

**PROCEEDING BEFORE MICHAEL D. RILEY INSURANCE COMMISSIONER
OF THE STATE OF WEST VIRGINIA**

IN THE MATTER OF

AMERICAN INTERNATIONAL GROUP

**AIG Assurance Company (NAIC 40258)
AIG Property Casualty Company (NAIC 19402)
AIG Specialty Insurance Company (NAIC 26883)
AIU Insurance Company (NAIC 19399)
American Home Assurance Company (NAIC 19380)
Commerce and Industry Insurance Company (NAIC 19410)
Granite State Insurance Company (NAIC 23809)
Illinois National Insurance Company (NAIC 23817)
National Union Fire Insurance Company of Pittsburgh PA (NAIC 19445)
New Hampshire Insurance Company (NAIC 23841)
The Insurance Company of the State of Pennsylvania (NAIC 19429)**

ADMINISTRATIVE PROCEEDING NO. 15-MAP-02001

**AGREED ORDER ADOPTING REPORT OF
MARKET CONDUCT EXAMINATION, DIRECTING
CORRECTIVE ACTION AND ASSESSING PENALTY**

This Agreed Order is made between American International Group and the West Virginia Insurance Commissioner. The effective date of this Agreed Order is the date of entry by the Commissioner.

STIPULATIONS OF FACT AND LAW

1. Michael D. Riley (hereinafter "the Commissioner") is the duly appointed Insurance Commissioner for the State of West Virginia, and as such is charged with the responsibility of enforcing the various provisions of Chapters 23 and 33 of the West Virginia Code, in addition to the administrative rules promulgated thereunder.

2. AIG Assurance Company, AIG Property Casualty Company, AIG Specialty Insurance Company, AIU Insurance Company, American Home Assurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Company, National Union Fire Insurance Company of Pittsburgh PA, New Hampshire Insurance Company, and The Insurance Company of the State of Pennsylvania (collectively hereinafter referred to as "AIG") are licensed by the Commissioner to transact insurance business in the State of West Virginia as permitted and authorized under Chapter 33 of the West Virginia Code.

3. A market conduct examination was called by the Commissioner on AIG with the scope of the examination being the handling of workers' compensation claims. The examination was called primarily as a result of thirty-five (35) petitions filed against AIG companies for "failure to timely act" in violation of various time standards set forth in Chapter 23 of the West Virginia Code and Title 85 of the West Virginia Code of State Rules.

4. The targeted market conduct examination covered the period of January 1, 2009 through March 31, 2014 (hereinafter "the applicable period").

5. The Commissioner's market conduct examiners observed the following with respect to the applicable period:

The areas of concern, generally speaking, involved the failure of AIG to timely and substantively comply with orders issued by the Office of Judges and the Board of Review; the failure of AIG to properly handle claims; to resolve claims in a timely manner; to make correct indemnity payment calculations; to submit timely and accurate information to the Claims Index through Electronic Data Interchange (EDI); to state specific reasons for denials; to timely act upon requests for medical authorizations; and to maintain a record of complaints.

6. On or about January 27, 2015, the examiner filed with the Insurance Commissioner, pursuant to W. Va. Code §33-2-9, a Report of Market Conduct Examination regarding the targeted examination of AIG.

7. On January 29, 2015, a true copy of the Report of Market Conduct Examination was sent to AIG by certified mail receipt requested.

8. As set forth in the Market Conduct Examination Report, the examination revealed: fifteen (15) violations of W. Va. Code § 33-11-4(10) and W. Va. Code R. § 114-15-4.6; seven (7) violations involving W. Va. Code §§ 23-5-1(b)(1) and 23-5-13 and W. Va. Code R. §§ 85-1-1, *et. seq.*; thirteen (13) violations of W. Va. Code R. §85-1-10.7; and twenty-six (26) violations involving W. Va. Code § 23-2C-5(c)(8) and W. Va. Code R. § 85-2-1, *et. seq.*

9. AIG was notified that, pursuant to W. Va. Code §33-2-9(j) (2), it had thirty (30) days after receipt of the Report of Market Conduct Examination to file a submission or objection with the Insurance Commissioner.

10. AIG has informed the Commissioner that it is in agreement with the report findings and it has no formal objections at this time.

11. AIG waives notice of administrative hearing, any and all rights to an administrative hearing, and to judicial review of this matter.

AGREEMENT AND ORDER

Pursuant to W. Va. Code §33-2-9(j)(3)(A), following the review of the Report of Market Conduct Examination, the examination work papers, and the response of AIG thereto, the Commissioner and AIG have agreed to enter into this Agreed Order adopting the Report of Market Conduct Examination. The Parties have further agreed to the imposition of an administrative

penalty against AIG as set forth below.

It is accordingly **ORDERED** as follows:

The Report of Market Conduct Examination of AIG for the period ending March 31, 2014, is hereby **ADOPTED** and **APPROVED** by the Insurance Commissioner;

NOW, THEREFORE, the parties do hereby agree, and it is further **ORDERED** by the Commissioner, as follows:

1. The following corrective actions will be, undertaken:

a. AIG shall provide additional training and shall ensure its third party administrators (hereinafter "AIG TPAs") provide additional training to all adjusters handling West Virginia workers' compensation claims. AIG agrees to cooperate with the Commissioner should the Commissioner request information pertaining to the specifics of AIG's training, including presentation materials, names and qualifications of instructors, and a roster of all attendees.

b. AIG and AIG TPAs shall discuss the recommendations of the report of Market Conduct Examination adopted by this order at their regularly scheduled staff meetings to ensure issues are being appropriately addressed;

c. AIG shall commit itself to complying with orders pursuant to W. Va. Code R § 85-1-10.7. AIG shall ensure its training of adjusters includes addressing timely compliance with orders issued by the Office of Judges, Board of Review and West Virginia Supreme Court. AIG acknowledges that it may be subject to more severe penalties for any future violation of W. Va. Code R. § 85-1-10.7 by AIG or AIG TPAs.

d. AIG shall centrally track all complaints (and that of AIG TPAs) to address potential compliance issues, including the issues raised herein by the Commissioner;

e. AIG shall monitor claim-handling practices of AIG TPAs with the goal of confirming compliance with all legal and regulatory requirements to include conducting periodic audits on West Virginia workers' compensation claims to ensure proper claims handling practices are being observed. AIG shall, upon request of the Commissioner, share the results of said audits with the Commissioner including any corrective measures it directs to AIG TPAs;

f. AIG and AIG TPAs shall provide timely and comprehensible documentation to the claimant when a claim is denied or additional information is required to process the claim;

g. AIG shall monitor the total number of Administrative Law Judge hearings and the resulting decisions (including appeals) to track trends for review and action with AIG claims personnel and AIG TPAs.

