CLAIMS STANDARDIZED DATA REQUEST
Annuity Line of Business

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

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

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

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ClmNo	6	15	A		Claim number
ConPre	21	3	A		Contract prefix **(Blank if NONE)**
ConNo	24	20	A		Contract number
ConSuf	44	3	A		Contract suffix **(Blank if NONE)**
ConForm	47	10	A		Contract form number as filed with the insurance department
PlanCode	57	6	A		System plan code **Please provide a list of system plan codes and their descriptions**
COFirst	63	15	A		First name of contract owner responsible for premium payment of contract
COMid	78	15	A		Middle name of contract owner responsible for premium payment of contract
COLast	93	20	A		Last name of contract owner responsible for premium payment of contract (e.g. trust, organization, etc.)
CODOB	113	10	D		Contract owner date of birth [MM/DD/YYYY]
COAddr	123	100	A		Contract owner street address
COCity	223	20	A		Contract owner city
COSt	243	2	A		State abbreviation of contract owner as of the end of the examination period
COZip	245	5	A		Contract owner ZIP code
IssSt	250	2	A		State abbreviation where contract was issued
CmtFirst	252	15	A		First name of claimant
CmtMid	267	15	A		Middle name of claimant
CmtLast	282	20	A		Last name of claimant (Entity filing proof of loss) (e.g. trust, organization, etc.)
CmtRel	302	50	A		Claimant relationship to contract owner **Please provide a list to explain any codes used**
AntFirst	352	15	A		First name of annuitant

AntMid	367	15	A		Middle name of annuitant
AntLast	382	20	A		Last name of annuitant or name of entity named as annuitant
AntSt	402	2	A		Resident state of annuitant
StlmtOpt	404	10	A		Settlement option code **Please provide a list to explain settlement option codes**
ClmStat	414	10	A		Claim status code as of the end of the exam period **Please provide a list of claim status codes along with their meanings. Example: Paid, denied, pending, etc.**
ClmIncDt	424	10	D		Claim incurred date [MM/DD/YYYY]
ClmNtDt	434	10	D		Date the company or producer received notification of claim [MM/DD/YYYY]
ClmAckDt	444	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
ClmPdAmt	454	11	N	2	Amount of claim payment
IntRate	465	8	N	5	Interest rate, expressed as a decimal applied to contract proceeds, if applicable (4% = 0.04000)
IntAmt	473	11	N	2	Interest amount credited to contract proceeds, if applicable
ClmPdDt	484	10	D		Claim paid date [MM/DD/YYYY]
ClmDnyDt	494	10	D		Claim denial date [MM/DD/YYYY]
ClmDenRsn	504	50	A		Reason for claim denial **Please provide a list to explain any codes used**
ClmPendRsn	554	50	A		Reason for claim pending **Please provide a list to explain any codes used**
DlyRsn	604	50	A		Reason for claim delay **Please provide a list to explain any codes used**
DlyLtrDt	654	10	D		Date when delay letter was sent [MM/DD/YYYY]
EndRec	664	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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IN FORCE CONTRACTS STANDARDIZED DATA REQUEST
Annuity Line of Business

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

Uses: Data will be used to determine if the company follows appropriate procedures with respect to annuity contracts in [applicable state] within the scope of the examination:
- Cross-reference with annual statement data to validate the completeness of the in force file;
- Cross-reference with the company's MCAS data to validate the accuracy of MCAS reporting;
- Cross-reference with claims data to validate the completeness of the in force file; and
- Cross-reference to state (s) licensing information to ensure proper producer licensure.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ConNo	6	20	A		Contract number
EffDt	26	10	D		Contract effective date [MM/DD/YYYY]
ConForm	36	20	A		Contract form number as filed with the insurance department
COFirst	56	15	A		First name of contract owner responsible for premium payment of contract
COMid	71	15	A		Middle name of contract owner responsible for premium payment of contract
COLast	86	20	A		Last name of contract owner responsible for premium payment of contract
CODOB	106	10	D		Contract owner date of birth [MM/DD/YYYY]
COAddr	116	100	A		Contract owner street address
COCity	216	20	A		Contract owner city
COSt	236	2	A		State abbreviation of contract owner as of the end of the examination period
COZip	238	5	A		Contract owner ZIP code
AntFirst	243	15	A		First name of annuitant
AntMid	258	15	A		Middle name of annuitant
AntLast	273	20	A		Last name of annuitant
AntAddr	293	100	A		Annuitant street address
AntCity	393	20	A		Annuitant city
AntSt	413	2	A		Abbreviation of annuitant's state
AntZip	415	5	A		Annuitant ZIP code
AntDOB	420	10	D		Annuitant date of birth [MM/DD/YYYY]
AntSx	430	1	A		Annuitant's sex (M/F)
PrCode	431	10	A		Company internal producer, CSR or business entity producer identification code **Please provide a list to explain any codes used**

