

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d.327, Subchapter 1, Data Submission Requirements for all Licensed Insurers (The Financial Analysis Subsystem) was repealed.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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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.

**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.

“EBCDIC” means the Extended Binary Coded Decimal Interchange Code which is a computer code for representing data. This is used in all IBM mainframe systems.

“EXSSS” means the Examination Statistical Sampling Subsystem, which is a statistical sampling package that runs on a personal computer to provide the field examiners with random number and statistical sample support tools.

“FED” means Federal Reserve Book Entry.

“GASSS” means the General Application Spreadsheet Software Subsystem, which provides insurance analysts with a series of spreadsheet and query tools to analyze a specific company’s data.

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

“IRS” means the Information Retrieval Subsystem, which is an information retrieval tool that will aid the field examiner in reviewing insurance company files.

“IVS” means the Investment Valuation Subsystem, which analyzes the investment data submitted with the Annual Statement (Schedule D) and reconciles custodian information to the statement data.

“NAIC” means the National Association of Insurance Commissioners.

“PPN” means Privately Placed Securities.

“Risk assuming entity” means any entity regulated by the Department pursuant to New Jersey statutes.

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

“SVO” means the Securities Valuation Office. This entity was created by the NAIC to provide insurers with a source for uniform prices and quality ratings for their securities holdings.

“TASS” means the Taxes and Assessments Subsystem, which calculates and verifies premium tax information filed by companies, and calculates various assessments which are levied by the DOI.

“VOS Manual” means the Valuation of Securities manual; this document is published annually by the NAIC SVO and contains market prices and NAIC Designations for all bonds and stocks owned by United States domiciled insurers when such securities have been filed with the SVO for this purpose.

Amended by 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).

In “Commissioner” and “Department” definitions, changed the “Department of Insurance” to the “Department of Banking and Insurance”.

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

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

Deleted definitions “FAS” and “GLARS”.

11:19-2.3 General data filing requirements for all domestic insurers

(a) All domestic insurers shall file with the Department on an annual basis the information required by this subchapter

for the prior calendar year ending December 31 by March 1, of the next year, in accordance with the Appendices to this subchapter incorporated herein by reference.

(b) Upon request by the Commissioner, any domestic insurer shall provide the information required by this subchapter to the Department in accordance with formats set forth in this subchapter.

Amended by R.1994 d.104, effective February 22, 1994.
See: 25 N.J.R. 2820(b), 26 N.J.R. 1100(b).

11:19-2.4 IVS subsystem filing requirements

(a) All domestic insurers shall provide the Department with a report on their securities by either CD-ROM or DVD-ROM in accordance with (c) below.

(b) Domestic insurers owning securities which are held by custodians shall utilize custodians which shall:

1. Submit to the Department a certification of securities held; and
2. Provide the Department with an independent report of the insurer's securities by either CD-ROM or DVD-ROM in accordance with (c) below.

(c) All reports of securities held by domestic insurers filed with the Department shall include the information and be submitted in the format set forth in the record layouts in Appendix A to this subchapter. The report shall include the following information:

1. The information written on the CD-ROM or DVD-ROM and a text file (.txt) on the CD-ROM or DVD-ROM containing the following:
 - i. Data set name ("INF.XXXXX.ZZZZ"). The five Xs shall be replaced with the custodian code assigned by the Department and the five Zs shall be replaced with the company's NAIC number;
 - ii. Record format;
 - iii. Record length;
 - iv. Block size; and
 - v. Create date.

2. CD-ROMs or DVD-ROMs may be delivered or mailed but shall be received by the Department by the due date to:

New Jersey Department of Banking and Insurance
FEMS-IVS Project
20 W. State Street
PO Box 325
Trenton, NJ 08625-0325

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

3. CD-ROMs or DVD-ROMs shall be clearly labeled or marked with the custodian's name, company's name and the date.

4. Domestic insurers and/or the custodian shall submit either CD-ROM or DVD-ROM.

5. The CD-ROM or DVD-ROM shall contain a text file, which shall include the following information:

- i. The custodian's name and custodian's code;
- ii. The company's name and NAIC number;
- iii. The volume sequence number if file is multi-volume (for example 1 of 5);
- iv. The date when the CD-ROM or DVD-ROM was mailed;
- v. The letters "SL" on the CD-ROM or DVD-ROM indicating that the text file information is included on the CD-ROM or DVD-ROM as provided in (c)1 above;

6. A cover letter indicating the same information on the CD-ROM or DVD-ROM text file; and

7. A signed affidavit of the custodian which shall accompany all transmissions attesting to the accuracy of the CD-ROM or DVD-ROM.

