

IMPORTANT Y2K BULLETIN

COMMISSIONER'S BULLETIN NO. B-0059-99

DATE: December 3, 1999

TO: President, All Insurance *Companies Licensed in Texas
*Companies that do not file financial statements with the National
Association of Insurance Commissioners

RE: Post-Year 2000 Reporting Requirements
and Performing Data Archives

This notice is to advise you of two requirements regarding the year 2000 date change, specifically, post-year 2000 reporting requirements and performing back-ups of critical computer files.

Post-Year 2000 Reporting Requirements

In order to gain an early assessment of the effects of the year 2000 date change on insurance companies licensed in this State, I am instituting the following Y2K reporting requirements covering the period from December 31, 1999 through January 5, 2000, and subsequent periods pursuant to Texas Insurance Code Article 1.15 and §38.001 (formerly article 1.24).

The information requested is confidential and not subject to disclosure under open records law pursuant to Texas Insurance Code art. 1.15 §9 and §38.001(d), except as otherwise permitted by the laws of the State of Texas.

- A completed version of the enclosed survey form shall be faxed to Ms. Yolanda Kirkland, at (512) 322-5082. Ms. Kirkland's mailing address and telephone number are as follows: Texas Department of Insurance, Financial Monitoring, Mail Code 303-1A, P. O. Box 149104, Austin, Texas 78714-9104, (512) 322-4399.
- Completed survey forms shall be filed with the Texas Department of Insurance no later than 8:00 p.m. Eastern Standard Time on or before January 5, 2000, with subsequent updates to be filed on or before February 3, 2000 and April 5, 2000. The same survey form should be used for all three filings; please indicate the applicable date with each filing.
- Insurance companies which are members of a holding company with at least one other insurance company, or an insurance group, shall complete the enclosed survey either on a group basis or on an individual entity basis.

- Insurance companies, which are *not* members of a holding company or an insurance group, shall complete the survey on an individual entity basis.

The information provided to TDI will be quickly analyzed, summarized and made available to this department, and other insurance regulators, to aid in post-Y2K review efforts. The information you submit will be kept confidential pursuant to Texas Insurance Code art. 1.15 §9 and §38.001(d) and the NAIC Year 2000 Information Sharing and Confidentiality Agreement and will be released *only* to state insurance regulators or as otherwise permitted by the laws of the State of Texas. Summary statistics will be developed and shared with federal and international regulators on the general state of the U.S. insurance industry. Similar type statistics will be used to respond to media inquiries and to provide other media communications.

Performing Data Archives

As a matter of prudent management, many insurance companies have taken steps to ensure that data files critical to the on-going operations are archived before and after December 31, 1999. In the event this issue was not fully considered in your company's Year 2000 contingency plan, I am hereby directing the company to secure data archives of all financial, claims, policy administration, sales and all other critical information beginning immediately and through the first quarter of the year 2000.

Required Acknowledgement

In order to monitor compliance with this bulletin, I am also instituting a requirement for the completion of the enclosed Y2K Acknowledgement Form (the last page of this package) which shall be filed no later than December 15, 1999 at the designated location on the Texas Department of Insurance website address at http://www.tdi.state.tx.us/company/fm_y2k.html. Responses may also be sent via facsimile to Ms. Yolanda Kirkland in the Financial Monitoring Activity at (512)322-5082.

If you have any questions regarding these two matters, please contact Betty Patterson, Senior Associate Commissioner of the Financial Program at (512) 322-5040 or Yolanda Kirkland, in the Financial Monitoring Activity, at (512) 322-4399. Questions may be e-mailed to Yolanda_Kirkland@tdi.state.tx.us.

Jose Montemayor
Commissioner of Insurance

Report date: _____ Jan. 5, 2000
 _____ Feb. 3, 2000
 _____ Apr. 5, 2000

Year 2000 Century Rollover Survey
 For the Insurance Industry

Please complete the following chart with name(s) for all companies covered by this filing:

	Insurer Name	State of Domicile
Group Name		N/A
Lead Insurance Co. ¹		
Affiliate # 1		
Affiliate # 2		
Affiliate # 3		
Affiliate # 4		
Affiliate # 5		
Affiliate # 6		
Affiliate # 7		
Affiliate # 8		

Instructions:

Purpose - This survey is intended to gather information about your companies' ability to do business during the first business days and months of the year 2000. In order to reduce the reporting burden on the industry during this critical period, this survey is intended to gather information on your group of companies, including specific companies where problems may exist.