NPN	441	7	A		National producer number
Rep	448	1	A		Did this annuity contract replace an existing contract regardless of who wrote the previous contract? (Y/N)
RepType	449	1	A		Type of replacement **Internal = 1 or External = 2**
T1035	450	1	A		Is a T1035 required to be completed in the event of a termination of replacement? (Y/N)
TxStat	451	1	A		**Q = qualified N = nonqualified**
AppProDt	452	10	D		Date application processed [MM/DD/YYYY]
AppRecDt	462	10	D		Date application received by the company [MM/DD/YYYY]
IssDt	472	10	D		Annuity contract issue date [MM/DD/YYYY]
IssSt	482	2	A		State abbreviation where contract was issued
CWAAmt	484	10	N	2	Consideration amount received with the application
MinAnAmt	494	10	N	2	Minimum annual additional consideration required
PaidDt	504	10	D		Date to which the contract is paid [MM/DD/YYYY]
PlanCode	514	10	A		System plan code **Please provide a list of system plan codes as required under the "Annuity Plan Level" portion of this request**
FixVal	524	10	N	2	Fixed account value **Please provide the account value as of the end of the examination period**
IndVal	534	10	N	2	Indexed account value, if applicable **Please provide the account value as of the end of the examination period**
VarVal	544	10	N	2	Amounts in the investment division of the separate account, if applicable **Please provide the account value as of the end of the examination period**
CrAccum	554	10	N	2	Current accumulation value **Please provide the account value as of the end of the examination period**
ConStat	564	20	A		Contract status as of the end of the examination period (e.g. accumulation, annuitization, etc.) **Please provide a list to explain any codes used**
BonusTyp	584	20	A		Bonus types applied to the annuity **Please provide a list to explain any codes used. If more than one has been applied, please identify each bonus applied**
BonusAmt	604	10	N	2	Total amount of bonuses applied to the annuity
Amrden	614	20	A		All applicable amendments, riders, and endorsements added **Please provide a list to explain any codes used**
AmrdenDt	634	10	D		Effective date of applicable amendment, rider or endorsement [MM/DD/YYYY] **If multiple amendment, rider or endorsements, repeat fields as necessary**
PayOp	644	20	A		Payout option elected **Please provide a list of all payout options available, including their meanings**
MatDt	664	10	D		Maturity date of annuity contract [MM/DD/YYYY]
CanReqDt	674	10	D		Date cancellation requested, if applicable [MM/DD/YYYY]
CanTer	684	1	A		Who cancelled the coverage **C=Consumer and I=Insurer**
CanTerRs	685	20	A		Reason for cancellation/termination of coverage Example: Lapse, individual requested cancellation, company cancellation, death, cash surrender, etc. **If codes are used, provide a list of all cancellation codes along with their meanings**
CanTerDt	705	10	D		Date contract cancelled/terminated [MM/DD/YYYY]

RefAmt	715	10	N		2	Amount of refund, if applicable
RefDt	725	10	D			Date refund mailed, if applicable [MM/DD/YYYY]
RefTo	735	20	A			Person who received refund, if applicable
LOB	755	3	A			Line of business according to annual financial statement **Please provide a list to explain LOB codes**
PaySt	758	2	A			State where annuity premium/consideration is reported in annual statement, as of the end of the exam period
EndRec	760	1	A			End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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NEW BUSINESS DECLINATIONS STANDARDIZED DATA REQUEST
Annuity Line of Business

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

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

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

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

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
AppNo	6	10	A		Application number, if applicable. Include prefix or suffix
PlanCode	16	10	A		System plan code **Please provide a list of system plan codes and their descriptions**
PrCode	26	10	A		Company internal producer, CSR or business entity producer identification code **Please provide a list to explain any codes used**
NPN	36	7	A		National producer number
Rep	43	1	A		Was this an application of replacement, regardless of who wrote the previous contract? (Y/N)
RepCo	44	100	A		Name of replaced company **If codes or abbreviations are provided, please provide a list to explain**
AppFirst	144	15	A		First name of individual requesting the contract
AppMid	159	15	A		Middle name of individual requesting the contract
AppLast	174	20	A		Last name of individual requesting the contract. If the contract was requested by a business or trust, please provide the business or trust name here
AppDOB	194	10	D		Applicant date of birth [MM/DD/YYYY]
AppAddr	204	100	A		Applicant street address
AppCity	304	20	A		Applicant city
AppSt	324	2	A		State in which contract was applied for
AppZip	326	5	A		Applicant ZIP code
AntDOB	331	10	D		Annuitant date of birth [MM/DD/YYYY]
AntFirst	341	15	A		First name of annuitant

AntMid	356	15	A		Middle name of annuitant
AntLast	371	20	A		Last name of annuitant
AntSx	391	1	A		Annuitant's sex (M/F)
AntOcc	392	50	A		Annuitant occupation/retired **If codes are used, please provide a list of codes and their descriptions**
AntAddr	442	100	A		Annuitant street address
AntCity	542	20	A		Annuitant city
AntSt	562	2	A		Abbreviation of annuitant's state
Ant ZIP	564	5	A		Annuitant ZIP code
AppProDt	569	10	D		Date application processed [MM/DD/YYYY]
AppRecDt	579	10	D		Date application received [MM/DD/YYYY]
CWAAmt	589	10	N	2	Consideration amount received with the application
DeclDt	599	10	D		Date of declination [MM/DD/YYYY]
DeclRsn	609	50	A		Reason for declining application **If declination codes are used, please provide a list of codes and their descriptions**
NoticeDt	659	10	D		Date notice of declination sent to applicant [MM/DD/YYYY]
RefAmt	669	10	N	2	Amount of refund, if applicable
RefDt	679	10	D		Date refund mailed, if applicable [MM/DD/YYYY]
RefToFst	689	15	A		First name of person who received refund, if applicable
RefToMd	704	15	A		Middle name of person who received refund, if applicable
RefToLst	719	20	A		Last name of person who received refund, (or name of business), if applicable
EndRec	739	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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

