

**CHAPTER 19**  
**FINANCIAL EXAMINATIONS**  
**MONITORING SYSTEM**

**Authority**

N.J.S.A. 17:1-8.1, 17:1-15(e), 17:22-6.40 et seq., 17:22-6.45, 17:22-6.70, 17:22A-17, 17:23-1 and 2, 17:23B-1, 17:46B-1 et seq., 17B:17-1 et seq., and 17B:21-1 et seq.

**Source and Effective Date**

R.2008 d.327, effective October 3, 2008.  
See: 40 N.J.R. 2400(a), 40 N.J.R. 6466(a).

**Chapter Expiration Date**

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 19, Financial Examinations Monitoring System, expires on October 3, 2015. See: 43 N.J.R. 1203(a).

**Chapter Historical Note**

Chapter 19, Financial Examinations Monitoring System, was adopted as R.1993 d.69, effective February 1, 1993. See: 24 N.J.R. 2999(a), 25 N.J.R. 591(a).

Subchapter 3, Date Submission Requirements for all Licensed Producers with Surplus Lines Authority and Eligible Surplus Lines Insurers, was added as R.1993 d.232, effective May 20, 1993. See: 24 N.J.R. 3003(a), 25 N.J.R. 1972(b).

Subchapter 1, Data Submission Requirements for all Licensed Insurers (The Financial Analysis Subsystem), was added as R.1995 d.665, effective December 18, 1995. See: 27 N.J.R. 3759(a), 27 N.J.R. 5031(b).

Subchapter 4, Data Submission Requirements for all Domestic Life/Health Insurers, was added as R.1995 d.112, effective February 21, 1995. See: 26 N.J.R. 1195(a), 27 N.J.R. 709(a).

Pursuant to Executive Order No. 66(1978), Chapter 19, Financial Examinations Monitoring System, was readopted as R.1998 d.109, effective January 23, 1998. See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

Chapter 19, Financial Examinations Monitoring System, was re-adopted as R.2003 d.303, effective June 30, 2003. See: 35 N.J.R. 500(a), 35 N.J.R. 3360(b).

Chapter 19, Financial Examinations Monitoring System, was re-adopted as R.2008 d.327, effective October 3, 2008. As a part of R.2008 d.327, Subchapter 1, Data Submission Requirements for all Licensed Insurers (The Financial Analysis Subsystem) was repealed. See: Source and Effective Date. See, also, section annotations.

Subchapter 1, Annual and Quarterly Financial Statement Submission Requirements, was adopted as new rules by R.2009 d.332, effective November 2, 2009. See: 41 N.J.R. 2614(a), 41 N.J.R. 4117(a).

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**SUBCHAPTER 1. ANNUAL AND QUARTERLY FINANCIAL STATEMENT SUBMISSION REQUIREMENTS**

**11:19-1.1 Purpose and scope**

(a) The purpose of this subchapter is to set forth requirements for the filing of annual and quarterly financial statement data with the NAIC and the Department.

(b) This subchapter applies to licensed insurers in this State.

**11:19-1.2 Definitions**

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Department” means the New Jersey Department of Banking and Insurance.

“Licensed insurer” means an insurer authorized, admitted or eligible to transact insurance in this State.

“NAIC” means the National Association of Insurance Commissioners.

**11:19-1.3 Annual and Quarterly Financial Statement Submission Requirements**

(a) All New Jersey licensed insurers shall file their annual and quarterly financial information with the NAIC in accordance with the NAIC Annual Statement Diskette Filing Specifications and the NAIC Diskette Submission Directive in addition to filing this information with the Department in hard copy as set forth in (b) below.

(b) In addition to filing with the NAIC pursuant to (a) above, all domestic insurers regardless of premium volume, as well as any foreign or alien admitted insurer with more than 90 percent of its direct written premiums in New Jersey, shall file required statements in hard copy with the Department. Eligible surplus lines insurers may comply with applicable filing requirements by filing such statements electronically with the NAIC, provided that hard copies of the Juart page, Schedule T and page 3 (Liabilities and Surplus) are filed with the Department.

**11:19-1.4 Penalties**

Failure to comply with the provisions of this subchapter may result in the imposition of penalties as authorized by law, including, but not limited to, penalties authorized by N.J.S.A. 17:23-2 and 17B:21-2.

