



**Aite**Novarica

FEBRUARY 2023

# LIFE/ANNUITY/BENEFITS POLICY ADMINISTRATION SYSTEMS

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IMPACT REPORT

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## INTRODUCTION

This report provides an overview of the current solution provider marketplace for policy administration system (PAS) solutions for life/annuity/benefits (L/A/B) insurers. It is designed to assist insurers with drawing up shortlists of potential providers based on vendor market position and offering details. In order to be considered for this report, solution providers must be active in the North American market and have at least one live client and/or implementation in the U.S.

## METHODOLOGY

The solution provider profiles included within Aite-Novarica Group vendor analysis reports do not provide subjective analyses of vendor solutions. The reports are based on direct responses to a universal request for information (RFI) distributed by Aite-Novarica Group, technical discussions with each vendor to verify the RFI responses, and subsequent follow-ups with the vendors to validate and confirm responses.

The RFI covers details of the organization, technology stack, client base, and key functionality. Profiles also include a summary of key differentiators, supported lines of business, deployment options, implementation approaches, and how vendors handle upgrades/enhancements. The profiles feature vendor-provided screenshots of the products when available. They also include charts and comparison tables to provide comprehensive information about solution and component capabilities.

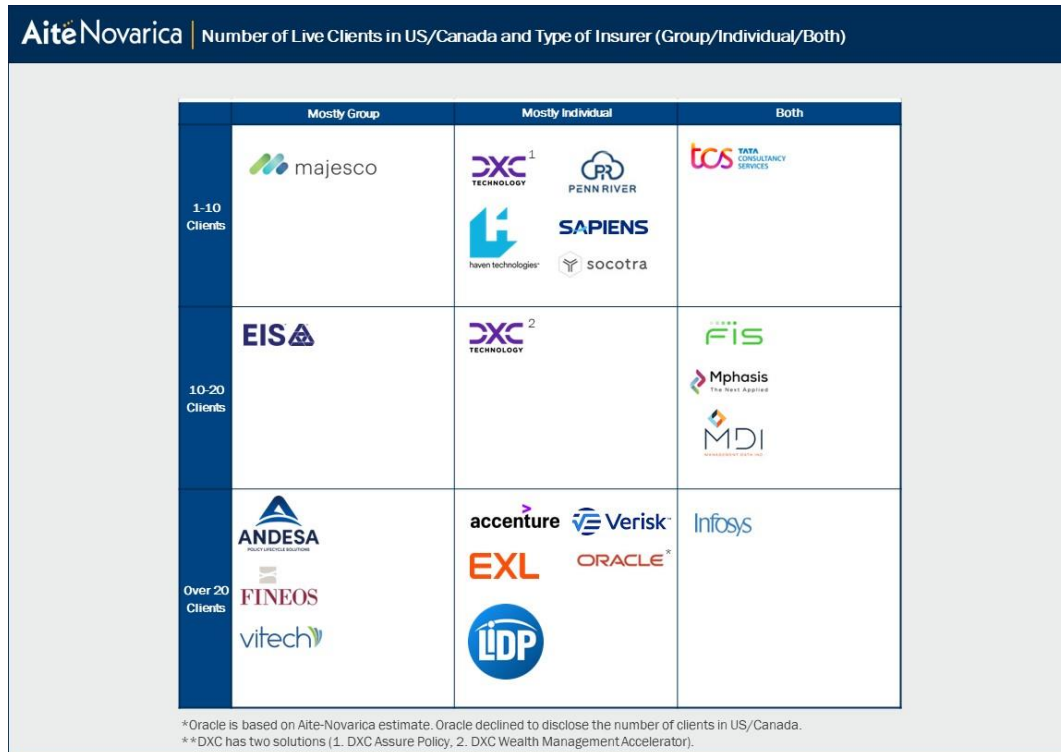
These reports do not render judgment; an insurer's specific situation and needs will determine the fit with potential vendors. Aite-Novarica Group provides these types of advisory consultations to more than 150 insurer clients through its retained advisory services.

## AITE-NOVARICA GROUP VENDOR GRAPHIC

The Aite-Novarica Group vendor graphic is designed to provide an overview of the vendors in a particular market space. The Aite-Novarica Group vendor graphic provides a visual mapping of solution providers positioned in a three-by-three matrix that indicates the type of insurer they commonly serve and the number of live clients in the U.S. or Canada.

