

**FRIDAY, DECEMBER 4:
Accident and Health Working Group**

8:00–8:10 a.m., Agenda Item 1, Call to Order/Roll Call/Adopt Minutes
AHWG 11/4/09 Minutes (attached).

8:10–9:00 a.m., Agenda Item 2, Medicare Supplement Refund Formula Subgroup

9:00–9:30 a.m., Agenda Item 3, Health Actuarial Opinion Subgroup

Memo from William Weller (Consultant, America's Health Insurance Plans) to Alan Furan (OH), dated October 8, 2009 (October 2009 Actuarial Mailing, Attachment 12, pg. 90).

Draft Actuarial Opinion Section of the Health Annual Statement Instructions, dated October 13, 2009 (October 2009 Actuarial Mailing, Attachment 13, pg. 100).

Memo from William Weller (Consultant, America's Health Insurance Plans) to Alan Furan (OH), dated November 13, 2009 (November 2009 Actuarial Mailing, Attachment 27, pg. 278).

9:30–9:45 a.m., Break

9:45–10:00 a.m., Agenda Item 4, Rate Filing Guidelines Subgroup

E-Mail from Dan Keating (FL) to John Engelhardt (NAIC) and Julia Philips (MN), dated October 9, 2009 (October 2009 Actuarial Mailing, Attachment 14, pg. 107).

Rate Filing Subgroup Report to the Accident and Health Working Group, December 2009 (November 2009 Actuarial Mailing, Attachment 28, pg. 281).

10:00–10:30 a.m., Agenda Item 5, PBR Health Subgroup (VM-25)

Draft VM-25 – Health Insurance Reserves Minimum Reserve Requirements, dated October 23, 2009 (October 2009 Actuarial Mailing, Attachment 5, pg. 54).

10:30–10:45 a.m., Agenda Item 6, Other Matters

ACLI Pension Protection Act Presentation, dated November 4, 2009 (November 2009 Actuarial Mailing, Attachment 29, pg. 283).

Document from John Engelhardt (NAIC), dated November 23, 2009 (attached).

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Draft: 11/20/09

Accident and Health Working Group
Conference Call
November 4, 2009

The Accident and Health Working Group of the Life and Health Actuarial Task Force met via conference call Nov. 4, 2009. The following Working Group members participated: Steven Ostlund, Chair (AL); Katie Campbell (AK); Ali Zaker-Shahrak (CA); Mary Ellen Breault (CT); Dan Keating (FL); Cindy Hermes (KS); Julia Philips (MN); John Rink (NE); Amanda Fenwick (NY); Alan Furan (OH); Andrew Dvorine (SC); Jan Graeber (TX); and Tomasz Serbinowski (UT).

1. Pension Protection Act

Michael Oleske (New York Life) and Elizabeth Oyen (MetLife) presented a report (Attachment XX-X1) on the federal Pension Protection Act of 2006 (PPA). The PPA arose from the desire to develop a product that would cover the risks a person would face during his/her lifetime by allowing annuities, long-term care insurance and life insurance to be combined starting in 2010.

A stand-alone long-term care contract is qualified if 1) payments are made only for qualified long-term care services; 2) the contract is guaranteed renewable; 3) the contract does not provide a cash surrender value; and 4) the contract contains the consumer protection provisions in the *Long-Term Care Insurance Model Act* (#640) and the *Long-Term Care Insurance Model Regulation* (#641). Benefits are tax free to the extent that they reimburse for qualified long-term care expenses or to the extent they are per diem payments within limits set by the Internal Revenue Service.

Currently, long-term care coverage can be included with a life insurance policy either as stand-alone coverage or as an acceleration of the death benefit. There is no final guidance on the tax effects when benefits are accelerated under Section 7702 of the Internal Revenue Code (IRC). The acceleration might be considered a reduction in benefits.

An annuity and long-term care combination has been limited because there are no specific provisions in Section 7702B of the IRC for the combination. In addition, the provisions that a qualified long-term care policy can only provide long-term benefits, plus cannot provide a cash value, is a hurdle to using the combination. Finally, there is no provision in the IRC for exchanging long-term care insurance.

The PPA allows the combination of an annuity and long-term care insurance in a single contract. The long-term care insurance can be provided by a rider or as part of the base policy, but it must be qualified long-term care coverage. For tax purposes, the long-term care insurance would be treated as if it were a separate contract. Charges for the long-term care insurance are paid from the annuity's cash value and are not included in the contract holder's income. Exchanges of qualified long-term care contracts are now allowed.

