

Capital Adequacy (E) Task Force

RBC Proposal Form

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|---|---|---|
| <input type="checkbox"/> Capital Adequacy (E) Task Force | <input type="checkbox"/> Health RBC (E) Working Group | <input type="checkbox"/> Life RBC (E) Working Group |
| <input checked="" type="checkbox"/> Catastrophe Risk (E) Subgroup | <input checked="" type="checkbox"/> P/C RBC (E) Working Group | <input type="checkbox"/> Longevity Risk (A/E) Subgroup |
| <input type="checkbox"/> Variable Annuities Capital. & Reserve (E/A) Subgroup | <input type="checkbox"/> Economic Scenarios (E/A) Subgroup | <input type="checkbox"/> RBC Investment Risk & Evaluation (E) Working Group |

<p style="text-align: right;">DATE: <u>September 20, 2023</u></p> <p>CONTACT PERSON: <u>Jake Stultz</u></p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: <u>jstultz@naic.org</u></p> <p>ON BEHALF OF: <u>Reinsurance (E) Task Force</u></p> <p>NAME: <u>John Rehagen (Chair)</u></p> <p>TITLE: <u>Director, Insurance Company Regulation</u></p> <p>AFFILIATION: <u>Missouri DCI</u></p> <p>ADDRESS: <u>P.O. Box 690</u> <u>Jefferson City, MO 65102</u></p>	<p style="text-align: center;">FOR NAIC USE ONLY</p> <hr/> <p>Agenda Item # <u>2023-13-CR</u> Year <u>2024</u></p> <hr/> <p style="text-align: center;">DISPOSITION</p> <p>ADOPTED:</p> <p><input checked="" type="checkbox"/> TASK FORCE (TF) <u>3/17/2024</u></p> <p><input checked="" type="checkbox"/> WORKING GROUP (WG) <u>3/17/2024</u></p> <p><input checked="" type="checkbox"/> SUBGROUP (SG) <u>3/17/2024</u></p> <p>EXPOSED:</p> <p><input type="checkbox"/> TASK FORCE (TF) _____</p> <p><input checked="" type="checkbox"/> WORKING GROUP (WG) <u>12/02/2023</u></p> <p><input checked="" type="checkbox"/> SUBGROUP (SG) <u>12/02/2023</u></p> <p>REJECTED:</p> <p><input type="checkbox"/> TF <input type="checkbox"/> WG <input type="checkbox"/> SG _____</p> <p>OTHER:</p> <p><input type="checkbox"/> DEFERRED TO _____</p> <p><input type="checkbox"/> REFERRED TO OTHER NAIC GROUP _____</p> <p><input type="checkbox"/> (SPECIFY) _____</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

- | | | |
|--|--|--|
| <input type="checkbox"/> Health RBC Blanks | <input checked="" type="checkbox"/> Property/Casualty RBC Blanks | <input type="checkbox"/> Life and Fraternal RBC Blanks |
| <input type="checkbox"/> Health RBC Instructions | <input type="checkbox"/> Property/Casualty RBC Instructions | <input type="checkbox"/> Life and Fraternal RBC Instructions |
| <input type="checkbox"/> Health RBC Formula | <input type="checkbox"/> Property/Casualty RBC Formula | <input type="checkbox"/> Life and Fraternal RBC Formula |
| <input type="checkbox"/> OTHER _____ | | |

DESCRIPTION/REASON OR JUSTIFICATION OF CHANGE(S)

Given the recent catastrophe-related insolvencies and increasing cost of CAT reinsurance coverage, state insurance regulators have identified a need to collect additional detail from insurers on the structure of their catastrophe reinsurance program on an annual basis. As such information could be viewed as confidential and proprietary, and as it is closely related to the existing PR027 RCAT charge in Property/Casualty RBC, the collection of additional information on an insurer's catastrophe reinsurance program is being proposed through a series of questions added to the PR027 Catastrophe Risk Interrogatories included in the RBC Blanks.

Additional Staff Comments:

The RBC Blanks proposal has been developed, exposed for public comment and discussed in detail through the meetings of the Reinsurance (E) Task Force to ensure that it meets regulatory needs and is fit for purpose. The PCRBC WG and Cat Risk SG adopted a fine-tuned version at the 2024 Spring National Meeting.

**** This section must be completed on all forms.**

Revised 2-2023

INTERROGATORY ON CATASTROPHE RISK REINSURANCE PROGRAM PR027

NOTE: This interrogatory is intended for completion by all property and casualty RBC filers that are exposed to natural catastrophe perils, and is not limited to earthquake, hurricane and wildfire and the associated RCAT exemptions. Insurance entities that participate in group reinsurance programs may respond to the interrogatory at a group level.

- (1) Provide an overall narrative description of the natural catastrophe reinsurance program in place at the insurer/group, by peril where appropriate, including elements such as the types of reinsurance coverage in place, attachment points/retention levels, exhaustion limits, reinstatement provisions, etc. When possible and relevant, provide a graphical reinsurance tower as an attachment.

[Redacted]

(2)
Y/N

- (2) Have there been any significant changes in the reinsurance program structure from the prior year (i.e., change in cost, level of coverage) (Y/N)
(2a) If yes, describe any significant changes from the prior year:

[Redacted]

[Redacted]

(2)
MM/DD/YYYY

- (3) Provide the primary program renewal date (i.e., 1/1/XX or 7/1/XX):

[Redacted]