h. AIG shall file a Corrective Action Plan which will be subject to the approval of the Commissioner. The Corrective Action Plan shall detail AIG's changes to its procedures and/or internal policies to ensure compliance with the West Virginia Code and incorporate all recommendations of the Commissioner's examiners and address all violations specifically cited in the Report of Market Conduct Examination. The Corrective Action Plan outlined in this Order must be submitted to the Commissioner for approval within thirty (30) days of the entry date of this Agreed Order. AIG shall implement reasonable changes to the Corrective Action Plan if requested by the Commissioner within thirty (30) days of the Commissioner's receipt of the Corrective Action Plan. The Commissioner shall provide notice to AIG if the Corrective Action Plan is disapproved and the reasons for such disapproval within thirty (30) days of the Commissioner's receipt of the Corrective Action Plan.

i. The Corrective Action Plan, referenced in "h" above, must include increased training and monitoring by AIG with benchmarks to be approved and agreed to by the Commissioner. AIG agrees to be under the terms of the Corrective Action Plan until April 1, 2017, at which time the Commissioner will determine if the goals have been met and if additional action needs taken.

2. AIG will comply with all statutes and rules of the State of West Virginia concerning workers' compensation claims and/or complaints handled in this state.

3. AIG will continue the corrective actions that it has voluntarily commenced and will cooperate with the Commissioner's Market Conduct Division to ensure the terms of this Agreed Order are met.

4. It is further **ORDERED** that within thirty (30) days of the next regularly scheduled meeting of its Board of Directors, AIG shall file with the West Virginia Insurance Commissioner, in accordance with W. Va. Code §33-2-9(j)(4), an affidavit executed by Richard C. Woollams, Senior Vice President, stating under oath that AIG have received a copy of the adopted Report of Market Conduct Examination and a copy of this AGREED ORDER ADOPTING REPORT OF MARKET CONDUCT

EXAMINATION, DIRECTING CORRECTIVE ACTION AND ASSESSING PENALTY;

5. The Commissioner has determined and it has been **ORDERED** that AIG shall pay an administrative penalty to the State of West Virginia in the amount of fifty thousand dollars (\$50,000.00) for non-compliance with the West Virginia Code and West Virginia Code of State Rules as described herein. The payment of this administrative penalty is in lieu of any other regulatory penalty or remedy, and is due within THIRTY (30) calendar days upon execution of this order by the Commissioner.

6. It is finally **ORDERED** that all such statutory notices, administrative hearings and appellate rights are herein waived concerning this Report of Market Conduct Examination and Agreed Order. All such rights are preserved by the Parties regarding implementation or further action taken on such Order by the Commissioner against AIG.

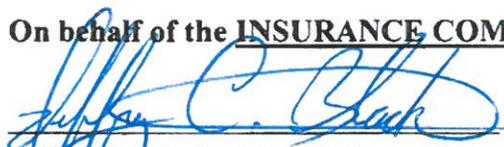
Entered this 27th day of April, 2015



The Honorable Michael D. Riley
Insurance Commissioner

REVIEWED AND AGREED TO BY:

On behalf of the INSURANCE COMMISSIONER:



Jeffrey C. Black, Attorney Supervisor
Regulatory Compliance and Enforcement

Dated: 4/27/15

On Behalf of AMERICAN INTERNATIONAL GROUP (AIG) :

By: RICHARD C. WOLLAWS
Print Name

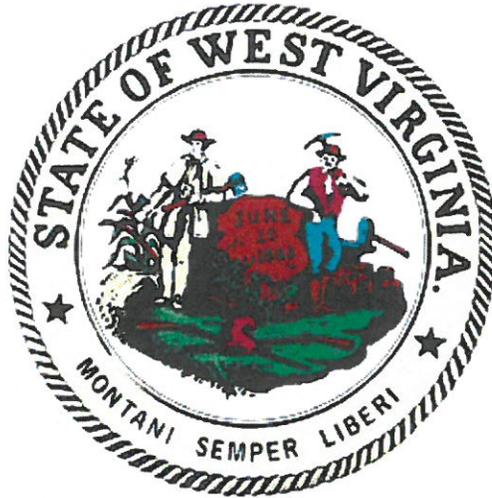
Its: Vice President

Signature: _____

Date: 4/24/15

Report of Market Conduct Examination

As of March 31, 2014



AMERICAN INTERNATIONAL GROUP

AIG Assurance Company (NAIC 40258)
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**175 Water Street, 18th Floor
New York City, New York 10038**

NAIC GROUP CODE 12

Examination Number WV014-M43

January 29, 2015

The Honorable Michael D. Riley
West Virginia Insurance Commissioner
1124 Smith Street
Charleston, West Virginia 25301

Dear Commissioner Riley:

Pursuant to your instructions and in accordance with W.Va. Code §33-2-9, an examination has been conducted for the period January 1, 2009 through March 31, 2014 on the business affairs of the following companies:

American International Group

AIG Assurance Company (NAIC 40258)
AIG Property Casualty Company (NAIC 19402)
AIG Specialty Insurance Company (NAIC 26883)
AIU Insurance Company (NAIC 19399)
American Home Assurance Company (NAIC 19380)
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175 Water Street, 18th Floor
New York City, New York 10038

Hereinafter, the companies will be collectively referred to as "AIG" for American International Group. The following report of the findings of this examination is herewith respectfully submitted.

EXECUTIVE SUMMARY AND SCOPE OF EXAMINATION

The examination began on July 1, 2014 and concluded on December 5, 2014 and was called primarily as a result of thirty-five (35) formal petitions against AIG companies for "Failure to Timely Act"¹ on various time standards established by Chapter 23 of the W. Va. Code and Title 85 of the W. Va. Code of State Rules. At the time of the examination, the aforementioned thirty-five (35) petitions resulted in ten (10) disciplinary orders and twelve (12) letters of admonition requiring the AIG companies to submit corrective action plans to the Commissioner and, in some cases, pay penalties. Three (3) of these orders and admonitions were for failure to comply with an order issued by either the West Virginia Workers Compensation Offices of Judges² or the Board of Review³. These violations are generally considered by the WVOIC to be the most serious type involved in the "Failure to timely Act" proceedings.

Initially the examiners selected a sample of 109 paid claims from a population of 13257; a sample of 109 closed without payment claims from a population of 1770 and a sample of 76 administratively litigated (protested) that the claims administrator's original decision was either reversed or modified by an administrative law judge from a population of 201.

