



National Association of Insurance Commissioners



NAIC Disaster Reporting Framework

As of March 2008

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The Disaster Reporting (E) Working Group (DRWG) of the Financial Condition (E) Committee as of December 2007 adopted the information included in this NAIC Disaster Reporting Framework (Framework). This Framework provides a narrative to guide states on initiating a coordinated disaster reporting effort. Please note that there could be modifications to this information, as this guidance is subject to revision by the Financial Condition (E) Committee when deemed necessary.

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I. OVERVIEW OF THE FRAMEWORK

A. Purpose

Given the increased number of disasters in the early 2000s, the Disaster Reporting Working Group (DRWG) of the Financial Condition (E) Committee was formed in late 2005 in order to guide states on initiating a coordinated disaster reporting effort. The DRWG was charged with: 1) Assessing potential confidentiality issues surrounding future coordinated disaster reporting efforts by state insurance departments; 2) Assessing the feasibility of the NAIC assisting in collecting, maintaining and distributing the insurer disaster data on behalf of the state insurance departments, as well as the mechanisms the NAIC could use to ensure the confidentiality of the information collected; and 3) Developing a framework that would guide states on initiating a coordinated disaster reporting effort.

The Framework is meant to specify guidance on: a) the communication method that could be used to announce the disaster reporting effort to insurers, other state insurance departments and interested parties; b) the forum that could be utilized by state insurance departments to discuss and collaborate on the information that should be reported; c) the electronic applications that could be utilized to collect, record and disseminate the information; d) the data elements, including definitions of data elements, that could be collected in a coordinated disaster reporting effort; e) the role the NAIC could provide in collecting, reviewing, editing and disseminating the disaster information to the state insurance departments, as well as providing Help Desk assistance to insurers; and f) the forum that could provide interested parties an opportunity to communicate any issues with the requested information.

The creation of the DRWG re-emphasizes the importance of the responsibility of insurers to provide much needed information to state insurance regulators, as well as information for local, state and federal officials responsible for making policy decisions for relief and rebuilding efforts.

The guidance in the Framework is meant to be advisory, rather than to prescribe mandatory regulatory procedures. The Framework is not intended to be all-inclusive. Instead, it suggests approaches and concepts to assist regulators in providing timely and effective administrative insurance regulation during a coordinated disaster reporting situation.

The Framework is also designed to assist state insurance departments in performing solvency and market conduct analysis on insurers, as well as to streamline the process of gathering information and prevent duplicative data requests in the event of a disaster. Overall, the Framework provides guidance for:

- Identifying solvency issues at an early date.
- Identifying market conduct issues at an early date.
- Collecting data to assist policymakers.
- Structuring and organizing a data call to achieve these objectives.

B. Background

Coordinated disaster reporting at the NAIC has taken place over the years in many forms, whether it was the Y2K initiative in the late 1990s, the Sept. 11, 2001, terrorist attacks, or the more recent hurricane disaster reporting that took place in 2004 and 2005 as a result of several hurricanes that struck Florida and the Gulf Coast. Those events re-emphasized to state insurance departments that improvements were needed with data collection efforts, as well as communication efforts to insurers, interested regulators, interested parties and constituency groups.

The focus of the use of the disaster reporting data collected by regulators has evolved from disaster events. A financial perspective was the primary focus for the Florida Office of Insurance Regulation during the initial months following the 2004 hurricanes, because the Office needed to assess the overall impact in its particular state, assess solvency concerns on a company-by-company basis, and allow policymakers to assess what specific lines of business were impacted in order to allocate internal resources. It soon became clear that the disaster reporting information helped provide critical insight to other state and federal regulators responsible for making policy decisions, such as relief and rebuilding efforts. However, a market conduct focus also began to surface several months after each event, as companies' aging data was utilized to determine when and if the claims were being paid and processed.

Overall, state insurance departments have realized that coordinated disaster reporting initiatives enhance the regulatory process by sharing resources among fellow states; reducing duplicative requests to insurers; providing key data for solvency and market conduct responsibilities; and assisting consumers, interested parties, insurers and other regulators in understanding exposure and other insurance industry concerns.

C. Authority of State Insurance Departments

Information and data that is required to be submitted for a coordinated data call is made pursuant to the statutory authority of each of the participating Collective States under their financial examination laws. Information and data will be provided to other state regulators pursuant to the Information Sharing and Confidentiality Agreement between and among the Collective States.

This authority applies to the initial data call and any supplemental or additional data calls seeking information resulting from a disaster.

A company's failure to report the required information may result in administrative action being taken by one or more state regulators included in the Collective States.

D. Confidentiality

State insurance departments utilize their respective exam laws to exchange information gathered during an examination or investigation with other state insurance departments as well as the NAIC. The Model Examination Law (Model) serves as a foundation for state examination law. The Model provides that all documents and information obtained or disclosed in the course of an examination

are confidential and privileged. The 1999 Model also provides that documents obtained by or disclosed to the NAIC in the course of assisting in an examination or analysis of financial condition or market conduct of a company are likewise privileged and confidential. In addition, the 1999 Model allows a state commissioner to share confidential and privileged materials and documents with other state and federal regulators and the NAIC if the recipient agrees to maintain the information's confidential and privileged status and to maintain as confidential any information it receives from another regulator who has designated that information as confidential. Earlier versions of the Model specifically provide that the NAIC be granted access to information obtained by the state insurance department in the course of an examination upon execution of an appropriate confidentiality agreement.

The NAIC facilitates the gathering and display of executed Master Information Sharing and Confidentiality Agreements ("Information Sharing Agreement") for its members. The Information Sharing Agreement has been entered into by and between the 50 states and the District of Columbia. The purpose of the Information Sharing Agreement is to create a common agreement that covers, on an ongoing basis, several types of exchanges of confidential information among the states. The global agreement satisfies the requirement in many states that the party receiving the states' confidential information agree in writing to keep such information confidential. By signing the Agreement, each state represents that it has the legal authority necessary to protect from disclosure and to otherwise preserve the confidential or privileged nature of any confidential information it receives pursuant to the Agreement. The Information Sharing Agreement provides procedures for requesting, handling, protecting and returning confidential information. Prior to disclosing information to a requesting state, the responding state is advised to review the Information Sharing Agreement and the requesting state's laws cited in the Agreement to ensure the responding state affords adequate protection to the information at issue.

