

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.scc.virginia.gov>

STATE CORPORATION COMMISSION BUREAU OF INSURANCE

October 21, 2002

Administrative Letter 2002-13

TO: All domestic companies licensed as insurers in accordance with Chapter 10 or otherwise licensed, registered, listed or approved pursuant to Chapter 12, 26, 27, 42, 43, 44, 45, 46 or 51 of Title 38.2 of the Code of Virginia.

RE: Insurer Affiliation Survey

The purpose of this administrative letter is to request domestic insurers and others to participate in a survey to identify insurance underwriters that are affiliated with banks and securities firms.

The survey, which was developed by the National Association of Insurance Commissioners' ("NAIC") Coordinating with Federal Regulators Working Group, conforms to an Annual Statement Interrogatory (Interrogatory) that will be effective in 2003. This Interrogatory is designed to capture information on affiliations between insurance underwriters and financial services companies. The Interrogatory will be used to update the information compiled from this initial survey, which will be made available to state insurance regulators and federal financial services agencies.

The NAIC is providing services to facilitate the data collection effort. A copy of the survey may be accessed via the Internet at: <http://www.naic.org/servlet/FSAffiliatesSu630>. A copy of the survey is also attached. The survey should be completed and submitted electronically to the NAIC, and a hard copy of the completed survey should be submitted to the Bureau of Insurance by **October 31, 2002**.

Administrative Letter 2002-13
October 21, 2002
Page 2

Questions concerning this administrative letter and submission of hard copies of the completed survey should be directed to:

Edward J. Buyalos, Jr.
Financial Regulation Division, Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, VA 23218
(804) 371-9605

Sincerely,

A handwritten signature in cursive script, appearing to read "Alfred W. Gross".

Alfred W. Gross
Commissioner of Insurance

Enclosure

/rpm:2002-13



National Association of Insurance Comrr

NAIC FS Questionnaire on Insurer Affiliation

The following questionnaire was developed to identify insurers that are affiliated with banks, thrifts, and securities firms and the regulators of those non-insurer affiliates. Please answer all questions.

Provide Group Name:

Provide NAIC Group Code Number:

Provide NAIC Company Code Number:

1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

- YES
- NO

If you answered "yes" to question 1, please identify the name of the bank holding company:

2. Is the company affiliated with one or more banks, thrifts, or securities firms?

- YES
- NO

If you answered "yes" to question 2, please fill in the name and information for each affiliate and click on the down arrow to select the primary federal regulator. You can enter up to 25 affiliates. If you answered "no" to question 2 please proceed to question 3

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB) [v]

Name of the Affiliate:

[]

City of Main Post Office of Affiliate:

[]

State of Main Post Office of Affiliate:

[]

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB) [v]

Name of the Affiliate:

[]

City of Main Post Office of Affiliate:

[]

State of Main Post Office of Affiliate:

[]

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB) [v]

Name of the Affiliate:

[]

City of Main Post Office of Affiliate:

[]

State of Main Post Office of Affiliate:

[]

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB) [v]

Name of the Affiliate:

[]

City of Main Post Office of Affiliate:

[]

State of Main Post Office of Affiliate:

[]

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB) [v]

Name of the Affiliate:

[]

City of Main Post Office of Affiliate:

[]

State of Main Post Office of Affiliate:

[]

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB) [v]

Name of the Affiliate:

[]

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB)

Name of the Affiliate:

City of Main Post Office of Affiliate:

State of Main Post Office of Affiliate:

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB) [dropdown arrow]

Name of the Affiliate:

[text input field]

City of Main Post Office of Affiliate:

[text input field]

State of Main Post Office of Affiliate:

[text input field]

Identify the affiliate's primary federal regulator:

Federal Reserve Board (FRB) [dropdown arrow]

If more than 25 affiliates, please provide your name, e-mail address, and phone number so that we can contact you to acquire those additional names:

[text input field]

3. Does the company have marketing arrangements with one or more financial institution?

YES

NO

If yes, please provide the name(s) of each financial institution and the lines of insurance that are marketed under the arrangement with such institution. Use a new field for each financial institution. If no, please proceed to the end of the survey and submit the form.

Name of Financial Institution:

[text input field]

Property Casualty Life Annuity Health Other

If other, please specify:

[text input field]

Name of Financial Institution:

[text input field]

Property Casualty Life Annuity Health Other

If other, please specify:

[text input field]

Name of Financial Institution:

[text input field]

Property Casualty Life Annuity Health Other

If other, please specify:

[text input field]

Name of Financial Institution:

[text input field]

Property Casualty Life Annuity Health Other

If other, please specify:

[text input field]

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution: _____
 Property Casualty Life Annuity Health Other
If other, please specify: _____

Name of Financial Institution:

Property Casualty Life Annuity