Guidance is needed from the Internal Revenue Service on the tax treatment of various items. One question is whether all premiums paid into a combination contract are included in the investment in the contract. Another question is whether the investment in a contract is reduced by the long-term care charges actually imposed. The PPA provides that the long-term care insurance charges reduce the basis in the contract and the charges are not included in gross income. Finally, if long-term care benefits are paid under a combination contract, it is wondered how those benefits would be treated by the contract owner. A private letter ruling states that the benefits are not taxable to the contract owner, to the extent they do not exceed the per diem limitation. There is also a question regarding whether the basis on a combination contract is adjusted if long-term care benefits are paid.

Having no further business, the Accident and Health Working Group adjourned.

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Blanks Agenda Item Submission Form

	<u>FOR NAIC USE ONLY</u>	
DATE: _____	Agenda Item # _____	
CONTACT PERSON: _____	Year <u>2010</u>	
ON BEHALF OF: _____	Changes to Existing Reporting []	
NAME: _____	New Reporting Requirement []	
TITLE: _____	<u>REVIEWED FOR ACCOUNTING PRACTICES AND PROCEDURES IMPACT</u>	
AFFILIATION: _____	No Impact [X]	
ADDRESS: _____	Modifies Required Disclosure []	
TELEPHONE: _____	<u>DISPOSITION</u>	
	[] Rejected For Public Comment	
	[] Referred To Another NAIC Group	
	[] Received For Public Comment	
	[] Adopted	
	[] Rejected	
	[] Deferred	
	[] Other (Specify) _____	

BLANK(S) TO WHICH PROPOSAL APPLIES

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> ANNUAL STATEMENT | <input type="checkbox"/> QUARTERLY STATEMENT | <input checked="" type="checkbox"/> INSTRUCTIONS |
| <input checked="" type="checkbox"/> Life and Accident & Health | <input checked="" type="checkbox"/> Property/Casualty | <input checked="" type="checkbox"/> Health |
| <input type="checkbox"/> Separate Accounts | <input checked="" type="checkbox"/> Fraternal | <input type="checkbox"/> Title |
| <input type="checkbox"/> Other Specify _____ | | |

Anticipated Effective Date: Annual 2010

IDENTIFICATION OF ITEM(S) TO CHANGE

Add a Medicare Part D – stand alone line to the exhibit. Add requirement that the exhibit be reported by state.

REASON, JUSTIFICATION FOR AND/OR BENEFIT OF CHANGE**

This will allow regulators the ability to better evaluate the business written on a group and individual basis by line of business.

NAIC STAFF COMMENTS

Comment on Effective Reporting Date: _____

Other Comments:

** This section must be completed on all forms.

Annual instructions – LIFE, HEALTH, PROPERTY and FRATERNAL

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT

This exhibit is required to be filed no later than April 1. This exhibit is to be completed for each state in which the entity has business written.



Detail Eliminated To Conserve Space

The Accident and Health Policy Experience Exhibit must be prepared for each jurisdiction in which the company has written business. In addition an exhibit must be prepared that contains the grand total (GT) for the company. These exhibits by jurisdiction requires the allocation of earned premiums, incurred claims, contract reserves, number of policies or certificates, number of covered lives. The following are definitions for the allocations by State/Jurisdiction

Resident – A member who occupies a dwelling within a state with indications that the state is their primary domicile by payment of taxes, voting registration, and other indicators.

Residence – The domicile location of a member as shown by his or her determination as a resident. In the context of Schedule T, the residence of the policyowner or group member would equate to the location that the member uses for official documents; information maintained by an employer as the home address of the employee would be accepted as a member's residence for allocation purposes.

Situs of the Contract – The jurisdiction in which the contract is issued or delivered as stated in the contract.

Rule of 500 – **For individual and group health insurance** shall be defined as an allocation method for group policies which 1) permits a reporting entity to allocate amounts from a non-employer group policy covering fewer than 500 members to the jurisdiction in which the majority of covered members reside or to the situs of the contract; 2) permits a reporting entity to allocate amounts from an employer group policy covering fewer than 500 members to the jurisdiction in which the majority of covered members reside or are employed or to the situs of the contract; 3) requires a reporting entity to allocate amounts from a non-employer group policy covering 500 or more members to the jurisdiction where each member resides, and 4) requires a reporting entity to allocate amounts from an employer group policy covering 500 or more members to the jurisdiction where each member resides or is employed.