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

Uses: Data will be used to determine if the company follows appropriate procedures with respect to annuity transactions regarding annuity contracts in [applicable state] within the scope of the examination:
- Cross-reference with the annuity in force standardized data request for data accuracy; and
- Cross-reference with MCAS data to ensure completeness of exam data submitted.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ConNo	6	20	A		Contract number
COFirst	26	15	A		First name of contract owner responsible for premium payment of contract
COMid	41	15	A		Middle name of contract owner responsible for premium payment of contract
COLast	56	20	A		Last name of contract owner responsible for premium payment of contract
ConYr	76	4	A		The contract year at the time of the individual annuity payment, withdrawal or surrender request
SurWithA	80	1	A		Was the itemized transaction the result of a surrender, withdrawal or annuity payment? (**S/W/A**)?
PmtTyp	81	20	A		Type of annuity payment **Please provide a list to explain any codes used**
ReqDt	101	10	D		For the referenced annuity payment, withdrawal or surrender, please provide the date of surrender request, withdrawal request or the request to begin annuity payments? [MM/DD/YYYY]
FrqPay	111	15	A		For annuitized contracts, please specify the frequency of the annuitization payment, if applicable (e.g. monthly, annually, quarterly, etc)
PayDt	126	10	D		For the referenced annuity payment, surrender or withdrawal, please specify when the transaction was effected [MM/DD/YYYY]
AmtSW	136	11	N	2	Amount of surrender or withdrawal or annuity payment
ChargeSW	147	11	N	2	Amount of the withdrawal or surrender charge
PenInc	158	11	N	2	Amount of penalty incurred for the withdrawal or surrender
PenCd	169	10	A		Penalty code(s) applied **Please provide a list of all penalty codes and their meanings**
EndRec	179	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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PLAN CODE STANDARDIZED DATA REQUEST
Annuity Line of Business

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

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

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

Field Name	Start	Length	Type	Decimals	Description
PlanCode	1	6	A		System plan code **Please provide a list of system plan codes and their descriptions**
ConType	7	20	A		Type of contract (i.e. variable, fixed, indexed, etc.) **Please provide a list of all contract type codes and their meaning**
ConForm	27	10	A		Contract form number applied for as filed with insurance department
FilDt	37	10	D		Date contract sent for approval or filed {MM/DD/YYYY]
ConDtApv	47	10	D		Date contract approved or filed{MM/DD/YYYY]
ProdDesc	57	50	A		Product description/name
ProdBgDt	107	10	D		Date product marketing began in [insert state], if applicable{MM/DD/YYYY]
ProdEnDt	117	10	D		Date product marketing ended in [insert state], if applicable{MM/DD/YYYY]
Illustr	127	1	A		Is an illustration required? (Y/N)
BnsTyp	128	20	A		Types of bonuses available on annuity **Please provide a list of all bonus types and a description of each available bonus and applicable percentages**
Comm1st	148	5	N	2	Percentage of first year commission
ComReHi	153	5	N	2	Provide the highest percentage of renewal commission payable for the annuity plan
ComReLo	158	5	N	2	Provide the lowest percentage of renewal commission payable for this annuity plan
CommYr	163	2	A		Number of years for which renewal commission was/is payable
IntGuar	165	5	N	2	Guaranteed interest rate
IntSen	170	1	A		Interest sensitive product? (Y/N)
SurChgF	171	5	N	2	Percentage of first year surrender charge
SurChgL	176	5	N	2	Percentage of last year surrender charge
SurPer	181	2	A		Surrender period (years)
PayOp	183	20	A		Pay out options available for the annuity **Please provide a list of all payout options available, including their meanings**

Amrden	203	20	A		All applicable amendments, riders, and endorsements added **Please provide a list to explain any codes used. If more than one amendment applies, repeat fields as necessary**
EndRec	223	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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REPLACED CONTRACTS STANDARDIZED DATA REQUEST
Annuity Line of Business

Contents: This file should be downloaded from company system(s) and contain one record for each annuity contract that the company replaced in [applicable state] during the examination period. The data should reflect only records that the company replaced, and not include contracts that were issued by the company, and replaced by other companies.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to annuity contracts in [applicable state] within the scope of the examination:
- Cross-reference to in force data file to review persistency;
- Cross-reference with the company's MCAS data to validate the accuracy of MCAS reporting;
- Cross-reference to in force data file to determine whether producers are coding replacements properly;
- Cross-reference to producer data file to test producer licensure and replacement rates by producer; and
- Test for compliance with replacement notice requirements.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ConNo	6	20	A		Contract number
EffDt	26	10	D		Contract effective date [MM/DD/YYYY]
CWAAmt	36	10	N	2	Consideration amount received with the replacement
ConForm	46	20	A		Contract form number as filed with the insurance department
COFirst	66	15	A		Contract owner first name
COMid	81	15	A		Contract owner middle name
COLast	96	20	A		Contract owner last name
CODOB	116	10	D		Contract owner date of birth [MM/DD/YYYY]
COAddr	126	100	A		Contract owner street address
COCity	226	20	A		Contract owner city
COSt	246	2	A		Contract owner state abbreviation
COZip	248	5	A		Contract owner ZIP code
IssDt	253	10	D		Contract issue date [MM/DD/YYYY]
IssSt	263	2	A		State abbreviation where contract was issued
RepNtcCo	265	100	A		Name of replaced company
RepNtcDt	365	10	D		Date replacement notice sent [MM/DD/YYYY]
PrCode	375	10	A		Company internal producer, CSR or business entity producer identification code **Please provide a list to explain any codes used**
NPN	385	7	A		National producer number
RepType	392	1	A		Type of replacement **Internal = 1 or External = 2**

PlanCode	393	10	A		System plan code **Please provide a list of system plan codes along with their meanings**
T1035	403	1	A		Is a T1035 required to be completed in the event of a termination of replacement? (Y/N)
TxStat	404	1	A		**Q = Qualified N = Nonqualified**
EndRec	405	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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ACLI

Financial Security...for Life.

Roberta B. Meyer
Vice President & Associate General Counsel

November 27, 2017

The Honorable Bruce R. Ramge
Chair, NAIC Market Conduct Examination Standards (D) Working Group

Re: Draft New Annuity Standardized Data Requests, October 24, 2017 Draft

Dear Commissioner Ramge:

The American Council of Life Insurers (ACLI)[1] thanks you and the Market Conduct Examination Standards (D) Working Group (Working Group) for the opportunity to submit comments on the above-mentioned draft new Annuity Standardized Data Requests (SDR's). ACLI applauds the Working Group's efforts to streamline and update the Annuity SDR's.