Seventeen (17) standards were selected for review. AIG was found to be compliant with six (6) standards, predominantly compliant with five (5) and non-compliant with six (6). As the primary focus of the examination was on compliance with orders from the administrative appeal bodies, the examiners commenced with the review of administrative litigated (protested) claims. In this review, the examiners not only considered AIG's responses to administrative orders, but applied all other applicable tests with respect to other aspects of claims handling as well. During the course of this portion of the examination, it became apparent that corrective action would be necessary, not only with respect to compliance with administrative and judicial orders, but in other areas as well. Therefore, by mutual consent, and in the interest of expediency, the examiners and AIG agreed to conclude the examination after the review of administratively litigated (protested) claims. As a consequence, the examiners found a total of six areas in which the company was statistically non-compliant, however, only the findings noted in Standard G11a of this report are concluded to be a business practice of the company.

The major areas of concern are listed below:

¹ Failure to Timely Act: W.Va. Code § 23-4-1c(a)(3) provides a process by which claimants may seek the help of the Office of Judges when a self-insured employer or any private insurance carrier, fails to timely rule or act upon any request or motion in a workers' compensation claim. Many common actions in workers compensation claims (e.g.: rule on claim; supply copy of file; arrange for doctor's examination; act upon doctor's request; etc.) have legally established time limits for insurance carriers to act. Those time limits are found at various sections of Chapter Twenty-Three of the W.Va. Code, and in several regulatory rules in Title 85 of the Code of State Regulations.

² The Workers Compensation Office of Judges is the first level administrative appeal body reviews appeals of initial claim management decisions made by insurance carriers or by self-insured employers or their agents.

³ The Board of Review is the second level administrative appeal body for workers compensation claims. The matter is heard strictly as an appellate case. The Board is not an evidentiary taking body, and the case does not come to the Board de novo. Thus, the hearings before the Board are confined to the evidence presented before the Commission/Administrator and the Office of Judges

The major areas of concern are listed below:

- Claims handling practices indicate that regulated companies do not timely and substantively comply with all orders of administrative and judicial appeals bodies. G11a
- Claims are resolved in a timely manner. G3
- Claims are properly handled in accordance with policy provisions and applicable statutes, rules, and regulations. Indemnity payment calculations were incorrect or lacked the appropriate documentation. G6.
- Submission of information to the Claims Index through to EDI is often untimely and inaccurate. G14
- All complaints are recorded in the required format on the regulated entity's complaint register. Complaints log doesn't match those of the West Virginia Offices of the Insurance Commissioner (OIC). B1
- The regulated company cooperates on a timely basis with examiners performing the examinations. A9

There are recommendations in other areas where AIG was determined to be *predominantly compliant*, yet not 100% compliant. These standards include, A6, B3, B4, G1 and G7.

Various non-compliant practices were identified, some of which may extend to other jurisdictions. When applicable, corrective action for other jurisdictions should also be addressed.

HISTORY AND PROFILE

Commerce and Industry Insurance Company

Commerce and Industry Insurance Company was incorporated December 6, 1957 under the laws of New York. It began business December 27, 1957. Ownership passed to the Combined Insurance Company of America in Chicago, Illinois on February 15, 1968 through an exchange of shares. Financial control again changed hands on July 15, 1968 when American Home Assurance Company in New York, New York acquired over 99.0% of the outstanding stock. Since 1977, AIG has directly owned all of the stock of Commerce and Industry Insurance Company. The company is licensed in all 50 states as well as the District of Columbia. Data year 2013 Market share: 1.094%

Granite State Insurance Company

Granite State Insurance Company was incorporated under the laws of New Hampshire on June 26, 1874 and commenced business as Granite State Fire Insurance Company on November 12, 1885. The word "Fire" was deleted from the company name on September 30, 1959. Effective December 29, 1993, the company was re-domesticated to Pennsylvania. The company is licensed in all 50 states as well as the District of Columbia. Data year 2013 Market share: 0.776%

AIU Insurance Company

AIU Insurance Company was incorporated in New York on April 24, 1851 as the Pacific Fire Insurance Company. In 1913, the company merged with the Greenwich Insurance Company. The name was changed to Pacific Fire Insurance Company on July 23, 1969 and to its present corporate title on November 4, 1976. The company is licensed in 48 states and the District of Columbia. Data year 2013 Market share: 0.00%

American Home Assurance Company

American Home Assurance Company was organized on February 7, 1899 under the title The Globe and Rutgers Fire Insurance Company. The title of the company changed on July 1, 1923 to Globe and Rutgers Fire Insurance Company and then to American Home Assurance Company on December 1, 1954. The company is licensed in all 50 states as well as the District of Columbia. Data year 2013 Market share: 0.00%

New Hampshire Insurance Company

New Hampshire Insurance Company was incorporated in July 1869 and began business in April 1870 under the laws of New Hampshire as the New Hampshire Fire Insurance Company. The word "Fire" was deleted from the company name on September 30, 1959. Effective December 29, 1993, the company re-domesticated to Pennsylvania. The company is licensed in all 50 states as well as the District of Columbia. Data year 2013 Market share: 0.734%

Illinois National Insurance Co.

Illinois National Insurance Co. filed their original articles of incorporation on October 20, 1928 and commenced business on October 7, 1933 in Chicago, Illinois. The incorporation was effected under the name of the Illinois National Casualty Company. Formation emerged from the consolidation of the United States Underwriters of Jacksonville, Illinois, a reciprocal exchange formed in 1926, and the Illinois National Casualty Company, organized on August 1,

1930, as the successor to another reciprocal, the National Automobile Underwriters, Chicago, Illinois established in 1916. The company adopted the name "Illinois National Insurance Co." on March 1, 1956 and is licensed in forty-five (45) states as well as the District of Columbia. Data year 2013 Market share: 0.44%

National Union Fire Insurance Company of Pittsburgh, PA

National Union Fire Insurance Company of Pittsburgh, PA was incorporated on February 14, 1901 in the Commonwealth of Pennsylvania and commenced business on March 1, 1901. The company is licensed in all 50 states as well as the District of Columbia. Data year 2013 Market share: 0.734%

The Insurance Company of the State of Pennsylvania

The Insurance Company of the State of Pennsylvania was incorporated on December 30, 1899 in the Commonwealth of Pennsylvania and commenced business on December 19, 1913. The company is licensed in all 50 states as well as the District of Columbia. Data year 2013 Market share: 1.249%

AIG Property Casualty Company

(Formally known as Chartis Property Casualty Company & AIG Casualty Company)