For individual and group life insurance shall be defined as an allocation method for group policies which 1) permits a reporting entity to allocate amounts from a group policy covering fewer than 500 members to the state or territory in which the majority of covered members reside or to the situs of the contract; 2) requires a reporting entity to allocate amounts from a non-employer group policy covering 500 or more members to the state or territory where each member resides, and 3) requires a reporting entity to allocate amounts from an employer group policy covering 500 or more members to the state or territory where each member resides or is employed.

Members – A person, employee, retiree, etc., that qualifies for and is covered under a group insurance policy. No consideration should be given to a member's dependents for counting the number of members in a group or in allocating amounts to the various states and territories.

The instructions are minimum allocation standards. More detailed methods of allocation are acceptable as long as they still encompass the minimum allocation instructions. Methods of allocation that better reflect the actual risk location by jurisdiction are encouraged. The method should be established by company policy and must be consistently applied to all policies within each type and for all reporting periods.

For individual policies, allocate and report amounts to the jurisdiction based on the residence of the policyowner, insured or payer or on the situs of the contract.

For group policies not provided by an employer, allocate and report amounts to the jurisdiction based on the Rule of 500, or on the situs of the contract.

For group policies provided by an employer, allocate and report amounts to the jurisdiction based on the Rule of 500, location of employer or on the situs of the contract.

If using the Rule of 500 for group insurance sold through an association or trust, the following instructions apply:

Apply the Rule of 500 to the association or trust policy first. If the association or trust policy has more than 500 covered members, apply the Rule of 500 at the level of each group or employer in determining the allocation of the amounts. The determination of jurisdiction allocation by group or employer should be added to the determination of jurisdiction allocation of each group or employer under the association or trust policy to come up with the total allocation of amounts. Do not report all association or trust business in one state unless all covered members of the association or trust reside in one state, in fact or by operation of the Rule of 500. If the group is a collection of employers, do not report all amounts in one jurisdiction unless all of the covered employees reside or work in one state, in fact or by operation of the Rule of 500.

Example of an association policy that covers a group of employers: If the association policy covers more than 500 members, each employer would be reviewed to determine if coverage is provided through the association policy for more than 500 members. If an employer has less than 500 covered members, the amounts for that employer may be reported in one state based on the Rule of 500. If an employer covers more than 500 members through the association policy, the amounts would be reported based on the residence or employment location of each member. The determination for each employer would be added to the determinations for all the other employers that provide coverage to employees through the association policy.

Where applicable, reporting entities must have procedures to capture and maintain changes in allocation when notified through renewals or other procedures and must use the changes to adjust the allocation of amounts in subsequent financial statements. It is not necessary to anticipate unreported changes in allocation at any specific reporting date.

If allocating amounts to multiple jurisdictions under group policies, the amounts associated with a member should be the basis of determining the amount of amounts to report in a jurisdiction. If information is not available to associate a specific amount to each member, an allocation can be made based on the number of covered persons in a jurisdiction compared to the total number of the group's covered members and apply that ratio to the total group amounts.

 **====** **Detail Eliminated To Conserve Space** **====** 

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR
 United States Policy Forms Direct Business Only
 For The Year Ended December 31, 2009
 (To Be Filed by April 1)

NAIC Group Code:	BUSINESS IN THE STATE OF				NAIC Company Code:	7
1	2	3	4	5	6	7
Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS						
1. Comprehensive Major Medical						
1.1 With Contract Reserves
1.2 Without Contract Reserves
1.3 Subtotal
2. Short-Term Medical						
2.1 With Contract Reserves
2.2 Without Contract Reserves
2.3 Subtotal
3. Other Medical (Non-Comprehensive)						
3.1 With Contract Reserves
3.2 Without Contract Reserves
3.3 Subtotal
4. Specified/Named Disease						
4.1 With Contract Reserves
4.2 Without Contract Reserves
4.3 Subtotal
5. Limited Benefit						
5.1 With Contract Reserves
5.2 Without Contract Reserves
5.3 Subtotal
6. Student						
6.1 With Contract Reserves
6.2 Without Contract Reserves
6.3 Subtotal
7. Accident Only or AD&D						
7.1 With Contract Reserves
7.2 Without Contract Reserves
7.3 Subtotal
8. Disability Income – Short-Term						
8.1 With Contract Reserves
8.2 Without Contract Reserves
8.3 Subtotal