Filing Instructions –In accordance with state insurance department administrative directive(s), the response to this survey shall be filed with the Texas Department of Insurance no later than 8 p.m. Eastern Standard Time on Wednesday January 5, 2000. You are encouraged to report earlier than Jan. 5, 2000 if feasible. This same survey shall be subsequently filed on February 3, 2000 and April 5, 2000. Responses to this survey should be sent via facsimile to Yolanda Kirkland, in the Financial Monitoring Activity, at (512) 322-5082.

¹ Lead Insurance Company – Means parent insurance company or, in instances where there is no parent insurance company, the largest insurance subsidiary in the group based on premium writings.

General

- All members of the group (or the company if a single company filing) have resumed normal business operations as of the date of this filing.
True_____ False_____
- The group's (or the company's if a single company filing) century rollover plan has not caused any significant setbacks. For purposes of this question, significant setbacks include any unplanned interruptions to business processes, services to customers or unanticipated personnel resource allocations.
True_____ False_____
- The group's first business day of the year 2000 was:
1/3/2000_____ 1/4/2000_____ Other_____
- Regulators with questions regarding this survey response may direct their inquiries to:
Name _____ Facsimile _____
Title _____ E-mail address _____
Telephone _____

Please use the following codes to designate mission critical systems for completion of the remainder of this survey:

- Premiums (Code P)
- Claims (Code C)
- Investments (Code I)
- Reinsurance (Code R)
- Policyholder Services (Code S)
- Other (Code O)

Mission Critical Systems

- In transaction processing (operational or test environment) subsequent to 12-31-1999, the group has not encountered significant problems with respect to mission critical systems (for purposes of this question, significant problems mean problems that will cause Year 2000 contingency processing plans to be implemented).
True_____ False_____

If False, please list below the Company name and mission critical system codes where significant problems have been identified.

Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
 Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
 Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
 Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____

Please list below the names of "Other" mission critical systems identified as having significant problems.

- _____
- _____
- _____
- _____

Contingency Plans

- It will not be necessary to implement any contingency or business continuity plans with respect to the continued operation of mission critical systems.
True_____ False_____

If False, contingency plans have been or are planned to be implemented with respect to the following mission critical systems:

Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
 Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
 Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
 Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____

Please list below the names of "Other" mission critical systems for which related contingency plans will be implemented.

1. _____ 2. _____
3. _____ 4. _____

7. If the answer to question No. 6 is False, respond to the following. The group has not experienced and does not anticipate experiencing significant problems implementing its contingency plans.

True _____ False _____ Don't Know _____

If False, problems have been encountered or are expected to be encountered with respect to contingency plans relating to the following mission critical systems:

Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____

Please list below the names of "Other" mission critical systems for which related contingency plans are experiencing or may experience problems.

1. _____ 2. _____
3. _____ 4. _____

Vendors, Service Providers, Etc.

8. With respect to vendors, service providers or other third parties (e.g. utilities, banks, telecommunications providers, hardware and software vendors, transfer agents, etc.), the group has not experienced and does not anticipate experiencing significant problems.

True _____ False _____ Don't Know _____

If False, problems have been encountered or are expected to be encountered with respect to vendors, service providers, or other third parties that affect the following mission critical systems:

Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____

Please list below the names of "Other" mission critical systems adversely affected by vendors, service providers or other third parties.

1. _____ 2. _____
3. _____ 4. _____

9. If the response to question No. 8 is False, respond to the following. Subsequent to 12/31/99, the group has contacted key vendors, service providers or other third parties to determine their readiness for business in 2000.

True _____ False _____

Business Partners

10. With respect to business partners that provide policyholder services (e.g., TPA's, MGA's, MGU's, agents, brokers, etc.), the group has not experienced and does not anticipate experiencing significant problems:

True _____ False _____ Don't Know _____

If False, problems have been encountered or are expected to be encountered with respect to business partners that provide policyholder services that affect the following mission critical systems:

Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____
Company Name _____ System Code(s) _____, _____, _____, _____, _____, _____

Please list below the names of "Other" mission critical systems adversely affected by business partners.

1. _____ 2. _____
3. _____ 4. _____

11. If the response to question No. 10 is False, respond to the following. Subsequent to 12/31/99, the group has contacted key business partners that provide policyholder services to determine their readiness for business in 2000.

True_____ False_____