Chartis Property Casualty Company & AIG Casualty Company was incorporated on May 17, 1871 in the Commonwealth of Pennsylvania. It commenced business on August 1, 1871. The incorporation was effected under the name Birmingham Fire Insurance Company. The company underwent several name changes over the years, becoming Birmingham Fire Insurance Company of Pennsylvania on June 4, 1927, AIG Casualty Company on December 31, 2006, Chartis Property Casualty Company on November 1, 2009, and AIG Property Casualty Company on October 1, 2013. The company is licensed in 49 states as well as the District of Columbia. Data year 2013 Market share: 0.200%

AIG Assurance Company

(Formally known as Chartis Casualty Company & AI South Insurance Company)

The original corporation was incorporated on September 26, 1946. On December 22, 1993 the company was re-domesticated from the State of New Hampshire to the Commonwealth of Pennsylvania. The company name was changed to Chartis Casualty Company on December 1, 2009. The company changed the name to AIG Assurance Company on October 1, 2013. The company is licensed in 42 states as well as the District of Columbia. Data year 2013 Market share: 0.166%

AIG Claims, Inc.

AIG Claims, Inc. is the AIG affiliated adjusting entity that handles workers' compensation claims arising under policies issued by the above referenced underwriting companies. West Virginia's workers' compensation claims are handled out of the Louisville, Kentucky Service Center.

METHODOLOGY

The examination was conducted in accordance with the standards and procedures established by the National Association of Insurance Commissioners (NAIC) and the applicable statutes and regulations as cited in the West Virginia State Code. The examiners conducted file reviews and interviews of the company's management. This examination report is a report by test, rather than a report by exception, and all standards tested are described and the results are indicated.

Tests designed to measure the level of compliance with West Virginia's statutes, rules and regulations were applied to the files. All tests are described and the results are displayed in this report.

In the result tables a "pass" response indicates compliance and a "fail" response indicates a failure to comply for each individual file reviewed. The results of each test applied to a sample are reported separately.

The examiners used the NAIC standards of 7% error ratio on claims tests (93% compliance rate) and 10% error ratio on all other tests (90% compliance rate) to determine whether or not an apparent pattern or practice of being compliant, predominantly compliant, or non-compliant existed for any given test. Except as otherwise noted, all samples were generated via an Audit Command Language (ACL™) with a random sample taken from a given population.

A. COMPANY OPERATIONS/MANAGEMENT

The evaluation of standards in this business area is based on a review of the company's responses to information requests, questions, interviews, and presentations made to the examiners. This portion of the examination is designed to provide a view of what AIG is and how it operates. It is not based on sampling techniques, but rather the structure of the company. This review is not intended to duplicate a financial examination review, but is important in establishing an understanding of the examinee.

Many companies have become troubled because management has not been structured to adequately recognize and address the problems that can arise. Well-run companies generally have processes that are similar in structure. While these processes vary in detail and effectiveness from company to company, the absence of them or the ineffective application of them is often reflected in failure of the various standards tested throughout the examination. The processes usually include:

- A planning function where direction, policy, objectives, and goals are formulated;
- An execution or implementation of the planning function elements;
- A measurement function that considers the results of the planning and execution; and
- A reaction function that utilizes the results of measurement to take corrective action or to modify the process to develop more efficient and effective management of its operations.

Standard A6: The regulated entity is adequately monitoring the activities of any entity that contractually assumes a business function or is acting on behalf of the regulated entity. (2013 NAIC Market Regulation Handbook Chapter 16, § A Standard 6)

Test Methodology:

- Does the Company properly review subcontractor contracts and activities for compliance with applicable rules and regulations? [no statutory requirement]

Examiner Observations: AIG has a fairly robust program of auditing claims managed on its behalf by TPAs (Third Party Administrators), AIG provided responses and documentation in regards to oversight and monitoring of Vendors and TPAs in the form of their Global Claims Vendor Operations division performing due diligence reviews of TPAs and working with the TPAs to facilitate regulatory requests and tracking and evaluating penalties imposed on the TPAs. Additionally, claim file audits are done by Global Quality Assurance, a division of AIG Global Claims Services, Inc., wherein reviews are performed on closed files for compliance with best practices and regulatory compliance. Although the initial AIG response was that quarterly reports by TPA are provided to the TPA, including requiring that TPAs who do not meet pre-established parameters are required to submit corrective action plans, additional information was provided stating that first an audit was done depending on the number of claims for the TPA, that each TPA is audited on a quarterly or annual basis on a random selection of TPA claim files in all states where the TPA handles claims on AIG's behalf. In light of the number of "Failure to Timely Act" proceedings, the examiners note that improvements can be made by adding emphasis to compliance with respect to incorporating selection criteria based on number of "Failure to Timely Act" petitions, administrative litigation and complaints.

Examiner Recommendations: AIG's TPA audit program should contain selection criteria which considers on their number of failure to timely act petitions, administrative litigation and complaints.

Results: Predominantly Compliant

Standard A9: The regulated entity cooperates on a timely basis with examiners performing the examinations. (2013 NAIC Market Regulation Handbook Chapter 16, § A Standard 9)

Test Methodology:

- Did the company provide records in a timely basis? [W. Va. Code §33-2-9 and W. Va. Code R. §114-15-4.9a]

Examiner Observations: AIG's representatives cooperated during the examination. The company did not respond to thirty-nine (39) of the sixty-nine (69) Requests for Information issued within the timeframes required by W. Va. Code R. §114-15-4.9a.

Examiner Recommendations: AIG should respond to all examiner inquiries within the timeframes prescribed by W. Va. Code R. §114-15-4.9a.

Results: Non-Compliant

B. COMPLAINT HANDLING

Evaluations of the standards in this business area are based on the company's responses to various information requests and the review of complaint files at the company. In this business area, "complaints" include grievances. W.Va. Code §33-11-4(10) requires that the company "... maintain a complete record of all the complaints which it has received since the date of its last examination."

The statute also requires that, "[the] record shall indicate the total number of complaints, their classification by line of insurance, the nature of each complaint, the disposition of these complaints and the time it took to process each complaint". The definition of a complaint is... "any written communication primarily expressing a grievance." A random number generator in Microsoft Excel was used to make the sample selection from the general population.