Within each section of the map, company logos are listed alphabetically. Further details are available in the profiles of each solution. In this map, solution providers that serve primarily clients who use the solution mostly in group products are represented in the left column, those that primarily serve clients who use the solution mostly in individual products in the middle column, and those that serve both sectors essentially equally are in the right column. Those in the top row have the smallest number of live clients, while those in the bottom row have the largest (Figure 1).

FIGURE 1: L/A/B POLICY ADMINISTRATION SYSTEMS 2023



## MARKET OVERVIEW

Interest in PAS replacement remains strong at life and annuity insurers. PAS replacement was one of the high priorities noted in a recent Aite-Novarica Group report: 44% of large and 66% of midsize L/A/B insurers reported plans to start or continue replacement projects in 2023, or make major enhancements to their policy capabilities.<sup>1</sup>

Despite this activity, insurers continue to find it difficult to justify the costs and risks associated with core systems replacement. The impact of the COVID-19 pandemic on these projects remains unclear. The pandemic has certainly exposed a range of risks and challenges associated with aging technology environments that could impact future state investment strategies. It has also highlighted the needs and expectations of agents and customers for an effective, seamless digital experience.

## BEYOND COST REDUCTION

Aite-Novarica Group research indicates that the replacement timeline and implementation costs are trending toward faster and less costly options. These options tend to focus less on complete replacements of existing environments with a focus instead on specific functions, market segments, or other forms of targeted deployments. Even so, insurers are looking to benefits beyond cost reduction to justify replacement projects. These other benefits include improvements to data transparency, speed to market, and workflow, along with reduced maintenance and operations.

Insurers see core system replacement as important to customer experience, business intelligence and analytics, and product innovation. Insurers are increasingly looking to stand up new environments for new product or market opportunities, allowing solutions to complement legacy environments and enable phased evolutions toward modernized core ecosystems.

Many insurers also implement new PAS environments to support greenfield operations, allowing for more rapid support of new products, distribution channels, and marketing strategies. Business leaders are increasing requests for technology leaders to address these capabilities, even though their hard business benefits can be difficult to quantify.

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<sup>1</sup> See Aite-Novarica Group's report Life/Annuity/Benefits Insurer IT Budgets and Projects 2023, January 2023.

With long-liability tail businesses such as individual life insurance and annuities, insurers are willing to pursue deployments without plans to convert blocks of legacy business, leading to alternative approaches to bifurcating a line of business. This creates a range of different issues for insurers to consider, including what to do with the old (e.g., mainframe-based) blocks and what their scalability targets are. It can also create an opportunity for more rapid deployment of new options.

## VENDOR TRENDS

Vendors for L/A/B policy administration systems, like their property and casualty (P/C) counterparts, are offering more implementation options to lower risk and cost. Many vendors are improving capabilities for hosted/Software-as-a-Service (SaaS)-based implementation, an alternative of growing importance to a range of insurers seeking to transition from capital-expenditure-driven to operational-expenditure-driven environments.

The industry's initial gradual acceptance of cloud and SaaS implementations for core systems has evolved into insurer preference for hosted options. Insurers are increasingly embracing cloud hosting for core systems with a view that the data center business is not a core competency for carriers. Almost all vendors now provide a hosted subscription model, though most existing clients still use on-premises installations to support legacy blocks of business. Insurers are more willing to allow deployments in true cloud-based environments, avoiding some of the cost and complexity of implementation in company-owned data centers while accelerating deployments.

Vendors are providing more componentized, stand-alone capabilities for areas such as new business/underwriting, billing, and claims. This modular approach appeals to larger insurers because it consolidates solutions for one functional area while implementing a risk-mitigation strategy for eventual, phased, full PAS replacements. Smaller carriers are more apt to adopt an end-to-end, single-vendor solution for ease of implementation and ongoing management.

Another emerging trend is solutions that provide microservices via web services, enabling insurers to access policy administration functions and data for new applications or integrations.

## PRIMARY FACTORS FOR CORE REPLACEMENT

Insurers are replacing core systems at an increasing clip. Much of this activity is driven by market dynamics and changing customer expectations. The following are the primary factors driving the core systems replacement trend.

### Flexibility and Speed to Market

The insurance marketplace is competitive; insurers need to have products available to consumers and their distribution network ahead of their competitors. Insurers want to improve speed to market for new products and enhance product capabilities for new market demands and shifting consumer preferences.

In addition, the need for insurers to respond quickly to regulatory changes (e.g., Internal Revenue Code section 7702) highlights the necessity of greater flexibility in the future.

