whether a steering committee could be created.

5. **Discussed the Insurance Summit’s Predictive Analytics Session**

The Insurance Summit will be a hybrid event hosted in Kansas City, MO, at the Loews Hotel and Convention Center. Mr. Slavich asked what content would be beneficial in a half-day predictive analytics regulator-to-regulator session on Friday, Sept. 23 all via webinar. Given the time, he asked members to send suggestions to Ms. DeFrain.

Having no further business, the Casualty Actuarial and Statistical (C) Task Force adjourned.
The Casualty Actuarial and Statistical (C) Task Force met March 8, 2022. The following Task Force members participated: Mike Kreidler, Chair, represented by Eric Slavich (WA); Grace Arnold, Vice Chair, represented by Phil Vigliaturo (MN); Jim L. Ridling represented by Daniel Davis (AL); Ricardo Lara represented by Lynne Wehmueller (CA); Michael Conway represented by Mitchell Bronson (CO); Andrew N. Mais represented by Wanchin Chou (CT); Karima M. Woods represented by David Christhilf (DC); David Altmairer represented by Greg Jaynes (FL); Colin M. Hayashida represented by Randy Jacobson (HI); Doug Ommen represented by Travis Grassel (IA); Dana Popish Severinghaus represented by Anthony Bredel and Judy Mottar (IL); Amy L. Beard represented by Larry Steinert (IN); Vicki Schmidt represented by Nicole Boyd (KS); James J. Donelon represented by Nichole Torbla (LA); Kathleen A. Brrane represented by Walter Dabrowski (MD); Eric A. Cioppa represented by Sandra Darby (ME); Chlora Lindley-Myers represented by Julie Lederer (MO); Troy Downing represented by Mari Kindberg (MT); Mike Causey represented by Rick Cohen (NC); Chris Nicolopoulos represented by Christian Citarella (NH); Russell Toal and Anna Krylova (NM); Barbara D. Richardson represented by Gennady Stolyarov (NV); Judith L. French represented by Tom Botsko (OH); Glen Mulready represented by Kate Yang (OK); Andrew R. Stolfi represented by TK Keen (OR); Michael Humphreys represented by Kevin Clark and Michael McKenney (PA); Raymond G. Farmer represented by Will Davis (SC); Cassie Brown represented by J’ne Byckovski (TX); Michael S. Pieciak represented by Mary Richter (VT); and Allan L. McVey represented by Juanita Wimmer (WV). Also participating was: Gordon Hay (NE).

1. **Adopted its Feb. 18, 2022; Feb. 8, 2022; Jan. 24, 2022; Jan. 10, 2022; and 2021 Fall National Meeting Minutes**

Mr. Slavich said the Task Force met Feb. 18, 2022; Feb. 8, 2022; Jan. 24, 2022; Jan. 10, 2022; and Dec. 7, 2021. During these meetings, the Task Force took the following action: 1) adopted the 2018/2019 Auto Insurance Database Report (Auto Report); 2) adopted the Dwelling, Fire, Homeowners Owner-Occupied, and Homeowners Tenant and Condominium/Cooperative Unit Owner’s Insurance Report (Homeowners Report); 3) adopted the 2020 Competition Database Report (Competition Report); 4) discussed comments received on Project #2019-49: Retroactive Reinsurance Exception; and 5) discussed comments received on the regulatory review of random forest models proposal.

The Task Force also met Feb. 15 in regulator-to-regulator session, pursuant to paragraph 3 (specific companies, entities or individuals) of the NAIC Policy Statement on Open Meetings, to discuss rate filing issues.

The Task Force held a Predictive Analytics Book Club meeting on Feb. 22. Liam McGrath (Willis Towers Watson—WTW) presented on the evaluation of models built in Emblem.

Mr. Botsko made a motion, seconded by Ms. Darby, to adopt the Task Force’s Feb. 18, 2022 (Attachment One); Feb. 8, 2022 (Attachment Two); Jan. 24, 2022 (Attachment Three); Jan. 10, 2022 (Attachment Four); and Dec. 7, 2021 (see NAIC Proceedings – Fall 2021, Casualty Actuarial and Statistical (C) Task Force) minutes. The motion passed unanimously.

2. **Adopted the Report of the Actuarial Opinion (C) Working Group**

Ms. Krylova said the Actuarial Opinion (C) Working Group adopted proposed changes to the Property/Casualty (P/C) Statement of Actuarial Opinion (SAO) instructions on March 1 and sent the proposal to the Blanks (E) Working Group. The changes were described during the Task Force’s Feb. 8 meeting.
Ms. Krylova made a motion, seconded by Ms. Lederer, to adopt the Actuarial Opinion (C) Working Group’s report, including its March 1, Feb. 1, and Jan. 18 minutes (Attachment Five). The motion passed unanimously.

3. **Adopted the Report of the Statistical Data (C) Working Group**

Ms. Darby said the Statistical Data (C) Working Group met Jan. 27 to discuss proposed changes to the Competition Report, the Homeowners Report, and the Auto Report. While no structural changes to the reports were adopted at that time, the Working Group voted to collect data for the Homeowners Report on a faster timeline. NAIC staff sent requests to collect 2020 and 2021 data this year to produce two reports and speed up the timeline of the average premium data. The Working Group plans to meet March 10 to look at a similar approach for the Auto Report. The Working Group will focus on updates to the *Statistical Handbook of Data Available to Insurance Regulators* and plans to meet monthly to discuss and adopt any changes that would improve the collection and use of statistical data. As for the 2019 data year reports, the 2019 Homeowners Report is being released to the public on March 10, and the 2018/2019 Auto Report was released Jan. 31.

Ms. Darby made a motion, seconded by Mr. Chou, to adopt the Statistical Data (C) Working Group’s report including its Jan. 27 minutes (Attachment Six). The motion passed unanimously.

4. **Discussed the Next Steps for Project #2019-49: Retroactive Reinsurance Exception**

Mr. Hay recapped Project #2019-49: Retroactive Reinsurance Exception. Having heard comments from interested parties on Feb. 8, the Task Force discussed three options for next steps: 1) forward the completed work and let the Statutory Accounting Principles (E) Working Group decide any further action. In this option, the Task Force would write a memo describing the issue and summarizing the PowerPoint presentation that was exposed and attach the two comment letters; 2) do option #1 and draft proposed edits to instructions for both Schedule P and paragraphs 36 and 37 in *Statement of Statutory Accounting Principles (SSAP) No. 62R—Property and Casualty Reinsurance*; and 3) do additional research to dig deeper into the issue and consult experts.

Mr. Bredel questioned whether an exception needs to be added to SSAP No. 62R for pooling. To qualify for the existing exception, they need to include equal assets to the reserves ceded for the retrospective portion of the pool. Mr. Hay said the *Interpretation (INT) 03-02: Modification to an Existing Intercompany Pooling Arrangement* conclusion is that for changes in pool shares, there is a presumption that when pool shares are retroactively moved around, there is an offsetting asset transfer. That then would loop intercompany pools into paragraph 36d of SSAP No. 62R, and no further changes need to be made. Mr. Bredel said with a prospective agreement, the reinsurance ceded premium is known. With a retroactive arrangement, there needs to be premium ceded to offset the nominal, and not discounted, value of the reserves.

Deciding actuarial knowledge is needed to draft Schedule P instructions, the Task Force agreed to move forward with option #2, with the recognition that the Statutory Accounting Principles (E) Working Group may make changes to what the Task Force drafts for SSAP No. 62R if any changes are proposed. A subgroup of volunteers, including Mr. Hay, Mr. Chou, and Robin Marcotte (NAIC), will draft proposed revisions for future Task Force consideration.

5. **Adopted the Regulatory Review of Random Forest Rate Models Document**

Mr. Slavich said during the Feb. 8 meeting, Risk & Regulatory Consulting LLC and Allstate presented their comments about the random forest proposal, and he asked NAIC staff to consider submitted comments and suggest changes to the proposed documents. Sam Kloese (NAIC) presented the proposed revisions.
Mr. Slavich said he would like to have the Task Force adopt the amended document but postpone any decision to officially attach the document to the white paper until the Task Force has created the package of similar documents for other models.

Mr. Stolyarov made a motion, seconded by Ms. Darby, to adopt the random forest models and associated terminology document with non-substantive editing (Attachment Seven). The motion passed unanimously.

6. **Heard a Report About Coordination with the Innovation, Cybersecurity, and Technology (H) Committee and the Special (EX) Committee on Race and Insurance Workstream Three**

Mr. Slavich said he and Mr. Vigliaturo met with commissioner leaders of the Innovation, Cybersecurity, and Technology (H) Committee and Workstream Three of the Special (EX) Committee on Race and Insurance to discuss coordination around potential bias issues in P/C rating. He said this issue may require more of the Task Force’s attention. Cathy O’Neil, who wrote “Weapons of Math Destruction” and has expertise in the societal impacts of big data and algorithms, participated in the discussion.

Mr. Slavich said the discussion focused on possible racial bias in insurance and what state insurance regulators should do when reviewing rates, marketing, claims processing, and risk selection. He said there were six key points he would address: 1) one should start with an idea of which outcomes should be considered. Areas that might be a concern include rating; eligibility, risk selection, and marketing; claims payments (e.g., amounts and promptness); payment plan options; coverage terms; and company assignment; 2) there are algorithms that can take a consumer’s first name, last name, and address and use that information to infer the consumer’s race. This, combined with other insurer information, is one way to evaluate disparate impact; 3) it is known that racial inference algorithms are not perfect; however, the imperfection is at least known directionally, and the degree of racial bias tends to be understated with the algorithms; 4) racial bias, correlation, or disparate impact should not be evaluated as a binary “yes” or “no,” but it should be thought of as a matter of degree. Every rating variable is going to have some amount of correlation with race. The issue is how to come up with a threshold for acceptability and consider insurers relative to other insurers, as well as rating plans relative to other rating plans; 5) a predetermined, tight list of characteristics that make a rating element legitimate should be used; and 6) a rating variable’s correlation with race can be obscured by analyzing it in combination with other rating variables. If one looks at a variable in isolation, it may have a high level of correlation with race. One might then argue that one needs to control for other factors, since these other factors may have distributional differences by race. If one analyzes multiple variables simultaneously, some of the correlation between the subject rating variable and race will appear to go away because more than one variable might be significantly correlated with race. So, it is important to have constraints on what control variables should be included in any analysis looking for racial bias and to not allow the list of control variables to keep growing. Mr. Slavich suggested that a consideration is whether allowing a control variable would tend to perpetuate existing bias.

7. **Heard a Report from the Academy**

The American Academy of Actuaries (Academy) presented a report on its current activities.

Lauren Cavanaugh (Academy) said the Academy’s Casualty Practice Council sent comment letters to the Federal Insurance Office (FIO) regarding the availability and affordability of auto insurance, climate-related insurance, and financial risk in the insurance sector. Other projects include updating the cyber risk toolkit and cyber papers on different issues, including silent cyber, the cyberthreat landscape, cyber risk, accumulation cyber risk, reinsurance ransomware war, and cyber terrorism. A cyber risk resource guide is being drafted.
Regarding diversity, equity, and inclusion (DE&I) efforts, Ms. Cavanaugh said the Academy established a Racial Equity Task Force and contributed to efforts with a letter provided to the Colorado Department of Insurance (DOI) on its law in place on unfair discrimination.

Ms. Cavanaugh reported that numerous papers are being drafted and published. Working with the Data Science and Analytics Committee, she said the plan is to publish a causation correlation issue brief this year and a data issue brief on the collection of protected class data. The Extreme Events Committee recently issued a wildfire risk issue paper that will be highlighted in a March 17 webinar. The Committee also plans to publish an Insurance-Linked Security Monograph in the next few months. The Property/Casualty Risk-Based Capital Committee is analyzing workspace capital. The Medical Professional Liability (MPL) Committee recently published an issue brief on the COVID-19 impacts related to MPL. The Workers’ Compensation Committee recently published on the opioid epidemic.

Derek Freihaut (Academy) said the Committee on Property and Liability Financial Reporting (COPLFR) submitted comments to the Blanks (E) Working Group on changes related to the disclosure agreements and losses. The P/C loss reserve opinions seminar was held; the 2021 practice note on opinions for P/C loss reserves and the P/C Loss Reserve Law Manual were both published in December 2021; and the risk transfer practice note is scheduled to be published in the second quarter of 2022 after a review by the certified public accountant (CPA).

8. Discussed Other Matters

Kris DeFrain (NAIC) said she was contacted by Mr. Steinert about the NAIC’s workers’ compensation loss cost multiplier (LCM) forms. The Task Force supported the idea of a drafting group proposing changes to the forms for future Task Force consideration.

Having no further business, the Casualty Actuarial and Statistical (C) Task Force adjourned.

https://naiconline.sharepoint.com/sites/NAICSupportStaffHub/Member%20Meetings/2022%20NAIC%20Meetings/Spring%20National%20Meeting/Committee%20Meetings/PROPERTY%20and%20CASUALTY%20INS%20(C)%20COMMITTEE/Casualty%20Actuarial%20and%20Statistical%20(C)%20TF/0308%20Min.docx
The Actuarial Opinion (C) Working Group of the Casualty Actuarial and Statistical (C) Task Force met Aug. 2, 2022. The following Working Group members participated: Anna Krylova, Chair (NM); Miriam Fisk, Vice Chair (TX); Qing He (CT); David Christhilf (DC); Judy Mottar (IL); Sandra Darby (ME); Julie Lederer (MO); Gordon Hay (NE); Tom Botsko (OH); Andrew Schallhorn (OK); and Kevin Clark, James DiSanto, and Jeffery Smith (PA).