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**SUBCHAPTER 2. DATA SUBMISSION  
REQUIREMENTS FOR ALL DOMESTIC  
INSURERS**

**11:19-2.1 Purpose and Scope**

(a) The purpose of this subchapter is to set forth the filing requirements and procedures for the submission of financial data under various Financial Examinations Monitoring System (FEMS) subsystems, for all domestic insurers to the Department.

(b) These rules apply to all domestic insurers regulated under the laws of New Jersey unless specifically stated otherwise.

**11:19-2.2 Definitions**

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“ADAS” means the Actuarial Data and Analysis Subsystem, which provides tools to help the Department’s actuaries to value the reserves of domestic life insurance companies.

“ASCII” means the American Standard Code for Information Interchange. It is a byte-oriented coding system based on an eight bit code and used primarily to format information for transfer in a data communications environment.

“BASS” means the Billing and Scheduling Subsystem, which facilitates the examination activities of the Department. This system provides for automated time and expense entry, produces examination schedules and generates company bills.

“Certificate of Verification or statement of assets held” means a certified listing from the custodian of the securities held as of a specified date (for example, year end) for a specified insurance company.

“CINS” means CUSIP International Numbering Standard.

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“CUSIP” means the American Banking Association’s (ABA) Committee on Uniform Security Identification Procedures, a uniform security identification system for securities which are obtained, selected, arranged and published by Standard and Poors.

“Custodian” means an entity that is in custody of securities on behalf of an insurer or the insurer itself.

“DDS” means the Descriptive Data Subsystem, which provides online access to demographic information and a financial snapshot of all insurance and other risk assuming entities regulated by the Department. A tracking system for admissions and extensions of authority is also provided.

“Department” means the Department of Banking and Insurance.

“Domestic insurer” means an insurer formed under the laws of this State pursuant to N.J.S.A. 17:17-1 et seq., 17:46A-1 et seq., 17:46B-1 et seq., and 17B:18-1 et seq.

“DTC” means Depository Trust Corporation.

“Due date” means a date prior to or on which a submission must be received by the Department.

New Rule, R.1994 d.104, effective February 22, 1994.  
 See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).  
 Amended by R.1998 d.109, effective February 17, 1998.  
 See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

<u>Field Number</u>	<u>Field Name</u>	<u>Comments</u>
		zeros are to be used for the decimal places. The total field width (16) includes all numbers, the minus sign and the decimal point. For example, a negative \$304,020 and 20 cents would appear as <u>      </u> -304020.20, where the underscore represents spaces.

**APPENDIX B**

Exhibit 3

Adjusting Entry Detail Record Layout

<u>Field Number</u>	<u>Field Name</u>	<u>Start Pos</u>	<u>Field Type and Length</u>	<u>Comments</u>
1	General Ledger Account Number	1	X (12)	General ledger account number to be adjusted.
2	Adjustment Number	13	9 (5)	The adjustment number.
3	Adjustment Description	18	X (45)	Description of the adjustment.
4	Annual Statement Page Number	63	X (2)	The page number of the annual statement where the adjustment is reported. Pages less than 10 must have a leading zero.
5	Annual Statement Line Number	65	X (6)	The line number on the page where the adjustment is reported. Line numbers less than 10 must have leading zeros and alpha characters must be upper case.
6	Annual Statement Column Number	71	X (1)	The column number on the page where the adjustment is reported.
7	Amount	72	9 (16)	The year-end closing adjustment amount.

Note: X = denotes alphanumeric  
 9 = denotes numeric

New Rule, R.1994 d.104, effective February 22, 1994.  
 See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).  
 Amended by R.1998 d.109, effective February 17, 1998.  
 See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