After hurricanes Katrina and Rita, the states of Alabama, Florida, Louisiana, Mississippi and Texas participated in a coordinated data gathering effort, with Florida facilitating the data collection on behalf of the five states. The data collected by Florida was protected as confidential information under Florida's examination law (Florida Statutes, Section 642.319), was provided to the NAIC pursuant to a confidentiality agreement between Florida and the NAIC, and was provided to other state regulators under the procedure mandated by and authority cited in the Information Sharing Agreement. The NAIC would be willing to enter into a similar agreement with any state that participates in a collective disaster reporting effort. Such agreement would designate the NAIC as the agent of the state for various purposes where necessary and contain the requisite confidentiality commitments. (See Appendix C for an example confidentiality agreement.)

The Information Sharing Standard within the Financial Regulation Standards and Accreditation Program requires that state law allow for the sharing of otherwise confidential documents, materials and information with other state, federal or international regulators, providing that the recipients are required, under their law, to maintain the confidentiality of such materials. States can also allow for the sharing of otherwise confidential documents and information with the NAIC, provided that the NAIC agrees to maintain confidentiality.

E. Possible Roles of the NAIC

The NAIC will be available to provide multiple roles for state insurance departments initiating a coordinated disaster reporting effort. The following bullets highlight the various roles the NAIC may provide at the direction of a state insurance department or Collective States:

- Facilitate a forum for state insurance departments to discuss and collaborate on a disaster reporting effort.
- Assist in the communication of a disaster reporting effort to insurers, state insurance departments and interested parties.
- Assist in the administration of a disaster reporting effort.
- Design, develop and maintain technical solutions to satisfy the needs of data submission, data retention and data presentation of established disaster information.
- Coordinate and produce common templates to be used by state insurance departments in a disaster reporting effort.
- Assist in collecting, storing, analyzing, editing (as deemed appropriate by the participating state(s)) and disseminating the disaster reporting information to the approved state insurance departments or other regulators.
- Provide technical and practical resource solutions, such as a Help Desk, to allow states to focus their resources on consumer assistance and disaster recovery in the impacted areas.
- Facilitate a forum that will provide interested parties an opportunity to communicate any issues with the requested information.

Please note that the role of the NAIC is dictated by the NAIC budgetary process, as well as the appropriate allocation of NAIC resources approved by NAIC leadership.

II. STRUCTURING A DATA CALL

A. Disaster Reporting Activation

For a single-state event, the disaster reporting activation will be at the applicable commissioner's discretion. Additionally, for a multi-state event, disaster reporting activation will occur based on a coordinated discussion between states directly affected by the disaster. Refer to Appendix G for a *Commissioner Decision Tree* document that will assist state insurance departments in the event of a disaster.

No dollar trigger or size of storm/hurricane will be used to activate disaster reporting. The rationale is that a category three hurricane or an earthquake of a certain magnitude could be an inappropriate trigger based on where the disaster takes place. Additionally, a material dollar exposure for one state could be immaterial for another state.

B. Overview of Possible Reporting Phases

In the early weeks following a disaster, insurers may not have access to the same levels of information for various reasons. As such, this Framework suggests a state or the Collective States utilize various reporting phases to collect information through a given period from each legal entity. These reporting phases can have different start dates and can be arranged in different frequencies (e.g., bi-weekly or monthly reporting) and durations depending on the type and magnitude of disaster and the regulator need for information. The phases can also separate the types of data collected (e.g., line of business or claims aging) and the amount of data requested. Please refer to Appendix A for the *Example Collective States Memorandum to Initiate Reporting*.

The following phases are recommended as standard reporting phases for property and casualty business:

□ Phase I (Part A) – Claims by Territory and Financial Projections

This phase requests claims information by territory in which claims have occurred and financial projections including best estimates of losses and retention. This phase would typically be the first phase issued, in order to assess initial exposure expectations. The data submitted for financial projections could change dramatically over the duration of the phase once claims are adjusted and closed.

□ Phase I (Part B) – General Information (optional)

This phase requests general information such as location and contact information for any mobile response units being deployed to the impacted area(s).

□ Phase II – Line of Business Reporting

This phase requests claim information specific to the impacted lines of business.

□ Phase III – General Claims Adjudication and Aging

This phase requests information that provides details on the status of the claims adjudication process, including such things as adjusted claims, closed claims and aging of claims.

□ Phase IV – Policy Activity Data (optional)

This phase requests summary information on changes in policy in force, including such items as policies cancelled, new policies written or policies renewed. It is recommended that this information be requested as needed on a by-company basis versus the entire population of reporting insurers.

The following phases are recommended as standard reporting phases for life business:

□ Phase I – Claims by Territory and Financial Projections

This phase requests claims information by territory in which claims have occurred and financial projections. This phase would typically be the first phase issued, in order to assess initial exposure expectations. The data submitted for financial projections could change dramatically over the duration of the phase once claims are adjusted and closed. Insurer contact information could also be requested.

□ Phase II – General Claims Adjudication and Aging

This phase requests information that provides details on the status of the claims adjudication process, including such things as adjusted claims, closed claims and aging of claims.

The following phases are recommended as standard reporting phases for health business:

□ Phase I – Claims and Financial Projections

This phase requests claims information in which claims have occurred and financial projections. This phase would typically be the first phase issued, in order to assess initial exposure expectations. The data submitted for financial projections could change dramatically over the duration of the phase once claims are adjusted and closed. Insurer contact information could also be requested.

□ Phase II – Line of Business Reporting

This phase requests claim information specific to the impacted lines of business.

C. Data Elements for Reporting Phases

This section is structured to describe possible data elements that could be requested by a state insurance department from insurers in the event of a disaster. The purpose of these data elements is to provide financial solvency and market conduct information to state insurance regulators, as well as information for local, state and federal officials responsible for making policy decisions for the relief and rebuilding effort. The territory (county or zip code) information requested by the Collective States or individual state department conducting the data call will be chosen at the discretion of the respective participating state(s). The territorial rating methodology used by the

respective state(s) will be considered in that process. This section is specific based upon the type of insurer. Refer to Section I(C) for definitions of the terms used below.

Insurers Transacting Property & Casualty Business

This subsection would be applicable to all insurers transacting direct property and casualty business in the affected area, including surplus lines carriers and residual markets.