1. **Discussed a Financial Analysis (E) Working Group Referral on Predictive Analytics in Reserve Setting**

The Working Group received a referral from the Financial Analysis (E) Working Group (Attachment __) asking for discussion of the use of predictive analytics in reserve setting and consideration of drafting guidance.

Ms. Lederer said it might be helpful to provide financial examiners with questions they might want to ask about any type of model. The Working Group discussed creating questions general in nature; using Actuarial Standard of Practice (ASOP) No. 56, Modeling; paring down questions for rating models in the *Regulatory Review of Predictive Models* white paper; investigating whether models are being used for case reserves, not just incurred but not reported claim reserves; separating out questions based on types of reserves being established; and adding subsections specific to the type of model in addition to the general questions.

2. **Discussed Potential Changes to the Qualification Documentation Requirements and Disclosures**

Ms. Krylova said the Working Group met June 3 and May 26 in regulator-to-regulator session, pursuant to paragraph 3 (specific companies, entities or individuals) of the NAIC Policy Statement on Open Meetings, to discuss the individual companies’ Statements of Actuarial Opinion (SAOs). The Working Group expressed agreement to reconsider qualification documentation requirements. One idea is to only require qualification documentation every five years or if the company has significant changes. Ms. Lederer said the risk-based capital (RBC) instructions contain a list of requirements for filing the catastrophe risk charge documentation that may be useful as sample language to adjust for the qualification documentation. Interested parties said there would likely be numerous issues that would need to be detailed in the instructions if they are changed.

3. **Discussed Proposed Changes to Regulatory Guidance and Annual Statement Instructions**

State insurance regulators noticed that COVID-19 exposure was not always mentioned in 2021 actuarial opinions. Ms. Krylova suggested that the Working Group discuss whether COVID-19 exposure should continue to be in the opinions or whether it may be appropriate to eliminate COVID-19 disclosure in the opinion at some point.

Ms. Krylova said the Working Group previously discussed which ASOPs to reference in the instructions or whether to refer to the actuarial matrix. She said some potential wording would be as follows: “Although it is the responsibility of the Appointed Actuary to identify the ASOPs applicable to the Actuarial Opinion, Actuarial Opinion Summary, and the Actuarial Report, the Appointed Actuary may find it useful to review the Applicability Guidelines for Actuarial Standards of Practice published by the Actuarial Standards Board (ASB).”

Ms. Krylova asked whether the applicable ASOPs should be disclosed in the Actuarial Report. Working Group members did not identify significant value in having such a list.
Ms. Krylova said the Working Group previously discussed defining “conclusions” and “actuary’s conclusions” and some additional proposals regarding Section 7. With limited discussion on the call, Ms. Krylova said the changes could be discussed on the next call.

Having no further business, the Actuarial Opinion (C) Working Group adjourned.
Statistical Data (C) Working Group
E-Vote
August 4, 2022

The Statistical Data (C) Working Group of the Casualty Actuarial and Statistical (C) Task Force conducted an e-vote that concluded August 4, 2022. The following Working Group members participated: Sandra Darby, Chair (ME); Wanchin Chou, Vice Chair (CT); David Christhilf (DC); Arthur Schwartz (LA); Alexander Vajda (NY); Tom Botsko (OH); Landon Hubbart (OK); and David Dahl (OR).

1. **Adopted its July 20 Minutes**

The Working Group met July 20 to discuss proposed changes to the *Competition Database Report* (Competition Report) and the *Dwelling, Fire, Homeowners Owner-Occupied, and Homeowners Tenant and Condominium/Cooperative Unit Owner’s Insurance Report* (Homeowners Report).

A majority of the Working Group members voted in favor of adopting the July 20 meeting minutes. The motion passed.

Having no further business, the Statistical Data (C) Working Group adjourned.
The Statistical Data (C) Working Group of the Casualty Actuarial and Statistical (C) Task Force met July 20, 2022. The following Working Group members participated: Sandra Darby, Chair (ME); Wanchin Chou, Vice Chair, and Qing He (CT); David Christhilf (DC); Arthur Schwartz (LA); Cynthia Amann and Brent Kabler (MO); Christian Citarella (NH); Alexander Vajda (NY); Tom Botsko (OH); Landon Hubbart (OK); David Dahl and Ying Liu (OR); and Brian Ryder and Ken Burton (TX). Also participating were: David Dombrowski (MT); Martin Swanson (NE); and Mike Andring (ND).

1. **Adopted its June 15 Minutes**

The Working Group met June 15 to: 1) adopt an accelerated timeline for auto premium and exposure data collection; and 2) discuss proposed changes to the *Competition Database Report* (Competition Report) and the *Dwelling, Fire, Homeowners Owner-Occupied, and Homeowners Tenant and Condominium/Cooperative Unit Owner’s Insurance Report* (Homeowners Report).

Mr. Botsko made a motion, seconded by Ms. Amann, to adopt the Working Group’s June 15 minutes (Attachment Three-A). The motion passed unanimously.

2. **Discussed Proposed Changes to NAIC Statistical Reports**

Ms. Darby said the Working Group discussed the proposed changes to the Competition Report and the Homeowners Report during its June 15 meeting. She said the Working Group will discuss proposed changes to the *Auto Insurance Database Report* (Auto Report) and the *Report on Profitability By Line By State* (Profitability Report).

Mr. Schwartz said in the Profitability Report, he would like to see a breakout of the rate of return by different types of insurers, including mutual reciprocals, risk retention groups (RRGs), surplus lines, and stock insurers. He said this would be valuable for state insurance regulators when looking at rate filings and company reserves. Birny Birnbaum (Center for Economic Justice—CEJ) agreed that it is useful to look at the profitability of investor-owned insurers versus policyholder-owned insurers because the profitability of the industry is distorted in the aggregate. He said different types of companies have different goals for their rate of return. He said he does not see the need for a breakout of surplus lines insurers. Ms. Darby asked if MSA or ZIP code data would be better to include. Mr. Schwartz said he wants to be able to drill down into premiums in heavily populated areas versus less populated areas, but he does not have a preference whether that data is collected by ZIP code or MSA. Ms. Darby asked if MSA or ZIP code data would be better to include. Mr. Schwartz said he wants to be able to drill down into premiums in heavily populated areas versus less populated areas, but he does not have a preference whether that data is collected by ZIP code or MSA. Ms. Darby asked if MSA or ZIP code data would be better to include. Mr. Schwartz said he wants to be able to drill down into premiums in heavily populated areas versus less populated areas, but he does not have a preference whether that data is collected by ZIP code or MSA. Ms. Darby said she would like NAIC staff to see if Mr. Schwartz’s suggested changes can be incorporated into the report.

Mr. Schwartz said the Auto Report is useful and often quoted in the media. He said he would like to improve on the report with additional useful information. He said the report currently shows the average premium by state, but he would like the report to show the average premium by metropolitan statistical area (MSA). He said this would be useful in comparing states and areas with similar populations. Ms. Darby asked if MSA or ZIP code data would be better to include. Mr. Schwartz said he wants to be able to drill down into premiums in heavily populated areas versus less populated areas, but he does not have a preference whether that data is collected by ZIP code or MSA. Mr. Citarella said MSAs can cross state lines, so they may not directly correlate to state totals. Mr. Birnbaum said insurance companies would have to convert existing data into geographic areas that correlate to the MSA. He said companies would more easily be able to provide ZIP code data.
Mr. Schwartz said he would like the Auto Report to include additional information such as the average age of private passenger autos (PPAs) on the road, median value of cars on the road, median liability policy limit, median per capita disposable income, population, number of insured drivers, number of registered personal autos, number of earned exposures, minimum liability limits, number of accidents, number of DUI arrests, and accident count and frequency with autonomous emergency braking (AEB) systems. He said some of this information can be collected from insurers, and other information would need to come from external sources such as government databases. He said adding these metrics would allow the report to become a warehouse of extremely useful data.

Ms. Darby asked if the report should include data on other driver assistance systems beyond the AEB system data. Mr. Schwartz said the AEB data would be most important to collect, but the other data would also be useful.

Mr. Chou said the Working Group should weigh the costs and benefits of adding additional information to the report. He said it should consider the cost of adding data that may delay the publication of the report. He said the Working Group should also consider who the customer is and what benefits this additional data would provide them.

Mr. Citarella said some of the external data would be hard to obtain, such as number of licensed drivers and number of crashes.

Mr. Birnbaum said the Working Group needs to consider how the Auto Report is used and what kind of data state insurance regulators and other users would find useful. He said the report should be a high-level summary of premiums and exposures across states. He said the report should only include insurance-relevant information. He said to get a more granular level of detail, statistical reporting would have to be required on a transactional level. He said some of the additional data elements that are being discussed for this report should be included in a re-engineered statistical plan.

Tony Cotto (National Association of Mutual Insurance Companies—NAMIC) said NAMIC is committed to working with state insurance regulators to provide the data that is needed. He said many of the data found in government databases are estimates that are compiled from state agencies. He encouraged the Working Group to look at information from the Insurance Institute of Highway Safety (IIHS), which may be helpful for its review of auto insurance data. He agreed that the purpose of this Auto Report is to be a high-level public consumption summary.

Mr. Schwartz said he would like the Working Group to consider changing the names of certain statistical reports so that all reports coming from this Working Group have a consistent naming structure. He said, for example, the Homeowners Report should be titled the Homeowners Insurance Database. He said this is more consistent with the name of the Auto Report and allows people to easily search for the report.

Ms. Darby said NAIC staff will summarize the proposed changes and that the Working Group would continue to consider these changes in future meetings.

Having no further business, the Statistical Data (C) Working Group adjourned.
Statistical Data (C) Working Group  
Virtual Meeting  
June 15, 2022

The Statistical Data (C) Working Group of the Casualty Actuarial and Statistical (C) Task Force met June 15, 2022. The following Working Group members participated: Sandra Darby, Chair (ME); Wanchin Chou, Vice Chair, George Bradner, and Qing He (CT); David Christhilf (DC); Arthur Schwartz (LA); Cynthia Amann and Jo LeDuc (MO); Christian Citarella (NH); Alexander Vajda (NY); Andrew Schallhorn and Landon Hubbart (OK); Ying Liu (OR); and Brian Ryder (TX). Also participating were: Luciano Gobbo (CA); Tate Flott (KS); Mari Kindberg and David Dombrowski (MT); and Mike Andring (ND).

1. **Adopted its May 18 Minutes**

The Working Group met May 18 to hear a presentation from the Center for Economic Justice (CEJ) on statistical data collection.

Ms. Amann made a motion, seconded by Mr. Vajda, to adopt the Working Group’s May 18 minutes (Attachment - ). The motion passed unanimously.

2. **Adopted an Accelerated Timeline for Auto Premium and Exposure Data Collection**

Ms. Darby said discussion with statistical agents has found that most submitting statistical agents could provide the written premium and exposure data for auto insurance by November following the end of the data year. She said other statistical agents indicated that they would be able to adjust their timelines to the Working Group’s requested date. She said Texas data would be available toward the end of November following the end of the data year. Ms. Darby said NAIC staff would need about eight weeks to check the submitted data and compile the full report. She said that after review from this Working Group and the Casualty Actuarial and Statistical (C) Task Force, the publication would be available for release about three months into the following year.

Ms. Darby said the data is currently provided about 18 months after the end the data period. She said the accelerated timeline would speed up the publishing of the *Auto Insurance Database Report* (Auto Report) to about nine months sooner.

Mr. Chou made a motion, seconded by Ms. Amann, to move up the reporting timeline for auto premium and exposure data to Dec. 1 following the end of the data year.

3. **Discussed Proposed Changes to NAIC Statistical Reports**

Mr. Schwartz said he has proposed changes to the statistical reports that would include data that would be more useful than what is currently in the reports. He said he is open to these additional elements being published after the average premium reports, as the average premium is much more important to have in a timely manner.

Mr. Schwartz said the *Competition Database Report* (Competition Report) should show the breakout of the market share by different types of insurance companies. He said whether a company is a stock, mutual, risk retention group (RRG), or surplus carrier would affect how it is viewed in an analysis of market competition. Mr. Vajda asked where residual market insurers would fit in to the new proposed columns. Jennifer Gardner (NAIC) said the report does currently include RRGs and surplus lines carriers. She said residual markets are not included because most...
of them do not report on the NAIC Annual Statement. Mr. Schwartz said he would still like to see additional columns for breaking out stock and mutual companies. Ms. Gardner said those columns replace the columns that currently show the last five-year average.

Mr. Bradner agreed that he would like to see a breakout of residual markets in this report. He said that states could require the residual markets to report their data for this report. Ms. Gardner said she would have to research which residual markets might already report on the NAIC annual statement, but the Working Group could look at collecting the data separate from the annual statement and add it into the Competition Report.

Birny Birnbaum (CEJ) said the Property Insurance Plans Service Office (PIPSO) and AIPSO collect the residual market information. Mr. Bradner said not all state residual markets may provide that data currently. He said if PIPSO and AIPSO could provide that data, it would be a simple way to add the data into the report. He said there is an issue that there are different kinds of residual markets. He said some are assigned risk plans where the risk is assigned to different companies. He said in that case, companies would need to break out their voluntary experience from their assigned risk experience. He said having the residual market data is a good indicator of disruption in the market if a residual market is growing in a certain state. Ms. Gardner said the residual market should be an appendix to the current report in order to not skew the number of insurers shown in the report. Mr. Citarella said states would likely see indicators of an increase in residual market growth before this data would even be available. Mr. Bradner agreed and said this data would just be in addition to other data the department would receive, such as consumer complains. Ms. Le Duc said Missouri receives updates from its residual markets on at least an annual basis, if not quarterly.

