

## Capital Adequacy (E) Task Force

### RBC Proposal Form

- |   |  |   |
|---|--|---|
| <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 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 |

<b>DATE:</b> <u>3/24/25</u>		<b>FOR NAIC USE ONLY</b>	
<b>CONTACT PERSON:</b> <u>Eva Yeung</u>		Agenda Item # <u>2025-06-CR</u>	
<b>TELEPHONE:</b> <u>816-783-8407</u>		Year <u>2025</u>	
<b>EMAIL ADDRESS:</b> <u>eyeung@naic.org</u>		<b>DISPOSITION</b>	
<b>ON BEHALF OF:</b> <u>Catastrophe Risk (E) Subgroup</u>		<b>ADOPTED:</b>	
<b>NAME:</b> <u>Wanchin Chou</u>		<input checked="" type="checkbox"/> TASK FORCE (TF) <u>5/15/25</u>	
<b>TITLE:</b> <u>Chair</u>		<input checked="" type="checkbox"/> WORKING GROUP (WG) <u>5/2/25</u>	
<b>AFFILIATION:</b> <u>Connecticut Department of Insurance</u>		<input type="checkbox"/> SUBGROUP (SG) _____	
<b>ADDRESS:</b> <u>153 Market St., Hartford CT 06103</u>		<b>EXPOSED:</b>	
		<input type="checkbox"/> TASK FORCE (TF) _____	
		<input checked="" type="checkbox"/> WORKING GROUP (WG) <u>3/24/25</u>	
		<input checked="" type="checkbox"/> SUBGROUP (SG) <u>3/24/25</u>	
		<b>REJECTED:</b>	
		<input type="checkbox"/> TF <input type="checkbox"/> WG <input type="checkbox"/> SG _____	
		<b>OTHER:</b>	
		<input type="checkbox"/> DEFERRED TO _____	
		<input type="checkbox"/> REFERRED TO OTHER NAIC GROUP _____	
		<input type="checkbox"/> (SPECIFY) _____	

#### IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

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

To clarify the information companies provided should reflect in annual basis.

**Additional Staff Comments:**

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

**Revised 2-2023**

**DISCLOSURE OF CLIMATE CONDITIONED CAT EXPOSURE**  
**PR027BI, PR027BII, PR027BIII, PR027BIV, PR027CI, PR027CII, PR027CIII, PR027CIV**

These disclosures aim at collecting the impact of climate related risks on the modeled losses for the perils of hurricane and wildfire that have been used in PR027B and PR027C respectively. These disclosures will be effective for YE 2024, YE 2025 and YE 2026 reporting. The intent of these disclosures is for informational purposes only and not to determine a new RCAT charge. The information provided should reflect the annual loss dollars for the given reporting year.



Detail Eliminated To Conserve Space