Attached are ACLI comments on each of the six draft new Annuity SDR's. Although the attached include a number of comments, ACLI has no major or fundamental issues or concerns with the draft new SDR's. For the most part, the attached provide technical comments and questions seeking clarification as to the specific information sought in particular fields and the manner in which particular fields are intended to be completed. Many of our comments relate to situations where there may be multiple contract owners or annuitants, but only one field is provided for the response. A number of our other comments highlight information that a company may be unlikely to store or which is likely to be particularly challenging to produce.

ACLI is hopeful that our comments will assist the Working Group in its efforts to make the Annuity SDR's as clear and workable as possible, and to reflect appropriate flexibility, so that the SDR's will be as useful as possible.

ACLI appreciates the Working Group's consideration of our views and hopes to have the opportunity to continue to work the Working Group on this important initiative.

We would be glad to answer questions relating to any of the above or the attached.

Sincerely,

Roberta B. Meyer

Cc Petra Wallace
     Market Regulation Specialist

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[1] ACLI is a Washington D.C. – based trade association with 300 member companies operating in the United States and abroad. ACLI advocates in federal, state, and international forums for public policy that supports the industry marketplace and the 75 million American families that rely on life insurers' products for financial and retirement security. ACLI members offer life insurance, annuities, retirement plans, long-term care and disability income insurance, and reinsurance, representing more than 90 per cent of industry assets and premiums.

CLAIMS STANDARDIZED DATA REQUEST
Annuity Line of Business

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

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

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

Field Name	Start	Length	Type	Decimals	Description	ACLI Comments
CoCode	1	5	A		NAIC company code	
ClmNo	6	15	A		Claim number	
ConPre	21	3	A		Contract prefix **(Blank if NONE)**	
ConNo	24	20	A		Contract number	
ConSuf	44	3	A		Contract suffix **(Blank if NONE)**	
ConForm	47	10	A		Contract form number as filed with the insurance department	This information may be captured in other databases that do not interface well with a company's policy administration system, which could make provision of this information challenging. Also, there is question whether this information is necessary for this type of sample.
PlanCode	57	6	A		System plan code **Please provide a list of system plan codes and their descriptions**	

COFirst	63	15	A		First name of contract owner ~~responsible for premium payment of contract~~	The current language of this field appears to reflect an assumption that the contract owner always pays the premium which is not always the case. ACLI recommends deletion of reference to responsibility for payment of premium. Also, how should this field be completed if there is more than one owner? Should there be multiple fields?
COMid	78	15	A		Middle name of contract owner ~~responsible for premium payment of contract~~	Same as above
COLast	93	20	A		Last name of contract owner ~~responsible for premium payment of contract~~ (e.g. trust, organization, etc.)	Same as above
CODOB	113	10	D		Contract owner date of birth [MM/DD/YYYY]	How should this field be completed if there is more than one owner?
COAddr	123	100	A		Contract owner street address	How should this field be completed if there is more than one owner? Also, company may have current address only.
COCity	223	20	A		Contract owner city	Same as above
COSt	243	2	A		State abbreviation of contract owner as of the end of the examination period	Same as above
COZip	245	5	A		Contract owner ZIP code	Same as above
IssSt	250	2	A		State abbreviation where contract was issued	Same as above.
CmtFirst	252	15	A		First name of claimant	Is "claimant" intended to be synonymous with "beneficiary?" If so, ACLI recommends clarification to this effect. Also, how should this field be completed if there is more than one claimant?
CmtMid	267	15	A		Middle name of claimant	Same as above. Also, company may only have this information if it is entered in its policy administration system.
CmtLast	282	20	A		Last name of claimant (Entity filing proof of loss) (e.g. trust, organization, etc.)	Same as above
CmtRel	302	50	A		Claimant relationship to contract owner **Please provide a list to explain any codes used**	This information may not be readily available in policy administration system and may require cross referencing to other systems or manual process which may make it challenging to produce.
AntFirst	352	15	A		First name of annuitant	How should this field be completed if there are joint or multiple

							annuitants?
AntMid	367	15	A		Middle name of annuitant		Same as above. Also, company may only have this information if it is entered in its policy administration system.
AntLast	382	20	A		Last name of annuitant or name of entity named as annuitant		Same as above
AntSt	402	2	A		Resident state of annuitant		
StlmtOpt	404	10	A		Settlement option code **Please provide a list to explain settlement option codes**		
ClmStat	414	10	A		Claim status code as of the end of the exam period **Please provide a list of claim status codes along with their meanings. Example: Paid, denied, pending, etc.**		It is uncertain whether company policy administration system will include all the codes apparently being requested.
ClmIncDt	424	10	D		Claim incurred date [MM/DD/YYYY]		It is not clear what is meant by "claim incurred date." Date of death? Date proof of loss and all required information is received? ACLI recommends clarification. Also, how should this field be completed if there are multiple beneficiaries?
ClmNtDt	434	10	D		Date the company or producer received notification of claim [MM/DD/YYYY]		Nature and intent of information sought in this field are unclear. Is the intent to gather information relating to notification to the producer or home office? Or is the intent to measure late payment of a claim? If the intent is to measure the latter, in lieu of reference to date of receipt of notice, of claim, ACLI recommends modification to refer to the dates of receipt of proof of loss and required documentation and the date by which the claim is required to be paid by law. Also, how should this field be completed if there are multiple beneficiaries?
ClmAckDt	444	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]		There is question whether company will have this information. If company has information, how should this field be completed if there are multiple beneficiaries?
ClmPdAmt	454	11	N	2	Amount of claim payment		It is unclear what information is sought in this field in the