Mr. Schwartz said in the *Dwelling Fire, Homeowners Owner-Occupied, and Homeowners Tenant and Condominium/Cooperative United Owners Insurance* (Homeowners Report), he would like to see a chart of average premium by state. He said these premiums would need to be tempered by the average policy limit, as well as the number of homes insured in that particular state. He said the Census Bureau can provide the number of owner-occupied homes versus the number of rental homes, as well as the number of homes insured under a Fair Access to Insurance Requirements Plan (FAIR Plan). He said he would also like to include flood insurance data, including the number of homes insured in a flood zone and how many homes are insured via the National Flood Insurance Program (NFIP) and how many homes are insured by private flood insurance. Mr. Bradner said that the Federal Emergency Management Agency (FEMA) flood data is hard to obtain and that much of the private flood insurance is written by surplus lines carriers, but he would like to be able to see that information included in the report. He said it would be most useful to state insurance regulators to have all of this information available in a Tableau dashboard that each state insurance regulator can use to drill down the data in their state.

Having no further business, the Statistical Data (C) Working Group adjourned.
Statistical Data (C) Working Group  
Virtual Meeting  
May 18, 2022

The Statistical Data (C) Working Group of the Casualty Actuarial and Statistical (C) Task Force met May 18, 2022. The following Working Group members participated: Sandra Darby, Chair (ME); Wanchin Chou, Vice Chair, George Bradner, and Amy Waldhauer (CT); Daniel Davis (AL); Arthur Schwartz (LA); Cynthia Amann (MO); Christian Citarella (NH); Ed Scanlon (NJ); Tom Botsko (OH); Andrew Schallhorn (OK); David Dahl and Ying Liu (OR); and Brian Ryder (TX). Also participating were: Luciano Gobbo (CA); Anthony Bredel (IL); Mari Kindberg (MT); Chris Aufenthie and Mike Andring (ND); and Mary Block (VT).

1. **Adopted its April 14 Minutes**

The Working Group met April 14 to: 1) discuss the timeline of data collection for the *Auto Insurance Database Report* (Auto Report); and 2) discuss updating the *Statistical Handbook of Data Available to Regulators* (Handbook).

Ms. Amann made a motion, seconded by Mr. Botsko, to adopt the Working Group’s April 14 minutes (Attachment ). The motion passed unanimously.

2. **Heard a Presentation from the Center for Economic Justice on Statistical Data Collection**

Birny Birnbaum (Center for Economic Justice—CEJ) said the topic of his presentation is modernizing statistical data reporting for personal lines insurance. He said the availability of the data relating to the Covid-19 pandemic is a good place to begin looking at how data can be collected. He said Workers’ Compensation insurance data related to Covid-19 claims, as well as mortgage lending and other financial data on CARES Act funds were made available during the pandemic. He said the data was available on a one to two month lag. Mr. Birnbaum said there was not available data for regulators for personal lines insurance like auto and homeowners.

Mr. Birnbaum said the NAIC Statistical Handbook says responsibilities most relevant to statistical data collection include ensuring rates meet statutory standards and monitoring market structure and performance. He said currently the statistical data system fails to provide timely and relevant data for most Property and Casualty lines of business to assist regulators in carrying out these responsibilities. He said the statistical agency system has not been updated in most states in 40 years and that has led to the NAIC producing Auto and Homeowners Reports three years after the experience period begins.

Mr. Birnbaum said there are three differences in the reporting of Workers’ Compensation data and personal lines insurance data: 1) Workers’ Compensation data is collected by a single statistical agent in each state while insurers for other property and casualty lines have about four different statistical agents to choose from; 2) Workers’ Compensation data is collected at a transaction level; and 3) Workers’ Compensation data is collected on a monthly basis which offers a much faster turn around time for data analysis.

Mr. Birnbaum said the solution to modernizing the collection of statistical data is to use existing regulatory authority to update statistical plans, designate a single statistical agent through a competitive bidding process, and establish requirements that the primary duty of the statistical agent is to serve the regulator. He said updated statistical plans should require reporting on at least a quarterly basis.
Mr. Birnbaum said statistical agents that collect transaction level data are in a better position to provide the data in a timely manner and to do better data quality checks. He said moving to a single statistical agent approach would increase the efficiency of data reporting.

Mr. Scanlon said some statistical agents have more relaxed reporting requirements and therefore companies are reporting skeletal data that still satisfies the requirements. He asked if changing the reporting requirements would increase costs. Mr. Birnbaum said that a new statistical plan and reporting system would increase efficiencies and lower cost. He said companies that are reporting in Texas are already doing this kind of data collection and reporting. He said a more robust statistical plan would decrease the amount of special data calls for companies. Mr. Scanlon asked to what extent should stricter reporting requirements be seen as a barrier to entry. Mr. Birnbaum said reporting transaction data should not be difficult for companies because it is essentially a data dump, whereas a summary report would require a program to pull and aggregate the data.

Mr. Chou asked how to go about getting all statistical agents to compile with transaction reporting. Mr. Birnbaum said Commissioner’s have the authority to designate statistical plans and even to designate a single statistical agent. He said that process begins with this working group modernizing the statistical reporting system.

Ms. Darby asked if it is possible to request that all statistical agents provide transaction data. Mr. Birnbaum said at least 2 large statistical agents only collect summary data and would need to transition their systems.

Albert Burton (Independent Statistical Service—ISS) said some companies do not have a need for the expansive reporting required by Insurance Services Office (ISO) and that ISS is able to fill their need with less requirements. He said if reporting requirements in the NAIC Statistical Handbook change, then ISS will comply with those changes.

Mr. Schwartz said auto and homeowners data was coming in during the pandemic via fast track reports and regulators were actively looking at those reports. He said the fast track reports could be improved as an alternative to the idea of a new, single statistical agent.

Steve Clarke (ISO) said the way the Workers’ Compensation industry developed led to one statistical agent collecting the data for purposes of experience modification. He said ratemaking is the main reason for statistical agents that are also advisory organization to collect robust data. He said many states that have adopted regulations around statistical reporting have language that while the Commissioner appoints statistical agents, the companies get to choose a statistical agent to act on its behalf. He said instead of making the move to a single statistical agent, regulators should decide what data they need and why they need that data.

Ms. Darby said the discussion of specific data elements and what data regulators need will be a topic during the next meeting.

Having no further business, the Statistical Data (C) Working Group adjourned.
The Statistical Data (C) Working Group of the Casualty Actuarial and Statistical (C) Task Force met April 14, 2022. The following Working Group members participated: Sandra Darby, Chair (ME); Wanchin Chou, Vice Chair, George Bradner, and Qing He (CT); David Christhilf (DC); Cynthia Amann (MO); Alexander Vajda (NY); Tom Botsko (OH); Landon Hubbart (OK); David Dahl (OR); and Brian Ryder (TX). Also participating were: Luciano Gobbo (CA); Randy Jacobson (HI); Anthony Bredel (IL); Brenda Johnson (KS); Regan Hess (MT); and Michael Muldoon (NE).

1. **Adopted its March 10 Minutes**

The Working Group met March 10 to: 1) discuss the timeline of data collection for the *Auto Insurance Database Report* (Auto Report); and 2) discuss updating the *Statistical Handbook of Data Available to Regulators* (Handbook).

Ms. Amann made a motion, seconded by Mr. Chou, to adopt the Working Group’s March 10 minutes (Attachment ). The motion passed unanimously.

2. **Discussed the Timeline of Data Collection for the Auto Report**

Ms. Darby said the Working Group has been discussing the possibility of requesting data on a faster timeline for the Auto Report. She said the NAIC sent questions to the submitting statistical agents to get a better sense of each statistical agent’s timeline for submitting data for written premium and exposures, earned premium and exposures, and losses.

Ms. Darby said the first question asked was when statistical agents currently submit their data. She said the responses reflect that the data is submitted between March and May. She said the data is submitted on a two-year lag for written premium and a three-year lag for earned premium and losses.

Ms. Darby said the second question asked was when statistical agents could submit written premium and exposure data for the previous year. She said the Insurance Service Office (ISO) and the Commonwealth Automobile Reinsurers (CAR) indicated that they could submit that data in May following the end of the data year. She said the National Independent Statistical Service (NISS), the American Association of Insurance Services (AAIS), and the California Department of Insurance (DOI) indicated that they could submit that data from October to November following the end of the data year. She said the Independent Statistical Services Inc. (ISS) indicated that it would be able to submit the data on the same timeline that it is currently submitted.

Mr. Bradner asked why certain statistical agents are not able to provide the data as quickly and what they would need to do to get the data in faster. Mr. Gobbo said California collects all the data in one data call, and losses are evaluated as of June 30. He said the deadline for data submission from the companies is Sept. 1. Truman Esmond (AAIS) said the AAIS has similar restraints with respect to when the data is collected. He said the AAIS is also required to reconcile the data to the finalized financial statement data. Theresa Szwast (NISS) said companies submit their auto data by June 15 following the end of the data year. She said the NISS would need until October to do data quality checks before sending it to the NAIC.
Birny Birnbaum (Center for Economic Justice—CEJ) asked what is different about the data collections and systems for the statistical agents that can provide the data much sooner than the others. Laura Panesso (ISO) said the ISO collects data on a quarterly basis as opposed to an annual basis. Mr. Birnbaum asked if the quarterly data was reconciled to the financial statement. Ms. Panesso said the ISO performs several data quality checks on the quarterly data, but the reconciliation to the financial statement happens on an annual basis. Mr. Esmond said the AAIS receives quarterly and some monthly data, but the financial statement reconciliation only happens on an annual basis. He said if the financial statement data can be finalized faster, the AAIS would be able to provide the data faster. Mr. Birnbaum asked why the reconciliation of the annual data would take seven months if the quarterly data is reconciled throughout the year. Mr. Esmond said the AAIS would not need seven months. He said if it relies on only quarterly reports, the data could change in the final annual data. He said the AAIS would be able to meet accelerated requirements as it is able to.

Ms. Darby said she does not want to give statistical agents an unreasonable timeline for data submission, but it seems most statistical agents can speed up the data submission.

Mr. Birnbaum said reconciliation to the financial annual statement is not the only tool to check data quality. He said the reconciliation is not a requirement of the Handbook. Susan Chudwick (Travelers Insurance) said if the reconciliation is not required, that would speed up the reporting of the data. Mary Annese (ISO) said with the accelerated timeline, the ISO would not be able to fully reconcile the data to the financial annual statement. She said the ISO has many other data checks that allow them to be confident in the data quality. Mr. Bradner said it makes sense to speed up the timeline and worry about the reconciliation of the data later since there are other data checks in place. Ms. Szwast said the NISS only receives the data annually in June, and it would still need time to do data quality checks before sending the data to the NAIC. She said the June deadline is set to meet reporting requirements for the statistical data that is sent to states.

Ms. Darby asked if the statistical agents would similarly be able to move up the earned premium and earned exposure data. Ms. Panesso said the ISO would be able to move up the earned premium to the same timeline as written premium. Ms. Szwast said the NISS earned premium data is tied to the loss data, and that could be provided in May, two years after the data year.

Mr. Birnbaum said the Working Group should not aim for a timeline of the lowest common denominator. Ms. Darby said the goal is to really explore the limitations of the statistical agent’s ability to send data faster, and once that has been uncovered, state insurance regulators can push for a faster timeline that is feasible for the statistical agents.

3. Discussed Updating the Handbook

Ms. Darby said during the last meeting, Section 1 of the Handbook was opened for comment. She said before beginning specific updates, the Working Group should dig in to see if and how states are currently using the statistical data. She said the Working Group needs to determine what data is useful to state insurance regulators.

Mr. Dahl said Oregon is looking at data reporting because it has questions from the legislature about sub-markets in Oregon. He said Oregon is looking at developing a specialized data call at the zip code level to answer questions about localized markets.

Mr. Birnbaum said the Handbook says the responsibilities most relevant to statistical collection are to: 1) ensure rates meet statutory standards, meaning they are not inadequate, excessive, or unfairly discriminatory; and 2) monitor market structure and performance, and act if necessary to restore competition or remedy problems. He said states cannot use the statistical reports to determine if companies’ rates do not meet statutory standards.
because there is no individual company data, and the data is too old to be helpful. Robin Westcott (AAIS) said most states do not have specific requirements for statistical reporting in their legislation. She said the AAIS is looking at what data state insurance regulators need, why and how they use it, and how industry can facilitate getting useful data to them.

Ms. Darby said conversations around the timeline of auto data reporting and updating the Handbook would continue in the next meeting.

Having no further business, the Statistical Data (C) Working Group adjourned.
Company Name: XYZ Insurance Co.
NAIC Company Code: 00000
Line, subline, coverage, territory, etc. combination to which this form applies: Workers’ Compensation
Does this form apply to all class codes? (Yes/No): Yes
Loss Cost Reference Filing: NCCI
Expense constant(s) (0 if no expense constant is used) (Justify any expense constant(s) in a specifically identified attachment.): 180

Note: For new programs, "Current" and "% Change" values should appear as #N/A.

1. Declaration

The above insurer hereby declares that it is a member, subscriber, or service purchaser of the named advisory organization for this line of insurance and is filing the prospective loss costs shown in the captioned Loss Cost Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants.

2. Rule of Application

Check one of the two options below with an "X"

X Current and future loss cost reference filings:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization’s prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer’s loss cost multipliers and if utilized, expense constants.

The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs.

This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
(Some states prohibit this option.)

Current loss cost reference filing only:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Loss Cost Reference Filing. (Some states prohibit this option.)

3. Loss Cost Modification/Deviation

See examples below. Provide supporting data and/or rationale for the modification(s) in a specifically identified attachment.

Loss Cost Modification Factor examples:

* If your loss cost modification is 0%, the Loss Cost Modification Factor is 1.00.
* If your loss cost modification is -10%, the Loss Cost Modification Factor is 0.900. The calculation is (1.000 - 0.100).
* If your loss cost modification is +15%, the Loss Cost Modification Factor is 1.150. The calculation is (1.000 + 0.150).