### Laws and Regulations

Department of Labor (DOL) fiduciary rule changes have been replaced with various regulations at the state level (e.g., [NY Reg 187](#)) that focus on client best interests and create training and supervisory responsibilities for insurers. Despite some back-and-forth, the NY Regulation 187 was eventually upheld and found constitutional. SEC rules have complemented these state-level regulations in some instances.

Responding to these developments has leveraged much of the work originally framed for the DOL rules. Still, insurers need to prepare for continuing regulatory changes in this space. In the year ahead, shifts are likely in product features, compensation elements, and the tools required to continue expanding self-service capabilities while simplifying solutions to conform to the evolving retirement solution landscape. Insurers should remain mindful of regulatory changes and prepare to respond accordingly.

### Customer, Agent, and Producer Experience

Customer experience and understanding the complete customer journey has become an increasingly important driver as insurers consider new systems, including core policy administration. Better customer and agent experience with system usability, 24/7 access to data, and system flexibility for new communication channels require modern architectures and capabilities.

Banks, investment companies, and, increasingly, P/C insurers have implemented systems to meet customer requirements for information access. L/A/B insurers have lagged, though many now recognize that aging legacy systems challenge their ability to meet customer expectations. Legacy environments can create resource and cost issues for insurers, but the conversion models they deploy in short-liability businesses need modification to avoid increasing costs and risk.

### Generational Shifts

Insurers face an aging workforce among top producers in their distribution network. As baby boomers retire, insurers will need to prepare for a world with far fewer agents, using significantly better technology to manage much bigger books of business.

Producer experience and the ability to turn data from record-keeping systems and related environments into actionable information will likely be a competitive differentiator for insurers during the current planning horizon. Putting tools in the hands of consumers who want to do research before engaging an agent as a trusted advisor will be important in the future as well. Younger generations are more likely to do their own research before considering a discussion with an agent. Supporting this approach of an assisted sale will pay dividends in the future.

Legacy system constraints and processes with incomplete digital support are among the issues insurers have grappled with as the world moves to remote and hybrid working models. Recruiting a new generation of talent and allowing them the flexibility to work in the office or at home is a challenge with legacy systems. Usability and information accessibility issues of legacy systems will continue to hinder the ability of insurers to attract captive agents and employees and expand business with independent agents.

New generations of business and IT associates will not be willing to live with aging systems like their older counterparts. Attracting and retaining talent will require the appropriate tools and systems to meet the expectations of younger generations in the workplace. The long training cycles that are required for legacy processing need to be replaced by intuitive systems that meet the digital expectations of a new generation of workers.



## Cost and Configuration

Insurers want more cost-effective ways to support the ongoing operation and management of core systems capabilities. Insurers are moving away from systems that require customization (to enhance functionality and capability) and expect modern commercial solutions to provide configuration tools to achieve such enhancements. The objective in all instances is to reduce the total long-term cost of ownership while accelerating time to market for new capabilities, products, and services. Staying true to the configuration, not customization approach can be difficult. Strong governance processes are needed to ensure carriers avoid unnecessary customization.

## Insuretech Firms and Innovation

Many innovation-minded insurers are exploring ways to leverage capabilities that insuretech startups are developing. Areas of interest include innovative approaches to customer engagement and distribution (e.g., analytics, user interface improvements, and user experience capabilities unavailable with insurer-developed capabilities). Some solution providers are also working with startups to enhance or introduce new capabilities to their core offerings. Startups are also entering the market as managing general agents (MGAs)—and sometimes full carriers—often distributing term life insurance. While these players may initially be positioned as competitors to insurers, the truth is that they may become future partners or acquisition targets.

Core system maintenance, modernization, and replacement still dominate insurer IT budgets despite insuretech developments. CIOs should not expect a core system to encompass all available emerging technology. Rather, they should consider how a new system's architecture will provide the necessary flexibility and agility to take advantage of future technology and easily integrate with future partners. They should also consider from the outset a plan for upgrades and modernization to keep core systems current.

## KEY COMPONENTS

The system is the foundation for all other processing; it is central to the effective and controlled management of a block of business for an insurer. The platform may support single or multiple lines of business. It may also interface with one or several distribution channels.

## EVALUATING A PAS

A well-developed PAS should integrate downstream and back-office systems to provide effective support for managing contracts and financial results. At the same time, it should provide interface points for all involved stakeholders (e.g., home office employees, sales partners, premium paying customers) to participate in managing the policy life cycle.