**APPENDIX B**

Exhibit 4

Adjusting Entry Detail Record Layout Description

<u>Field Number</u>	<u>Field Name</u>	<u>Comments</u>
1	General Ledger Account Number	General ledger account number to be adjusted (alphanumeric, left justified, up to 12 positions). If there is no account number Surplus (page 03, line 25B for P&C companies and page 03, line 34 for L/H companies), account number 999 is to be used.
2	Adjustment Number	The same adjustment number should be used for all off-setting entries. All adjustment numbers shall be less than 90,000.
3	Adjustment Description	Description of the adjustment (The first 45 positions, left justified).
4	Annual Statement Page Number	The page number of the annual statement for P/C companies which corresponds to Assets, Liabilities Surplus and Other Funds and Underwriting and Investment Exhibit. The page number of the Annual Statement for L/H companies which corresponds to Assets, Liabilities Surplus and Other Funds and Underwriting and Investment Exhibit. (for 1997 data this must be 02, 03 and 04 for P/C and L/H companies). Pages less than 10 must have a leading zero.
5	Annual Statement Line Number	The line number on the page where the adjustment is reported (left justified, with a leading zero for numbers less than 10).
6	Annual Statement Column Number	The column number on the page where the adjustment is reported (1 for pages 03 and 04; 1, 2 or 3 for page 02) and alpha characters must be upper case, that is 02.2 or 04A.
7	Amount	The amount field will be the year-end closing adjustment amount (positive for debit balance and negative for credit balance). The decimal point is to be contained in the field. A leading minus ("-"), placed directly before the first number, is used to indicate negative numbers. Leading zeros are not to be used, but trailing

New Rule, R.1994 d.104, effective February 22, 1994.  
 See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).  
 Amended by R.1998 d.109, effective February 17, 1998.  
 See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

**SUBCHAPTER 3. DATA SUBMISSION REQUIREMENTS FOR ALL LICENSED PRODUCERS WITH SURPLUS LINES AUTHORITY AND ELIGIBLE SURPLUS LINES INSURERS**

**11:19-3.1 Purpose and scope**

(a) The purpose of this subchapter is to set forth the filing and reporting requirements and procedures for the submission/maintaining of:

1. All eligible surplus lines insurers' quarterly net written premiums for the State of New Jersey; and
2. Tax and surcharge filings for all licensed surplus lines producers.

(b) These rules apply to all licensed producers with surplus lines authority and all insurers eligible to transact surplus lines insurance business in New Jersey in accordance with N.J.S.A. 17:22-6.40 et seq. and 17:22-6.70 et seq.

Amended by R.2001 d.132, effective May 7, 2001.  
 See: 33 N.J.R. 14(a), 33 N.J.R. 1392(a).

In the introductory paragraph of (a), inserted "/maintaining" following "submission".

**11:19-3.2 Definitions**

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Alien insurer" means an insurer formed under the laws of any country other than the United States of America, its states, districts, territories, commonwealths or possessions.

"Commissioner" means the Commissioner of the New Jersey Department of Banking and Insurance.

"Department" means the Department of Banking and Insurance.

"Due date" means a date prior to or on which a submission shall be received by the Department.

"Foreign insurer" means an insurer formed under the laws of a jurisdiction of the United States of America, other than the State of New Jersey.

“Insurer” or “insurance company” means an entity authorized or eligible to transact the business of insurance in New Jersey.

“ISI Number” means the nine digit identifying number issued by the NAIC to uniquely identify an “alien insurer.”

“NAIC” means the National Association of Insurance Commissioners.

“NAIC number” means the five digit number assigned by the NAIC to uniquely identify a foreign or admitted insurer.

“Net written premiums” means direct gross premiums on insurance policies written by a surplus lines insurer less return premiums thereon. If a policy issued by a surplus lines insurer covers risks or exposures only partially located in this State, the “net written premiums” do not include premiums on the risks or exposures outside of the State.

“SLPS” means the Surplus Lines Processing Subsystem, which assists the Department in monitoring the activities of licensees which sell surplus lines insurance to New Jersey residents and matches quarterly agent tax data to quarterly company policy data.

“Surplus lines insurer” means an unauthorized insurer eligible to transact surplus lines insurance business in this State, in which an insurance coverage is placed or may be placed pursuant to N.J.S.A. 17:22-6.40 et seq.

“Transaction number” means the 14-character number made up of the producer’s surplus line agent number (assigned by the Department), the year of the placements, and a sequential number (maintained by the agent).

Amended by R.1998 d.109, effective February 17, 1998.  
See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

In “Commissioner” and “Department” definitions, changed the “Department of Insurance” to the “Department of Banking and Insurance”.  
Amended by R.2001 d.132, effective May 7, 2001.  
See: 33 N.J.R. 14(a), 33 N.J.R. 1392(a).  
Deleted “EBCDIC”.

### 11:19-3.3 General requirements

(a) All eligible surplus lines insurers qualified to transact business in New Jersey shall maintain quarterly reports of the information required by this subchapter for inspection by the Department upon request beginning May 15, 2001. Each report on an insurer’s net written premiums for the State of New Jersey shall be available for inspection 45 days after the end of the calendar quarter.