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Loss Cost Modification Factor</td>
<td>1.050</td>
</tr>
</tbody>
</table>

LOSS COST FILING DOCUMENT
CALCULATION OF COMPANY LOSS COST MULTIPLIER

Projected expenses should be relative to charged premium (for non-workers’ compensation lines) and standard premium (for workers’ compensation) using the company’s rates in effect. (Provide an exhibit detailing insurer expense and profit data, investment income, impact of premium discount plans, and/or other supporting information in a specifically identified attachment.)

| A. Commission and Brokerage | Current 15.0% | Proposed 15.0% |
| B. Other Acquisition        | 5.5%        | 6.5%         |
| C. General Expenses         | 8.0%        | 10.0%        |
| D. Taxes, Licenses & Fees   | 2.5%        | 2.5%         |
| E. Underwriting Profit & Contingencies | 5.0% | 5.0% |
| F. Average Premium Discount | 4.0%        | 4.0%         |
| G. Other 1 (If used, explain in Section 9.) | 0.0% | 0.0% |
| H. Other 2 (If used, explain in Section 9.) | 0.0% | 0.0% |
| I. Total (sum A through H)  | 40.0%       | 43.0%        |

5. Calculation of Permissible Loss (and Loss Adjustment Expense) Ratio

| A. Permissible Loss Ratio (PLR) (100.0% - 4I) | Current 60.0% | Proposed 57.0% | % Change -5.0% |
| B. Expense Multiplier (1.000 / 5A)           | 1.667        | 1.754         | 5.3%           |

6. Additional Adjustments

(Use 1.000 where not applicable.)

| A. Loading Factor Relative to Loss (when LAE and/or loss-based assessments are not included in loss costs) | Current 1.000 | Proposed 1.000 | % Change 0.0% |
| B. Overall Impact of Expense Constant and Minimum Premiums (e.g., a 2.3% impact would be expressed as 1.023) | 1.023        | 1.024         | 0.1%           |

7. Calculation and Selection of Loss Cost Multiplier

(Explain any differences, other than rounding, between 7A and 7B in Section 9.)

| A. Company Formula Loss Cost Multiplier | Current 1.711 | Proposed 1.885 | % Change 10.2% |
| B. Company Selected Loss Cost Multiplier | 1.700        | 1.820         | 7.1%           |
## 8. Percent Change (from Current to Proposed)

<table>
<thead>
<tr>
<th>A. Percent Change in Loss Cost Multiplier [(7B Proposed / 7B Current) - 1.000]</th>
<th>7.1%</th>
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<tbody>
<tr>
<td>B. Percent Change in Loss Costs (Weighted on company's own book and not the advisory organization unless company has zero premium volume)</td>
<td>-3.0%</td>
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<tr>
<td>C. Percent Change in Other Rating Items (As identified in Section 9)</td>
<td>0.0%</td>
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<tr>
<td>D. Total Percent Change [(1.000 + 8A) x (1.000 + 8B) x (1.000 + 8C) - 1.000]</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

## 9. Additional Comments

(If needed, provide a specifically identified attachment.)

Comments can be placed here

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NAIC LOSS COST MEMORANDUM
ALL LINES OF PROPERTY & CASUALTY INSURANCE

Loss Cost Filing Procedures

This memorandum specifies the framework under which advisory organizations and insurers participating in advisory organizations operate in a loss cost system.

Loss Cost Environment

In general, a rating system for property & casualty insurance includes the rates to be charged along with rating relativities, rules, and supplementary rating information. Such supplementary rating information may include any manual or plan of rates, classification, rating schedule, minimum premium, policy fee, rating rule, rate-related underwriting rule, experience rating plan, statistical plan, and any other similar information needed to determine the applicable rate to be charged.

For many states and lines of business, insurers elect to be a participating insurer of an advisory organization, whether it be as a member, subscriber, or service purchaser. (Such advisory organizations can also serve as the insurer’s statistical reporting agent.)

Starting in the early 1990’s, most advisory organizations ceased promulgating advisory final rates and moved to a loss cost environment. Under this system, advisory organizations do not develop or file advisory final rates, but instead develop advisory prospective loss costs (hereinafter “loss costs”). The advisory organization files these loss costs and supporting data with the department of insurance (hereinafter “DOI”) for the state or jurisdiction in which the loss costs will be used. Advisory organizations also develop and file rating relativities, rules, and most supplementary rating information on behalf of its participating insurers. Based on these loss costs, each participating insurer must use its own decision-making processes to determine and file with the DOI the final rates that it will charge.

Loss Cost Components

The rating organization’s loss costs represent the expected claims costs per exposure unit, exclusive of expenses and profit. Here, “expenses” generally include:

- Commission and brokerage
- Other acquisition, field supervision, and collection expenses
- General expenses
- A provision for taxes, licenses, and fees (TL&F)

“Profit” here is more specifically underwriting profit. It generally includes a provision for contingencies and considers expected investment income.
For most states and lines of business, the advisory organization’s loss costs include loss adjustment expenses (LAE), so that LAE is excluded from the above list of expenses. When LAE is not included in the advisory organization’s loss costs, it must be loaded in by the insurer along with the other expenses and profit. In addition, for workers’ compensation, some states have loss-based assessments (LBA’s) and these may or may not be included in the loss costs. As with all portions of the rate, the provisions that are not included in the loss costs must be loaded in by the insurer, and the provisions that are included in the loss costs should not be considered by the insurer, or a double-count will result.

**Advisory Organization’s Reference Filing**

Using standard actuarial techniques, the advisory organization uses past loss experience to develop its loss costs to an ultimate value over time, considering changes to known claim values or incurred but not reported claim values. The advisory organization also uses trend adjustments to project the developed ultimate losses to the average date of loss for the period during which the policies are to be effective.

Advisory organizations develop and file for approval (or acknowledgement) with the DOI, a loss cost reference filing (hereinafter “reference filing”). The reference filing contains the advisory organization’s proposed loss costs along with supporting actuarial and statistical data.

After the advisory organization has filed its reference filing with the DOI and received approval, the advisory organization normally prints and distributes a manual of loss costs as well as rules and other supplementary rating information. However, such supplementary rating information provided by the advisory organization normally does not include expense constants or minimum premiums. (In workers’ compensation, the advisory organization often promulgates premium discount table alternatives from which the insurer can select to reflect differing expense levels by size of risk.)

**Loss Cost Multiplier**

Based on the advisory organization’s loss costs, the insurer needs to develop final rates, and does so using multiplicative factors. The overall multiplicative factor to get from a loss cost to a rate is the “loss cost multiplier” or LCM. (In many states, such LCM’s can vary by subline, coverage, class, territory, tier, etc.) The LCM is generally the product of two factors which are themselves multipliers with distinct purposes. These two multipliers are the “loss cost modification factor” and the “expense multiplier.”

The loss cost modification factor represents any needed adjustment to the advisory organization’s loss cost to reflect the quality of business and past experience which the insurer finds necessary to reflect. For example, if no adjustment is needed, this factor is 1.000; if the insurer anticipates better-than-average experience by 10%, the factor is 0.900 (= 1.000 – 0.100).
The expense multiplier provides for the expenses enumerated above (commission, other acquisition, field supervision, collection expenses, general expenses, TL&F) as well as the needed profit provision. For example, if these expenses and profit total 33.3% relative to premium, the expense multiplier is 1.500 (= 1.000 / (1.000 – 0.333)).

If the loss cost modification factor were 0.900 and the expense multiplier were 1.500, the LCM would be 1.350 (= 0.900 x 1.500). This is the multiplier relative to loss costs that would result in the needed rate. When 33.3% of that rate is taken for expense and profit, 90% of the advisory organization’s promulgated loss cost is left to pay claims.

As stated above, if LAE or LBA’s are not already in the advisory organization’s loss costs, the insurer must factor them into the LCM calculation as well. In addition, if an expense constant and/or minimum premium provisions are to be used, the insurer will probably want to adjust the final LCM accordingly for off-balance, so that the proper amount of revenue is collected.

**Automatic Adoption**

In many states, the insurer may request to have its LCM remain on file and to automatically adopt all subsequent reference filings made by the advisory organization. As a new reference filing is approved by the DOI, the insurer will do one of the following:

*No action.* If the insurer wishes to use the advisory organization’s effective date and does not wish to change its LCM, it does not need to make a filing with the DOI. (In addition, in most states, the insurer need not develop or file its final rate pages with the DOI.) The insurer’s rates will be the combination of the new loss costs and the insurer’s LCM already on file with the DOI.

*File with the DOI.* If the insurer wishes to delay or non-adopt the reference filing, or modify its LCM on file, it must make a filing with the DOI. This should generally be before the effective date of the advisory organization’s reference filing.

**Insurer Filing**

As discussed above, the advisory organization is responsible for filing the following with the DOI:

- Loss costs
- Rating relativities
- Rules
- Supplementary rating information, except for:
  - Expense constant
  - Minimum premium
  - Premium discount table (for workers’ compensation)
    (The advisory organization often promulgates multiple premium discount table alternatives)
As such, the insurer is responsible for filing the following with the DOI:

- Effective date (if different from the advisory organization’s)
- LCM
- Expense constant
- Minimum premium
- Premium discount table selection (for workers’ compensation)
- Automatic adoption (intent to use or not use)
- Any other exceptions or deviations it wishes to use

**Loss Cost Filing Document**

The NAIC’s “Loss Cost Filing Document” is a form in Excel and PDF which performs the LCM calculations described above. This multistate form, or a similar state-specific form, should be included in the insurer’s own filing which it submits to the DOI. Many states will also require support in the form of data, actuarial analysis, and an explanatory memorandum.

The “Loss Cost Filing Document” form can be used for workers’ compensation as well as most other property & casualty lines. For workers’ compensation, where an expense constant and premium discount table are normally used, the form accommodates these. For other lines, where these values are often not applicable, the expense constant and average premium discount values can simply be zero so as to have no effect on the calculations.

**Further Information**

All inquiries concerning this memorandum should be directed to the property and casualty division of the particular DOI in which the insurer intends to file.
This appendix identifies the information a state insurance regulator may need to review a Random Forest tree-based predictive model used by an insurer to support a personal automobile or home insurance rating plan. Tree-based predictive models include Random Forest (RF) and Gradient Boosting Machines (GBM). The list of information elements below is lengthy but not exhaustive. It is not intended to limit the authority of a regulator to request additional information in support of the model or filed rating plan. Nor is every item on the list intended to be a requirement for every filing. However, the items listed should help guide a regulator to sufficient information that helps determine if the rating plan meets state-specific filing and legal requirements. Documentation of the design and operational details of the model will help ensure the business continuity and transparency of the models used. Documentation should be sufficiently detailed and complete to enable a qualified third party to form a sound judgment on the suitability of the model for the intended purpose. The theory, assumptions, methodologies, software, and empirical bases should be explained, as well as the data used in developing and implementing the model. Relevant testing and ongoing performance testing need to be documented. Key model limitations and overrides need to be pointed out so that stakeholders understand the circumstances under which the model does not work effectively. End-user documentation should be provided and key reports using the model results described. Major changes to the model need to be documented and shared with regulators in a timely and appropriate manner. Information technology (IT) controls should be in place, such as a record of versions, change control, and access to the model.1

Many information elements listed below are probably confidential, proprietary, or trade secret and should be treated as such, in accordance with state laws and/or regulations. Regulators should be aware of their state laws and/or regulations on confidentiality when requesting data from insurers that may be proprietary or trade secret. For example, some proprietary models may have contractual terms (with the insurer) that prevent disclosure to the public. Without clear necessity, exposing this data to additional dissemination may compromise the model’s protection.2 Although the list of information is long, the insurer should already have internal documentation on the model for more than half of the information listed. The remaining items on the list require either minimal analysis (approximately 25%) or deeper analysis to generate for a regulator (approximately 25%).

The “Level of Importance to the Regulator’s Review” is a ranking of information a regulator may need to review, which is based on the following level criteria:

Level 1 – This information is necessary to begin the review of a predictive model. These data elements pertain to basic information about the type and structure of the model, the data and variables used, the assumptions made, and the goodness of fit. Ideally, this information would be included in the filing documentation with the initial submission of a filing made based on a predictive model.

Level 2 – This information is necessary to continue the review of all but the most basic models, such as those based only on the filer’s internal data and only including variables that are in the filed rating plan. These data elements provide more detailed information about the model and address questions arising from review of the information in Level 1. Insurers concerned with speed to market may also want to include this information in the filing documentation.

Level 3 – This information is necessary to continue the review of a model where concerns have been raised and not resolved based on review of the information in Level 1 and Level 2. These data elements address even more detailed aspects of the model. This information does not necessarily need to be included with the initial submission, unless specifically requested by a particular state, as it is typically requested only if the reviewer has concerns that the model may not comply with state laws and/or regulations.

Level 4 – This information is necessary to continue the review of a model where concerns have been raised and not resolved based on the information in Level 1, Level 2, and Level 3. This most granular level of detail is addressing the 1 Bourdeau, M., 2016. “Model Risk Management: An Overview,” The Modeling Platform, Issue 4, December. Accessed online at https://www.soa.org/globalassets/assets/library/newsletters/the-modeling-platform/2016/december/mp-2016-iss4.pdf

2 There are some models that are made public by the vendor and would not result in a hindrance of the model’s protection.
basic building blocks of the model and does not necessarily need to be included by the filer with the initial submission, unless specifically requested by a particular state. It is typically requested only if the reviewer has serious concerns that the model may produce rates or rating factors that are excessive, inadequate, and/or unfairly discriminatory.