The PAS may offer a suite of capabilities or interface with various solutions to provide other capabilities that unrelated vendors deliver. A PAS that does not include robust modules to handle contact and document management, for example, should easily integrate with other applications that provide the requisite functionality. In reality, the ability to seamlessly integrate with third-party applications as part of the underwriting workflow (including analytics for underwriting risk scoring/fraud detection) becomes more important as insurers augment the digital processing of submissions and approvals.

## ELEMENTS OF A PAS

Standard PAS elements include tools that provide easy access and navigation to the traditional functions that sales organizations and home office associates handle. Insurers may have a variety of reasons for choosing componentized solutions from different vendors, including a desire to implement specific functional capabilities or to avoid over-reliance on a single solution provider.

What the industry considers a complete PAS has expanded over time to include much of what vendors had previously licensed or built as ancillary functions. Very few vendors covered in this report only license a policy administration component; whether additional components are integral pieces of the suite or stand-alone offerings sold and integrated separately varies from vendor to vendor.

The internal modules from a suite vendor may not be as robust as the competitive stand-alone offerings for many of the ancillary functions (e.g., claims, compensation). Aite-Novarica Group publishes separate market navigator reports to focus on the details of these individual components. This report covers the suite that falls under the PAS umbrella. The following sections describe key PAS features and components Aite-Novarica Group surveyed.

### Core Policy Administration

This function handles all core aspects of policy management: issuance, renewals, changes, and updates.

### Product Calculation Functions

Product calculation engines are rules- and table-based components that assess the submission risk variables and coverage selections to determine the policy premium. Most policy administration offerings contain some level of product calculation engine, though the level of complexity varies. Typical PAS solutions can also integrate with stand-alone rating engines; some vendors have preexisting integrations available with partners.

### New Business and Underwriting Functions

Solutions typically provide some form of new business and underwriting functions that may allow for managing work objects. They may also feature integrated workflow that provides transparency into work items and any need for additional information.

### Document Functions

Many PAS include the ability to generate documents via custom templates managed by administrators. Administrators merge templates with policy or customer data at run-time. This process is ad hoc for specific customer communications or as a batch for mass printing of statements. Systems without such features will integrate with third-party document generation/customer communication management tools or provide interfaces for users to do so.

### Agent Portal Functions

An agent portal provides agent self-service capabilities; it should integrate with a PAS and often with third-party data services and enterprise document management solutions. A robust agent portal allows agents to get quotes, submit new business, track

status, manage changes, communicate and collaborate with underwriters, and view reports about commissions and transaction histories. Agent portals often have role-based views that also serve as the foundation for consumer portals.

### Reinsurance Functions

These functions allow insurers to manage internal retention limits on particular types or sizes of risks and allocate the specified risk appropriately between the primary insurer and others for whom appropriate reinsurance treaties are in place.

### Business Intelligence Functions

Insurers have been increasing investments in their business intelligence and data analytics toolsets. Increased data accessibility is a high market priority as business intelligence and data analytics become a significant part of strategic objectives for setting rates/pricing and generating other predictive models. A subset of these functions is making its way into PAS solutions—embedded within the PAS or included as a modular or stand-alone component. Solutions without built-in business intelligence and data analytics functionality still need an integration story for moving data to a warehouse or other third-party analytics tools. Many insurers will choose to use their own business intelligence environment instead of internal vendor offerings.

### Billing Functions

Billing capabilities enable insurers to calculate, prepare, and present billing information to contract holders or policyholders. The billing platform also offers an important touch point between insurers and policyholders; it can be a significant communication channel for retention and other customer management activities.