(d) Domestic insurers and/or the custodian shall adhere to the attached record layouts in the appendices. In addition to transaction records, header and trailer records shall be included in all electronic media (that is, CD-ROM and DVD-ROM), in the format set forth in Appendix A to this subchapter.

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

In (c)2, updated the address.

Amended by R.2005 d.238, effective July 18, 2005.
See: 37 N.J.R. 867(a), 37 N.J.R. 2693(a).

Rewrote the section.

11:19-2.5 (Reserved)

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).

In (c)4, updated the address and changed the deadline from January 31 to March 1; and added a new (d).

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

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

Section was "GLARS subsystem filing requirements".

11:19-2.6 through 11:19-2.8 (Reserved)

11:19-2.9 Penalties

Failure to comply with the provisions of this subchapter shall subject the insurer to penalties as provided in N.J.S.A. 17:23-2 and 17B:21-2.

APPENDIX A

Exhibit 1

Header Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Must fill w/"1"
2	Custodian Code	2	X(5)	DOI assigned custodian code
3	Insurance Company Code	7	X(5)	NAIC Code
4	Year Ended	12	X(4)	Format CCYY; CC = the century, YY = the year
5	Filler	16	X(135) 150	Space fill

Note:

X denotes alphanumeric
Alphanumeric fields containing numeric values should be right adjusted and zero filled to the left with the sign in the left most character (specific instructions for each field are documented in the comment section).

APPENDIX A

Exhibit 2

Header Record Layout Description

Field No.	Field Name	Comments
1	Record Type	This field must contain the number "1" for this record type.
2	Custodian Code	This field must contain the custodian's code assigned by the DOI.
3	Insurance Company Code	This field must contain the Insurance company's NAIC company code.
4	Year Ended	This field must contain the year of the period for which the data applies.
5	Filler	Spaces

APPENDIX A

Exhibit 3

Detail Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Must fill w/"2"
2	Custodian Code	2	X(5)	DOI Custodian Code
3	Insurance Company Code	7	X(5)	NAIC Code
4	CUSIP/PPN/CINS Number	12	X(9)	If no assigned number, fill w/nine zeroes. You may have the same CUSIP Number if there are two different Dates Acquired for that year. The first 8 digits must be unique (e.g. 123456789—1 through 8 must be unique).
5	Issuer	21	X(30)	B = Bond, P = Preferred, C = Common Stock, S = Short-term Investment
6	Description	51	X(30)	
7	Stock/Bond Indicator	81	X(1)	
8	Quantity	82	X(15)	Total Par Value or Number of Shares—12 digits to left of implied decimal point, 3 digits to right—sign is NOT included since this value should always be positive.
9	Market Value	97	X(12)	Market Value Per Security 8 digits to left of implied decimal point, 3 digits to right, the sign (+,-) should be in the first character
10	Market Price Source	109	X(20)	Source of Price (e.g. Wall Street Journal)
11	Date Acquired	139	X(8)	Format of MMDDYYYY
12	Date of Maturity	147	X(8)	Format of MMDDYYYY
13	Interest Rate	155	X(6)	Interest Rate of Bond (e.g. 7.50)

Note:

X denotes alphanumeric

Alphanumeric fields containing numeric values should be right adjusted and zero filled to the left with the sign in the left most character (specific instructions for each field are documented in the comment section).

APPENDIX A

Exhibit 4

Detail Record Layout Description

Field No.	Field Name	Comments
1	Record Type	This field must contain the number "2" for this record type.
2	Custodian Code	This field must contain the custodian's code which was assigned by the DOI.
3	Insurance Company Code	This field must contain the Insurance company's NAIC company code.
4	CUSIP/PPN/CINS Number	Must contain approved CUSIP, PPN, or CINS Number or (foreign issues) Agency number as assigned by Standard & Poor's Corporation. This number must be unique. There may be no duplicate CUSIP. It is the first 8 digits of the CUSIP that must be unique. For example, 222222212 and 222222222 are unique CUSIPs. However, the following are duplicate CUSIPs: 222222222 and 222222221. Therefore, each record must be a unique CUSIP according to the first 8 digits. The "first 8" refers to the first eight digits, starting from the left.
5	Issuer	Must contain name of company issuing security.
6	Description	Must contain shortened CUSIP security description.
7	Stock/Bond Indicator	Must contain an S to indicate security quantity is reported as number of shares or a B to indicate security quantity is reported as par value.
8	Quantity	Must contain total number of shares of stocks held or total par value of bonds (where the value of bonds owned are adjusted for repayment of principal).
9	Market Value	Must contain market value per security. For stocks this field should contain market value per share. For bonds this field should contain market value per unit.
10	Market Price Source	Must contain the source of pricing for example, Wall Street Journal, Dow Jones, etc.
11	Filler	Spaces