Appendix B-RE-TREES is focused on Random Forest tree-based models including RFs and GBMs. This appendix should not be referenced in the review of other model types. Random Forest models are a tree-based approach with significant differences from GLMs. This Appendix B-RE-TREES is intended to provide state guidance for the review of rate filings based on Random Forest model tree-based models.
## A. SELECTING MODEL INPUT

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<tr>
<td></td>
<td>1. Available Data Sources</td>
<td>1</td>
<td>Request details of data sources, whether internal to the company or from external sources. For insurance experience (policy or claim), determine whether data is aggregated by calendar, accident, fiscal, or policy year and when it was last evaluated. For each data source, get a list of all data elements used as input to the model that came from that source. For insurance data, get a list all companies whose data is included in the datasets. Request details of any non-insurance data used (customer-provided or other), whether the data was collected by use of a questionnaire/checklist, whether data was voluntarily reported by the applicant, and whether any of the data is subject to the Federal Fair Credit Reporting Act (FCRA). If the data is from an outside source, find out what steps were taken to verify the data was accurate, complete, and unbiased in terms of a relevant and representative time frame, representative of potential exposures, and lacking in obvious correlation to protected classes. Note: Reviewing source details should not make a difference when the model is new or refreshed; refreshed models would report the prior version list with the incremental changes due to the refresh.</td>
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<tr>
<td>A.1.a</td>
<td>Review the details of sources for both insurance and non-insurance data used as input to the model (only need sources for filed input characteristics included in the filed model).</td>
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<tr>
<td>A.1.b</td>
<td>Reconcile aggregated insurance data underlying the model with available external insurance reports.</td>
<td>4</td>
<td>Accuracy of insurance data should be reviewed. It is assumed that the data in the insurer’s data banks is subject to routine internal company audits and reconciliation. “Aggregated data” is straight from the insurer’s data banks without further modification (i.e., not scrubbed or transformed for the purposes of modeling). In other words, the data would not have been specifically modified for the purpose of model building. The company should provide some form of reasonability check that the data makes sense when checked against other audited sources.</td>
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<tr>
<td>A.1.c</td>
<td>Review the geographic scope and geographic exposure distribution of the raw data for relevance to the state where the model is filed.</td>
<td>2</td>
<td>Many models are developed using a countrywide or a regional dataset. The company should explain how the data used to build the model makes sense for a specific state. The regulator should inquire which states were included in the data underlying the model build, testing, and validation. The company should explain why any states were excluded from the countrywide data. The company should provide an explanation where the data came from geographically and that it is a good representation for a state; i.e., the distribution by state should not introduce a geographic bias. However, there could be a bias by peril or wind-resistant building codes. Evaluate whether the data is relevant to the loss potential for which it is being used. For example, verify that hurricane data is only used where hurricanes can occur. The company should provide a demonstration that the model fits well on the specific state or surrounding region.</td>
</tr>
<tr>
<td>2. Sub-Models</td>
<td>A.2.a</td>
<td>Check if the same variables/datasets were used in the model, a sub-model, or as stand-alone rating characteristics. <strong>Random Forest Tree based</strong> models handle redundant variables by splitting on only one of the variables within each component tree. By contrast, generalized linear models (GLMs) struggle with redundant variables as they try to include redundant variables simultaneously. However, best actuarial practice is to keep models as parsimonious as possible and only include additional variables that contribute significant additional predictive power.</td>
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|         | Determine if the sub-model was previously approved (or accepted) by the regulatory agency. | 1 | If the sub-model was previously approved/accepted, that may reduce the extent of the sub-model’s review. If approved, obtain the tracking number(s) (e.g., state, System for Electronic Rates & Forms Filing [SERFF]) and verify when and if it was the same model currently under review.  
Note: A previous approval does not necessarily confer a guarantee of ongoing approval; e.g., when statutes and/or regulations have changed or if a model’s indications have been undermined by subsequent empirical experience. However, knowing whether a model has been previously approved can help focus the regulator’s efforts and determine whether the prior decision needs to be revisited. In some circumstances, direct dialogue with the vendor could be quicker and more useful. |
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<tr>
<td>A.2.c</td>
<td>Determine if the sub-model output was used as input to the Random Forest Tree Based Model; obtain the vendor name, as well as the name and version of the sub-model.</td>
<td>1</td>
<td>To accelerate the review of the filing, it may be desirable to request (from the company) the name and contact information for a vendor representative. The company should provide the name of the third-party vendor and a contact in the event the regulator has questions. The “contact” can be an intermediary at the insurer (e.g., a filing specialist), who can place the regulator in direct contact with a subject matter expert (SME) at the vendor. Examples of such sub-models include credit/financial scoring algorithms and household composite score models. Sub-models can be evaluated separately and in the same manner as the primary model under evaluation. A sub-model contact for additional information should be provided. Sub-model SMEs may need to be brought into the conversation with regulators (whether in-house or third-party sub-models are used).</td>
</tr>
<tr>
<td>A.2.d</td>
<td>If using catastrophe model output, identify the vendor and the model settings/assumptions used when the model was run.</td>
<td>1</td>
<td>To accelerate the review of the filing, get contact information for the SME that ran the model and an SME from the vendor. The “SME” can be an intermediary at the insurer (e.g., a filing specialist), who can place the regulator in direct contact with the appropriate SMEs at the insurer or model vendor. For example, it is important to know hurricane model settings for storm surge, demand surge, and long-term/short-term views.</td>
</tr>
<tr>
<td>A.2.e</td>
<td>Obtain an explanation of how catastrophe models are integrated into the model to ensure no double-counting.</td>
<td>1</td>
<td>If a weather-based sub-model is input to the Random Forest Tree Based Model under review, loss data used to develop the model should not include loss experience associated with the weather-based sub-model. Doing so could cause distortions in the modeled results by double-counting such losses when determining relativities or loss loads in the filed rating plan. For example, redundant losses in the data may occur when non-hurricane wind losses are included in the data while also using a severe convective storm model in the actuarial indication. Such redundancy may also occur with the inclusion of fluvial or pluvial flood losses when using a flood model or inclusion of freeze losses when using a winter storm model.</td>
</tr>
<tr>
<td>A.2.f</td>
<td>If using output of any scoring algorithms, obtain a list of the variables used to determine the score, and provide the source of the data used to calculate the score.</td>
<td>1</td>
<td>Any sub-model should be reviewed in the same manner as the primary model that uses the sub-model’s output as input. Depending on the result of item A.2.b, the importance of this item may be decreased.</td>
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<td>A.3.a</td>
<td>Determine if premium, exposure, loss, or expense data were adjusted (e.g., on-leveled, developed, trended, adjusted for catastrophe experience, or capped). If so, how? Do the adjustments vary for different segments of the data? If so, identify the segments and how the data was adjusted.</td>
<td>2</td>
<td>The rating plan or indications underlying the rating plan may provide special treatment of large losses and non-modeled large loss events. If such treatments exist, the company should provide an explanation of how they were handled. These treatments need to be identified, and the company/regulator needs to determine whether model data needs to be adjusted. For example, should large bodily injury (BI) liability losses in the case of personal automobile insurance be excluded, or should large non-catastrophe wind/hail claims in home insurance be excluded from the model’s training, test, and validation data? Look for anomalies in the data that should be addressed. For example, is there an extreme loss event in the data? If other processes were used to load rates for specific loss events, how is the impact of those losses considered? Examples of losses that can contribute to anomalies in the data are large losses or flood, hurricane, or severe convective storm losses for personal automobile comprehensive or home insurance. Premium should be brought to current rate level if the target variable is calculated with a premium metric, such as loss ratio. Premium can be brought to current rate level with the extension of exposures method or the parallelogram method. Note that the premium must be on-leveled at a granular variable level for each variable included in the new model if the parallelogram method is used. Statewide on-level factors by coverage are typically sufficient for statewide rate indication development but not sufficient for models that determine rates by variable level.</td>
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<tr>
<td>A.3.b</td>
<td>Identify adjustments that were made to aggregated data (e.g., transformations, binning, and/or categorizations). If any, identify the name of the characteristic/variable, and obtain a description of the adjustment.</td>
<td>1</td>
<td>Pre-modeling binning may be unnecessary in a Random Forest based model. The tree model will naturally segment numerical values in the splitting process of the trees. However, if the insurer does bin variables before modeling, the reason should be understood.</td>
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<td>A.3.c</td>
<td>Ask for aggregated data (one dataset of pre-adjusted/scrubbed data and one dataset of post-adjusted/scrubbed data) that allows the regulator to focus on the univariate distributions and compare raw data to adjusted/binned/transformed/etc. data.</td>
<td>4</td>
<td>This is most relevant for variables that have been “scrubbed” or adjusted. Though most regulators may never ask for aggregated data and do not plan to rebuild any models, a regulator may ask for this aggregated data or subsets of it. It would be useful to the regulator if the percentage of exposures and premium for missing information from the model data by category are provided. This data can be displayed in either graphical or tabular formats.</td>
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<tr>
<td>A.3.d</td>
<td>Determine how missing data was handled.</td>
<td>1</td>
<td>This is most relevant for variables that have been “scrubbed” or adjusted. The regulator should be aware of assumptions the modeler made in handling missing, null, or “not available” values in the data. For example, it would be helpful to the reviewer if the modeler were to provide a statement as to whether there is any systemic reason for missing data. If adjustments or recoding of values were made, they should be explained. It may also be useful to the regulator if the percentage of exposures and premium for missing information from the model data are provided. This data can be displayed in either graphical or tabular formats. The modeler should describe the way the tree fitting process handled missing values. The modeler should specify if missing values are treated before running the tree based model or if they are allowed to be handled by the tree based model. When creating predictions on new datasets (such as hold out datasets), tree-based models may have different approaches for handling missing data or categorical levels not encountered in the training data for a predictor variable. The modeler should specify the process utilized when this occurs.</td>
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<tr>
<td>A.3.e</td>
<td>If duplicate records exist, determine how they were handled.</td>
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<td>A.3.f</td>
<td>Determine if there were any material outliers identified and subsequently adjusted during the scrubbing process.</td>
<td>3</td>
<td>Look for a discussion of how outliers were handled. If necessary, the regulator may want to investigate further by getting a list (with description) of the types of outliers, and determine what adjustments were made to each type of outlier. To understand the filer’s response, the regulator should ask for the filer’s materiality standard.</td>
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<td>4. Data Organization</td>
<td><strong>A.4.a</strong> Obtain documentation on the methods used to compile and organize data, including procedures to merge data from different sources or filter data based on particular characteristics and a description of any preliminary analyses, data checks, and logical tests performed on the data and the results of those tests.</td>
<td>2</td>
<td>This should explain how data from separate sources was merged and/or how subsets of policies, based on selected characteristics, are filtered to be included in the data underlying the model and the rationale for that filtering.</td>
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<td></td>
<td><strong>A.4.b</strong> Obtain documentation on the insurer’s process for reviewing the appropriateness, reasonableness, consistency, and comprehensiveness of the data, including a discussion of the rational relationship the data has to the predicted variable.</td>
<td>2</td>
<td>An example is when by-peril or by-coverage modeling is performed; the documentation should be for each peril/coverage and make rational sense. For example, if “murder” or “theft” data is used to predict the wind peril, the company should provide support and a rational explanation for their use.</td>
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<td></td>
<td><strong>A.4.c</strong> Identify material findings the company had during its data review, and obtain an explanation of any potential material limitations, defects, bias, or unresolved concerns found or believed to exist in the data. If issues or limitations in the data influenced modeling analysis and/or results, obtain a description of those concerns and an explanation how modeling analysis was adjusted and/or results were impacted.</td>
<td>1</td>
<td>“None” or “N/A” may be an appropriate response.</td>
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## B. BUILDING THE MODEL