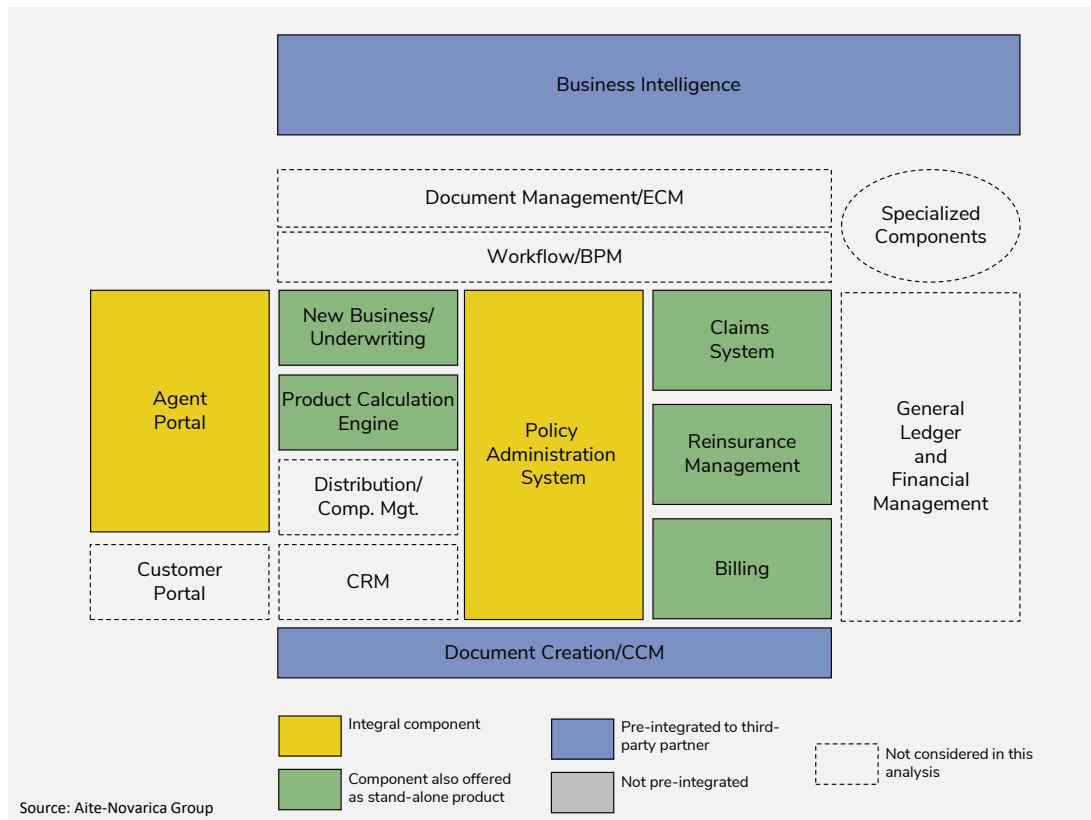
### Claims Functions

A platform manages various payment types during the life cycle of a typical insurance contract. These platforms ensure insurers are meeting contract provisions and provide critical information that insurers can use to manage fraud detection and the loss profiles of books of business. It can also be important for managing issues related to compliance (e.g., unclaimed property regulations).

## AT-A-GLANCE

This version of our Aite-Novarica Group Core Systems Map provides a color-coded view for each solution based on whether vendors include specific features analyzed for this report as components integral to the system, integral components that are also offered as stand-alone products, components pre-integrated to a third-party partner, or not pre-integrated to the solution (Figure 2).

FIGURE 2: BASIC CORE SYSTEMS MAP



The specific features analyzed for this report that fall under the PAS umbrella include core policy features, product calculation, new business and underwriting, document creation, agent portal, reinsurance, business intelligence, billing, and claims components. Other components that may be part of solution suites (e.g., document management, customer relationship management [CRM]) have dotted outlines on the core systems map and are not considered in this analysis; several vendors in this report also offer components in these areas as part of their suites.

## FULL SOLUTION PROFILES

The Aite-Novarica Group vendor graphics (Figure 1 and Figure 3) provide an overview of major providers in the L/A/B PAS market. They are intended to help insurers quickly understand who is active in the space and their approximately relative market positions based on the total customer base in the U.S. or Canada and new customers in the last 12 months, as well as the type of insurer the providers most commonly serve.