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income – Long-Term							
9.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
9.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
9.3	Subtotal .....	.....	.....	.....	.....	.....	.....
10. Long-Term Care							
10.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
10.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
10.3	Subtotal .....	.....	.....	.....	.....	.....	.....
11. Medicare Supplement (Medigap)							
11.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
11.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
11.3	Subtotal .....	.....	.....	.....	.....	.....	.....
12. Dental							
12.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
12.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
12.3	Subtotal .....	.....	.....	.....	.....	.....	.....
13. State Children's Health Insurance Program							
13.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
13.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
13.3	Subtotal .....	.....	.....	.....	.....	.....	.....
14. Medicare							
14.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
14.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
14.3	Subtotal .....	.....	.....	.....	.....	.....	.....
15. Medicaid							
15.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
15.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
15.3	Subtotal .....	.....	.....	.....	.....	.....	.....
16. Medicare Part D – Stand-alone							
16.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
16.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
16.3	Subtotal .....	.....	.....	.....	.....	.....	.....
17. Other Individual Business							
17.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
17.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
17.3	Subtotal .....	.....	.....	.....	.....	.....	.....
18. Total Individual Business							
18.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
18.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
18.3	Subtotal .....	.....	.....	.....	.....	.....	.....
19. Grand Total Individual							
19.1	With Contract Reserves .....	.....	.....	.....	.....	.....	.....
19.2	Without Contract Reserves .....	.....	.....	.....	.....	.....	.....
19.3	Subtotal .....	.....	.....	.....	.....	.....	.....

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1	2	3	4	5	6	7
	Premiums Earned	Incurred Claims Amount	Change in Contract Reserves	Loss Ratio (2+3)/1	Number of Policies or Certificates as of Dec. 31	Number of Covered Lives as of Dec. 31	Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer							
1.2 Other Employer							
1.3 Single Employer Subtotal							
2. Multiple Employer Assns and Trusts							
3. Other Associations and Discretionary Trusts							
4. Other Comprehensive Major Medical							
5. Comprehensive/Major Medical Subtotal							
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease							
7. Limited Benefit							
8. Student							
9. Accident Only or AD&D							
10. Disability Income – Short-term							
11. Disability Income – Long-term							
12. Long-Term Care							
13. Medicare Supplement (Medigap)							
14. Federal Employees Health Benefit Plans							
15. Tricare							
16. Dental							
17. Medicare							
18. Medicare Part D – Stand-alone							
19. Other Group Care							
20. Grand Total Group Business							
C. OTHER BUSINESS							
1. Credit (Individual and Group)							
2. Stop Loss/Excess Loss							
3. Administrative Services Only	XXX	XXX	XXX	XXX	XXX	XXX	
4. Administrative Services Contracts	XXX	XXX	XXX	XXX	XXX	XXX	
5. Grand Total Other Business							
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms							
2. Grand Total Individual, Group and Other Business							

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR
PART 1 – INDIVIDUAL POLICIES
SUMMARY PAGE

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

PART 2 – GROUP POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business.....				
2. Other Forms Direct Business.....				
3. Total Direct Business.....				
4. Reinsurance Assumed.....				
5. Less Reinsurance Ceded.....				
6. Total.....				

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MEMORANDUM

TO: Life and Health Actuarial Task Force
Accident and Health Working Group
Interested Regulators and Interested Parties

FROM: John Engelhardt

DATE: November 24, 2009

SUBJECT: Materials for Discussion at the Life and Health Actuarial Task Force Winter National Meeting

At the 2005 Spring National Meeting in Salt Lake City, the Life and Health Actuarial Task Force agreed to adopt a three-week rule on the submission of items relative to which substantive discussions are anticipated. This coincides with the deadline for the *Life and Health Actuarial Subscription* (Actuarial Mailing). The deadline for the 2009 Winter National Meeting was the opening of business, Nov. 16, 2009. Shown below are the agenda items for the Life and Health Actuarial Task Force, as well as the correspondence submitted prior to the deadline.

The October and November Actuarial Mailings are now on NAIC's Web site. The Actuarial Mailing is available for regulators through I-SITE/StateNet—<https://i-site.naic.org/>. Please print or download a copy of each to bring to the Winter National Meeting. The Actuarial Mailing is available for non-regulators through NAIC's online ordering system at www.naic.org/store_home.htm or through a yearly hardcopy subscription. Please note that the NAIC cannot guarantee the hardcopy subscription will be shipped in time for the national meetings, so it is suggested that all meeting attendees purchase the electronic Actuarial Mailings online.