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<tr>
<td>1. High-Level Narrative for Building the Model</td>
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| B.1.a | Identify the type of model underlying the rate filing (e.g., Random Forest, GLM, decision tree, Bayesian GLM, gradient-boosting machine, neural network, etc.). Understand the model’s role in the rating system and provide thereasons why that type of model is an appropriate choice for that role. | 1 | It is important to understand if the model in question is a Random Forest tree based model and, therefore, these information elements are applicable, or if it is some other model type, in which case other reasonable review approaches may be considered. There should be an explanation of why the model (using the variables included in it) is appropriate for the line of business. If by-peril or by-coverage modeling is used, the explanation should be by-peril by-coverage.  
Note: If the model is not a Random Forest tree based model, the information elements in this appendix may not apply in their entirety. |
| B.1.b | Identify the software used for model development. Obtain the name of the software vendor/developer, software product, and a software version reference used in model development. | 3 | Changes in software from one model version to the next may explain if such changes, over time, contribute to changes in the modeled results. The company should provide the name of the third-party vendor and a contact in the event the regulator has questions. The contact can be an intermediary at the insurer (e.g., a filing specialist) who can place the regulator in direct contact with the appropriate SME at the vendor.  
Open-source software/programs used in model development should be identified by name and version the same as if from a vendor. |
| B.1.c | Obtain a description of how the available data was divided between model training, test, and/or validation datasets. The description should include an explanation why the selected approach was deemed most appropriate, whether the company made any further subdivisions of available data, and reasons for the subdivisions (e.g., a portion separated from training data to support testing of components during model building). Determine if the validation data was accessed before model training was completed and, if so, obtain an explanation of why that came to occur. Obtain a discussion of whether the model was rebuilt using all the data or if it was only based on the training data. | 1 | The reviewer should be aware that modelers may break their data into three or just two datasets. Although the term “training” is used with little ambiguity, “test” and “validation” are terms that are sometimes interchanged, or the word “validation” may not be used at all.  
The reviewer should note whether a company employed cross-validation techniques instead of a training/test/validation dataset approach. If cross-validation techniques were used, the reviewer should request a description of how cross-validation was done and confirm that the final model was not built on any particular subset of the data, but rather the full dataset.  
The discussion of training, test, and/or validation datasets is a separate discussion from the percentage of observations (rows of data) or percentage of features (columns of data) used within each tree. These splits are based on hyperparameters and are commented on in other sections. |
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<tr>
<td>B.1.d</td>
<td>Obtain a brief description of the development process, from initial concept to final model and filed rating plan.</td>
<td>1</td>
<td>The narrative should have the same scope as the filing.</td>
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<tr>
<td>B.1.e</td>
<td>Obtain a narrative on whether loss ratio, pure premium, or frequency/severity analyses were performed and, if separate frequency/severity modeling was performed, how pure premiums were determined.</td>
<td>1</td>
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<tr>
<td>B.1.f</td>
<td>Identify the model’s target variable.</td>
<td>1</td>
<td>A clear description of the target variable is key to understanding the purpose of the model. It may also prove useful to obtain a sample calculation of the target variable in Excel format, starting with the “raw” data for a policy, or a small sample of policies, depending on the complexity of the target variable calculation.</td>
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<tr>
<td>B.1.g</td>
<td>Obtain a description of the candidate variable selection process prior to the model building.</td>
<td>1</td>
<td>Candidate variables are the variables used as input to the modeling process. Certain variables may not end up used in the final model if none of the component trees of the model split on the variable. The narrative regarding the candidate variable selection process may address matters such as the criteria upon which variables were selected or omitted, identification of the number of preliminary variables considered in developing the model versus the number of variables that remained, and any statutory or regulatory limitations that were taken into account when making the decisions regarding candidate variable selection. The modeler should comment on the use of automated feature selection algorithms to choose candidate predictor variables and explain how potential overfitting that can arise from these techniques was addressed.</td>
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<tr>
<td>B.1.h</td>
<td>In conjunction with variable selection, obtain a narrative on how the company determined the granularity of the rating variables during model development.</td>
<td>3</td>
<td>The narrative should include discussion of how credibility was considered in the process of determining the level of granularity of the variables selected.</td>
</tr>
<tr>
<td>B.1.i</td>
<td>Determine if model input data was segmented in any way (e.g., by-coverage, by-peril, or by-form basis). If so, obtain a description of data segmentation and the reasons for data segmentation.</td>
<td>1</td>
<td>The regulator would use this to follow the logic of the modeling process.</td>
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<tr>
<td>B.2.a</td>
<td>At crucial points in model development, if selections were made among alternatives regarding model assumptions, techniques, or hyperparameters, obtain a narrative on the judgment used to make those selections.</td>
<td>2</td>
<td>Evaluate the addition or removal of variables and the model fitting. It is not necessary for the company to discuss each iteration of adding and subtracting variables, but the regulator should gain a general understanding of how these adjustments were done, including any statistical improvement measures relied upon.</td>
</tr>
<tr>
<td>B.2.b</td>
<td>If post-model adjustments were made to the data and the model was rerun, obtain an explanation on the details and the rationale for those adjustments.</td>
<td>2</td>
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</tr>
<tr>
<td>B.2.c</td>
<td>Identify which distribution was used for the model (e.g., Regression based on Poisson, Gamma, Logistic, or Tweedie are common choices). Obtain an explanation of why the distribution was chosen. Certain distribution assumptions will involve numerical parameters; i.e., regression with a Tweedie assumed distribution will have a p power value. Obtain the specific numerical parameters associated with the distribution.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>B.2.d</td>
<td>Obtain a narrative on how the predictions from the component trees are combined to arrive at a final model prediction.</td>
<td>2</td>
<td>Tree-based methods combine predictions from multiple component trees and aggregate them into a final prediction for each observation. Common methods for combining Random Forest model predictions include the arithmetic or geometric mean of all the component trees. Gradient Boosting Machines further refine the model iteratively in each tree, with a focus on records where predictions were off in prior iterations. Gradient Boosting Machines similarly aggregate predictions from all trees. Producing predictions sometimes involve summing all applicable terminal node values and applying the inverse of a link function.</td>
</tr>
<tr>
<td>B.2.e</td>
<td>If there were data situations in which weights were used, obtain an explanation of how and why they were used.</td>
<td>3</td>
<td>Investigate whether identical records were combined to build the model.</td>
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Commented [PR2]: Consider changing to boosting algorithms. Comment would still apply.
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<tbody>
<tr>
<td>B.2.f</td>
<td>Obtain the number of component trees comprising the Random Forest tree based model. Obtain a narrative on how this number was chosen.</td>
<td>1</td>
<td>Random Forest tree based models should contain enough trees to reduce error to an acceptable level. Random Forest models should also balance this with the concept of parsimony. A model with fewer trees that achieves relatively similar reduction in error is preferable to a model with more trees. Checking the error on a test dataset or out of bag error for different numbers of trees can reveal at what value the error on test data starts to level off. Modelers might rely on early stopping rules within modeling software to arrive at the final number of trees. The narrative on the number of trees should discuss the stopping criterion, which defines what condition is met when the model stopped adding more trees.</td>
</tr>
<tr>
<td>B.2.g</td>
<td>Obtain the sampling parameters that apply to both the percent of observations used in each component tree and the number of features tested for each split within each tree. Obtain a narrative on how the sampling parameters were selected.</td>
<td>1</td>
<td>Random Forest tree based models often sample both the observations (typically rows of modeling data) with replacement and sample the features (typically columns of modeling data) This means that each tree has a bootstrapped dataset. The company should discuss the bagging fraction (sample size) applied to observations (typically rows of data). This is often expressed as a percent. For example: perhaps each tree is based on a bootstrapped sample that is 50% of the original dataset. The company should discuss the number of features considered at each split. This is often expressed as an integer. A common choice for the number of features is equal to roughly the square root of the total number of candidate variables. For example: perhaps each split is based on 10 randomly selected features (typically columns of data) when there are 100 candidate variables.</td>
</tr>
<tr>
<td>B.2.h</td>
<td>Obtain the maximum depth that applies to the component trees in the model. Obtain a narrative on how this number was chosen.</td>
<td>1</td>
<td>The depth of a tree is the number of splits that are allowed to occur between the root node and the terminal nodes. This number can be set explicitly in modeling software or may be implicitly set if the company applies a splitting constraint, such as a minimum observations per node. Maximum tree depths of eight or higher are considered extremely high.</td>
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<tr>
<td>B.2.i</td>
<td>Obtain parameters that determined the volume of data in each tree node and a narrative of how parameters were chosen.</td>
<td>1</td>
<td>Minimum data volume constraints can be applied to a tree-based model, such that the trees will not create a split that would result in terminal nodes with volume below a set amount. The modeler should comment on how the threshold was chosen. If there was no minimum data volume threshold applied to the trees, or if the threshold was exceedingly small, obtain an explanation of any post-modeling adjustments the modeler made to address the credibility considerations and how the adjustments were applied.</td>
</tr>
<tr>
<td>B.2.j</td>
<td>Obtain the learning rate aka “shrinkage” if the model is a Gradient Boosting Machine</td>
<td>1</td>
<td>Learning rate is a hyperparameter that applies to Gradient Boosting Machines but not to random forest models. The hyperparameter controls how far towards indicated each tree is allowed to move. The number is typically set to a low value, to reflect that GBM is intended to be a collection of “weak learners”, whose accuracy comes after ensembling a large number of trees. As a rule of thumb, values less than or equal to 0.20 are common.</td>
</tr>
<tr>
<td>B.2.5j</td>
<td>Obtain a narrative of the process to select all hyperparameters for the Random Forest tree based model. Detail how this process addressed potential overfitting in the model.</td>
<td>2</td>
<td>The narrative should include a description of each hyperparameter, document the values of the hyperparameters, specify the implication of using a higher or lower value for each hyperparameter, and discuss any sensitivity testing completed on the hyperparameters and observations from the sensitivity analysis. Hyperparameter tuning can be done in a variety of ways. The rigor of the tuning process should reflect the risk of overfitting on the specific dataset.</td>
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3. Predictor Variables

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<tbody>
<tr>
<td>B.3.a</td>
<td>Obtain a complete data dictionary, including the names, types, definitions, and rationales for each variable.</td>
<td>1</td>
<td>Types of variables might be continuous, discrete, Boolean, etc. Identify any variable used as an offset or control in the Random Forest tree based model and the offset factor that was applied for each level of the offset variable. For any variable(s) intended to function as a control or offset, obtain an explanation of its purpose and impact. Also, for any use of interaction between variables, obtain an explanation of its rationale and impact.</td>
</tr>
<tr>
<td>B.3.b</td>
<td>Obtain a list of predictor variables considered but not used in the final model and the rationale for their removal.</td>
<td>4</td>
<td>The purpose of this requirement is to identify variables the company finds to be predictive but ultimately may reject for reasons other than loss-cost considerations (e.g., price optimization). Also, look for variables the company tested and then rejected. This item could help address concerns about data dredging.</td>
</tr>
<tr>
<td></td>
<td>Obtain a correlation matrix for all predictor variables included in the model and sub-model(s).</td>
<td>3</td>
<td>High correlation is less of an issue for tree-based models than it is for GLMs. Tree-based models naturally only use one variable at a time during each split in each tree. However, a correlation matrix still helps the reviewer understand relationships in the data being modeled better. The company should indicate what statistic was used (e.g., Pearson, Cramer’s V, etc.) in the correlation matrix. The regulatory reviewer should understand what statistic was used to produce the matrix but should not prescribe the statistic.</td>
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<tr>
<td>B.3.d</td>
<td>Obtain plots describing the relationship between each predictor variable and the target variable. Obtain a rational explanation for the observed relationship between each predictor variable and the target variable (frequency, severity, loss costs, expenses, or any element or characteristic being predicted).</td>
<td>1</td>
<td>Partial dependence plots (PDPs), accumulated local effects (ALE) plots, or Shapley plots will help improve model interpretability. There should be at least one plot for every variable used in the model. The plots should be accompanied by commentary on why the visualized relationship is reasonable for variables of concern. Considering possible causation may be relevant, but proving causation is neither practical nor expected. If no rational explanation can be provided, greater scrutiny may be appropriate. For example, the regulator should look for unfamiliar predictor variables and, if found, the regulator should seek to understand the relationship that variable has to the target variable. The regulator should also consider that interpretability plots for tree-based models need to be reviewed with other considerations in mind. For example, partial dependence calculations assume independence with other variables in the model.</td>
</tr>
<tr>
<td>B.3.e</td>
<td>If the modeler made use of one or more dimensionality reduction techniques, such as a principal component analysis (PCA), obtain a narrative about that process, an explanation why that technique was chosen, and a description of the step-by-step process used to transform observations (usually correlated) into a set of linearly uncorrelated variables. In each instance, obtain a list of the pre-transformation and post-transformation variable names, as well as an explanation of how the results of the dimensionality reduction technique was used within the model.</td>
<td>2</td>
<td>Variable Importance Plots for tree-based methods highlight which variables contributed most to the model. There are multiple ways to calculate variable importance. Variables with the lowest importance measures should be prioritized when identifying variables that may not be contributing significantly to the model. Variables may have a low importance measure due to high correlation with other variables but may still prove useful if they interact with other variables to identify unique subsets of risks. Variables with the highest importance measures should be prioritized when determining which variables have the largest impact on predictions.</td>
</tr>
<tr>
<td>B.3.f</td>
<td>Obtain variable importance plots. Obtain a description of how variable importance was calculated.</td>
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### 4. Adjusting Data, Model Validation, and Goodness-of-Fit Measures

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| B.4.a   | Obtain a description of the methods used to assess the statistical significance/goodness-of-fit of the model to validation data, such as lift charts and statistical tests. Compare the model’s projected results to historical actual results and verify that modeled results are reasonably similar to actual results from validation data. | 1 | For models that are built using multistate data, validation data for some segments of risk is likely to have low credibility in individual states. Nevertheless, some regulators require model validation on state-only data, especially when analysis using state-only data contradicts the countrywide results. State-only data might be more applicable, but it could also be impacted by low credibility for some segments of risk.  
**Note**: It may be useful to consider geographic stability measures for territories within the state. |
<p>| B.4.b   | Obtain evidence that the model fits the training data well by variable and for the overall model. | 2 | The regulator should ask the company to provide exhibits or plots that show the fitted average makes sense when compared to the observed average for variables of interest. Regulators would ideally review this comparison for every variable, but time constraints may limit the focus to just variables of interest. Variables of interest should include those with a high importance measure (which will have the most material impact on rates), those with a low importance measure (which may not be contributing significantly to the model), variables without an intuitive relationship to loss, or variables that may be proxies for a protected class attribute. |</p>
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<tr>
<td>B.4.c</td>
<td>Obtain a description how the model was tested for stability over time.</td>
<td>2</td>
<td>Evaluate the build/test/validation datasets for potential time-sensitive model distortions (e.g., a winter storm in year 3 of 5 can distort the model in both the testing and validation datasets). Obsolescence over time is a model risk (e.g., old data for a variable or a variable itself may no longer be relevant). If a model being introduced now is based on losses from years ago, the reviewer should be interested in knowing whether that model would be predictive in the proposed context. Validation using recent data from the proposed context might be requested. Obsolescence is a risk even for a new model based on recent and relevant loss data. The reviewer may want to inquire as to the following: What steps, if any, were taken during modeling to prevent or delay obsolescence? What controls exist to measure the rate of obsolescence? What is the plan and timeline for updating and ultimately replacing the model? The reviewer should also consider that as newer technologies enter the market (e.g., personal automobile), their impact may change claim activity over time (e.g., lower frequency of loss). So, it is not necessarily a bad thing that the results are not stable over time.</td>
</tr>
<tr>
<td>B.4.d</td>
<td>Obtain a narrative on how potential concerns with overfitting were addressed.</td>
<td>2</td>
<td>Tree-based models such as Random Forest models are notorious for overfitting. The company should provide a narrative on how overfitting was addressed. The company should provide a lift chart on training data used to fit the model and a lift chart on testing data that was not used to fit the model. If pruning was used to address overfitting, the narrative should provide commentary on the pruning process.</td>
</tr>
<tr>
<td>B.4.e</td>
<td>Obtain support demonstrating that the Random Forest assumptions are appropriate.</td>
<td>3</td>
<td>A visual review of plots of actual errors is usually sufficient. The reviewer should look for a conceptual narrative covering these topics: How does this particular Random Forest based model work? Why did the rate filer do what they did? Why employ this design instead of alternatives? Why choose this particular distribution function and this particular link function? A company response may be at a fairly high level and reference industry practices. If the reviewer determines that the model makes no assumptions that are considered to be unreasonable, the importance of this item may be reduced.</td>
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<tr>
<td>B.4.f</td>
<td>Obtain 5-10 sample records with corresponding output from the model for those records.</td>
<td>2</td>
<td>The company should provide comprehensive documentation of the rating algorithm such that a rate can be reproduced for any theoretical risk. The company should demonstrate the comprehensiveness of the documentation by providing 5-10 sample records with corresponding input variable values and the final model prediction. The company should describe how the final model prediction aggregates the individual tree model predictions. The company should describe how to use other filing exhibits to reproduce the final model prediction for each sample record.</td>
</tr>
<tr>
<td>B.4.g</td>
<td>Obtain a deviance analysis by number of trees.</td>
<td>2</td>
<td>The company should provide a plot showing that the deviance of the overall model decreases after each iteration (each additional tree). Plots which show negative log-likelihood would also be sufficient as models which minimize negative log-likelihood also minimize deviance. If the company chooses an error metric other than deviance or log-likelihood, the company should describe why they chose a different metric and explain how it is calculated.</td>
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5. “Old Model” Versus “New Model”