FIGURE 3: AITE-NOVARICA GROUP L/A/B PAS VENDOR CATEGORIES

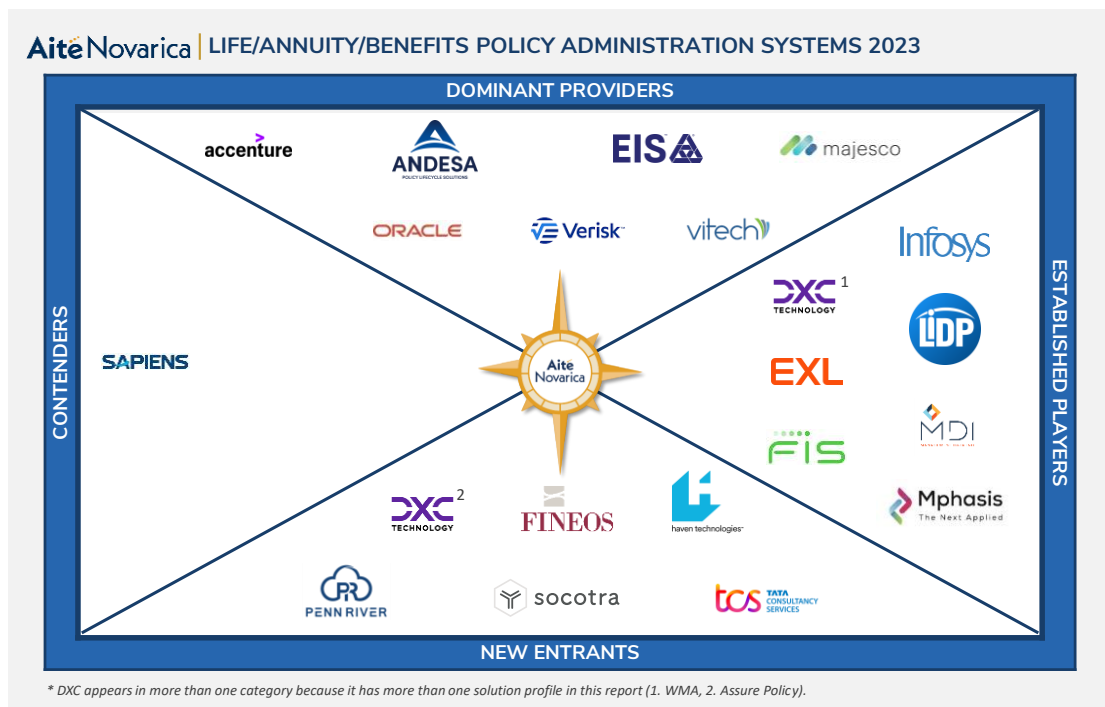


Figure 3 is intended to help insurers quickly understand who is active in the space and their approximate relative market positions. Each provider is shown in one of the following categories:

- **Dominant Providers** have strong market positions and momentum. Their solutions in the segment are well-known.
- **Contenders** have substantial customer experience and momentum.

- **Established Players** have generally been in the market longer and have substantial customer experience.
- **New Entrants** are emerging providers in this segment. This category includes new companies and established companies with newer solutions. They typically have limited existing customer bases.

Note that the categories refer specifically to this solution area. A company may be a Dominant Provider in one segment, but a New Entrant in another based on the maturity of the solution and depth of market experience. Positioning on the graphic within each segment is alphabetical.

Also note that a provider's category does not imply a subjective judgment on solution quality, delivery, or fitness for any specific company's needs. Companies should carefully evaluate individual solutions relative to their specific needs, as well as consider the company's delivery capabilities and organizational bandwidth in addition to recent customer experience.

## LIDP – TITANIUM

### Basic Firm and Product Information

- **Product name:** Titanium
- **Headquarters:** Woodridge, Illinois
- **Founded in:** 1979
- **Number of employees:** 75
- **Key financial information:** LIDP is a private, profitable company with an annual revenue between US\$10 million and US\$25 million. The company invests between 10% and 15% of revenue back in R&D. LIDP reports that its revenue growth rate in the last 12 months is greater than 15%.
- **Target customer base:** Tier-1 to Tier-3 carriers
- **Global client base:** 38 U.S. and Canadian insurers (i.e., not MGAs, self-insureds) are live on Titanium. Fifty percent of clients are large insurers (more than US\$1 billion in

direct written premium), and 50% are midsize and smaller insurers (less than US\$1 billion in direct written premium).