It is recommended that you bring the last six months of the Actuarial Mailings to the Meeting. There will be power strips available for use with laptops at the meeting.

It is the responsibility of the submitter to bring to the meeting 125 copies of any material that was not submitted in time to be included in the November Actuarial Mailing.

Thank you for your attention to this matter.

THURSDAY, DECEMBER 3:

Life and Health Actuarial Task Force

8:00–8:15 a.m., Agenda Item 1, Call to Order/Roll Call

8:15–9:15 a.m., Agenda Item 2, Mortality Tables and Margins

Valuation Table Team Update of Society of Actuaries & American Academy of Actuaries Joint Project Oversight Group, dated Dec. 3, 2009 (November 2009 Actuarial Mailing, Attachment 4, pg. 6).

9:15–9:30 a.m., Agenda Item 3, Payout Annuity Mortality

9:30–10:00 a.m., Agenda Item 4, PBR for Variable Annuities (VM-21)

Memo from American Academy of Actuaries Annuity Reserve Work Group to Larry Bruning (KS), dated Nov. 13, 2009 (November 2009 Actuarial Mailing, Attachment 5, pg. 12).

Proposed VM-21 from John Engelhardt (NAIC), dated July 6, 2009 (July 2009 Actuarial Mailing, Attachment 10, pg. 68).

10:00–10:15 a.m., Break

10:15–11:45 a.m., Agenda Item 5, Net Premium Reserves in VM-20

Document from John Bruins (American Council of Life Insurers), dated Oct. 27, 2009 (November 2009 Actuarial Mailing, Attachment 6, pg. 84).

11:45 a.m.–1:15 p.m., Lunch

1:15–2:00 p.m., Agenda Item 6, Default Costs on Existing Fixed Income Investments in VM-20

Report of the American Academy of Actuaries Life Reserves Work Group Asset Subgroup on Existing Asset Default Costs: A Prescribed Methodology for VM-20, dated November 2009 (November 2009 Actuarial Mailing, Attachment 7, pg. 87).

2:00–3:00 p.m., Agenda Item 7, PBR Life (VM-20)

Draft VM-20 Requirements for Principle-Based Reserves for Life Products, dated Nov. 12, 2009 (November 2009 Actuarial Mailing, Attachment 12, pg. 133).

Proposed Amendments to June 12, 2009, and Nov. 12, 2009, VM-20 – Requirements for Principle-Based Reserves for Life Products (November 2009 Actuarial Mailing, Attachment 13, pg. 169).

VM-20 Outstanding Issues Table, dated Nov. 12, 2009 (November 2009 Actuarial Mailing, Attachment 14, pg. 223).

3:00–3:15 p.m., Break

3:15–5:00 p.m., Agenda Item 7 (cont.), PBR Life (VM-20)

FRIDAY, DECEMBER 4:

Life and Health Actuarial Task Force

11:00–12:00 a.m., Agenda Item 1, PBR Reporting and Review (VM-30, VM-31)

Draft VM-30 – Actuarial Opinion and Memorandum Requirements, dated May 15, 2009 (June 2009 Actuarial Mailing, Attachment Twenty-Two, pg. 429).

Proposed Amendments to May 15, 2009, VM-30 – Actuarial Opinion and Memorandum Requirements (November 2009 Actuarial Mailing, Attachment 15, pg. 239).

Document from Fred Andersen (NY), dated Nov. 12, 2009 (November 2009 Actuarial Mailing, Attachment 16, pg. 253).

Draft VM-31 – PBR Report Requirements for Business Subject to a Principle-Based Reserve Valuation, dated May 15, 2009 (June 2009 Actuarial Mailing, Attachment Twenty-Four, pg. 444).

12:00–1:30 p.m., Lunch

1:30–1:35 p.m., Agenda Item 2, Approve Minutes

LHATF Oct. 20, 2009, Minutes (November 2009 Actuarial Mailing, Attachment 26, pg. 277).

1:35–1:45 p.m., Agenda Item 3, Report of the AHWG

1:45–2:00 p.m., Agenda Item 4, Nonforfeiture Improvement

2:00–2:45 p.m., Agenda Item 5, PBR Process and Coordination (VM-00 and VM-01)

Draft VM-00 – Valuation Manual, dated Sept. 21, 2009 (September 2009 Actuarial Mailing, Attachment Nine, pg. 152).

Draft VM-01 – Definitions for Terms in Requirements, dated Feb. 18, 2009 (March 2009 Actuarial Mailing, Attachment Six, pg. 47).