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<tr>
<td>B.5.a</td>
<td>Obtain an explanation of why this model is an improvement to the current rating plan. If it replaces a previous model, find out why it is better than the one it is replacing; determine how the company reached that conclusion and identify metrics relied on in reaching that conclusion. Look for an explanation of any changes in calculations, assumptions, parameters, and data used to build this model from the previous model.</td>
<td>2</td>
<td>The regulator should expect to see improvement in the new class plan’s predictive ability or other sufficient reason for the change.</td>
</tr>
<tr>
<td>B.5.b</td>
<td>Determine if two Gini coefficients were compared and obtain a narrative on the conclusion drawn from this comparison.</td>
<td>3</td>
<td>This information element requests a comparison of the Lorenz curve and Gini coefficient from the prior model to the Gini coefficient of proposed model. It is expected that there should be improvement in the Gini coefficient. A higher Gini coefficient indicates greater differentiation produced by the model and how well the model fits that data. This is relevant when one model is being updated or replaced. The regulator should expect to see improvement in the new class plan’s predictive ability. One example of a comparison might be sufficient. Note: This comparison is not applicable to initial model introduction. The reviewer can look to CAS monograph, “Generalized Linear Models for Insurance</td>
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<tr>
<th>B.5.c</th>
<th>Determine if double-lift charts were analyzed and obtain a narrative on the conclusion drawn from this analysis.</th>
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<td>3</td>
<td>One example of a comparison might be sufficient. Note: “Not applicable” is an acceptable response.</td>
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<tr>
<td>B.5.d</td>
<td>If replacing an existing model, obtain a list of any predictor variables used in the old model that are not used in the new model as candidate variables. Obtain an explanation of why these variables were dropped from the new model. Obtain a list of all new predictor variables in the new model that were not in the prior old model.</td>
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<tr>
<td>6. Modeler Software</td>
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<tr>
<td>B.6.a</td>
<td>Request access to SMEs (e.g., modelers) who led the project, compiled the data, and/or built the model.</td>
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### C. THE FILED RATING PLAN

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<tbody>
<tr>
<td>1. General Impact of Model on Rating Algorithm</td>
<td>In the actuarial memorandum or explanatory memorandum, for each model and sub-model (including external models), look for a narrative that explains each model and its role (i.e., how it was used) in the rating system.</td>
<td>1</td>
<td>The “role of the model” relates to how the model integrates into the rating plan as a whole and where the effects of the model are manifested within the various components of the rating plan. This is not intended as an overarching statement of the model’s goal, but rather a description of how specifically the model is used. This item is particularly important if the role of the model cannot be immediately discerned by the reviewer from a quick review of the rate and/or rule pages. (Importance is dependent on state requirements and ease of identification by the first layer of review and escalation to the appropriate review staff.)</td>
</tr>
<tr>
<td>C.1.a</td>
<td>Obtain an explanation of how the model was used to adjust the filed rating algorithm.</td>
<td>1</td>
<td>The regulator should consider asking for an explanation of how the model was used to adjust the rating algorithm.</td>
</tr>
<tr>
<td>C.1.b</td>
<td>Obtain a complete list of characteristics/variables used in the proposed rating plan, including those used as input to the model (including sub-models and composite variables) and all other characteristics/variables (not input to the model) used to calculate a premium. For each characteristic/variable, determine if it is only input to the model, whether it is only a separate univariate rating characteristic, or whether it is both input to the model and a separate univariate rating characteristic. The list should include transparent descriptions (in plain language) of each listed characteristic/variable.</td>
<td>1</td>
<td>Examples of variables used as inputs to the model and used as separate univariate rating characteristics might be criteria used to determine a rating tier or household composite characteristic.</td>
</tr>
<tr>
<td>C.1.c</td>
<td>Obtain a narrative regarding how the characteristics/rating variables included in the filed rating plan relate to the risk of insurance loss (or expense) for the type of insurance product being priced.</td>
<td>2</td>
<td>The narrative should include a discussion of the relevance each characteristic/rating variable has on consumer behavior that would lead to a difference in risk of loss (or expense). The narrative should include a rational relationship to cost, and model visualization plots (such as partial dependence plots, accumulated local effects plots, or Shapley plots) should be consistent with the expected direction of the relationship. Note: This explanation would not be needed if the connection between variables and risk of loss (or expense) has already been illustrated.</td>
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| 3. Comparison of Model Outputs to Current and Selected Rating Factors | C.3.a Obtain documentation and support for all calculations, judgments, or adjustments that connect the model’s indicated values to the selected rates filed in the rating plan. | 1 | The documentation should include explanations for the necessity of any such adjustments and each significant difference between the model’s indicated values and the selected values. This applies even to models that produce scores, tiers, or ranges of values for which indications can be derived.  
Note: This information is especially important if differences between model-indicated values and selected values are material and/or impact one consumer population more than another. |
<p>| | C.3.b For each characteristic/variable used as both input to the model (including sub-models and composite variables) and as a separate univariate rating characteristic, obtain a narrative regarding how each characteristic/variable was tempered or adjusted to account for possible overlap or redundancy in what the characteristic/variable measures. | 2 | The insurer should address this possibility or other considerations; e.g., tier placement models often use risk characteristics/variables that are also used elsewhere in the rating plan. One way to do this would be to model the loss ratios resulting from a process that already uses univariate rating variables. Then the model/composite variables would be attempting to explain the residuals. |
| 4. Responses to Data, Credibility, and Granularity Issues | C.4.a Determine what, if any, consideration was given to the credibility of the output data. | 2 | The regulator should determine at what level of granularity credibility is applied. If modeling was by coverage, by form, or by peril, the company should explain how these were handled when there was not enough credible data by coverage, form, or peril to model. |
| | C.4.b If the rating plan is less granular than the model, obtain an explanation of why. | 2 | This is applicable if the company had to combine modeled output in order to reduce the granularity of the rating plan. |
| | C.4.c If the rating plan is more granular than the model, obtain an explanation of why. | 2 | A more granular rating plan may imply that the company had to extrapolate certain rating treatments, especially at the tails of a distribution of attributes, in a manner not specified by the model indications. It may be necessary to extrapolate due to data availability or other considerations. |</p>
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<tr>
<td>5. Definitions of Rating Variables</td>
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<tr>
<td>C.5.a</td>
<td>Obtain a narrative regarding adjustments made to model output (e.g., transformations, binning and/or categorizations). If adjustments were made, obtain the name of the characteristic/variable and a description of the adjustment.</td>
<td>2</td>
<td>If rating tiers or other intermediate rating categories are created from model output, the rate and/or rule pages should present these rating tiers or categories. The company should provide an explanation of how model output was translated into these rating tiers or intermediate rating categories.</td>
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<td>6. Supporting Data</td>
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<tr>
<td>C.6.a</td>
<td>Obtain aggregated state-specific, book-of-business-specific univariate historical experience data, separately for each year included in the model, consisting of loss ratio or pure premium relativities and the data underlying those calculations for each category of model output(s) proposed to be used within the rating plan. For each data element, obtain an explanation of whether it is raw or adjusted and, if the latter, obtain a detailed explanation for the adjustments.</td>
<td>4</td>
<td>For example, were losses developed/undeveloped, trended/untrended, capped/uncapped, etc.? Univariate indications should not necessarily be used to override more sophisticated multivariate indications. However, they do provide additional context and may serve as a useful reference.</td>
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<td>7. Consumer Impacts</td>
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<tr>
<td>C.7.a</td>
<td>Obtain a listing of the top five rating variables that contribute the most to large swings in renewal premium, both as increases and decreases, as well as the top five rating variables with the largest spread of impact for both new and renewal business.</td>
<td>4</td>
<td>These rating variables may represent changes to rating factors, be newly introduced to the rating plan, or have been removed from the rating plan.</td>
</tr>
<tr>
<td>C.7.b</td>
<td>Determine if the company performed sensitivity testing to identify significant changes in premium due to small or incremental change in a single risk characteristic. If such testing was performed, obtain a narrative that discusses the testing and provides the results of that testing.</td>
<td>3</td>
<td>One way to see sensitivity is to analyze a graph of each risk characteristic’s/variable’s average fitted model prediction. Look for significant variation between the average fitted model predictions for adjacent rating variable levels and evaluate if such variation is reasonable and credible.</td>
</tr>
<tr>
<td>C.7.c</td>
<td>For the proposed filing, obtain the impacts on renewal business, and describe the process used by management, if any, to mitigate those impacts.</td>
<td>2</td>
<td>Some mitigation efforts may substantially weaken the connection between premium and expected loss and expense and, hence, may be viewed as unfairly discriminatory by some states.</td>
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<td>C.7.d</td>
<td>Obtain a rate disruption/dislocation analysis demonstrating the distribution of percentage and/or dollar impacts on renewal business (created by rerating the current book of business) and sufficient information to explain the disruptions to individual consumers.</td>
<td>2</td>
<td>The analysis should include the largest dollar and percentage impacts arising from the filing, including the impacts arising specifically from the adoption of the model or changes to the model as they translate into the proposed rating plan. While the default request would typically be for the distribution/dislocation of impacts at the overall filing level, the regulator may need to delve into the more granular variable-specific effects of rate changes if there is concern about particular variables having extreme or disproportionate impacts, or significant impacts that have otherwise yet to be substantiated. See Appendix D for an example of a disruption analysis.</td>
</tr>
<tr>
<td>C.7.e</td>
<td>Obtain exposure distributions for the model’s output variables and show the effects of rate changes at granular and summary levels, including the overall impact on the book of business.</td>
<td>3</td>
<td>See Appendix D for an example of an exposure distribution.</td>
</tr>
<tr>
<td>C.7.f</td>
<td>Identify policy characteristics, used as input to a model or sub-model, that remain “static” over a policy’s lifetime versus those that will be updated periodically. Obtain a narrative on how the company handles policy characteristics that are listed as “static,” yet change over time.</td>
<td>3</td>
<td>Some examples of “static” policy characteristics are prior carrier tenure, prior carrier type, prior liability limits, claim history over past X years, or lapse of coverage. These are specific policy characteristics usually set at the time new business is written, used to create an insurance score or to place the business in a rating/underwriting tier, and often fixed for the life of the policy. The reviewer should be aware of, and possibly concerned about, how the company treats an insured over time when the insured’s risk profile based on “static” variables changes over time, but the rate charged, based on a new business insurance score or tier assignment, no longer reflect the insured’s true and current risk profile. A few examples of “non-static” policy characteristics are age of driver, driving record, and credit information (FCRA-related). These are updated automatically by the company on a periodic basis, usually at renewal, with or without the policyholder explicitly informing the company.</td>
</tr>
<tr>
<td>Section</td>
<td>Information Element</td>
<td>Level of Importance to the Regulator’s Review</td>
<td>Comments</td>
</tr>
<tr>
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<tr>
<td>C.7.g</td>
<td>Obtain a means to calculate the rate charged a consumer.</td>
<td>3</td>
<td>The filed rating plan should contain enough information for a regulator to be able to validate policy premium. However, for a complex model or rating plan, a score or premium calculator via Excel or similar means would be ideal, but this could be elicited on a case-by-case basis. The ability to calculate the rate charged could allow the regulator to perform sensitivity testing when there are small changes to a risk characteristic/variable. Note: This information may be proprietary. For the rating plan, the rate order of calculation rule may be sufficient. However, it may not be feasible for a regulator to get all the input data necessary to reproduce a model’s output. Credit and telematics models are examples of model types where model output would be readily available, but the input would not be readily available to the regulator.</td>
</tr>
<tr>
<td>C.7.h</td>
<td>In the filed rating plan, be aware of any non-insurance data used as input to the model (customer-provided or other). In order to respond to consumer inquiries, it may be necessary to inquire as to how consumers can verify their data and correct errors.</td>
<td>1</td>
<td>If the data is from a third-party source, the company should provide information on the source. Depending on the nature of the data, it may need to be documented with an overview of who owns it. The topic of consumer verification may also need to be addressed, including how consumers can verify their data and correct errors.</td>
</tr>
<tr>
<td>C.8.a</td>
<td>Obtain sufficient information to understand how the model outputs are used within the rating system and to verify that the rating plan’s manual, in fact, reflects the model output and any adjustments made to the model output.</td>
<td>1</td>
<td>The regulator can review the rating plan’s manual to see that modeled output is properly reflected in the manual’s rules, rates, factors, etc.</td>
</tr>
<tr>
<td>C.9.a</td>
<td>Establish procedures to efficiently review rate filings and models contained therein.</td>
<td>1</td>
<td>“Speed to market” is an important competitive concept for insurers. Although the regulator needs to understand the rate filing before accepting the rate filing, the regulator should not request information that does not increase his/her understanding of the rate filing. The regulator should review the state’s rate filing review process and procedures to ensure that they are fair and efficient.</td>
</tr>
<tr>
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<tr>
<td>C.9.b</td>
<td>Be knowledgeable of state laws and regulations in order to determine if the proposed rating plan (and models) are compliant with state laws and/or regulations.</td>
<td>1</td>
<td>This is a primary duty of state insurance regulators. The regulator should be knowledgeable of state laws and regulations and apply them to a rate filing fairly and efficiently. The regulator should pay special attention to prohibitions of unfair discrimination.</td>
</tr>
<tr>
<td>C.9.c</td>
<td>Be knowledgeable of state laws and regulations in order to determine if any information contained in the rate filing (and models) should be treated as confidential.</td>
<td>1</td>
<td>The regulator should be knowledgeable of state laws and regulations regarding confidentiality of rate filing information and apply them to a rate filing fairly and efficiently. Confidentiality of proprietary information is key to innovation and competitive markets.</td>
</tr>
<tr>
<td>C.9.d</td>
<td>Obtain complete documentation that would allow future audits of model predictions.</td>
<td>1</td>
<td>The company should provide comprehensive documentation of the rating algorithm such that a rate can be reproduced for any theoretical risk. Comprehensive documentation could be provided as one of the following: a complete set of tree diagrams, a set of if-else logic statements that represents the trees, or a table showing every possible combination of risk characteristics and the final prediction.</td>
</tr>
</tbody>
</table>
Accumulated Local Effects Plots: A type of interpretability plot. Accumulated local effects (ALE) plots calculate smaller, incremental changes in the feature effects. ALE shows the expected and centered effects of a variable.