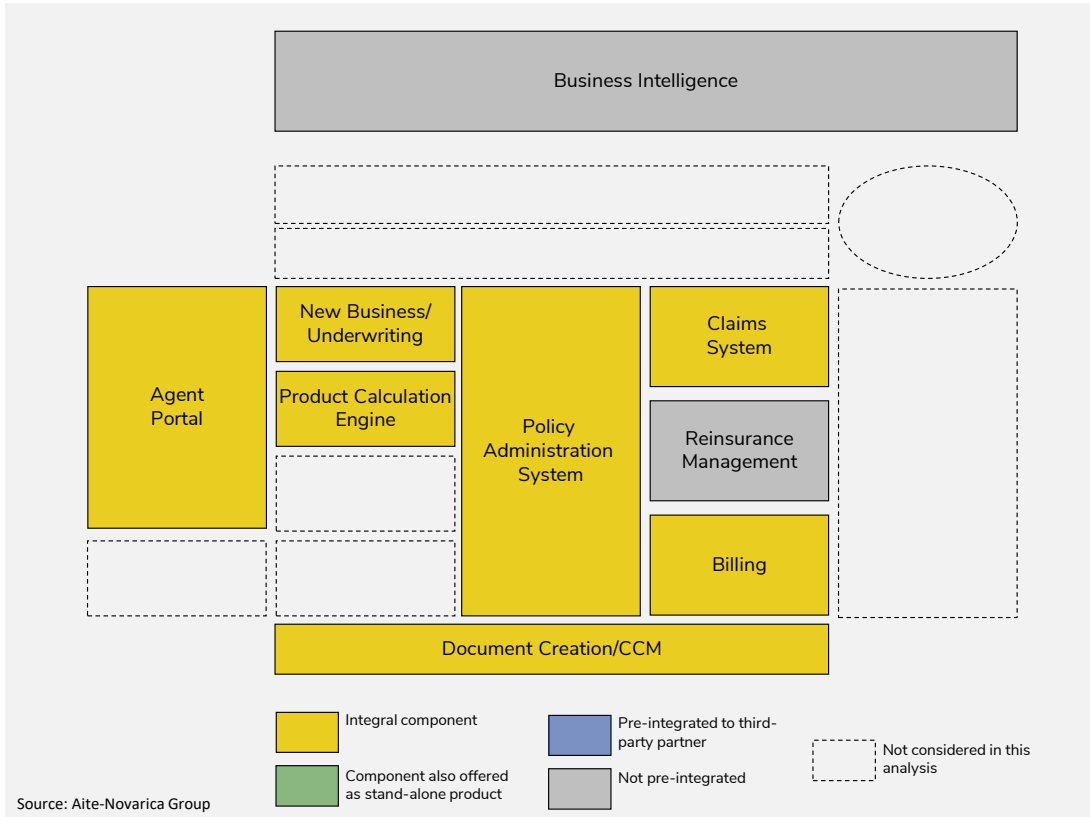
- **Publicly announced clients:** Woodmen Life, Protective, Ameritas, NassuaRE, Pekin Life Insurance
- **Average client tenure:** More than 10 years
- **Deployment options:** Available on-premises, hosted at a private data center, and hosted on a public cloud (AWS)
- **APIs and integration:** Available out-of-the-box connectors/integrators to current systems include REST APIs.
- **Average implementation and cost:** Typical implementation costs between US\$1 million and US\$2 million and takes on average six to 12 months from contract signing to go-live for new business.
- **Pricing structure:** LIDP offers perpetual, term, and SaaS models. The subscription licensing model includes a one-time license fee, hosting, maintenance and support, ongoing access to the latest version, and implementation of the upgrades.
- **Strategic Partnership**
  - Technology partners include IBM, CITS, and InvoiceCloud.
  - SI partnership includes CITS.

### PAS Components Supported

Figure 4 identifies the key PAS components of LIDP Titanium. For a detailed description of the PAS components supported, see our [companion report](#).



FIGURE 4: LIDP TITANIUM AT-A-GLANCE



### Lines of Business Supported

Figure 5 identifies the lines of business that the solution supports.

FIGURE 5: LIDP TITANIUM LINES OF BUSINESS SUPPORTED

LIDP: Lines of Business Supported			
Individual life	Live in 10-49 states	Fixed annuities	Live in 10-49 states
Term life	Live in 10-49 states	Variable annuities	Live in 10-49 states
Whole life	Live in 10-49 states	Indexed annuities	Live in 10-49 states
Universal life	Live in 10-49 states	Single premium immediate annuities	Live in 10-49 states
Variable life	Live in 10-49 states	Long-term care	Live in 10-49 states
Variable whole life	Live in 10-49 states	Dental care	Live in 10-49 states
Variable universal life	Live in 10-49 states	Vision care	Not supported
Individual health	Live in 10-49 states	Disability	Live in 10-49 states
Group life	Live in 10-49 states	Cancer/critical illness	Live in 10-49 states
Group term	Live in 10-49 states	Accident	Live in 10-49 states
Group universal life (GUL)	Live in 10-49 states	Medicare supplement	Supported only
Variable group universal life (VGUL)	Live in 10-49 states	Hospital indemnity	Live in 10-49 states
Group health	Live in 10-49 states	Other (403(B), unbundled support, combination products, different accumulation annuities, payout annuities)	Live in 10-49 states
Group annuities	Live in 10-49 states		

Source: Aite-Novarica Group

### Key Differentiators

LIDP cites these as the key differentiators:

- Forty-four years with 100% success rate in implementation and conversion projects
- Flexible operating environment (cloud native or on-premises)
- Product processing capabilities out-of-the-box
- New functionality every six weeks
- Cost and speed to market

### Top Functions

LIDP cites these as the top five functions:

- Real-time product launch and configuration
- End-to-end solution new business–claims
- Agent management and licensing
- Roles-based digital dashboard (e.g., agent, CSR, business user)
- Underwriting workbench for straight-through processing and jet issue

## Technology Overview

Titanium launched in 2015. LIDP reports that 20% of the solution's customers are on the latest release. Forty percent are on an older version released within the last three years, and 40% are on a version that is over three years old. Approximately 90% of customers have been through at least one upgrade.

