

# I. GENERAL RULES SECTION

## IMPORTANT NOTICE:

Every NEWLY ADMITTED licensed insurer, currently doing business in the state of California that sold Slavery Era insurance policies, either directly, or through a predecessor corporation, which policies were in effect prior to 1865 must submit a report, whether the sale occurred before or after the insurer and the predecessor company became related. If the insurer states that it has no actual policies or names to report because the records are no longer in the possession of the insurer or its related company(ies), or because it has no such records, it shall provide a complete explanation of that statement. Insurers reporting no policies must still comply with the remaining provisions of CCR Section 2393 *et seq.*

### A. EXPERIENCE PERIOD:

The insurer shall report the required information regarding insurance policies sold directly, or through a predecessor company, during the Slavery Era, which were issued or written prior to 1865.

### B. REPORTING DUE DATE:

1. Reports, whether or not they contain data (Slavery Era policies, names of slaves, names of slaveholders) must be submitted to the Department of Insurance no later than forty-five (45) days from the date of the **Notice**.

Any insurer submitting a report pursuant to Section 2397 of these regulations, indicating that it has information responsive to the relevant statute and these regulations which has not been provided, must inform the Department as to the reason that the required information has not been provided and when the required information will be submitted. Insurers that fail to submit the information required herein within forty-five (45) days from the date of the notice must submit progress reports on the first day of every other month thereafter until the required information has been submitted. The progress reports shall contain an updated research methodology as required in Section 2397 of these regulations. In any event, all required information must be submitted no later than one hundred and twenty (120) days from the date of the notice.

### C. METHOD OF REPORTING (see Section II and III):

Reports and insurance policy records shall be submitted on paper (two copies). The lists of the names of slaves and the names of slaveholders shall be submitted on paper (two copies) and in an electronic format submitted on 3½" IBM compatible diskette(s). Reports and lists shall be mailed to the Department of Insurance. Faxed reports will not be accepted.

## I. GENERAL RULES (Continued)

### D. PENALTIES AND CHARGES:

The insurer's failure to submit its experience by the due dates will be considered as non-compliant with Section 700(c) of the California Insurance Code and any additional sections that the Commissioner finds applicable.

### E. COMMUNICATIONS:

Questions should be directed to:

Insurance Regulation/Compliance Questions

Leslie Tick (415) 538-4190

Senior Staff Counsel

E-Mail TICKL@insurance.ca.gov

Data Processing/Programming Questions

Luciano Gobbo (213) 346-6308

E-Mail GOBBOL@insurance.ca.gov

Reports and lists shall be mailed to the address listed below:

**Slavery Era Insurance Registry  
California Department of Insurance  
45 Fremont Street, 21<sup>st</sup> Floor  
San Francisco, CA 94105**

## II. REPORT FORMAT SECTION

A consolidated report may be submitted by the reporting insurer's holding company on behalf of all members of the holding company required to file a report. A consolidated report shall designate one insurer as the reporting insurer for purposes of compliance with California Code of Regulations (CCR) Title 10 Sections 2393 through 2398 and shall specify which insurers are included in the report. Insurers that choose to file a consolidated report must comply with all other requirements of these regulations.

The report shall be submitted on letterhead of the reporting insurer, dated, signed and verified as provided in CCR Title 10 Section 2396 by an officer of the insurer who has authority to bind the insurer, with paragraphs numbered as follows:

(1) Insurer Identification

This paragraph shall state the name, address, telephone number, fax number, e-mail address, NAIC number and website URL for the main office of the insurer making the report.

If submitting a consolidated report, specify the names of the company and their NAIC codes for all insurers included in this report.

(2) Contact Person

This paragraph shall state the name, address, telephone number, fax number and e-mail address for the insurer's Contact Person.

(3) Research Methodology

This section of the report shall contain the following information:

A description of the methods employed by the insurer to identify and compile the records and information that are responsive to this regulation. This section shall include a description of the research which was conducted at the insurer's own facility as well as a description of research which was conducted at other facilities known to the insurer, if any. If the insurer has found no data responsive to this statute, it shall so state.

(4) Names of Slaves

The insurers shall submit information regarding the names of slaves alphabetically as follows: last name, first name, name of slaveholder, beneficiary and/or policyholder, county (or parish), state, any other identifying information. It is the insurers' responsibility to compile the information required herein.

(5) Names of Slaveholders

The insurers shall submit the information regarding the names of slaveholders, alphabetically as follows: last name, first name, county (or parish), state, any other identifying information. It is the insurers' responsibility to compile the information required herein.

(6) Policy Information

The insurer shall provide copies of all records regarding insurance policies issued to slaveholders that provided coverage for damage to or death of slaves. If these records are in any language other than English, the insurer shall provide a copy of the document together with a certified translation.

### III. ELECTRONIC REPORTING SECTION

#### 1. **ACCESSING ELECTRONIC REPORTING FILE:**

This section provides the instructions for reporting information on Company Information, Slaves and Slaveholders in a Microsoft Excel workbook file (**SEIR.xls**).