Phase I (Part A) – General Information (optional)

- Location, contact information and hours of operation for any mobile response units that are currently assisting with the disaster

Phase I (Part B) – Claims by Territory and Financial Information

- Number of claims estimated (based on modeling programs and portfolio underwriting)
- Number of claims reported to date (by county, by zip code, if requested)
- Number of residential claims with reserves exceeding 50 percent of structure coverage (by county, by zip code, if requested)
- Total dollars paid to policyholders (by county, by zip code, if requested)
- Best estimate of expected gross loss
- Best estimate of net retention (net of all assumed and ceded reinsurance and catastrophe funds)
- Insurer contact information for the individual(s) responsible for submitting the information

Phase II – Line of Business Reporting

See below for the possible line-of-business breakdown for reporting of these data elements.

- Number of claims reported by line of business
- Number of claims estimated by line of business (based on modeling programs and portfolio underwriting)
- Total claim payments made to policyholders by line of business
- Best estimate of expected gross loss by line of business (based on modeling programs and portfolio underwriting)

Possible lines of business for which data may be requested are:

- Fire
- Allied Lines (excluding Multi-Peril Crop and Federal Flood)
- Homeowners Multi-Peril
- Farmowners Multi-Peril
- Mobile Homeowners
- Commercial Multi-Peril
- Ocean Marine
- Commercial and Personal Auto Physical Damage
- Financial Guaranty
- Earthquake
- Other lines (Inland Marine, Aircraft, Boiler and Machinery)

Phase III – General Claims Adjudication and Aging

- Total number of adjusted claims
- Average number of days to close claims

- Number of claims closed with no payment made
- Number of claims closed with payment made
- Number of claims in which litigation is involved (lawsuit served as opposed to merely filed) or alternative dispute resolutions, such as mediation and arbitration, has occurred
- Number of claims open for less than 30 days
- Number of claims open for 30 or more, but less than 60 days
- Number of claims open for 60 or more, but less than 90 days
- Number of claims open for 90 or more days

Phase IV – Policy Activity Information (optional)

- Policies in force at prior quarter-end by line of business (by county, if requested)
- Policies renewed in current quarter by line of business (by county, if requested)
- Policies non-renewed in current quarter by line of business (by county, if requested)
- Policies canceled in current quarter by line of business (by county, if requested)
- New policies written in current quarter by line of business (by county, if requested)
- Policies in force at end of current quarter by line of business (by county, if requested)
- Policies in force at end of current quarter by deductible type (by county, if requested)
- Deductible type and description
- Policies in force at end of current quarter that exclude wind (by county, if requested)

Insurers Transacting Life Business

This subsection would be applicable to all insurers transacting life direct business in the affected area(s). Please note that an applicable insurer could file any of the following statement types: Life, Property & Casualty, Fraternal or Health.

Phase I – Claims by Territory and Financial Information

- Number of death benefits claims directly related to the catastrophic event (by county, by zip code, if requested)
- Total dollars claims paid to policyholders on death benefits directly related to the catastrophic event (by county, by zip code, if requested)
- Number of claims reported for Accidental Death & Dismemberment (AD&D) coverage resulting from injury or death directly related to the catastrophic event (by county, by zip code, if requested)
- Total dollars paid for Accidental Death & Dismemberment (AD&D) coverage resulting from injury or death directly related to the catastrophic event (by county, by zip code, if requested)
- Number of claims reported for Disability coverage on short-term or long-term disability resulting from injury or illness directly related to the catastrophic event (by county, by zip code, if requested)
- Total dollars paid for Disability coverage on short-term or long-term disability resulting from injury or illness directly related to the catastrophic event (by county, by zip code, if requested)
- Best estimate of expected gross loss
- Best estimate of net retention (net of all assumed and ceded reinsurance and catastrophe funds)

Phase II – General Claims Adjudication and Aging

- Average number of days to adjust (adjudicate) the claims
- Number of claims closed with no payment made

- Number of closed claims where no additional payments are anticipated
- Number of claims open for less than 30 days
- Number of claims open for 30 or more, but less than 60 days
- Number of claims open for 60 or more, but less than 90 days
- Number of claims open for 90 or more days

Insurers Transacting Health Business

This subsection would be applicable to all insurers transacting health direct business in the affected area(s). Please note that an applicable insurer could file any of the following statement types: Life, Property & Casualty, Fraternal or Health.

Phase I – Claims and Financial Information

The following data elements are defined in the NAIC *Annual Statement Instructions* for the Exhibit of Premium, Enrollment and Utilization:

- Membership
- Total member ambulatory encounters, both physician and non-physician
- Hospital patient days incurred
- Number of inpatient admissions
- Health premiums written and/or earned
- Claims paid and/or incurred

Phase II – Line of Business Reporting

The following data elements and lines of business are defined in the NAIC *Annual Statement Instructions*. See below for the possible line of business breakdown for reporting of these data elements:

- Membership reported by line of business
 - Total member ambulatory encounters, both physician and non-physician, reported by line of business
 - Hospital patient days incurred reported by line of business
 - Number of inpatient admissions reported by line of business
 - Health premiums written and/or earned reported by line of business
 - Claims paid and/or incurred reported by line of business
- Possible lines of business for which data may be requested are:
- Individual and Group Comprehensive (Hospital and Medical)
 - Medicare Supplement
 - Federal Employee Health Benefit Plan
 - Title XVIII Medicare
 - Title XIX Medicaid
 - Other

D. Considerations with Reporting Requirements

Frequency

The applicable phase should be structured in a way that is reflective of the period of the time when the data would be available. For example, the claims by territory and financial information would be most useful if it was updated more frequently than the general claims adjudication and aging information.

Based upon the type of disaster and the impact to the state(s), the state insurance department or the Collective States may decide to change the reporting frequency to ease the burden to the insurers.

Duration

It is advised that a data call reporting due date for a particular phase not begin until two weeks after a disaster. The phases should be structured in a way to complement each other and not create an unforeseen burden on insurers. It is highly recommended that the various phases have similar reporting due dates. For example, the claims by territory and financial information could be due by the 5th and 20th business day of each month, while the general claims adjudication and aging information is due by the 5th business day of every month.

Based upon the type of disaster and the impact to the state(s), the state insurance department or the Collective States can determine how long the reporting should continue. Please refer to Appendix B for an *Example Collective States Memorandum for Final Reporting*. It is recommended to have a final reporting submission as of December 31st of the year in which the reporting is completed.