(b) All licensed surplus lines producers shall, on or before the end of the month following each calendar quarter, remit premium taxes and surcharges utilizing the forms set forth on the Department’s website: [www.njdoji.org](http://www.njdoji.org). The due dates for these filings are as follows: May 15, August 14, November 14 and February 14.

Amended by R.2001 d.132, effective May 7, 2001.  
See: 33 N.J.R. 14(a), 33 N.J.R. 1392(a).

Rewrote (a); in (b), substituted “Appendix” for “Appendices” and substituted “May 15, August 14, November 14 and February 14” for “April 30; July 31; October 31; and January 31”.  
Amended by R.2010 d.115, effective June 21, 2010.  
See: 41 N.J.R. 4665(a), 42 N.J.R. 1209(c).

In (b), substituted “utilizing the forms set forth on the Department’s website: [www.njdoji.org](http://www.njdoji.org)” for “in accordance with the Appendix to this subchapter”.

### 11:19-3.4 SLPS subsystem requirements for all surplus lines insurers

(a) All eligible surplus lines insurers shall prepare and maintain a report listing net written premiums for all insurance covering a subject of insurance which is resident, located, or to be performed in New Jersey. Surplus lines insurers which write no business during a calendar quarter shall prepare and maintain a signed affidavit attesting that no business was written for the quarter.

(b) An insurer’s quarterly report shall list for each policy, the named insured, the transaction number, the producer’s name and address, the policy number, the total net written premium amount, and the effective and expiration dates. Insurers shall combine all activity on the policy during the quarter and report only the policy’s net written premiums for that quarter in conjunction with the transaction number assigned by the New Jersey surplus lines agent. If the policy is a non-New Jersey multi-state risk with incidental exposures in New Jersey, the insurer should use the default number, 99999-99-99999.

Amended by R.1998 d.109, effective February 17, 1998.  
See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

In (b), added the second and last sentences; in (c)2, changed the address; deleted (c)2i; and added a new 6ii and recodified the existing language of 6 into 6i and iii.

Amended by R.2001 d.132, effective May 7, 2001.  
See: 33 N.J.R. 14(a), 33 N.J.R. 1392(a).

Rewrote (a) and (b); deleted (c).

### 11:19-3.5 SLPS subchapter filing requirements for all licensed producers with surplus lines authority

(a) All licensed producers with surplus lines authority shall assign a transaction number to each new or renewal policy he or she places. All subsequent endorsements shall be identified by the same transaction number. All surplus lines producers shall provide surplus lines insurers with the appropriate transaction number for each new, renewal, additional or return premium policy or endorsement, including adjustments for policies prior to July 1, 1993.

(b) All licensed surplus lines producers shall file with the Department or other authority as required a quarterly tax return in the form set forth on the Department’s website: [www.njdoji.org](http://www.njdoji.org).

(c) A complete New Jersey surplus lines producer quarterly tax return consists of the following forms, which may be found on the Department’s website: [www.njdoji.org](http://www.njdoji.org).

1. SLPS-1-TAX (Tax Return and Certified Account by Surplus Lines Producer);
2. SLPS-2-FRA, if applicable (Schedule showing Fire Premiums and Taxes Payable to New Jersey Firemen's Relief Association); and
3. SLPS-3-TRS (Schedule to Support Tax Returns).

Amended by R.1998 d.109, effective February 17, 1998.

See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

Deleted former (c)4.

Amended by R.2010 d.115, effective June 21, 2010.

See: 41 N.J.R. 4665(a), 42 N.J.R. 1209(c).

In (b), substituted "on the Department's website: [www.njdobi.org](http://www.njdobi.org)" for "in Appendix B to this subchapter"; and in the introductory paragraph of (c), substituted "return" for "returns" and inserted ", which may be found on the Department's website: [www.njdobi.org](http://www.njdobi.org)".

### 11:19-3.6 (Reserved)

### 11:19-3.7 Penalties

(a) Failure to comply with the provisions of this subchapter shall subject an eligible surplus lines insurer to penalties as provided in N.J.S.A. 17:22-6.61.

(b) Failure to comply with the provisions of this subchapter shall subject a licensed producer with surplus lines authority to penalties as provided in N.J.S.A. 17:22-6.61 and 17:22A-17.

## APPENDIX

### (RESERVED)

Amended by R.1998 d.109, effective February 17, 1998.