							event of multiple beneficiaries - the total amount paid to all the beneficiaries? the amount paid to a single beneficiary? If the latter, how should this field be completed? Should there be multiple fields?
IntRate	465	8	N	5		Interest rate, expressed as a decimal applied to contract proceeds, if applicable (4% = 0.04000)	This information may not be readily available in policy administration system and may require cross referencing to other systems or manual process which may make it challenging to produce.
IntAmt	473	11	N	2		Interest amount credited to contract proceeds, if applicable	How should this field be completed if there are multiple beneficiaries?
ClmPdDt	484	10	D			Claim paid date [MM/DD/YYYY]	How should this field be completed if there are multiple beneficiaries?
ClmDnyDt	494	10	D			Claim denial date [MM/DD/YYYY]	Same as above
ClmDenRsn	504	50	A			Reason for claim denial **Please provide a list to explain any codes used**	There is question whether company will have this information. If company has information, how should this field be completed if there are multiple beneficiaries?
ClmPendRsn	554	50	A			Reason for claim pending **Please provide a list to explain any codes used**	Same as above
DlyRsn	604	50	A			Reason for claim delay **Please provide a list to explain any codes used**	Same as above
DlyLtrDt	654	10	D			Date when delay letter was sent [MM/DD/YYYY]	There is question whether company will have this information; or the information may not be readily available in policy administration system and may require cross referencing to other systems or manual process which may make it challenging to produce. If the company has the information, how should his field be completed if there are multiple beneficiaries?
EndRec	664	1	A			End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.	

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IN FORCE CONTRACTS STANDARDIZED DATA REQUEST
Annuity Line of Business

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

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

- Cross-reference with annual statement data to validate the completeness of the in force file;
- Cross-reference with the company's MCAS data to validate the accuracy of MCAS reporting;
- Cross-reference with claims data to validate the completeness of the in force file; and
- Cross-reference to state (s) licensing information to ensure proper producer licensure.

Field Name	Start	Length	Type	Decimals	Description	ACLI Comments
CoCode	1	5	A		NAIC company code	
ConNo	6	20	A		Contract number	
EffDt	26	10	D		Contract effective date [MM/DD/YYYY]	
ConForm	36	20	A		Contract form number as filed with the insurance department	Are forms other than the base contract form sought? Are additional forms that constitute the "contract" sought as well? Also, provision of this information may require manual process, making it challenging to produce.
COFirst	56	15	A		First name of contract owner ~~responsible for premium payment of contract~~	This field seems to be predicated on the contract owner being the one to pay the premium which is not always the case. ACLI recommends deletion of reference to responsibility for payment of premium. Also, how should this field be completed if there is more than one contract owner?
COMid	71	15	A		Middle name of contract owner ~~responsible for premium payment of contract~~	Same as above. Also, company may only have this information if it is stored in its systems and provision of the information may require cross referencing to systems other than the policy administration system or manual process, likely to make production challenging.
COLast	86	20	A		Last name of contract owner ~~responsible for premium payment of contract~~	Same as above. Also, should this field be modified to take into account that the annuity may be owned by trust or business?
CODOB	106	10	D		Contract owner date of birth [MM/DD/YYYY]	How should this field be completed if there is more than one contract owner? Also, the field would not be applicable if annuity is owned by trust or business.
COAddr	116	100	A		Contract owner street address	Same as above. Also, if the contract owner is in client

						database and later changes address, only the contract owner's current address, and not his or her address at time of application, is likely to be stored.
COCity	216	20	A		Contract owner city	Same as above.
COSt	236	2	A		State abbreviation of contract owner as of the end of the examination period	Same as above.
COZip	238	5	A		Contract owner ZIP code	Same as above.
AntFirst	243	15	A		First name of annuitant	How should this field be completed if there are joint or multiple annuitants?
AntMid	258	15	A		Middle name of annuitant	Same as above.
AntLast	273	20	A		Last name of annuitant	Same as above
AntAddr	293	100	A		Annuitant street address	Same as above
AntCity	393	20	A		Annuitant city	Same as above
AntSt	413	2	A		Abbreviation of annuitant's state	Same as above
AntZip	415	5	A		Annuitant ZIP code	Same as above
AntDOB	420	10	D		Annuitant date of birth [MM/DD/YYYY]	Same as above. Also, provision of the information may require cross referencing to systems other than the policy administration system or manual process, likely to make production challenging.
AntSx	430	1	A		Annuitant's sex (M/F)	Same as above
PrCode	431	10	A		Company internal producer, CSR or business entity producer identification code **Please provide a list to explain any codes used**	
NPN	441	7	A		National producer number	Company policy administration system likely does not capture this information, necessitating some linking to agent licensing systems or a manual process, likely to make it challenging to produce this information.
Rep	448	1	A		Did this annuity contract replace an existing contract regardless of who wrote the previous contract? (Y/N)	
RepType	449	1	A		Type of replacement **Internal = 1 or External = 2**	How should this field be completed if the contract replaced more than one existing contract?
T1035	450	1	A		Is a T1035 required to be completed in the event of a termination of replacement? (Y/N)	The goal of this field and the meaning of the phrase "termination of replacement" are unclear. Also, company may not have this information in its systems.
TxStat	451	1	A		**Q = qualified N = nonqualified**	
AppProDt	452	10	D		Date application processed [MM/DD/YYYY]	It is unclear what information is sought and the reasons for which it is sought. ACLI suggests that the relevant dates appear to be the dates the application was received and the