III. COMMUNICATION WITH INSURERS

A. Notifications of Reporting Requirements

For those insurers currently filing annual and/or quarterly financial statutory statements with the NAIC, the statutory statement contact reported in the Jurat Pages will be the primary contact for notifications via e-mail correspondence. As certain surplus lines companies do not report to the NAIC, the respective state that authorized the surplus lines activity in the impacted area will be requested to provide the appropriate contact information. This combined list of e-mail addresses will receive notifications as prescribed by an initiating state insurance department or the Collective States. Insurers will be responsible for informing their statutory statement contact to forward all disaster reporting correspondence to the appropriate contact within the organization. Additionally, insurers will be able to specify additional contacts if they wish to receive correspondence from the state insurance departments regarding the disaster reporting event.

All notifications will bear the appropriate state seal(s), be released on behalf of the appropriate commissioner(s) or designee, reference applicable state authoritative bulletin(s) or statutory authority, and provide a state insurance department contact. (See Appendix A for an example *Collective States Memorandum to Initiate Reporting*.)

B. Exemption from Reporting

The Collective States may authorize a multi-state insurer to be exempt from a disaster data call (and/or components of a disaster data call) if, through communication with the insurer, a majority of the Collective States determines that the insurer does not have material exposure to the disaster event and/or other mitigating circumstances exist. However, exemption from a disaster data call for a multi-state insurer will always be at the discretion of the Collective States. The Collective States may convene on the decision through e-mail or conference call correspondence, as well as delegate that responsibility to a specific state participating as part of the Collective States.

The domestic state regulator may authorize a single-state insurer to be exempt from a disaster data call (and/or components of a disaster data call) if, through communication with the insurer or based on information already available, the domestic state regulator determines that the insurer does not have material exposure to the disaster event and/or other mitigating circumstances exist. The domestic state regulator should notify via e-mail the Collective States or appointed designee of such exemption within five business days of the decision.

Notification of the exemption to the insurer by the Collective States or the domestic state should occur through e-mail correspondence to the statutory statement contact of the insurer as noted by the annual and quarterly statement Jurat Pages.

C. Change in Reporting Frequency and Final Reporting

The Collective States will notify the designated contacts of the insurers, as noted in section III-A (Notifications of Reporting Requirements) above, regarding any change in the frequency of reporting a specific phase (e.g., bi-weekly reporting changed to monthly) and/or to complete reporting for a specific disaster reporting phase or event.

The timing and criteria for the final reporting cycle should be communicated to the insurer several weeks in advance of the initial due date for the particular reporting phase in order to prevent unnecessary administrative burden on the part of the insurer.

Insurer-Specific Final Reporting

Certain criteria may be established by the state insurance department or the Collective States to qualify an insurer to stop reporting a particular phase. For example, if the insurer has closed 95% of reported claims in a particular state, the insurer may cease reporting all phases. (See Appendix B for example.)

D. State Insurance Department and NAIC Contacts

The contact information for the applicable state(s) insurance departments that represent the Collective States or single state issuing the data call will be posted on notifications issued. It is also suggested that the contact information be posted on the applicable state(s) Web site(s) and on the NAIC Web site.

If the NAIC is utilized to assist state insurance department(s) in a disaster reporting effort, contact information for NAIC Help Desk staff responsible for assisting with disaster reporting questions will be available on notifications issued, state insurance department Web site(s), and on the NAIC Web site. Additionally, the state insurance department initiating the data call or the Collective States will be provided with contact information of the NAIC managerial staff directly responsible for any questions, concerns or requests that arise throughout the disaster reporting effort. Although general information or technical questions in relation to the data call may be addressed directly by NAIC staff, all business-related inquiries that require regulatory decisions will be forwarded to the applicable Collective States and/or state insurance department for resolution.

If desired, the NAIC can provide a phone number for insurers and regulators to contact for questions regarding any disaster call. Additionally, the hours of operation for the NAIC Help Desk can be extended beyond the normal business hours if desired by the Collective States or state insurance department.

IV. DATA COLLECTION SYSTEMS

A. Fundamental Goals of Any Data Collection System

The goal of any data collection system is to provide a technical solution to satisfy the needs of data submission, data retention and data presentation of established disaster information. Additionally, the technical architecture of any data collection system should contain the following four primary components:

- User-Friendly Data Submission
- Automated Data Validation
- Flexible Data Repository and Maintenance Abilities
- Functional Analytical Tools/Reporting Abilities

B. NAIC's Disaster Reporting System

The objective of NAIC's Disaster Reporting System (DRS) is to provide a technical solution to satisfy the needs of data submission, data retention and data presentation of established disaster information, while accommodating the technical proficiencies of the industry, regulatory and NAIC communities.

The following paragraphs describe the technical architecture of DRS through consideration of the four primary components:

1. Data Submission

Using e-mail software, the insurer will receive a pre-formatted Excel template from a state department of insurance in order to enter requested data to complete its filing. After completing necessary fields in the template, the insurer will e-mail the document to a specific state insurance department. The data will be contained in a temporary e-mail directory. Security standards, such as data encryption and password protection, will be applied.

Once submitted, the state insurance department may choose to automatically send the e-mail to the NAIC through a secure e-mail transmission to be processed through DRS (an NAIC Access-based collection software program) as desired. The state insurance department may also choose to utilize DRS to load and process the data itself.

2. Data Validation

The pre-formatted Excel template contains basic validations to ensure with each filing submission that the data received is logical in nature. (Example: "Number of claims closed with payment made" should not exceed "Number of adjusted claims.") In the event of such crosscheck failure, the insurer is made aware of the discrepancy prior to saving the template. If the NAIC is utilized in the data processing, additional validations and work-flow procedures can be implemented to further ensure data quality.

3. Data Repository and Maintenance

The DRS data will reside in a centralized OLTP (Online Transaction Processing) relational database, yielding efficient storage and accessibility while eliminating redundancy. Through date tagging, every data element in each template submitted will be retained. This historical warehousing will allow for timeframe/snapshot analysis.

If the NAIC is requested to store and process the data, security will follow the high standards the NAIC employs with all sensitive data. As directed by the Collective States or state insurance department, NAIC staff with appropriate database privileges will have the ability to create/read/update DRS data. Access to the database will be controlled with role-based security. This will limit regulator access to the reports and database as deemed appropriate by the individual state or Collective States conducting the data call.

4. Analytical Tools & Reporting for Regulators

If the NAIC is utilized, reports can be made available to the designated regulators via Web services, such as the NAIC's Internet-State Interface Technology Enhancement (I-SITE). These reports can be tailored in multiple useful formats, such as in detail or summary format, as deemed necessary by the Collective States or state insurance department initiating the disaster reporting effort. Report formats could emulate the form found in existing NAIC solvency tools, seamlessly integrating into current analysis work flow practices and procedures. The NAIC security standards, such as data encryption and password protection, will be applied to DRS.