Bagged Trees: An ensemble of trees where each tree is based on a “bootstrap aggregated” sample.

Branch: A connection on a decision tree between a parent node and a child node. A relationship based on a predictor variable is checked at each node, determining which branch applies.

Candidate Variables: The variables specified by the modeler to be used within the full model. The random variable selection process performed by a Random Forest-based model means that component trees might only use a subset of these variables in each tree.

Child Node: The node below a parent node. The child node is the result of a split that occurs based on a predictor variable. The node above the child node, which is where the split occurred resulting in the creation of the child nodes, is called the parent note. There is one parent node for every child node. The root node is the only node that is not a child node.

Component Tree: An individual tree within an approach based on an ensemble of trees, such as Random Forest or gradient boosting machine.

Deviance: A measure of model fit. Deviance is based on the difference between the log-likelihood of the saturated model and the log-likelihood of the proposed model being evaluated. Smaller values of deviance demonstrate that a model’s predictions fit closer to actual. Deviance on training data will always decrease as model complexity increases.

Gradient Boosting Machine: An ensemble of trees model made up a series of “weak learner” trees which iteratively focus more on the residuals of the model at each iterative tree.

Hyperparameter: A model hyperparameter is a model setting specified by the modeler that is external to the model and whose value cannot be estimated from data.

Node: A point on a decision tree. Nodes are either root nodes (the top node), leaf nodes (a terminal node at which point no further splitting occurs), or an internal node that appears in the middle of the tree while splitting is still taking place.

Out-of-Bag Error: Error calculated for observations based on the trees that did not include them in the set of training observations. Out-of-Bag Error is calculable when bootstrapping is used to generate different datasets for each component tree in an ensemble tree method.

Parent Node: The node above a child node. The parent node is where a split occurs based on a predictor variable. The nodes below the parent node, which are a direct result of the parent node’s split, are called child nodes. There are typically two child nodes for every parent node. Terminal nodes cannot be parent nodes.

Partial Dependence Plots: A type of interpretability plot. The partial dependence plot computes the marginal effect of a given variable on the prediction.

Pruning: The process of scaling back a tree to reduce its complexity. This results in trees with fewer branches and terminal nodes appearing higher on the tree. Pruning is more common on models built on a single decision tree rather than on ensemble models such as Random Forests or gradient boosting machines.

Random Forest: An ensemble of trees where each tree is based on a bootstrap aggregated sample, and each split is based on a random sample of the candidate variables.
**Root Node**: The first (top) node in a decision tree. This node contains the entire set of data used by the tree as no splits have occurred yet.

**Shapley Additive Explanation Plots**: A type of interpretability plot. Shapley plots investigate the effect of including a variable in the model by the order in which it is added. The Shapley value represents the amount the variable of interest contributes to the prediction.

**Splitting**: The process of dividing a node into two or more sub-nodes, starting from the root node. Splitting occurs at every node up until the terminal (leaf) nodes when the stopping criterion is met.

**Stopping Criterion**: A criterion applied to the splitting process that informs the node when it is ineligible to split any further. Volume of data is often used as a stopping criterion, such that each leaf node is based on at least a pre-determined amount of data.

**Terminal Node**: An end node containing no child nodes because the node has met the stopping criterion. The terminal node is associated with a prediction for one of the component trees. The terminal node is also known as a “leaf” node, the resulting endpoint of a decision tree.

**Tree-Based Model**: A model that can be represented as a decision tree or a collection of decision trees.

**Tree Depth**: The maximum number of splits between the root node and a leaf node for a tree.

**Variable Importance**: A measure of how the variables (a.k.a. features) contribute to the overall model. There are multiple ways to measure variable importance.
Overview and Invitation to Participate

NAIC Portland 2022
The Linux Foundation is working with the global technology community to solve the world’s hardest problems through open source and creating the largest shared technology investment in history. Some of the 150+ gamechanging initiatives hosted by The Linux Foundation include:
openIDL is a permissioned insurance blockchain network and harmonized data store.
openIDL is for:

**Carriers**
Generating operational efficiency, flexibility, interoperability, and product development opportunities.

**Regulators**
Access to timely and accurate information enabling more holistic and dynamic reporting as well as valuable and relevant insights into exposures, market activity, and trends.

**Industry at Large**
Establishing and maintaining an agnostic network, providing efficient mechanisms for relevant participation and collaboration.
Goals and Benefits of openIDL for the Insurance Industry

- Dramatically improve the **timeliness** and **availability** of insurance industry data for regulators
- **Reduce costs** and **improve security** of regulatory reporting by carriers
- Enable transparent and constructive **collaboration** of regulators, agencies, and carriers
- Provide a **standardized, federated** insurance data repository and an extensible network community
North Dakota Uninsured Motorist Network

› Establishes a role for regulators and advisory organizations on the network.

› Demonstrates how “stat data” can be reused for other applications.

› The network is being evaluated for procurement.
Why Get Involved?
openIDL for Regulators:

**Interdepartmental/Interjurisdictional Data**
Data efficiency and integration across your state, departments and related jurisdictions.

**Officials and Legislatures**
Provide legislators and leaders visualizations into trusted data for policy decisions and dashboards on impact and effectiveness.

**Community Information, Preparation and Response**
Collaborate with the public and industry to prepare and protect communities from common risks.

**Licensing and Regulation**
Connect trusted state and third-party data sources and licensing agencies to provide efficient experiences and solve problems unique to your community.

**Industry Audit and Compliance**
Streamline and help your businesses and critical infrastructure remain compliant to the needs of the constituents and law through objective rules, transparent infrastructure and private data.
openIDL for Technology Providers

**Products & Platforms**
Create and leverage private data in the openIDL Regulatory Reporting Data Network or your own proprietary network while ensuring your assets and confidential data remain secure – within your control.

**Services & Partnerships**
Design, implement and maintain solutions for your clients’ businesses and operations, or your own unique vertical or horizontal partnerships to enable a unique customer experience and value.

**Data and Insights**
Gather actionable insights from customer activities and experiences that can inform and improve the value of your products and services.

**Customer Data Privacy**
Gain insights, efficiently and transparently, while still protecting your customers’ data, identity and operations.

**Quality and Accountability**
Establish a framework of operations that assures integrity and objective quality, with transparent accountability and controls that establish and maintain your competitors.
openIDL is Strategic for Member Insurers

As an **Insurer** and Member, leverage **openIDL** for your:

**Enterprise**
- Automate internal reporting/auditing, retire legacy datastores/endpoints, integrate/automate operations, reduce data sharing/shipping, dynamic capital management, internal accountability

**Partner Relationships**
- Efficient data operations, transparent/accountable performance, innovative solution delivery and new value-add opportunities in existing relationships: reinsurance, broker, TPA/MGA, agent, systems, etc.

**Programs**
- Parametric benefits, automated/objective underwriting, ML/AI knowledge pooling, responsive/specific rating, contract certainty, loss control solutions, niche and customized coverage programs
Why companies join openIDL

Thought Leadership
Be part of defining and maintaining the technologies that are at the forefront of the industry

Networking & Partnerships
Network with other members of openIDL
Support the community

Build
Ensure the success of openIDL by building networks, products, services and solutions with and on top of openIDL’s code bases that are critical to your lines of business.
"It is strategically important for Selective to be part of industry efforts to innovate our regulatory reporting and use distributed ledgers"

Michael H. Lanza
Executive vice president, general counsel & chief compliance officer
Contact us

General Information:
info@openIDL.org

Jeff Braswell, Executive Director
jbraswell@openidl.org

Or join openidl.slack.com and send us a message
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Rich Gibson, MAAA, FCAS
Senior Property and Casualty Fellow
Casualty Practice Council (CPC) Update

- Comment Letters
  - Response to Federal Insurance Office (FIO) on the Terrorism Risk Insurance Program
  - Response to the D.C. Department of Insurance, Securities, and Banking (DISB) unintentional bias in private passenger automobile insurance.

- Cyber Toolkit (Updated in June)

- DE&I Efforts
  - Correlation-Causation Issue Brief
  - Sourcing Protected Class Information in P&C Insurance Issue Brief
  - Methods for Identifying Bias Paper (Q3)

- Extreme Events
  - House and Senate Comment Letters on the National Flood Insurance Program Reauthorization
  - Insurance-Linked Securities Issue Paper

- PC RBC Report on new risk factors, investment income adjustments, and catastrophe adjustments (Q3-Q4)

- Workers’ Comp, Telehealth Issue Brief
Committee on Property and Liability Financial Reporting (COPLFR) Update

- Upcoming
  - Schedule P Comment Letter (September)
  - Risk Transfer Practice Note Update (September)
  - 2022 Seminar on Effective P/C Loss Reserve Opinions: Tools for the Appointed Actuary (Early December)
  - 2022 Practice Note on SAOs on P/C Loss Reserves (December)
  - P/C Loss Reserve Law Manual (December)
Questions?

Contact: Rob Fischer, Casualty Policy Analyst, fischer@actuary.org
Highlights of Recent Research Reports

Actuarial Weather Extremes
- Monthly reports that identifies and examines unusual or extreme single-day or multi-day weather events
- [https://www.soa.org/resources/research-reports/2019/weather-extremes/](https://www.soa.org/resources/research-reports/2019/weather-extremes/)
- Recent Special Reports include:
  - Heavy U.S. Precipitation: July 26-29, 2022
  - Tropical Storm Alex: June 4, 2022
  - Michigan EF-3 Tornado: May 20, 2022
  - Iowa Tornados: March 5, 2022

“Ethical and Responsible Use of Data and Predictive Models” Certificate Program
- [www.soa.org/ERUcert](http://www.soa.org/ERUcert)
- Highlights of data ethics framework to be highlighted at Innovation Cybersecurity and Technology (H) Committee, Wednesday, August 10, 2022, 2:30 PM - 4:00 PM PT
<table>
<thead>
<tr>
<th>Project Name</th>
<th>Objective</th>
<th>Link/Expected Completion Date</th>
</tr>
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<tbody>
<tr>
<td>Actuarial Weather Extremes - Iowa Tornadoes March 5, 2020</td>
<td>Highlight observations for extreme weather events across North America</td>
<td><a href="https://www.soa.org/resources/research-reports/2019/weather-extremes/">https://www.soa.org/resources/research-reports/2019/weather-extremes/</a></td>
</tr>
<tr>
<td>Actuarial Weather Extremes - Tropical Storm Alex June 4, 2022</td>
<td>Highlight observations for extreme weather events across North America</td>
<td><a href="https://www.soa.org/resources/research-reports/2019/weather-extremes/">https://www.soa.org/resources/research-reports/2019/weather-extremes/</a></td>
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<tr>
<td>A Systematic Review and Compendium of Cyber Risk for Actuaries</td>
<td>Conduct a literature search regarding aspects of the cyber risk field.</td>
<td>8/15/2022</td>
</tr>
<tr>
<td>Auto Loss Cost Reports</td>
<td>Highlight Trends in Auto Insurance Loss Costs from second half of 2021 using statistical agent data sets.</td>
<td>8/15/2022</td>
</tr>
<tr>
<td>Hydro-Extreme Value Approach to Flood Insurance Pricing</td>
<td>The project will use hydrologic models and simulations to estimate flood inundation, with a goal of improving on current FEMA maps at selected locations and integrate with a pricing model and show through case studies how the models can be used in actuarial practice.</td>
<td>8/15/2022</td>
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</tbody>
</table>