					annuity was issued (**AppRecDt** and **IssDt).**
AppRecDt	462	10	D		Date application received by the company [MM/DD/YYYY]	
IssDt	472	10	D		Annuity contract issue date [MM/DD/YYYY]	
IssSt	482	2	A		State abbreviation where contract was issued	
CWAAmt	484	10	N	2	Consideration amount received with the application	Is only consideration received at application sought? Is money associated with the application that is received later or other money received later, such as by replaced contracts, also sought?
MinAnAmt	494	10	N	2	Minimum annual additional consideration required	It is unclear what information is sought in this field and whether company will have this information.
PaidDt	504	10	D		Date to which the contract is paid [MM/DD/YYYY]	This field does not appear relevant to an annuity product.
PlanCode	514	10	A		System plan code **Please provide a list of system plan codes as required under the "Annuity Plan Level" portion of this request**	
FixVal	524	10	N	2	Fixed account value **Please provide the account value as of the end of the examination period**	There is question whether all companies will be able to provide this value as of "the end of the examination period."
IndVal	534	10	N	2	Indexed account value, if applicable **Please provide the account value as of the end of the examination period**	
VarVal	544	10	N	2	Amounts in the investment division of the separate account, if applicable **Please provide the account value as of the end of the examination period**	
CrAccum	554	10	N	2	Current accumulation value **Please provide the account value as of the end of the examination period**	
ConStat	564	20	A		Contract status as of the end of the examination period (e.g. accumulation, annuitization, etc.) **Please provide a list to explain any codes used**	
BonusTyp	584	20	A		Bonus types applied to the annuity **Please provide a list to explain any codes used. If more than one has been applied, please identify each bonus applied**	
BonusAmt	604	10	N	2	Total amount of bonuses applied to the annuity	
Amrden	614	20	A		All applicable amendments, riders, and endorsements added **Please provide a list to explain any codes used**	This field may not provide adequate number of characters to account for all possible amendments, riders and endorsement codes.

AmrdenDt	634	10	D		Effective date of applicable amendment, rider or endorsement [MM/DD/YYYY] **If multiple amendment, rider or endorsements, repeat fields as necessary**	<u>If this field is allowed to repeat as necessary, the rest of the character start numbers will be off for all of the following fields.</u>
PayOp	644	20	A		Payout option elected **Please provide a list of all payout options available, including their meanings**	<u>This field may not provide adequate number of characters to account for all possible option codes.</u>
MatDt	664	10	D		Maturity date of annuity contract [MM/DD/YYYY]	
CanReqDt	674	10	D		Date cancellation requested, if applicable [MM/DD/YYYY]	<u>Provision of this information may require cross referencing to systems other than the policy administration system or manual process, likely to make production challenging.</u>
CanTer	684	1	A		Who cancelled the coverage **C=Consumer and I=Insurer**	<u>Same as above.</u>
CanTerRs	685	20	A		Reason for cancellation/termination of coverage Example: Lapse, individual requested cancellation, company cancellation, death, cash surrender, etc. **If codes are used, provide a list of all cancellation codes along with their meanings**	
CanTerDt	705	10	D		Date contract cancelled/terminated [MM/DD/YYYY]	
RefAmt	715	10	N	2	Amount of refund, if applicable	
RefDt	725	10	D		Date refund mailed, if applicable [MM/DD/YYYY]	<u>There is question whether company will have or be able to provide this information.</u>
RefTo	735	20	A		Person who received refund, if applicable	<u>Same as above.</u>
LOB	755	3	A		Line of business according to annual financial statement **Please provide a list to explain LOB codes**	
PaySt	758	2	A		State where annuity premium/consideration is reported in annual statement, as of the end of the exam period	<u>There is question whether company will be able to provide information, particularly for a single state, and whether it can be provided as of end of exam period.</u>
EndRec	760	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.	

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NEW BUSINESS DECLINATIONS STANDARDIZED DATA REQUEST
Annuity Line of Business

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

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

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

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

Field Name	Start	Length	Type	Decimals	Description	ACLI Comments
CoCode	1	5	A		NAIC company code	
AppNo	6	10	A		Application number, if applicable. Include prefix or suffix	
PlanCode	16	10	A		System plan code **Please provide a list of system plan codes and their descriptions**	
PrCode	26	10	A		Company internal producer, CSR or business entity producer identification code **Please provide a list to explain any codes used**	
NPN	36	7	A		National producer number	Company policy administration system likely does not capture this information, necessitating linking to agent licensing system or manual process, making it challenging to produce.
Rep	43	1	A		Was this an application of replacement, regardless of who wrote the previous contract? (Y/N)	
RepCo	44	100	A		Name of replaced company **If codes or abbreviations are provided, please provide a list to explain**	ACLI suggests this field is unnecessary since a separate SDR is dedicated to replacement review.
AppFirst	144	15	A		First name of individual requesting the contract	What is the intended meaning of the phrase "requesting the contract?" The applicant? How should this field be completed if there is more than one applicant?
AppMid	159	15	A		Middle name of individual requesting the contract	
AppLast	174	20	A		Last name of individual requesting the contract. If the contract was	Same as above.

					requested by a business or trust, please provide the business or trust name here	
AppDOB	194	10	D		Applicant date of birth [MM/DD/YYYY]	Company may not have this information for an individual, and this field would not be applicable to trust or business applicant.
AppAddr	204	100	A		Applicant street address	There is question whether company will store this information. If the applicant is in a client database and later changes address, it is likely that only the applicant's current address, and not his or her address at time of application, will be stored.
AppCity	304	20	A		Applicant city	Same as above.
AppSt	324	2	A		State in which contract was applied for	Same as above.
AppZip	326	5	A		Applicant ZIP code	Same as above.
AntDOB	331	10	D		Annuitant date of birth [MM/DD/YYYY]	How should this field be completed if there is more than one annuitant?
AntFirst	341	15	A		First name of annuitant	Same as above.
AntMid	356	15	A		Middle name of annuitant	Same as above. Also, company will only have this information if it was stored in its system.
AntLast	371	20	A		Last name of annuitant	How should this field be completed if there is more than one annuitant? Also, should this field be modified to take into account that the annuity may be owned by a trust or organization?
AntSx	391	1	A		Annuitant's sex (M/F)	How should this field be completed if there is more than one annuitant?
AntOcc	392	50	A		Annuitant occupation/retired **If codes are used, please provide a list of codes and their descriptions**	It is unclear why this information is needed. The information may not be readily available in policy administration system and may require cross referencing to other systems or manual process which may make it challenging to produce. In any event, how should this field be completed if there is more than one annuitant?
AntAddr	442	100	A		Annuitant street address	