Furthermore, where applicable, DRS data elements could follow existing data dictionaries—the definitions and data types of those captured via the NAIC Financial Data Repository (FDR) Annual Statement. FDR company demographics could be leveraged by DRS to eliminate redundancy. In addition to I-SITE reports, ad hoc queries and reports can be created, and/or NAIC staff would assist on requests for specific data requests or reports.

V. INTER-STATE COORDINATION AND COMMUNICATION

In the event of a disaster event for which a data call would benefit the regulatory community's solvency tasks and other regulatory obligations, the NAIC can facilitate a forum for coordinating communication with the impacted states. As a result of the communication, if the state insurance departments wish to collaborate on a disaster reporting effort, the NAIC will facilitate the effort as directed by the participating states.

VI. COMMUNICATIONS WITH OTHER STATE AND FEDERAL REGULATORS

Information and data submitted pursuant to data calls are confidential (e.g., financial information, proprietary information and/or trade secret material) and shall be disclosed to other state insurance regulators or state and federal regulatory bodies only if necessary to further the regulatory authority of the entity seeking that confidential information and data. Further, such disclosure shall be made only if the entity to whom disclosure is made has the legal authority necessary to protect from disclosure, and to otherwise preserve the confidential or protected nature of, the confidential information and data it receives.

Both federal and state regulators of the financial services sector would find reporting disaster data useful. One body that comprises representatives from both federal and state financial regulator agencies is the Financial and Banking Information Infrastructure Committee (FBIIC). The FBIIC, chartered under the President's Working Group on Financial Markets, is a standing committee of the President's Critical Infrastructure Protection Board and is responsible for coordinating federal and state financial regulatory efforts to improve the reliability and security of the U.S. financial system, which includes the banking, securities and insurance industries. Federal banking, thrift, securities and commodities regulatory agencies, as well as state banking supervisors, are among the financial institution regulatory agencies involved with the FBIIC, and the NAIC represents state insurance regulators. The FBIIC is charged with improving coordination and communication among financial regulators, enhancing the resiliency of the financial sector, and promoting the public/private partnership. In order to fulfill its mission, the FBIIC has established secure communications capabilities among financial regulators and protocols for communicating in the event of an emergency. For instance, in connection with hurricanes Katrina and Rita in 2005, the FBIIC met several times. The ability of the FBIIC to obtain disaster data is critical in terms of understanding the potential vulnerabilities in the financial system and the economic impact of a disaster.

State insurance departments are encouraged to request information from other regulators and agencies, such as the National Flood Insurance Program or the California Earthquake Authority, that collect relevant disaster reporting information.

VII. APPENDICES

A. Example Collective States Memorandum to Initiate Reporting

MEMORANDUM

Date: [Date]

TO: TO ALL PROPERTY AND CASUALTY INSURERS WRITING BUSINESS IN ANY OF THE STATES OF [STATE], [STATE], AND [STATE]

From: [Name], Commissioner, [State] Department of Insurance
[Name], Commissioner, [State] Office of Insurance Regulation
[Name], Commissioner, [State] Insurance Division

SUBJECT: DISASTER REPORTING REQUIREMENTS

Due to the recent catastrophic impact of [Disaster] on [State], [State], [State], “the Collective States” are participating in a coordinated data gathering effort with a common Disaster Reporting System. This effort is necessary to provide much-needed information to state insurance regulators, as well as information for local, state and federal officials responsible for making policy decisions for the relief and rebuilding effort over the next several months and years.

All property and casualty insurers transacting direct business in the Collective States, including surplus lines carriers, are required to submit to the Disaster Reporting System certain information for claims resulting from [Disaster] and the financial impact of [Disaster] on a state-by-state basis for each of the Collective States. The information will be collected in three phases:

- PHASE I:** Claims by Territory and Financial Projections (Biweekly basis)
- PHASE II:** Line of Business Reporting (Monthly basis)
- PHASE III:** General Claims Adjudication and Aging (Monthly basis)

Information regarding [Disaster] should be submitted to the secured state insurance department e-mail at the following address: [Address]. Additionally, the Collective States have outlined below the initial Reporting Guidelines and Reporting Criteria for each phase. Information or data submitted is confidential and shall be disclosed to other state insurance regulators or state and federal regulatory bodies only if necessary to further the requesting entity’s regulatory authority, and only if the entity to whom disclosure is made has the legal authority necessary to protect from disclosure and to otherwise preserve the confidential or privileged nature of the confidential information it receives.

REPORTING GUIDELINES:

PHASE I

Each insurer shall provide the required information beginning at **8:00 AM CT on [Date]**, for the most recent information available. Each insurer’s initial submission shall be completed **not later than 5:00 PM CT on [Date]**. The required information under PHASE I shall continue to be provided on a biweekly basis not later than 5:00 PM CT each [Day], until the insurer receives notice from the Collective States regarding changes to the Reporting Guidelines.

If a company has no exposure in each of the Collective States, under the PHASE I report type, select: *“The Company has no exposure in [State].”* Continue through the end of the Reporting Guidelines process. Once this task has been performed, the company will not need to report again for any phase, unless the company gains direct exposure in one of the Collective States.

If the company has exposure in each of the Collective States, but has not yet received claims as a result of [Disaster], under the PHASE I report type, select: *"The Company has exposure in [State], but has not yet received any claims as a result of [Disaster]."* Continue through the end of the Reporting Guidelines process. Once this task has been performed, the company will not need to report again until the company receives one (1) or more claims during the required reporting timeframe in one of the Collective States.

PHASE II

The required information shall be submitted on a monthly basis, not later than 5:00 PM CT on the fifth (5th) business day of the each month, for the immediately preceding month. Each insurer shall provide the required information beginning at **8:00 AM CT on [Date]**. The first report shall be for the **month of [Month]** and shall be submitted not later than 5:00 PM CT on [Date]. Each submission shall contain the cumulative results experienced by the insurer. If a company has no exposure in one of the Collective States, the company will not need to report for this phase, unless the company gains direct exposure in one of the Collective States.