- a) **To retrieve** the Microsoft Excel workbook file (**SEIR.xls**) and appropriate information from the California Department of Insurance's web site - go to the Department of Insurance web site at <http://www.insurance.ca.gov> and follow the instructions set forth in the **Notice** that was mailed to your company to comply with this code.
- b) **System Requirement**
  - ◆ Microsoft Excel 97 or higher.
  - ◆ The transmittal forms will only run on Microsoft Excel 97 or higher version.
  - ◆ Internet Explorer Version 5 or Netscape Navigator.
  - ◆ If you are experiencing difficulty in opening the transmittal file, please contact Luciano Gobbo at (213) 346-6308.
- c) **Opening File**

From the Slavery Era Insurance Registry webpage, click on *Electronic Reporting* link to bring up the Excel workbook (**SEIR.xls**).

#### **Using Netscape Navigator**

- ◆ A message will be displayed . . .
- ◆ Select SAVE FILE or SAVE TO A DISK and indicate destination where you would like to save your file.
- ◆ Under file name, type *SEIR* and select SAVE.
- ◆ Go to Step 2 "Entering Data on Electronic file".

#### **Using Microsoft Internet Explorer (Version 5 or higher)**

- ◆ From the menu bar select FILE.
- ◆ Select SAVE AS.
- ◆ Indicate destination where you would like to save your file. (This file can be saved to a local drive or diskette).
- ◆ Under file name, type *SEIR* and select SAVE.
- ◆ Exit Microsoft Internet Explorer.
- ◆ Go to Step 2 "Entering Data on Electronic file".

#### 2. **ENTERING DATA ON ELECTRONIC FILE:**

- ◆ Using Microsoft Excel 97 or higher, open the SEIR file you have just saved.
- ◆ The Excel workbook will contain 3 worksheets.
- ◆ To select the forms (worksheets), click on the tabs on the lower left corner of the page.
- ◆ Begin entering data by typing information in the appropriate cells. Move from cell to cell using the arrow keys.

#### 3. **SAVING THE FILE:**

When finished entering data, save the data input by selecting FILE and SAVE from the menu.

#### 4. **PRINTING:**

Select FILE and PRINT from the menu in each worksheet to print.

#### 5. **SENDING THE FILE:**

When finished, save the file on a 3½" IBM compatible diskette.

### III. ELECTRONIC REPORTING (Continued)

#### **LAYOUT FOR ELECTRONIC REPORTING**

##### **A. COMPANY INFORMATION**

Company information form should accompany the company's data submission.

<i>Field</i>	<i>Description</i>
1.	Insert company or group code as designated by NAIC.
2.	Complete company or group name and mailing address.
3.	Enter the information of the company's contact person.
4.	If possible, indicate a technical contact person who can directly answer questions regarding the data submission.
5.	If submitting data as a group, provide a listing of the NAIC codes and names of member companies included in the submission.

##### **B. NAMES OF SLAVES**

Insurer shall provide information of the slaves alphabetically.

<i>Field</i>	<i>Description</i>
1.	ID number Enter the equivalent slaveholder ID number for each record. This ID number should link with the related SLAVEHOLDER record.
2.	Slave's Last Name Enter the last name of the slave.
3.	Slave's First Name Enter the first name of the slave.
4.	Slave's County (or Parish) Enter the county (or parish) of the slave at the time the policy was issued. The information provided shall be the most complete information that the insurer has.
5.	Slave's State Enter the state of the slave at the time the policy was issued. The information provided shall be the most complete information that the insurer has.
6.	Any Other Identifying Information Enter any other information associated with the slave.

### III. ELECTRONIC REPORTING (Continued)

#### C. NAMES OF SLAVEHOLDERS, BENEFICIARIES, OR POLICYHOLDERS

Insurer shall provide, as appropriate, information of the slaveholders, beneficiaries and/or policyholders alphabetically.

<i>Field</i>	<i>Description</i>
1.	ID number Enter a <b>unique</b> ID number for each record. This should be developed/generated by the company in order to link with the SLAVE record(s) that corresponds to this slaveholder record. <b>NO TWO ID numbers can be the same.</b>
2.	Slaveholder's, Beneficiary's or Policyholder's Last Name Enter the last name of the slaveholder, beneficiary or policyholder.
3.	Slaveholder's, Beneficiary's or Policyholder's First Name Enter the first name of the slaveholder, beneficiary or policyholder.
4.	Slaveholder's, Beneficiary's or Policyholder's County (or Parish) Enter the county (or parish) of residence and/or business location of the slaveholder, beneficiary or policyholder at the time the policy was issued. The information provided shall be the most complete information that the insurer has and shall list each county or parish that can be identified.
5.	Slaveholder's, Beneficiary's, or Policyholder's State Enter the state of residence and/or business location of the slaveholder, beneficiary or policyholder's at the time the policy was issued. The information provided shall be the most complete information that the insurer has and shall list the primary place of residence or business location, if the primary location can be determined.
6.	Any Other Identifying Information Enter any other information associated with the slaveholder, beneficiary or policyholder, including, but not limited to all locations of business(es) or residence(es) outside of the United States.