AntCity	542	20	A		Annuitant city	
AntSt	562	2	A		Abbreviation of annuitant's state	
Ant ZIP	564	5	A		Annuitant ZIP code	
AppProDt	569	10	D		Date application processed [MM/DD/YYYY]	It is unclear why this date is sought. It is possible the date sought is the date the application was signed? ACLI suggests that the relevant dates appear to be the dates the application was received and declined (**AppRecDt** and the **DeclDt).**
AppRecDt	579	10	D		Date application received [MM/DD/YYYY]	
CWAAmt	589	10	N	2	Consideration amount received with the application	
DeclDt	599	10	D		Date of declination [MM/DD/YYYY]	
DeclRsn	609	50	A		Reason for declining application **If declination codes are used, please provide a list of codes and their descriptions**	Company may not store this information in any system due to privacy concerns.
NoticeDt	659	10	D		Date notice of declination sent to applicant [MM/DD/YYYY]	
RefAmt	669	10	N	2	Amount of refund, if applicable	
RefDt	679	10	D		Date refund mailed, if applicable [MM/DD/YYYY]	
RefToFst	689	15	A		First name of person who received refund, if applicable	It is unclear why this information is needed and the information may be challenging to produce. Also, the money could have been sent to another carrier. ACLI suggests this information could be requested on an exception/as-needed basis following the sampling analysis, so that this field is unnecessary.
RefToMd	704	15	A		Middle name of person who received refund, if applicable	Same as above.
RefToLst	719	20	A		Last name of person who received refund, (or name of business), if applicable	Same as above.
EndRec	739	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.	

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

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

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

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

Field Name	Start	Length	Type	Decimals	Description	ACLI Comments
CoCode	1	5	A		NAIC company code	
ConNo	6	20	A		Contract number	
COFirst	26	15	A		First name of contract owner ~~responsible for premium payment of contract~~	Current language of this field appears to reflect an assumption that the contract owner always pays the premium which is not always the case. ACLI recommends deletion of reference to responsibility for payment of premium. Also, how this field should be completed if there is more than one owner? Should there be multiple fields?
COMid	41	15	A		Middle name of contract owner ~~responsible for premium payment of contract~~	Company may only have this information if it is entered into its policy administration system. Also, how should this field be completed if there are multiple owners?
COLast	56	20	A		Last name of contract owner ~~responsible for premium payment of contract~~	Should there be reference to fact that owner may be trust or other organization? Again, how should this field be completed if there are multiple owners?
ConYr	76	4	A		The contract year at the time of the individual annuity payment, withdrawal or surrender request	
SurWithA	80	1	A		Was the itemized transaction the result of a surrender, withdrawal or annuity payment? (**S/W/A**)?	
PmtTyp	81	20	A		Type of annuity payment **Please provide a list to explain any codes used**	ACLI recommends clarification whether "payment" is intended to mean money paid by contract owner, and whether it is intended to mean fixed or variable payments or both.
ReqDt	101	10	D		For the referenced annuity payment, withdrawal or surrender, please provide the date of surrender request, withdrawal request or the request to begin annuity	There is question whether company will have this information, or the information may not be readily available in policy administration system and may require cross

					payments? [MM/DD/YYYY]	referencing to other systems or manual process which may make it challenging to produce.
FrqPay	111	15	A		For annuitized contracts, please specify the frequency of the annuitization payment, if applicable (e.g. monthly, annually, quarterly, etc)	Information may not be readily available in policy administration system and may require cross referencing to other systems or manual process which may make it challenging to produce.
PayDt	126	10	D		For the referenced annuity payment, surrender or withdrawal, please specify when the transaction was effected [MM/DD/YYYY]	
AmtSW	136	11	N	2	Amount of surrender or withdrawal or annuity payment	
ChargeSW	147	11	N	2	Amount of the withdrawal or surrender charge	
PenInc	158	11	N	2	Amount of penalty incurred for the withdrawal or surrender	How should this field be completed if there are multiple penalties?
PenCd	169	10	A		Penalty code(s) applied **Please provide a list of all penalty codes and their meanings**	
EndRec	179	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.	

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PLAN CODE STANDARDIZED DATA REQUEST
Annuity Line of Business

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

Uses: Data will be used to ascertain general information about the annuity contracts marketed or in force during the exam period as well as when those contracts were marketed:
- Cross-reference product marketing dates with advertising data to validate completeness of the advertising data;
- Cross-reference with the Annuity Payment, Withdrawal, and Surrender data to validate surrender charges were applied during the surrender period; and
- Identify plan codes to sample (e.g. plans marketed during the exam period with a premium bonus).