APPENDIX A

Exhibit 5

Trailer Record Layout

Field No.	Field Name	Start Pos	Field Type & Length	Comments
1	Record Type	1	X(1)	Must fill w/"3"
2	Custodian Code	2	X(5)	DOI Custodian Code
3	Insurance Company Code	7	X(5)	NAIC Code
4	Total Records	12	X(8)	Exclude header & trailer
5	Total Quantity	20	X(18)	15 digits to the left of the implied decimal point, 3 digits to the right, no sign should be included, this should be a total of the quantity field for every detail record.
6	Filler	38	X(113) 150	Space fill

Note:

X denotes alphanumeric
Alphanumeric fields containing numeric values should be right adjusted and zero filled to the left with the sign in the left most character (specific instructions for each field are documented in the comment section).

APPENDIX A
Exhibit 6

Trailer Record Layout Description

Field No.	Field Name	Comments
1	Record Type	This field must contain the number "3" for this record type.
2	Custodian Code	This field must contain the custodian's code assigned by the DOI.
3	Insurance Company Code	This field must contain the Insurance company's NAIC company code.
4	Total Records	Total number of detail records submitted.
5	Total Quantity	Cash total of total shares/par value (total of quantity field for all detail records).
6	Filler	Spaces

Amended by R.2005 d.238, effective July 18, 2005.
See: 37 N.J.R. 867(a), 37 N.J.R. 2693(a).
Rewrote Exhibit 3.

APPENDIX B

Exhibit 1

General Ledger Account Detail Record Layout

Field Number	Field Name	Start Pos	Field Type and Length	Comments
1	General Ledger Account Number	1	X (12)	General Ledger account number including sub-accounts. Must be "0," right justified.
2	Adjustment Number	13	9 (5)	Description of the account.
3	Account Description	18	X (45)	The page number of the annual statement where the account is reported. Pages less than 10 must have 2 leading zeros.
4	Annual Statement Page	63	X (2)	The line number on the page where the account is reported. Line Numbers Less than 10 must have a leading zero. An alphabetic character must be in upper case.
5	Annual Statement Line	65	X (6)	The column number on the page where the account is reported.
6	Annual Statement Column	71	X (1)	The amount of the year-end, preclosing account balance.
7	Amount	72	9 (16)	

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 2

General Ledger Account Detail
Record Layout Description

Field Number	Field Name	Comments
1	General Ledger Account Number	General ledger account number (alphanumeric, left justified, up to 12 positions). Sub-accounts are to be combined with account number, up to 12 positions.
2	Adjustment Number	A zero for the adjustment number (numeric, right justified) indicates this is an account and not an adjustment.
3	Account Description	Description of the account (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 account is reported (left justified, with a leading zero for numbers less than 10 and alphabetic characters in upper case, that is 02.2 or 04A).
6	Annual Statement Column	The column number on the page where the account is reported (1 for pages 03 and 04; 1, 2 or 3 for page 02).
7	Amount	The amount field will be the year-end preclosing account balance (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 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 _____304020.20, where the underscore represents spaces.

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 3

Adjusting Entry Detail Record Layout

Field Number	Field Name	Start Pos	Field Type and Length	Comments
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.

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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

Field Number	Field Name	Comments
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

Field Number Field Name

Comments
 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 -304020.20, where the underscore represents spaces.

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' annual 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".

Amended by R.2015 d.085, effective May 18, 2015.
 See: 46 N.J.R. 1406(a), 47 N.J.R. 1006(a).

In (a)1, substituted "annual" for "quarterly".

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.

“Home state” is as defined in N.J.S.A. 17:22-6.41(g).

“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.

“SLAS” means Surplus Lines Automation Suite, which is a web-based software developed to assist the Department in monitoring the activities of licensees which sell surplus lines insurance to New Jersey residents and matches agent tax data to 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 12-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”.

Amended by R.2015 d.085, effective May 18, 2015.

See: 46 N.J.R. 1406(a), 47 N.J.R. 1006(a).

Added definitions “Home state” and “SLAS”; deleted definition “SLPS”; and in definition “Transaction number”, substituted “12” for “14”.

11:19-3.3 General requirements

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

inspection by April 1 of each year. If requested, upon its receipt the data shall be used by the Department for the purpose of determining compliance with all laws and rules applicable to eligible insurers and insurance producers who placed business with such insurers, including, but not limited to, confirming the accuracy of the premium data reported by producers for purposes of the payment of premium tax pursuant to N.J.S.A. 17:22-6.59 and to determine whether all of the insurer’s business was placed through a New Jersey licensed surplus lines insurance producer pursuant to N.J.S.A. 17:22-6.42.