PHASE III

The required information shall be submitted on a monthly basis, not later than 5:00 PM CT on the fifth (5th) business day of the each month, for the immediately preceding month. Each insurer shall provide the required information beginning at **8:00 AM CT on [Date]**. The first report shall be for the **month of [Month]** and shall be submitted not later than 5:00 PM CT on [Date]. If a company has no exposure in one of the Collective States, the company will not need to report for this phase, unless the company gains direct exposure in one of the Collective States.

REPORTING CRITERIA:

If a company has exposure in each of the Collective States and has received claims as a result of [Disaster], the following information must be submitted on a state-by-state basis for each of the Collective States:

PHASE I

Claims Information for Areas in Which Claims Have Occurred

1. Number of Claims Reported to Date, by County.
2. Number of Claims Determined to be a Total Loss, by County (Total loss is defined as a claim that requires settlement of the maximum amount of insurance on the covered property.).
3. Total Claim Payments to Date, by County (Claim payments include additional living expenses (ALE), business interruption (BI), structure coverage and contents coverage.).

Financial Projections

4. Best Estimate of Expected Gross Loss resulting from the disaster.
5. Projected Net Retention resulting from the disaster (net of all reinsurance, include any state Catastrophe Fund coverage).

PHASE II

The following information should be provided for these specific lines of business:

- Fire
- Allied Lines (excluding Multi-Peril Crop and Federal Flood)
- Homeowners Multi-Peril
- Farmowners Multi-Peril
- Mobile Homeowners
- Commercial Multi-Peril
- Ocean Marine
- Commercial and Personal Auto Physical Damage
- Financial Guaranty
- Earthquake
- Other lines (Inland Marine, Aircraft, Boiler and Machinery)

1. Total number of claims reported to date.
2. Total number of claims determined to be a total loss (Total loss is defined as a claim that requires settlement of the maximum amount of insurance on the covered property.).
3. Total dollar (\$) amount paid to policyholders.
4. Total dollar (\$) amount of claim payments made to date.

The specified lines of business are consistent with those defined by the NAIC's *Property/Casualty Annual Statement Instructions* and detailed in the statutory financial statements of the company.

PHASE III

For the purposes of this report:

- "Adjusted" is defined as a claim that has been evaluated and for which a settlement offer has been made to and accepted by the claimant.
- A "closed claim" is defined as a claim that has been settled, the claimant has received all expected payments, and no additional payments for this claim are expected to be incurred by the insurer.
- Aging should begin with the date the claim was reported.
- For Items 7 through 10, include only claims that are still open or have been reopened, not those claims that have been closed.
- If a claim has been closed and then reopened, do not report it in both categories; report it as an open claim only.

1. Total number of claims reported to date.
2. Total number of claims where the company has made contact with the policyholder.
3. Total number of adjusted claims (includes claims that have been adjusted as a result of desk reviews or on-site examinations).
4. Average number of days to adjust the claims reported in Item 3 above.
5. Number of closed claims where no additional payments to the policyholder are anticipated.
6. The average number of days to close the claims reported in Item 5 above.
7. Number of claims open for less than 30 days.
8. Number of claims open for more than 30 days and less than 60 days.
9. Number of claims open for more than 60 days and less than 90 days.
10. Number of claims open for more than 90 days.

The Collective States' insurance departments will issue further instructions regarding this method of disaster reporting when necessary. If an insurer has any questions regarding submitting information for a company, and/or general questions regarding the Reporting Guidelines or Reporting Criteria, please contact the **NAIC Help Desk at (XXX) XXX-XXXX or e-mail at [address]**. However, if an insurer has concerns with its ability to produce any of the Reporting Criteria, please contact each state in which losses have been incurred at the following:

[State]: [State] Department of Insurance at (XXX) XXX-XXXX or e-mail at [Insdept@insurance.\[state\].gov](mailto:Insdept@insurance.[state].gov)

[State]: Data Collection Unit at (XXX) XXX-XXXX or e-mail at [\[state\]@state.com](mailto:[state]@state.com)

[State]: Actuarial Division at XXX-XXX-XXXX or e-mail at [\[state\]@stateXX.com](mailto:[state]@stateXX.com)

B. Example Collective States Memorandum for Final Reporting

MEMORANDUM

Date: [Date]

To: To All Property and Casualty Insurers Writing Business in Any of the States of [State], [State] and [State]

From: [Name], Commissioner, [State] Department of Insurance
[Name], Commissioner, [State] Office of Insurance Regulation
[Name], Commissioner, [State] Insurance Division

Subject: CHANGE IN [DISASTER] REPORTING REQUIREMENTS

Pursuant to the attached Informational Memorandum (Attachment A), certain information for claims and the financial impact resulting from [Disaster] has been required from all property and casualty insurers transacting direct business in [State], [State] and [State] (“the Collective States”). Information has been collected in three Phases:

- PHASE I:** Claims by Territory and Financial Projections
- PHASE II:** Line of Business Reporting
- PHASE III:** General Claims Adjudication and Aging

Effective immediately, Phase I, II and III reports are to be submitted on a monthly basis, no later than 5:00 CT on the fifth (5th) business day of the month, based upon data for the preceding month end.

The information submitted for the three Phases required under the aforementioned Information Memorandum will continue to be reported until [Date], unless the company/group meets the criteria below:

- Insurer that has closed at least 95 percent of reported claims (“closed” claim is defined as a claim closed with no expected future payments) for a particular state may cease reporting Phases I, II and III for that particular state. Individual reporting insurers meeting this criterion shall make final reports for Phases I, II and III, as of [Date], no later than 5:00 PM CT on [Date].

Please note that any company determined to be a significant percentage of the markets in the Collective States will be required to continue reporting all Phases through [Date]. Companies or groups meeting this criterion will be independently notified. The last reporting for Phases I, II and III, as of [Date], shall be reported no later than 5:00 PM CT on [Date].

Certain states may require additional reporting after this date on a case-by-case basis. If additional reporting is deemed necessary, the state will contact the company directly to request said information.

If an insurer has concerns or questions regarding the aforementioned information, please contact one of the following:

[State]: [State] Department of Insurance at (XXX) XXX-XXXX or e-mail at [Insdept@insurance.\[state\].gov](mailto:Insdept@insurance.[state].gov)

[State]: Data Collection Unit at (XXX) XXX-XXXX or e-mail at [\[state\]@state.com](mailto:[state]@state.com)

[State]: Actuarial Division at XXX-XXX-XXXX or e-mail at [\[state\]@stateXX.com](mailto:[state]@stateXX.com)

C. EXAMPLE CONFIDENTIALITY AGREEMENT BETWEEN HOST STATE AND NAIC

DRAFT

CONFIDENTIALITY AGREEMENT BETWEEN THE [NAME OF STATE] DEPARTMENT OF INSURANCE AND THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS FOR INSURANCE DISASTER REPORTING

This Confidentiality Agreement for Insurance Disaster Reporting (“AGREEMENT”) is entered into on this ___ day of [MONTH, YEAR] by and between the National Association of Insurance Commissioners (“NAIC”) and the [NAME OF STATE] Department of Insurance [DOI].