Standard B1: All complaints are recorded in the required format on the regulated entity's complaint register. (2013 NAIC Market Regulation Handbook Chapter 16, § B Standard 1)

Test Methodology:

- Is the company recording all complaints received directly from the consumer as well as the WVOIC?
- Is the company recording all complaints in a regulated complaint register? [W. Va. Code §33-11-4(10) and W. Va. Code R. §114-15-4.6]

Examiner Observations: The Company is recording written complaints from the consumer, as well as those from the WVOIC. However, the company's complaint log did not include all the complaints from the WVOIC. Nine (9) complaints were responded to an adjuster or counsel without being sent to the company's centralized Complaints Division. Six (6) complaints were mistakenly logged as lines of business other than workers' compensation by the company's Complaints Division. The record contains the required fields; the classification of each complaint, the nature of each complaint, the disposition of each complaint and the time it took to process each complaint.

Examiner Recommendations: The Company should record all complaints in a regulated complaint register in accordance with W. Va. Code §33-11-4(10) and W. Va. Code R. §114-15-4.6

Results: Non-Compliant

Table B1 Results: Complaints Recorded Sample

Type	Population	Sample	Pass	Fail	Standard	Compliance
Complaints	124	124	109	15	90%	88%

Standard B2: The regulated entity has adequate complaint handling procedures in place and communicates such procedures to policyholders. (2013 NAIC Market Regulation Handbook Chapter 16, § B Standard 2)

Test Methodology:

- Does the company have complaint procedures in place, and are they sufficient to satisfactorily handle complaints?
- Does the company have procedures in place to track responses to complaints? [W. Va. Code §33-11-4(10)]

Examiner Observations: The Company has adequate complaint handling and tracking procedures and they satisfactorily tracked responses for all the complaints in the sample.

Examiner Recommendations: None

Results: Compliant

Standard B3: The regulated entity takes adequate steps to finalize and dispose of the complaint in accordance with applicable statutes, rules, and regulations and contract language. (2013 NAIC Market Regulation Handbook Chapter 16, § B Standard 3)

Test Methodology:

- Does the company properly and promptly resolve complaints? [W. Va. Code §33-11-4(10), W. Va. Code R. §§114-15-4.6 and 85-1-16]
- Did the company respond to all issues or concerns raised in the complaint?
- Is the company maintaining adequate documentation of complaints?

Examiner Observations: Complaints were promptly and properly resolved in accordance with the applicable statutes, rules, and regulations and contract language. The examiners did note however that in four (4) cases involving “Failure to Timely Act” proceedings, corrective action plans were submitted by non AIG personnel (TPA or TPA Counsel).

Examiner Recommendations: AIG should ensure that all responses to West Virginia Offices of the Insurance Commissioner inquiries, “including Failure to Timely Act” proceedings, are coordinated through AIG compliance personnel.

Results: Predominantly Compliant

Table B3 Results: Complaints Finalized Sample

Type	Population	Sample	Pass	Fail	Standard	Compliance
Complaints	124	124	124	0	90%	100%

Standard B4: The time frame within which the regulated entity responds to complaints is in accordance with applicable statutes, rules, and regulations. (2013 NAIC Market Regulation Handbook Chapter 16, § B Standard 4)

Test Methodology:

- Is the company responding to complaints in a timely manner? [W. Va. Code R. §§114-14-5.2 and 85-1-16]

Examiner Observations: The company responded to all complaints in the sample within the required timeframe with the exception of two (2), whereby the company did not respond to WVOIC’s complaint letters within the required fifteen (15) working days.

Examiner Recommendations: The company should respond to all complaints from the Offices of the Insurance Commissioner within fifteen (15) working days.

Results: Predominantly Compliant

Table B4 Results: Complaint Responses Sample

Type	Population	Sample	Pass	Fail	Standard	Compliance
Complaints	124	124	122	2	90%	98

G. CLAIMS

The evaluation of standards in this business area is based on the company’s responses to information items requested by the examiner, discussions with the company’s staff, electronic testing of claim databases, and file sampling during the examination process. This portion of the examination is designed to provide a view of how the company treats claimants and whether that treatment is in compliance with applicable statutes and rules. Samples were taken from the population of protested claims.

Standard G1: Initial compensability decisions and investigations are conducted in a timely manner. (NAIC Market Regulation Handbook Chapter 16, § G Standards 1 & 2)

Test Methodology:

- Did the company rule on occupational injury and occupational disease claims other than occupational pneumoconiosis within fifteen (15) working days from the receipt of all required information by the company? [W. Va. Code §§33-2-10(b), 33-2-21(a) and 23-2C-22 and W. Va. Code R. §85-1-10.1]
- Did the company enter non-medical decisions in occupational pneumoconiosis claims within ninety (90) days from the date the company receives properly executed, prescribed forms? [W. Va. Code R. § 85-1-10.2]

- Did the investigation commence promptly? Is there prompt investigation of the claim by the company? [W. Va. Code §33-11-4(9)(c)]
- Did the company promptly conduct and diligently pursue a thorough, fair and objective investigation and not unreasonable delay resolution by persisting in seeking information not reasonably required for or material to the resolution of the claim dispute? [W. Va. Code §33-11-4(9)(d)(e)(f)]

Examiner Observations: Most decisions on compensability and investigations were conducted properly and promptly. Three (3) protested claims were not ruled on in a timely manner within fifteen (15) days unless otherwise tolled, in violation of W. Va. Code R §85-1-10.1

Examiner Recommendations: All initial rulings should be made on a timely basis in accordance with W. Va. Code R §85-1-10.1.

Results: Predominantly Compliant

Table G1 Results: Timely Compensability Decision and Investigation

Type	Population	Sample	N/A	Pass	Fail	Standard	Compliance
Protested Claims	201	76	0	73	3	93%	96%

Standard G3: Claims are resolved in a timely manner. (NAIC Market Regulation Handbook Chapter 16, § G Standard 3)

Test Methodology:

- Does the company act upon requests for authorization of medical treatment, medications, appliances, devices, and supplies within fifteen (15) working days? [W. Va. Code §§33-2-21(a), 23-2C-22; 33-2-10(b) and W. Va. Code R. §85-1-10.3]
- Does the company refer claimants to physicians for examinations and evaluations within twenty (20) days of the end of the one hundred twenty (120) day period of temporary total disability? [W. Va. Code §§33-2-10(b), 33-2-21(a), 23-2C-22 and W. Va. Code R. §85-1-10.4.a]
- Does the company transmit notice of scheduling examinations evaluations performed by the Occupational Pneumoconiosis Board within sixty (60) days of a non-medical decision directing referral to the Board? [W. Va. Code §§33-2-10(b), 33-2-21(a), 23-2C-22 and W. Va. Code R. §85-1-10.4.b]
- Does the company act upon a permanent disability evaluation report within thirty (30) working days of receipt? [W. Va. Code §§33-2-10(b), 33-2-21(a), 23-2C-22 and W. Va. Code R. §85-1-10.5.a]
- Does the company refer claimants to a physician for examination and evaluation for consideration of a permanent disability award within thirty (30) working days of receipt? [W. Va. Code §§33-2-10(b), 33-2-21(a), 23-2C-22 and W. Va. Code R. §85-1-10.5.b]
- Does the company initiate payment of permanent partial disability awards (either lump sum or installments) within fifteen (15) working days of the decision? [W. Va. Code §§33-2-10(b), 33-2-21(a), 23-2C-22 and W. Va. Code R. §85-1-10.5.c]