(b) All licensed surplus lines producers shall, on or before the due dates set forth in this subsection following each calendar quarter, remit premium taxes and surcharges utilizing the forms set forth on the Department’s website: www.njsslasse.com. The due dates for these filings are as follows: May 15, August 14, November 14 and February 14. The requirements in this subsection shall apply beginning with the filing covering the calendar quarter occurring immediately following May 18, 2015.

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.njdoobi.org” for “in accordance with the Appendix to this subchapter”.

Amended by R.2015 d.085, effective May 18, 2015.

See: 46 N.J.R. 1406(a), 47 N.J.R. 1006(a).

Rewrote the section.

11:19-3.4 SLAS requirements for all surplus lines insurers

(a) All eligible surplus lines insurers shall prepare and maintain an annual report listing net written premiums for all insurance covering a subject of insurance where New Jersey is the home state. Surplus lines insurers which write no business where New Jersey is the home state during a calendar year shall prepare and maintain a signed affidavit attesting that no such business was written for the calendar year.

(b) An insurer’s annual report shall list for each policy, the named insured, the transaction number, the producer’s name and address, the policy number, the written premium amount, and the effective and expiration dates. Insurers shall note all premium activity that occurred on a policy during the calendar year. Transaction numbers are not required with respect to risks that are directly procured without the participation of a New Jersey surplus lines agent. Upon request by the Department, an insurer shall file this report for the requested calendar year with the Department through the SLAS website: www.njsslasse.com.

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).

Amended by R.2015 d.085, effective May 18, 2015.

See: 46 N.J.R. 1406(a), 47 N.J.R. 1006(a).

Section was "SLPS subsystem requirements for all surplus lines insurers". Rewrote the section.

11:19-3.5 SLAS 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.njsslassuite.com.

(c) The instructions and forms for completing the New Jersey surplus lines producer quarterly tax return may be found on the Department's website: www.njsslassuite.com.

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" 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".

Amended by R.2015 d.085, effective May 18, 2015.

See: 46 N.J.R. 1406(a), 47 N.J.R. 1006(a).

Section was "SLPS subchapter filing requirements for all licensed producers with surplus lines authority". In (b), updated the website; and rewrote (c).

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 1" 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 #:
 DATE MAILED:
 VOL:
 YEAR:
 QUARTER:
 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.

(d) All reports on an insurer’s valuation data filed by domestic life/health insurance companies with the FEMS—Valuation and Statement Bureau for the year-end reports shall include the following information:

1. All year-end submissions shall provide the duration level detail for all in force business;

i. (Reserved)

ii. A plan listing which provides, for each plan included in the valuation report, the plan code, a description of the plan, the valuation basis, the certificate line, and a description of the data contained in each field; and

iii. A complete summary of the company’s year-end reserve valuation which identifies each reserve item by its appropriate actuarial bases and is consistent with the applicable Annual Statement reports, Exhibit 5 and 6 for the General Account and Exhibit 3 for Separate Accounts.

2. Insurers may treat blocks of business separately when submitting valuation reports to the Department. In order to make separate submissions, an insurer shall submit a plan describing how its blocks of business will be split and shall obtain the Commissioner’s approval for the plan. The submission of separate blocks of business shall be in accordance with (b) above.

3. For year-end reports, each domestic life/health insurer shall submit a hard copy of the valuation report along with the CD-ROM filing.

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), removed third quarter report requirement; in (b), amended computer and diskette requirements; in (b)2, amended filename requirements; in (c)4, deleted “and/or factor deck submissions” in the second sentence, and deleted the last sentence; in (c)6, removed the third quarter report deadline and changed the address; rewrote (d); and in (e), deleted third quarter report requirement in 1, and deleted 2 through 4.

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

In (a), substituted “CD-ROM” for “personal computer diskette, tape or cartridge” and “(d)” for “(e)”; rewrote the introductory paragraph of (b) and (b)2; in (b)1, substituted “CD-ROM disc” for “diskette”; in the introductory paragraph of (c)1, substituted “CD-ROM(s)” for “diskette(s)”; in (c)1ii and (c)1iii and (d)3, substituted “CD-ROM” for “diskette”; in (c)1ii, inserted “and” at the end”; in (c)1iii, substituted a period for “; and” at the end; deleted former (c)1iv and (c)2; recodified former

(c)3 through (c)6 as (c)2 through (c)5; in (c)2, deleted entry “VSN:” from the first column of the table; in (c)3, (c)4 and in the introductory paragraph of (c)5, substituted “CD-ROM disc(s)” for “diskette(s), tape(s) or cartridge(s)”; in (d)1iii, substituted “Exhibit 5 and 6” for “Exhibit 8 and 9” and “Exhibit 3” for “Exhibit 6”; and deleted (e).