Proposed Amendments to Sept. 21, 2009, VM-00 – Valuation Manual (November 2009 Actuarial Mailing, Attachment 8, pg. 104).

Document from John Engelhardt (NAIC), dated Nov. 13, 2009 (November 2009 Actuarial Mailing, Attachment 9, pg. 107).

Document from Mike Boerner (TX), dated Nov. 10, 2009 (November 2009 Actuarial Mailing, Attachment 10, pg. 108).

Document from Mike Boerner (TX), dated Nov. 10, 2009 (November 2009 Actuarial Mailing, Attachment 11, pg. 115).

VM-A – Valuation Manual Appendix A, draft dated Feb. 28, 2008 (April 2008 Actuarial Mailing, Attachment Nine, pg. 411).

Proposed Amendments to Feb. 28, 2008, VM-A – Valuation Manual Appendix A (November 2009 Actuarial Mailing, Attachment 17, pg. 256).

VM-C – Valuation Manual Appendix C, draft dated Feb. 28, 2008 (April 2008 Actuarial Mailing, Attachment Nine, pg. 412).

Proposed Amendments to Feb. 28, 2008, VM-C – Valuation Manual Appendix C (November 2009 Actuarial Mailing, Attachment 18, pg. 260).

2:45–3:00 p.m., Break

3:00–3:15 p.m., Agenda Item 6, PBR Experience Reporting (VM-50, VM-51)

VM-50 – Experience Reporting Requirements, draft dated Jan. 31, 2008 (April 2008 Actuarial Mailing, Attachment Nine, pg. 365).

VM-51 – Experience Reporting Formats, dated May 31, 2008 (June 2008 Actuarial Mailing, Attachment Thirteen, pg. 211).

Letter from Birny Birnbaum (Center for Economic Justice) to Various Commissioners, dated Sept. 23, 2009 (October 2009 Actuarial Mailing, Attachment 7, pg. 79).

Memo from Tom Rhodes (MIB) to Fred Andersen (NY), dated Oct. 13, 2009 (October 2009 Actuarial Mailing, Attachment 8, pg. 85).

Memo from Tom Rhodes (MIB) to Fred Andersen (NY), dated Oct. 13, 2009 (October 2009 Actuarial Mailing, Attachment 9, pg. 87).

3:15–4:00 p.m., Agenda Item 7, PBR Scenarios Subgroup

Memo from AAA Economic Scenario Implementation Work Group to Fred Andersen (NY), dated Nov. 2, 2009 (November 2009 Actuarial Mailing, Attachment 19, pg. 266).

E-Mail from Fred Andersen (NY) to Pete Weber (OH), dated Nov. 10, 2009 (November 2009 Actuarial Mailing, Attachment 20, pg. 268).

4:00–4:30 p.m., Agenda Item 8, PBR Reinsurance (VM-20)

4:30–5:00 p.m., Agenda Item 9, Other Matters

E-Mail from John Morris (PricewaterhouseCoopers) to John Engelhardt (NAIC), dated Oct. 14, 2009 (October 2009 Actuarial Mailing, Attachment 10, pg. 88).

Memo from John Bruins (American Council of Life Insurers) to Larry Bruning (KS), dated Oct. 14, 2009 (October 2009 Actuarial Mailing, Attachment 11, pg. 89).

Memo from Larry Bruning (KS) to Joseph Fritsch (NY), Statutory Accounting Principles (E) Working Group, dated Oct. 20, 2009 (November 2009 Actuarial Mailing, Attachment 21, pg. 270).

E-Mail from Wayne Stuenkel (Protective Life) to Leslie Jones (SC), dated Oct. 20, 2009 (November 2009 Actuarial Mailing, Attachment 22, pg. 271).

E-Mail from Rob Frasca (Ernst & Young) to John Engelhardt (NAIC), dated Nov. 10, 2009 (November 2009 Actuarial Mailing, Attachment 23, pg. 272).

Proposed Amendment to September 2008 Actuarial Guideline XLIII – CARVM for Variable Annuities (November 2009 Actuarial Mailing, Attachment 24, pg. 275).

E-Mail from James Jakielo (CT) to Larry Bruning (KS) and Leslie Jones (SC), dated Nov. 6, 2009 (November 2009 Actuarial Mailing, Attachment 25, pg. 276).

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ACLI Pension Protection Act Presentation, dated Nov. 4, 2009 (November 2009 Actuarial Mailing, Attachment 29, pg. 283).

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