PURPOSE

The DOI is a member of the NAIC, a non-profit organization whose mission is to assist state insurance regulators in serving the public interest and achieving fundamental insurance regulatory goals. Pursuant to its responsibilities under Section _____, [NAME OF STATE] Statutes, the DOI has issued a data call in coordination with the states of _____ (“AFFECTED STATES”) seeking information regarding claims resulting from [NAME OF DISASTER], and will be issuing a data call in coordination with the AFFECTED STATES regarding claims resulting from [NAME OF DISASTER], for the purpose of determining the financial impact of those claims on the various insurers and the insurance industry as a whole. This AGREEMENT applies to the existing data call and any supplemental or additional data calls seeking information regarding claims resulting from [NAME OF DISASTER].

Section _____, [NAME OF STATE] Statutes, provides for the confidentiality of the information sought by the data call and exempts such information from the requirements of [NAME OF STATE] public records law. Section _____ specifically authorizes the disclosure to the NAIC of such confidential and exempt information and authorizes disclosure to other governmental entities if disclosure is necessary for the performance of their duties and responsibilities.

Disclosure of such confidential and exempt information pursuant to the provisions of Section _____ requires the NAIC or the receiving governmental entity to maintain the confidential and exempt status of the information disclosed. In order to facilitate and coordinate the disclosure of the confidential and exempt information obtained as a result of the data call issued by the DOI in coordination with the AFFECTED STATES, and to provide for the handling, protection and return of such information, the DOI and the NAIC enter into the following confidentiality AGREEMENT.

AGREEMENT

1. The NAIC agrees to protect from disclosure the confidential and exempt information and/or data received by the DOI pursuant to the above referenced data call (“Confidential Information”) and disclosed to the NAIC under this AGREEMENT. The NAIC further agrees to take all actions reasonably necessary to preserve, protect and maintain all privileges or other protections from disclosure related to the Confidential Information. The term “Confidential Information” shall not include any information that is in the public domain, is developed independently by or on behalf of DOI or the NAIC as shown by documentary evidence, or becomes disclosed to DOI or the NAIC by a third party not having an obligation of confidence to either party.
2. The NAIC is specifically authorized to disclose Confidential Information to the AFFECTED STATES subject to the Information Sharing and Confidentiality Agreement previously executed by and between the various states.
3. The NAIC may disclose Confidential Information to other state insurance regulators or state and federal regulatory bodies only if necessary to further the requesting entity’s regulatory authority and only if the entity to whom disclosure is made has the legal authority necessary, and by agreement is obligated, to protect from disclosure and to otherwise preserve the confidential or privileged nature of the Confidential Information it receives. Such disclosure shall occur only as a result of the specific approval of the DOI.

4. The NAIC agrees that the Confidential Information disclosed by the DOI remains the property of the DOI and agrees that it will take no action the effect of which would be to limit, waive or jeopardize any privilege or claim of confidentiality related to the Confidential Information.
5. In the event that the NAIC receives a third-party request for Confidential Information furnished by the DOI pursuant to this AGREEMENT, or in the event that the NAIC is served with a subpoena, motion, order or other process requiring production of such information or testimony related thereto, the NAIC shall:
 - (i) Immediately notify the DOI that such production is being sought and afford the DOI the opportunity to take whatever action it deems appropriate to protect the confidential or privileged nature of the Confidential Information.
 - (ii) Notify the party seeking production of the Confidential Information that it is the property of the DOI.
 - (iii) Use its best efforts to resist production of the Confidential Information to the third party except to the extent that the DOI has consented to such disclosure.
 - (iv) Consent to any application by the DOI to intervene in any action for the purpose of asserting and preserving any privileges, confidentiality rights or other protection from disclosure with respect to the Confidential Information.

It is expressly agreed and understood that if a court of competent jurisdiction issues an order to compel the NAIC to produce Confidential Information covered by this AGREEMENT, the NAIC may comply with such an order. The NAIC agrees to provide prompt notice of the order to compel in order to provide the DOI with an opportunity to file a timely appeal from or otherwise contest the order. No compulsory disclosure to third parties of Confidential Information disclosed under the AGREEMENT shall be deemed a waiver of any privilege, protection from disclosure or other claim of confidentiality.

6. The DOI states that, pursuant to Section _____, it has the legal authority to protect from disclosure the Confidential Information and the legal authority to share that Confidential Information with the NAIC and other state insurance regulators or state and federal regulatory bodies.
7. Nothing in this AGREEMENT shall be construed as a delegation of regulatory or rulemaking authority, nor shall it be construed to restrict the regulatory prerogatives of the DOI in any way.

TERMINATION

This AGREEMENT may be terminated by the DOI upon thirty (30) days written notice. Termination of this AGREEMENT shall not affect the rights and obligations of the NAIC with respect to Confidential Information already shared by the DOI pursuant to the AGREEMENT. In the event of termination of the AGREEMENT, all Confidential Information received hereunder by the NAIC shall be immediately returned to the DOI. The NAIC shall destroy any copies of Confidential Information and shall certify destruction of the same.

**NATIONAL ASSOCIATION
OF INSURANCE COMMISSIONERS**

**[NAME OF STATE]
DEPARTMENT OF INSURANCE REGULATION**

Signature

Signature

Printed Name

Printed Name

Title

Title

D. Possible Florida Data Elements for a Single State Disaster

In the case of a disaster impacting only Florida, information will be requested based upon the following lines of business:

- Personal Residential
 - Homeowners – Owner Occupied (excluding Tenant and Condominium Unit Owners)
 - Homeowners – Condominium Owners
 - Homeowners – Mobile Home
 - Tenants/Renters
 - Dwelling, Fire and Allied Lines
- Commercial Residential
 - Apartment Buildings
 - Condominium Association
 - Homeowners Association
- Commercial Non-Residential
 - Commercial Multi-Peril – Non-Residential
 - Fire & Allied Lines – Non-Residential
 - All other commercial property policies not specified above
- Other Lines Commercial Non-Residential (Ocean Marine, Inland Marine, Aircraft, Boiler and Machinery)
- Commercial and Personal Auto Physical Damage

E. Possible California Data Elements for a Single State Disaster

In the case of a disaster impacting only California, information will be requested based upon the following lines of business:

- Homeowners Multi-Peril
 - Structural
 - Personal Property
 - Other (appurtenant) Structures
 - Additional Living Expenses

F. Definitions and Technical Terms

This section will list any terminology that may need clarification in the Framework.