- Does the company rule upon applications for reopening of disability claims within thirty (30) days of receipt of the application? [W. Va. Code §33-2-10(b), 33-2-21(a), 23-2C-22 and W. Va. Code R. §85-1-10.6]

Examiner Observations: The company did not act upon requests for authorization of medical treatment, medications, appliances, devices, and supplies within fifteen (15) working days per W. Va. Code R. §85-1-10.3.

In one (1) protested claim the company did not timely schedule an Independent Medical Exam (IME) in violation of W. Va. Code §23-5-1(b)(1) and a protestable order was not issued in relation to the completed IME.

For one (1) protested claim, the company delayed a claim by tolling the claim on a technicality in violation of W. Va. Code §23-5-13.

For one (1) protested claim, the IME determined a permanent partial disability evaluation of 6% on November 27, 2013; however, the TPA did not issue the payment. The file was then transferred on January 1, 2014 to a new TPA. Payment was made on October 9, 2014. The late payment of the permanent partial disability award is in violation of W. Va. Code R. §85-1-10.5a.

Examiner Recommendations: The company should act upon requests for authorization of medical treatments, medications, appliances, devices and supplies within fifteen (15) working days per W. Va. Code R. §85-1-10.3.

The company should not toll a claim decision for information that would be considered a technicality in violation of W. Va. Code §23-5-13.

The company should make permanent partial disability award payments timely as required by W. Va. Code R. §85-1-10.5a.

Results: Non-Compliant

Table G3 Results: Claims Resolved in a Timely Manner

Type	Population	Sample	N/A	Pass	Fail	Standard	Compliance
Protested Claims	201	76	0	69	7	93%	91%

Standard G4: The regulated entity responds to claim correspondence in a timely manner. (NAIC Market Regulation Handbook Chapter 16, § G Standard 4)

Test Methodology:

- Did the company reply to pertinent communications from a claimant reasonably suggesting that a response is needed? [W. Va. Code § 33-11-4(9)(b)]

Examiner Observations: The claim files show that the company responded timely to correspondence received.

Examiner Recommendations: None

Results: Compliant

Table G4 Results: Responds to Correspondence Timely

Type	Population	Sample	N/A	Pass	Fail	Standard	Compliance
Protested Claims	201	76	0	76	0	93%	100%

Standard G5: Claim files are adequately documented. (NAIC Market Regulation Handbook Chapter 16, § G Standard 5)

Test Methodology:

- Does the file contain all notes and work papers pertaining to the claim in such detail that pertinent events and the dates of such events can be reconstructed? [W. Va. Code §33-2-10 and W. Va. Code R. §114-15-4.4]

Examiner Observations: The claims files contained relevant documentation to reconstruct events leading to a decision. No exceptions were noted.

Examiner Recommendations: None

Results: Compliant

Table G5 Results: Claim Files Adequately Documented

Type	Population	Sample	N/A	Pass	Fail	Standard	Compliance
Protested Claims	201	76	0	76	0	93%	100%

Standard G6: Claims are properly handled in accordance with policy provisions and applicable statutes, rules, and regulations. (NAIC Market Regulation Handbook Chapter 16, § G Standard 6)

Test Methodology:

- Does the company calculate, and pay any indemnity payment (temporary total, permanent partial, permanent total, fatal, non-awarded partial) correctly? [W. Va. Code §23-4-1 et seq. W. Va. Code R. §85-1-1 et seq. and Informational Letter 162A]
- Does the company issue notices with proper language? [W. Va. Code §§33-2-10(b), 33-2-21(a), 23-2C-22, 23-4-22 and 23-5-1 et seq. and W. Va. Code R. §85-1-10.7]
- Is the medical management of claims properly handled in accordance with applicable statutes, rules and regulations? [W. Va. Code § 23-4-3b(b) and W. Va. Code R. §85-20-1 et seq.]
- Does the company properly treat claimants in all return-to-work aspects, including determinations, coverage questions, claim payments, and whether or not the company

has written policies and procedures to accommodate workers returning to the workplace? [W. Va. Code §23-4-9 and W. Va. Code R. §85-15-1 et seq.]

Examiner Observations: For five (5) protested claims, the company did not either obtain or document the relevant wage information required to be considered when calculating indemnity payments, or made an incorrect calculation in accordance with W. Va. Code §23-4-1 et seq., W. Va. Code R. §85-1-1 et seq. and Informational Letter 162A.

For one (1) claim the child support payments were not withheld in violation of W. Va. Code R. §85-1-11. In one (1) claim the third party administrator did not pay interest pursuant W. Va. Code §23-4-16a. Finally, in one (1) claim, the notification of denial letter does not state any specific reason for the denial, in violation of W. Va. Code §23-5-1 (a).

Examiner Recommendations:

- The company should document that the all relevant wage information was considered when calculating indemnity payments.
- Wages should be properly calculated in accordance with W. Va. Code §23-4-1 et seq., W. Va. Code R. §85-1-1 et seq. and Informational Letter 162A.
- Child support payments should be properly handled in accordance with W. Va. Code R. §85-1-11.
- Interest should be properly calculated and paid in accordance with W. Va. Code §23-4-16a.
- Notification letters should state the specific reason for a denial in accordance with W. Va. Code §23-5-1 (a).

Results: Non-Compliant

Table G6 Results: Claims Handling

Type	Population	Sample	N/A	Pass	Fail	Standard	Compliance
Protested Claims	201	76	0	68	8	93%	89%

Standard G7: Regulated company claim forms are appropriate for the type of product.
(NAIC Market Regulation Handbook Chapter 16, § G Standard 7)

- **Test Methodology:** Did the claim form(s) include appropriate content and were used appropriately? [W. Va. Code §23-1-14]

Examiner Observations: Claims forms were reviewed and found to be satisfactory except in one (1) claim the company issued a treatment authorization (denial) letter that stated “treatment and medications are no longer covered in this claim”, in violation of 23-4-1c(e).