Field Name	Start	Length	Type	Decimals	Description	ACLI Comments
PlanCode	1	6	A		System plan code **Please provide a list of system plan codes and their descriptions**	
ConType	7	20	A		Type of contract (i.e. variable, fixed, indexed, etc.) **Please provide a list of all contract type codes and their meaning**	
ConForm	27	10	A		Contract form number applied for as filed with insurance department	Are numbers for forms other than the base contract form sought? Are numbers for additional forms that constitute the "contract" sought as well? Also, provision of this information may require manual process, making it challenging to produce.
FilDt	37	10	D		Date contract sent for approval or filed {MM/DD/YYYY}	It is unclear why this information is sought.
ConDtApv	47	10	D		Date contract approved or filed{MM/DD/YYYY}	It is unclear what date is sought. Is issue date sought?
ProdDesc	57	50	A		*Product description/name*	
ProdBgDt	107	10	D		***Date product marketing began in [insert state], if applicable{MM/DD/YYYY}***	It is unclear why this date is sought. ACLI suggests a more useful field might be one that captures the first date the form was issued in a particular state.
ProdEnDt	117	10	D		Date product marketing ended in [insert state], if applicable{MM/DD/YYYY}	Again, it is unclear why this date is sought. ACLI suggests a more useful date may be one that captures the last date the form was issued in a particular state.
Illustr	127	1	A		Is an illustration required? (Y/N)	
BnsTyp	128	20	A		Types of bonuses available on annuity **Please provide a list of all bonus types and a description of each available bonus and applicable percentages**	

Comm1st	148	5	N	2	Percentage of first year commission	ACLI suggests this field is not needed. There is question whether a company stores this information. In any event, it is unclear how a company would respond, because many different factors determine compensation and compensation structures may change over time. So even if it is possible to show current compensation, it would not necessarily be a representation of business in force.
ComReHi	153	5	N	2	Provide the highest percentage of renewal commission payable for the annuity plan	There is question whether a company stores this information.
ComReLo	158	5	N	2	Provide the lowest percentage of renewal commission payable for this annuity plan	There is question whether a company stores this information.
CommYr	163	2	A		Number of years for which renewal commission was/is payable	There is question whether a company stores this information.
IntGuar	165	5	N	2	Guaranteed interest rate	
IntSen	170	1	A		Interest sensitive product? (Y/N)	
SurChgF	171	5	N	2	Percentage of first year surrender charge	How is this field intended to account for rolling surrender charges? Also, there is question whether a company stores this information. If a company stores the information, it may require cross referencing to systems other than policy administration system or manual process which may make it challenging to produce this information.
SurChgL	176	5	N	2	Percentage of last year surrender charge	Same as above.
SurPer	181	2	A		Surrender period (years)	Same as above.
PayOp	183	20	A		Pay out options available for the annuity **Please provide a list of all payout options available, including their meanings**	There is question whether a company stores this information.
Amrden	203	20	A		Pay out options available for the annuity **Please provide a list of all payout options available, including their meanings**	There is question whether a company stores this information.
EndRec	223	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.	

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REPLACED CONTRACTS STANDARDIZED DATA REQUEST
Annuity Line of Business

Contents: ACLI suggests that the second sentence of this explanation may be confusing. Accordingly, ACLI suggests the following clarification *(Language proposed to be added is underlined. Language proposed to be deleted is stricken);* This file should be downloaded from company system(s) and contain one record for each annuity contract that the company replaced in [applicable state] during the examination period. The data should ~~reflect~~ only include information relating to new annuity contracts issued by ~~records that~~ the company that replaced an existing contract or contracts. ~~, and~~ The data should not include information relating to contracts that were issued by the company, and replaced by other companies.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to annuity contracts in [applicable state] within the scope of the examination:
- Cross-reference to in force data file to review persistency;
- Cross-reference with the company's MCAS data to validate the accuracy of MCAS reporting;
- Cross-reference to in force data file to determine whether producers are coding replacements properly;
- Cross-reference to producer data file to test producer licensure and replacement rates by producer; and
- Test for compliance with replacement notice requirements.

Field Name	Start	Length	Type	Decimals	Description	ACLI Comments
CoCode	1	5	A		NAIC company code	
ConNo	6	20	A		Contract number	
EffDt	26	10	D		Contract effective date [MM/DD/YYYY]	
CWAAmt	36	10	N	2	Consideration amount received with the replacement	It is not clear what information is sought. Do regulators seek consideration received at issue or value from replaced contract(s)? If the latter, this could be a difficult field to populate if multiple contracts are replaced.
ConForm	46	20	A		Contract form number as filed with the insurance department	This information may not be available by contract identification or may only be captured in databases that may not interface well with policy administration systems.
COFirst	66	15	A		Contract owner first name	How should this field be completed if the owner is a trust or organization or if there are multiple owners?
COMid	81	15	A		Contract owner middle name	Same as above.
COLast	96	20	A		Contract owner last name	Same as above.
CODOB	116	10	D		Contract owner date of birth [MM/DD/YYYY]	Same as above.
COAddr	126	100	A		Contract owner street address	
COCity	226	20	A		Contract owner city	
COSt	246	2	A		Contract owner state abbreviation	
COZip	248	5	A		Contract owner ZIP code	
IssDt	253	10	D		Contract issue date [MM/DD/YYYY]	

IssSt	263	2	A		State abbreviation where contract was issued	
RepNtcCo	265	100	A		Name of replaced company	Same as above.
RepNtcDt	365	10	D		Date replacement notice sent [MM/DD/YYYY]	This information may not be readily available in Policy administration systems and may require cross referencing to other systems or manual process which will make it challenging to produce
PrCode	375	10	A		Company internal producer, CSR or business entity producer identification code **Please provide a list to explain any codes used**	
NPN	385	7	A		National producer number	Policy administration systems likely do not capture this information, necessitating linking to agent licensing system(s) or manual process.
RepType	392	1	A		Type of replacement **Internal = 1 or External = 2**	How should this field be completed if the new contract replaced more than one existing contract, or if the new contract replaced both an internal contract and an external contract (i.e. a contract issued by the company being examined and a contract issued by another company?)
PlanCode	393	10	A		System plan code **Please provide a list of system plan codes along with their meanings**	Is it the product code that is sought here?
T1035	403	1	A		Is a T1035 required to be completed in the event of a termination of replacement? (Y/N)	What is goal of this field? Could it please be clarified?
TxStat	404	1	A		**Q = Qualified N = Nonqualified**	
EndRec	405	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.	

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