Ad Hoc Query	Any query that cannot be determined prior to the moment the query is issued. A query that consists of dynamically constructed SQL, which is usually constructed by desktop-resident query tools.
Adjusted	A claim that has been evaluated and for which a settlement offer has been made to and accepted by the claimant.
Administrative Data	In a data warehouse, the data that helps a warehouse administrator manage the warehouse. Examples of administrative data are user profiles and order history data.
Allocated Loss Expense	An expense assigned to and recorded with a specific claim, including defense and investigation costs.
Average Days to Close Claims	The average number of days it takes to make all necessary payments to the claimant and close the claim.
Browser	The generic term for software programs that retrieve, display and print information from the World Wide Web. The most popular browsers are Microsoft Internet Explorer, Netscape Navigator and Mozilla Firefox.
Closed Claim	A claim that has been settled, the claimant has received all expected payments, and no additional payments for this claim are expected to be made by the insurer.
Collective States	Represents the State insurance departments directly affected by a disaster that collectively agree to participate in a coordinated disaster gathering effort.
Data Dictionary	A database about data and database structures. A catalog of all data elements, containing their names, structures and information about their usage. A central location for metadata. Normally, data dictionaries are designed to store a limited set of available metadata, concentrating on the information relating to the data elements, databases, files and programs of implemented systems.
Data Element	The most elementary unit of data that can be identified and described in a dictionary or repository that cannot be subdivided.
Data Extraction Software	Software that reads one or more sources of data and creates a new image of the data.
Data Management Software	Software that converts data into a unified format by taking derived data to create new fields, merging files, summarizing and filtering data; the process of reading data from operational systems. Data Management Software is also known as data extraction software.
Estimated Gross Loss	The sum of direct and assumed losses incurred.
GUI	Stands for Graphical User Interface.
Latency	A time delay between the moment something is initiated and the moment its first effect begins. Data latency is the delay time for data to be updated in a system. When data latency is reduced or eliminated, it is often said to be in "real time."
Lines of Business	See applicable NAIC <i>Annual Statement Instructions</i> for definitions; however, some lines may be further defined by state insurance departments (e.g., Mobile Homeowners).
Meta Data	Meta data is data that expresses the context or relativity of data. Examples of meta data include data element descriptions, data type descriptions, attribute/property descriptions, range/domain descriptions and process/method descriptions. The repository environment encompasses all corporate meta data resources: database catalogs, data dictionaries and navigation services. Meta data includes name, length, valid values and description of a data element. Meta data is stored in a data dictionary and repository. It insulates the data warehouse from changes in the schema of operational systems.
Net Retention	Net retained losses after all reinsurance, include any state and national Catastrophe Fund coverage.
Online Transaction Processing (OLTP)	Describes the requirements for a system that is used in an operational environment. Also refers to computer processing in which the computer responds immediately to

	user requests.
Redundancy	The storage of multiple copies of identical data.
Relational Database	A collection of data items organized as a set of formally described tables from which data can be accessed or reassembled in many different ways without the need to reorganize the database tables.
Role-Based Security	Technology feature used to restrict access to resources (Web services, etc.) to only those users who have been granted a particular security role.
Total Claims Payment – Life	Includes death, accidental death and dismemberment, and disability.
Total Claims Payment – P/C	Includes additional living expenses (ALE), business interruption (BI), structure coverage and contents coverage.
Total Loss Claims	A claim that requires settlement of the maximum amount of insurance on the covered property.
User	A person or process authorized to have access to an information system.
Web Services	Web services are platform-neutral and vendor-independent protocols that enable any form of distributed processing to be performed using Web-based technologies.

G. Commissioner Decision Tree

- In the event of a disaster, determine whether some level of data call would be desired by the state insurance department. It is encouraged that the regulators contact the top insurers that could be impacted by the event and request their input on potential losses, as well as frequency and duration of possible disaster reporting. (Section III, Part A)
- Determine whether the disaster significantly impacted more than one state and whether a coordinated discussion between states directly affected by the disaster is desired. (Section III, Part A)
- If desired, contact NAIC staff to organize a conference call to discuss a potential disaster call for the respective state or collective states. During the conference call(s), determine and then instruct NAIC staff regarding the following (Section III, Part B, C, and D):
 - Identification and selection of insurers to be included in the data call.
 - Selection of reporting phases.
 - Selection of data elements within each reporting phase, including zip code or county information.
 - Frequency and duration of phases within the data call.
- If it is determined that the NAIC can provide assistance, enter into a Confidentiality Agreement Between Host State and NAIC. (Section II, Part B and Appendix C)
- Notify other state insurance departments regarding data call. (Section IV, Part D)
- Enter into Confidentiality Agreements between Host State and other State Insurance Departments desiring data call information. (Section II, Part B and D)
- Create and approve Notification Memorandum to Initiate Reporting (as well as any required statutory bulletin). (Section IV, Part A and Appendix A)
- Throughout the data call, communicate with other state insurance departments and reassess frequency and duration. Release new or updated Memorandums as necessary. (Section IV, Part C and D, Section V, and Section VI)
- Create and approve Notification Memorandum for Final Reporting (Section IV, Part C and Appendix B)



National Association of Insurance Commissioners

Headquartered in Kansas City, Mo., the National Association of Insurance Commissioners (NAIC) is a voluntary organization of the chief insurance regulatory officials of the 50 states, the District of Columbia and five U.S. territories. The NAIC's overriding objective is to assist state insurance regulators in protecting consumers and helping maintain the financial stability of the insurance industry by offering financial, actuarial, legal, computer, research, market conduct and economic expertise.

Formed in 1871, the NAIC is the oldest association of state officials. For more than 135 years, state-based insurance supervision has served the needs of consumers, industry and the business of insurance at-large by ensuring hands-on, frontline protection for consumers, while providing insurers the uniform platforms and coordinated systems they need to compete effectively in an ever-changing marketplace.

For more information, visit www.naic.org.



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