Examiner Recommendations: None

Results: Predominantly Compliant

Table G7 Results: Appropriate Forms

Type	Population	Sample	N/A	Pass	Fail	Standard	Compliance
Protested Claims	201	76	0	75	1	93%	99%

Standard G8: Claim files are reserved in accordance with the regulated entity's established procedures. (NAIC Market Regulation Handbook Chapter 16, § G Standard 8)

Test Methodology:

- Does the company evaluate and adjust reserves when appropriate?
- Are the company reserves excessive / inadequate?

Examiner Observations: The Company's procedures were followed for claim reserving. No exceptions were noted.

Examiner Recommendations: None

Results: Compliant

Table G8 Results: Claim Reserve

Type	Population	Sample	N/A	Pass	Fail	Standard	Compliance
Protested Claims	201	76	0	76	0	93%	100%

Standard G10: Cancelled checks and drafts reflect appropriate claim handling practices. (NAIC Market Regulation Handbook Chapter 16, § G Standard 10)

Test Methodology:

- Do the checks include the correct payee and are they for the correct amount?
- Do the checks indicate that the payment is timely and accurate [W. Va. Code §23-4-1c]

Examiner Observations: Cancelled checks and drafts were reviewed for the Protested Claims samples. There were no exceptions.

Examiner Recommendations: None

Results: Compliant

Table G10 Results: Checks and Drafts Appropriate

Type	Population	Sample	N/A	Pass	Fail	Standard	Compliance
Protested Claims	201	76	0	76	0	93%	100%

Standard G11: Claim handling practices do not compel claimants to institute litigation, in cases of clear liability and coverage, to recover amounts due under policies by offering substantially less than is due under the policy. (2013 NAIC Market Regulation Handbook Chapter 16, § G Standard 11)

Test Methodology:

- Were litigated claims a result of problematic claim handling practices? [W. Va. Code §§33-11-4(9) and 33-11-7]

Examiner Observations: None of the claims sample reviewed indicated any action or inaction on the part of the company which would compel the claimants to litigate.

Examiner Recommendations: None

Results: Compliant

Table G11 Results: Claim Litigation

Type	Population	Sample	Pass	N/A	Fail	Standard	Compliance
Protested Claims	201	76	76	0	0	93%	100%

Standard G11a: Claims handling practices indicate that regulated entity’s timely and substantively comply with all orders of administrative and judicial appeals bodies.

Test Methodology:

- Does the company comply with orders of the OOJ and the Board of Review that mandates of the West Virginia Supreme Court of Appeals within thirty (30) days from the date of receipt, unless the responsible party is required to act sooner under the terms of the order or mandate or the order or mandate is subject to a lawfully ordered stay? [W. Va. Code §§ 33-2-21(a), 23-2C-22; 33-2-10(b) and W. Va. Code R. §85-1-10.7]

Examiner Observations: In twelve (12) claims (thirteen violations) out of the seventy-six (76) claims reviewed for this standard the company did not timely address the OOJ or Board of Review orders in violation of W. Va. Code R. §85-1-10.7.

Specifically, the orders indicated actions involving the following types of issues:

- In response to the appeal request, the Order issued by the State of West Virginia Workers’ Compensation Board of Review, issued an order on February 27, 2014, which affirmed the OOJ order dated August 21, 2013 granting an additional Permanent Partial Disability (PPD) award, indicated action or payment was to be made within 15 days of the order, however, payment was not made until April 3, 2014.
- The OOJ order dated October 27, 2011 reversed the closing of Temporary Total Disability (TTD) benefits and stated the claimant was entitled to correct payment. On

December 6, 2011 the claimant's attorney filed a "Petition Alleging Failure to Act" as payment had not been received. The OOJ then issued an order on February 14, 2012, giving 15 days to rule on or take other action. A letter acknowledging the order was not issued until March 12, 2012. This is a violation for both instances.

- The Office of Judges' order reversing the claims administrator's decision was issued on December 10, 2013 and received on December 12, 2013; however the order was not acted upon by authorization of a knee brace until February 3, 2014; therefore compliance with the OOJ order appears to be in excess of thirty (30) days.
- On September 12, 2011 The Board of Review issued an Order granting limited stay of ALJ decision. It was ordered as follows: The employer's motion for stay of the Decision of Administrative Law Judge dated August 18, 2011 is granted on a limited basis. The stay shall only apply to the payment of any permanent partial disability benefits that may be awarded as a result of the ALJ's ruling. Medical, temporary total disability and any other benefits that were awarded or may be awarded as a result of the ALJ's decision ruling shall not be impacted by this stay. The TTD payments were not paid. It appears that the TPA did not award or pay temporary total disability until February 20, 2012 (after the appeal was lost on February 12, 2012). The TTD payments according to the above Board of Review order should have been paid and not stayed. It appears that TTD should have been paid on or about October 1, 2011.
- The Office of Judges' order reversed and held naught the original claim decision letter. The file shows that no further action was taken on this OOJ decision.
- The claim was denied but then held compensable. A letter to the claimant states "please provide proof of reasonable medical expenses related to the compensable condition". The claimant responded and requested that he be reimbursed for his out of pocket medical expenses. Payment was not made.
- The Office of Judges' order reversed the decision, stating that it be remanded to the Claim Administrator for clarification. The file shows that no further action was taken on this account.
- An ALJ Order dated October 22, 2012 reversed a previous PPD award and required the claim administrator to refer the claimant for a new IME and thereafter issue a new protestable Order regarding the issue of permanent partial disability. Although the IME should have been scheduled within 30 days of the Order, the IME wasn't scheduled until July 24, 2014.
- OOJ ruled the claim compensable by order dated August 20, 2013. Hearing aids were approved in December 2013 yet the PPD award of 13.56% indicated on the report has not been awarded. The claimant and claimant's attorney has requested the processing of the PPD award by fax dated November 4, 2013 and letter dated October 1, 2013. A different TPA received this as a takeover claim in January 2014. The PPD award of 13.56% wasn't issued by the TPA until June 11, 2014 in the amount of \$27,032.66.

- An Office of Judges Order dated July 30, 2012 reversed the claim administrator’s order dated June 29, 2011 and granted an additional 4% permanent partial disability above and beyond the 8% previously granted. The ALJ order was received August 3, 2012 and payment of the additional 4% permanent partial disability was made on September 12, 2012.
- The Office of Judges Order dated April 14, 2010 reversed a denial of temporary total disability payments from January 9, 2009 to January 23, 2009 with an additional directive to pay “for other periods as may be substantiated by proper medical evidence”. Records show the January 9, 2009 to January 23, 2009 period was paid, however, records indicated the claimant provided proof for other periods and payroll time off and medical records, this was not paid timely.
- The Office of Judges’ order January 15, 2010 reversed a denial. An appeal was filed, no stay was issued and as such TTD benefits should have continued. The award was not issued within 30 days and TTD was not timely paid.