The solution supports Oracle and Microsoft SQL Server databases as well as UNIX/Linux and Windows server platforms. The solution is written in Java.

## Support

There are between 10 and 50 employees in the product design and engineering team as well as the in-house implementation team. Between 50 and 100 employees are on the in-house support team.

LIDP's resources are based throughout the U.S. and Canada. Implementation can be done through LIDP's internal resources or in partnership with a third-party provider. LIDP offers customer engagement activities such as an online community, a customer advisory committee, a customer success manager, a user event, and online and onsite training.

## Configuration Supported

Titanium user interface is via web or native/rich client.

Configuration for insurance products, screens, and business rules is via tools for BAs and non-IT staff. Integration to third-party service calls and document authoring are configurable via tools for IT analysts. Workflow configuration is via custom code or enhancement.

## Top Strategic Product Enhancements Over the Past 12 to 18 Months

- New UI
- New portals
- Full claims suite

### Top Strategic Product Initiatives in the Next 12 to 18 months

- New enhancements every three weeks
- New claims portal
- Robust analytic reporting

## CONCLUSION

Insurers have several viable options when considering a new PAS. Many modern L/A/B solutions are maturing and now provide flexible and configurable architectures and stand-alone module capabilities.

Aite-Novarica Group research indicates that some deployments are taking less than three years, given the increased interest in SaaS-based and hosted solutions. Challenges still exist with conversion and project risk management, but insurers are realizing benefits in the efficiency of operations, improved functional capabilities, and better data management—all cited by insurers as key project drivers.

Insurers are also recognizing that the traditional model for long-liability tail businesses of converting blocks wholesale may increase project cost and risk. They are adopting granular and nuanced approaches that leverage new core PAS platforms and improved integration approaches and systems architecture. Alternative approaches to hosting that leverage cloud/SaaS options, along with better testing methodologies and tools, can also allow for more rapid and controlled deployments.

Some insurers now see new PAS deployments as part of a broader strategy for line of business management that complements a broader BPO strategy, allowing for the quick implementation of new (and sometimes greenfield) operations without becoming encumbered with legacy business processes or structures.

The pandemic introduced several new risk factors that insurers need to consider in their future state planning, including close evaluations of financial and operational risks associated with software and BPO/ITO providers. The persistently low-interest environment continues to place extreme financial pressure on many insurers. Many are focusing on having a clearly articulated strategy for moving into the latter half of the decade.

Aite-Novarica Group recommends that insurers looking for a partner narrow the overall market to a shortlist of three or four by focusing on four main areas: staff, organization, functionality, and technology, easily remembered by the acronym SOFT. Each area is further defined herein:

- **Staff**
  - Does the vendor's staff have the right skills and experience?
  - How well are they likely to understand your needs?
  - What resources are available for implementation and support?
  - What assurances will you have that the staff you meet during the sales process will be the staff you work with?
- **Organization**
  - How stable is the organization?
  - Is it big enough for your company to do business with?
  - Who are their other clients?
  - How focused are they on the insurance industry?
- **Functionality**
  - Do the solutions and services support your needs for modeling services, lines of business, states, and model maintenance?
  - Which solutions and services are actually live at reference clients?
- **Technology**
  - Is the solution's technical architecture compatible with your enterprise standards (or can you build your enterprise standards around the solution's technical architecture)?
  - Does your IT staff have the skills to support it?

Insurers should be able to narrow the range of potential suppliers to a few candidates by using a handful of questions from each category. This approach is also much faster and more effective than distributing a large RFP, which insurers can avoid altogether or save for the final one or two potential suppliers after all the other evaluations have been completed.

## ABOUT AITE-NOVARICA GROUP

Aite-Novarica Group is an advisory firm providing mission-critical insights on technology, regulations, strategy, and operations to hundreds of banks, insurers, payments providers, and investment firms—as well as the technology and service providers that support them. Comprising former senior technology, strategy, and operations executives as well as experienced researchers and consultants, our experts provide actionable advice to our client base, leveraging deep insights developed via our extensive network of clients and other industry contacts.

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