11:19-4.4 Penalties

Failure to comply with the provisions of this subchapter shall subject the insurer to penalties pursuant to N.J.S.A. 17B:21-1 and 17B:21-2 and any other penalties permitted by law.

APPENDIX A

CERTIFICATE SECTION/CERTIFICATE SECTION DESCRIPTION

Certificate Section Code	Primary Category of Insurance
	GENERAL ACCOUNT—EXHIBIT 8
IA	Life Insurance:
IB	Annuities (excl Supp Contracts with Life Cont):
IC	Supp Contracts with Life Contingencies:
ID	Accidental Death Benefits:
IE	Disability—Active Lives:
IF	Disability—Disabled Lives:
IG	Miscellaneous Reserves:
	ACCIDENT AND HEALTH—EXHIBIT 9
IIA	Active Life Reserve:
IIB	Claim Reserve:
	SEPARATE ACCOUNT—EXHIBIT 6
IIIA	Life Insurance:
IIIB	Annuities (excl Supp Contracts with Life Cont):
IIIC	Supp Contracts with Life Contingencies:
IIID	Miscellaneous Reserves:

Additional categories may be used by an insurer upon notification to and approval by the Commissioner.

APPENDIX B

DURATION LEVEL RECORD LAYOUT

Field Number	Field Name	Start Position	Field Type and Length	Required Field	Comments
1	CERTIFICATE SECTION	1	X(5)	Y	See Code in Appendix A.
2	CERTIFICATE SECTION DESC	6	X(50)	Y	See Appendix A.
3	CERTIFICATE LINE NUMBER	56	N(8)	Y	Range (1-9999). The specific number assigned to this field represents the location of the line in the Certificate Section of the Certificate of Valuation. However, for reserves ceded, the "Reinsurance Indicator" must be 'Y' and the "Certificate Line Number" must be 9999, the greatest number assigned in the "Certificate Section."
4	CERTIFICATE LINE	64	X(50)	Y	This field's description must be identical to any prior years' description of the valuation basis (i.e., spaces, upper and lower case lettering, hyphens, text, etc.). However, this field's description must be "Reinsurance" if the "Reinsurance Indicator" is 'Y'.
5	BASIS LEVEL	114	X(50)	N	Basis code or description of basis.
6	PLAN ID	164	X(12)	Y	Unique plan code or kind code.
7	DURATION	176	N(3)	Y	If "Traditional Indicator" is 'T', the field represents the number of years all of the policies in the record are in force. Otherwise, the field must identify a time period relevant to the reserve calculation. Enter "999" if field does not apply.
8	AMOUNT 1	179	N(13)	Y	Inforce/benefit amount used to calculate reserve. If the "Traditional Indicator" is 'T', "Amount 1" times "Factor" must equal the "Reserve Amount."
9	RESERVE AMOUNT	192	N(12)	Y	Total dollar amount of reserve for "Duration" and plan specified.
10	NUMBER OF POLICIES	204	N(9)	Y	Policy Count.
11	TRADITIONAL INDICATOR	213	X(1)	Y	Enter 'T' for a "Traditional" "Plan ID". This reserve is factor driven (i.e. the "Reserve Amount" equals a verifiable "Factor" times "Amount 1.") Age level data records described in Exhibit 2 shall be available for "Traditional" plans upon request. Enter 'N' for a "Nontraditional" "Plan ID". This reserve is not factor driven (i.e. the "Reserve Amount" is not computed as the "Factor" times "Amount 1.") Policy level data records described in Exhibit 3 shall be available for "Nontraditional" plans upon request.
12	NEW INDICATOR	214	X(1)	Y	Enter 'Y' if the "Plan ID" is new this current valuation year; otherwise, enter 'N'.
13	REINSURANCE INDICATOR	215	X(1)	Y	Enter 'Y', if the "Reserve Amount" in the record represents reinsurance ceded; otherwise enter 'N'.

NOTE:

- (a) FIELD TYPE "X(n)" in Column 4 is alphanumeric; this field must be left justified.
 (b) FIELD TYPE "N(n)" in Column 4 is numeric; this field must be right justified.
 (c) There are no spaces between fields.

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 Exhibits 2 through 4.