Examiner Recommendations: The company should comply with the Office of Judges, Board of Review and Supreme Court of Appeals orders within the time frames required by W. Va. Code R. §85-1-10.7.

Results: Non-Compliant

Table G11a Results: OoJ Order Review

Type	Population	Sample	Pass	N/A	Fail	Standard	Compliance
OoJ Order Review	201	76	64		12	93%	84%

Standard G14: Loss statistical coding is timely and accurate. (2013 NAIC Market Regulation Handbook Chapter 17, § G Standard 3)

Test Methodology:

- Does the company promptly and accurately provide WVOIC with all necessary claim information to maintain the Workers’ Compensation Claim Index? [W. Va. Code § 23-2C-5(c)(8) and W. Va. Code R. §85-2-1 et seq. and WVOIC’s Electronic Data Interchange (EDI) Implementation Guide.

Examiner Observations: This examination did not include a review of Unit Statistical Reporting. Twenty-six (26) claims failed in complying with EDI reporting standards.

Specifically:

- In eleven (11) instances when a quarterly report was transmitted, the claim status was incorrectly indicated as “closed”.
- Two (2) claims that were closed are incorrectly indicated as still being open.

- For one (1) claim, the compensability was reversed by the Office of Judges but the maintenance field was not updated.
- For one (1) claim, the claim was denied, but the EDI status was not updated to reflect the denial.
- For one (1) claim that was settled, the closure was not posted to EDI.

For two (2) claims the date of injury and date of last exposure was changed per an Administrative Law Judge order and was not updated on the EDI system. One of the two (2) aforementioned claims also did not have a settlement payment posted. The other claim had a permanent partial disability payment mislabeled as an unspecified lump sum payment settlement.

- For one (1) claim, the claimant had an additional payment amount and it was not submitted to EDI.
- For one (1) claim, the permanent partial disability payment was not submitted to EDI.
- For one (1) claim, a settlement payment was not submitted to EDI (This is different claim than the one previously mentioned).
- Two (2) claims incorrectly had multiple jurisdictional claim numbers.
- For one (1) claim, the claim status was not correctly changed from a denied claim to a medical only claim.
- For one (1) claim, which was acquired by a new third party administrator, the EDI was not updated as acquired.
- For one (1) claim, the first report of injury was not timely reported.

Examiner Recommendations: The Company should comply with the EDI submission requirements timely and accurately.

Results: Non-Compliant

Table G14 Results: Claim Loss Statistical Coding

Type	Population	Sample	Pass	N/A	Fail	Standard	Compliance
Protested Claims	201	76	50	0	26	93%	66

SUMMARY OF RECOMMENDATIONS

Recommendation A6:

- AIGs TPA audit program should contain selection criteria which considers on their number of failure to timely act petitions, administrative litigation and complaints.

Recommendation A9:

- AIG should respond to all examiner inquiries within the timeframes prescribed by W. Va. Code R. §114-15-4.9a.

Recommendation B1:

- The company should record all complaints in a regulated complaint register in accordance with W. Va. Code §33-11-4(10) and W. Va. Code R. §114-15-4.6.

Recommendation B3:

- AIG should ensure that all responses to West Virginia Offices of the Insurance Commissioner inquiries, "including Failure to Timely Act" proceedings are coordinated through AIG compliance personnel.

Recommendation B4:

- The company should respond to all complaints from the WVOIC within fifteen (15) working days.

Recommendation G1:

- All initial rulings should be made on a timely basis in accordance with W. Va. Code R §85-1-10.1.

Recommendation G3:

- The company should act upon requests for authorization of medical treatments, medications, appliances, devices and supplies within fifteen (15) working days per W. Va. Code R. §85-1-10.3.
- The company should not toll a claim decision for information that would be considered a technicality in violation of W. Va. Code §23-5-13.

Recommendation G6:

- The company should document that all relevant wage information was considered when calculating indemnity payments.
- Wages should be properly calculated in accordance with W. Va. Code §23-4-1 et seq., W. Va. Code R. §85-1-1 et seq. and Informational Letter 162A.
- Child support payments should be properly handled in accordance with W. Va. Code R. §85-1-11.
- Interest should be properly calculated and paid in accordance with W. Va. Code §23-4-16a.
- Notification letters should state the specific reason for a denial in accordance with W. Va. Code §23-5-1 (a).

Recommendation G11a:

- The company should comply with the OOJ, Board of Review and Supreme Court of Appeals orders within the time frames required by W. Va. Code R. §85-1-10.7.

Recommendation G14:

- The company should comply with the EDI submission requirements timely and accurately.

EXAMINER'S SIGNATURE AND ACKNOWLEDGMENT

The examiner would like to acknowledge the cooperation and assistance extended by the company during the course of the examination.

In addition to the undersigned, Robert Parsons, CIE, MCM, A-RC, CWCP, ACS, CICSR, CCP, Desiree Mueller, CWCP, MCM, Barbara Hudson, CWCP, and Mark A. Hocker, CIE, CPCU, FLMI, AMCM, CWCP, A-RC, CCP, participated in this examination.



John Stike, AIE, CPCU, AMCM, CWCP, CIPA, AU, APA, AFS
Examiner in Charge

EXAMINER'S AFFIDAVIT

State of West Virginia

County of Kanawha

**EXAMINER'S AFFIDAVIT AS TO STANDARDS AND PROCEDURES
USED IN AN EXAMINATION**

I, John Stike, being duly sworn, states as follows:

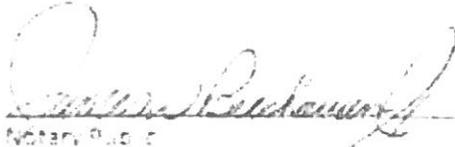
1. I have the authority to represent West Virginia in the examination of American International Group.

2. I have reviewed the examination work papers and examination report, and the examination of American International Group was performed in a manner consistent with the standards and procedures required by West Virginia.

The affiant says nothing further.


John Stike, AIE, CPCU, AMCM, CWCP, CIPA, AU, APA, AFI
Examiner in Charge

Subscribed and sworn before me by John Stike on this 26 day of January, 2014.


Notary Public

My commission expires July 26 2020 10:58