See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

Amended by R.2001 d.132, effective May 7, 2001.

See: 33 N.J.R. 14(a), 33 N.J.R. 1392(a).

Material contained in this Appendix was originally adopted as 11:19-3 Appendix B. Appendix A was repealed by R.2001 d.132 and designation "B" deleted from this Appendix.

Amended by R.2003 d.303, effective July 21, 2003.

See: 35 N.J.R. 500(a), 35 N.J.R. 3360(b).

Rewrote the section.

Amended by R.2008 d.327, effective November 3, 2008.

See: 40 N.J.R. 2400(a), 40 N.J.R. 6466(a).

Revised the instructions for heading II to provide that the SLPS-2-FRA form is not required to be filed if no fire premiums are written and/or no business is produced; and revised forms SLPS-1-Tax and SLPS-4-GFS.

Repealed by R.2010 d.115, effective June 21, 2010.

See: 41 N.J.R. 4665(a), 42 N.J.R. 1209(c).

Appendix was "Instructions for Completing Licensed New Jersey Surplus Lines Producer Quarterly Tax Return".

## SUBCHAPTER 4. DATA SUBMISSION REQUIREMENTS FOR ALL DOMESTIC LIFE/HEALTH INSURERS

### 11:19-4.1 Purpose and scope

(a) The purpose of this subchapter is to set forth the filing and reporting requirements and procedures for the submission

of data related to an insurer's valuation of its reserves as part of the Financial Examination Monitoring System (FEMS) for all domestic life/health insurers. Insurers shall submit all the information required by this subchapter.

(b) These rules apply to all domestic life/health insurers regulated under the laws of New Jersey unless specifically stated otherwise.

Amended by R.1998 d.109, effective February 17, 1998.

See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

In (a), rewrote the last sentence.

### 11:19-4.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"ADAS" means the Actuarial Data and Analysis Subsystem, which provides tools to help the Department's analysts to value the reserves of domestic life/health insurance companies.

"Amount I" means the inforce amount or the benefit amount which is directly used in determining the "Reserve Amount." If the "Traditional Indicator" is "T," the amount times the "Factor" is equal to the "Reserve Amount." Otherwise, this relationship need not exist.

"ASCII" means the American Standard Code for Information Interchange. It is a byte-oriented coding system based on an eight bit code and used primarily to format information for transfer in a data communications environment.

"Basis level" means the code or detailed description of the unique actuarial assumptions used in developing valuation premiums and reserves, including, but not limited to, the mortality or morbidity table(s), interest rate(s), reserve method, gender, type of function, age nearest birthday ("ANB") or age last birthday ("ALB"), grading and age setbacks. Any coding system shall be fully documented.

"Certificate Line" means the unique description of the mortality, interest and reserve method used for the total reserve shown on a specific line of the Certificate of Valuation. The text of the description shall not change or vary from year to year.

"Certificate Line Number" means the location of the specific reserve amounts on the Certificate of Valuation. If the "Reinsurance Indicator" is "Y," the "Certificate Line Number" shall be 9999, the last line number in the "Certificate Section" and its description shall be "Reinsurance." If "N" then the relationship need not exist.

"Certificate of Valuation" means certification by the Commissioner with respect to the valuation of an insurer's total reserve liability, pursuant to N.J.S.A. 17B:19-2 and 5.

"Certificate Section" means the appropriate Code described in Appendix A, incorporated herein by reference.

“Certificate Section Description” means the appropriate Category of Insurance as related to the “Certificate Section” of the Certificate of Valuation as described in Appendix A.

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“Department” means the Department of Banking and Insurance.

“Domestic insurer” means an insurer formed under the laws of this State pursuant to N.J.S.A. 17B:18-1 et seq.

“Duration” means, if the Traditional Indicator is “T,” the number of years the policy has been in force. If the indicator is “N,” this field may contain a number significant to a time period relevant to determining the reserves, such as years to run for extended term or years of disablement for disabled lives. If no time period is relevant to determine the reserve, “999” shall be used to fill the field.

“Factor” means a number with two decimal places equal to the reserve per unit of “Amount 1.” This field assumes two decimal places; therefore, the company shall not include the decimal point. This number shall be determined using actuarial principles and methodology and be referred to as the reserve factor. This reserve factor is used in calculating the reserve liability for an insurance contract or policy. If the Traditional Indicator is “T,” the result of “Factor” times “Amount 1” is equal to the “Reserve Amount.”

“File type” means Duration Level detail submission. The layout is specified in Appendix B.

“NAIC” means the National Association of Insurance Commissioners.

“New indicator” means that if the plan appears for the first time during the current valuation year, the indicator shall be “Y”; otherwise, this field shall contain “N.”

“Number of policies” means the total number of policies/certificates for the duration level.

“Plan ID” means the unique code to identify each plan of insurance.

“Policy ID” means the policy/contract or certificate number for the individual item.

“Reinsurance indicator” means that if the reserve amount reported represents reinsurance ceded, the indicator shall be “Y”; otherwise the indicator shall be “N.”

“Reserve amount” means the amounts used to determine the reserves reported in the Annual Statement. If the “Traditional Indicator” is “T,” the reserve amount shown is obtained as a result of the multiplication of “Amount 1” by the corresponding “Factor” associated with it.

“Traditional indicator” means that the field contains a “T” (Traditional) or an “N” (nontraditional). If this field contains a “T”, the plan has a factor driven reserve; otherwise, if the field contains an “N” then it represents a plan that has a non-factor driven reserve.

Amended by R.1998 d.109, effective February 17, 1998.  
See: 29 N.J.R. 5260(a), 30 N.J.R. 674(b).

Deleted “Age”, “Amount 2” and “Amount 3”, and “Factor deck”; in “Commissioner” and “Department”, changed the “Department of Insurance” to the “Department of Banking and Insurance”; in “File type” deleted Age Level detail, Policy Level detail, and Factor deck submissions; and in “Number of Policies”, deleted “appropriate level of detail, such as policy/contract level, age level, or”.

Amended by R.2008 d.327, effective November 3, 2008.  
See: 40 N.J.R. 2400(a), 40 N.J.R. 6466(a).

Deleted definition “EBCDIC”.

### 11:19-4.3 ADAS filing requirements

(a) All domestic life/health insurance companies shall provide the Department with a report on the insurer’s year end summary valuation on a CD-ROM in accordance with (b) through (d) below.

(b) All CD-ROM disc submissions shall be Windows compatible.

1. The CD-ROM disc file shall be a non-delimited ASCII text file with a carriage return or line feed as the last character of each record. The data shall not be in compressed format.

2. The filename for CD-ROM discs is to be named using the letter D followed by a letter representative of the company type, that is, L for L/H, F for Fraternal, etc., followed by the year (two digits). All filenames shall end with the ASCII extension (.ASC). The filename shall not exceed eight characters.

(c) All reports on an insurer’s valuation data filed by domestic life/health insurance companies with the Department shall include the information and be submitted in the format set forth in the record layout in Appendices A and B to this subchapter which are incorporated in this rule by reference. Subject to prior approval by the Department, an insurer may submit data in a format which differs from the record layout in Appendix B to the extent that the data provided in some fields differs from that described in Appendix B. There can be no variation in the field length or start position. The report shall include the following information:

1. An external label shall be affixed to all CD-ROM(s) and shall include the following information:

- i. The company’s name, NAIC number, and year and quarter relating to the data submitted;
- ii. The date when the CD-ROM was mailed; and

iii. The volume label (VOL), created using the DOS, shall consist of the volume sequence number (VQN) of the CD-ROM preceded by the first three characters of the file type; for example, "DUR 2 of 4".

2. The information on the external label(s) shall be displayed as follows:

NAME:	
NAIC #:	YEAR:
DATE MAILED:	QUARTER:
VOL:	VQN:

3. A cover letter indicating the same information on the external labels shall also describe what certificate sections or types of insurance are included on the CD-ROM disc(s). The description shall be in sufficient detail so the Department may determine whether the valuation reports are complete;

4. A signed affidavit by two officers from the insurer which shall accompany all transmissions attesting to the accuracy of the information contained on the CD-ROM disc(s); and

5. The CD-ROM disc(s) must be received by February 15 for year end reports at the address listed below:

New Jersey Department of Banking and Insurance  
FEMS—Valuation and Statement Bureau  
20 West State Street  
PO Box 325  
Trenton, New Jersey 08625-0325

i. If mailed, they shall be mailed in standard secure containers with a pre-addressed, prepaid return address label enclosed or attached.

ii. The box or container and any label thereto, shall be clearly and legibly printed or typed in capital letters.