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

IN RE: FARMERS & MECHANICS MUTUAL INSURANCE COMPANY OF WEST VIRGINIA

ADMINISTRATIVE PROCEEDING 12-MAP-02000

AGREED ORDER ADOPTING REPORT OF MARKET CONDUCT EXAMINATION AND DIRECTING CORRECTIVE ACTION

NOW COMES, The Honorable Michael D. Riley, Insurance Commissioner of the State of West Virginia, and issues this Order which adopts the Report of Market Conduct Examination for the targeted examination of Farmers & Mechanics Mutual Insurance Company of West Virginia hereinafter referred to as "**Farmers**" for the examination period ending June 30, 2011 based upon the following findings, to wit:

PARTIES

1. The Honorable Michael D. Riley, is the Insurance Commissioner of the State of West Virginia (hereinafter the "Insurance Commissioner") and is charged with the duty of administering and enforcing, among other duties, the provisions of Chapter 33 of the West Virginia Code of 1931, as amended.

2. Farmers operates under the provisions of Chapter 33, Article 22 of the West Virginia Code as Farmers and Mechanics Mutual Insurance Company of West Virginia. All policies written by Farmers are non-assessable. Farmers

writes Fire, Homeowners, Mobile-Homeowners, Business Owners, Commercial Multiple Peril and Comprehensive General Liability.

3. Farmers is licensed in West Virginia and operates throughout the State.

4. This Targeted Market Conduct Examination was instituted as a result of the Final Orders entered in Administrative Proceedings: 10-AP-FP-02013, 10-AP-FP-02016, 10-AP-FP-02020, 10-AP-FP-02054, and 10-AP-FP-02057. The Administrative Orders collectively concluded that Farmers committed violations of West Virginia Code Sections 33-11-4(9) (d), 33-11-4(9) (n), 33-11-4(9) (f) and W. Va. St. R. §§ 114-14-6.1, 6.5 and 6.7.

5. The purpose of this targeted examination was to determine Farmers compliance with West Virginia Insurance laws relating to treatment of policyholders and claimants and the examination information contained in the Market Conduct Report should serve only these purposes. The conclusions and findings of the Market Conduct Examination are public record.

FINDINGS OF FACT

1. The Targeted Market Conduct Examination reviewed and tested; complaint handling, claims practices and underwriting from specific dedicated populations. The examination covered the period of operations from January 1, 2008 through June 30, 2011. The examination was conducted in accordance with West Virginia Code Section 33-2-9(c) by examiners duly appointed by the West Virginia Offices of the Insurance Commissioner.

2. The examination began on November 7, 2011 and concluded on January 9, 2012. The examination was conducted at Farmers home office in Martinsburg, West Virginia and also through remote access to the files via Virtual Private Network.

3. A total of fifteen (15) standards were reviewed during this examination. Of these fifteen (15) standards, the company passed fifteen (15), and failed none. Of the fifteen (15) standards passed five (5) included recommendations.

4. The result of the Targeted Market Conduct Examination did reveal violations of West Virginia Code Section 33-11-4(9) (d), and W. Va. St. R. § 114-14-6.7. The violations did not occur with such frequency to indicate a general business practice. Testing of all standards was conducted on commercial lines only (excluding worker's compensation) and results are contained within the report.

5. On February 14, 2012, the examiner filed with the Insurance Commissioner, pursuant to West Virginia Code Section 33-2-9(j)(2), a Report of Market Conduct Examination.

6. On February 28, 2012, a true copy of the Report of Market Conduct Examination was sent to Farmers by certified mail receipt requested, and was received by Farmers on March 5, 2012.

7. On February 28, 2012 Farmers was notified that, pursuant to West Virginia Code Section 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.

8. On March 12, 2012 Farmers concurred with the findings in the Market Conduct Report. Farmers has taken steps to correct all of the areas in which infractions were noted and they recognize the need for complete timely investigations as well as appropriate timing with delay, offer and denial letters.

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

10. Any Finding of Fact that is more properly a Conclusion of Law is hereby adopted as such and incorporated in the next section.

CONCLUSIONS OF LAW

1. The Insurance Commissioner has jurisdiction over the subject matter and the parties to this proceeding.

2. This proceeding is pursuant to and in accordance with West Virginia Code Section 33-2-9.

3. The Commissioner is charged with the responsibility of verifying continued compliance with West Virginia Code and the West Virginia Code of State Rules by Farmers as well as all other provisions of regulation that Farmers is subjected to by virtue of their Certificate of Authority to operate in the State of West Virginia.

4. There does not appear to be any intentional conduct exhibited by Farmers in this examination findings and scope.

5. Any Conclusion of Law that is more properly a Finding of Fact is hereby incorporated as such.

ORDER

Pursuant to West Virginia Code Section 33-2-9(j)(3)(A), following the review of the Report of Market Conduct Examination, the examination work papers, and Farmers response thereto, the Insurance Commissioner and Farmers 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 Farmers as set forth below.

It is accordingly **ORDERED** as follows:

(A) The Report of Market Conduct Examination of Farmers for the period ending June 30, 2011 is hereby **ADOPTED** and **APPROVED** by the Insurance Commissioner;

(B) It is **ORDERED** that Farmers will **CEASE AND DESIST** from failing to comply with the Statutes, Rules and regulations of the State of West Virginia concerning any claims so handled in this State and more specifically the provisions enumerated herein this Order;

(C) It is further **ORDERED** that Farmers shall continue to monitor its Compliance with West Virginia Code Sections 33-11-4(9) (d), 33-11-4(9) (n), 33-11-4(9) (f) and W. Va. St. R. §§ 114-14-6.1, 6.5 and 6.7 and provide reports of compliance, as part of the required Corrective Action Plan, not less frequently than each calendar quarter for a period of one (1) year from the date of this order unless extended by the Commissioner by providing thirty (30) days written notice to Farmers;

(D) It is further **ORDERED** that within thirty (30) days of the next regularly scheduled meeting of its Board of Directors, Farmers shall file with the West Virginia

Insurance Commissioner, in accordance with West Virginia Code Section 33-2-9(j)(4), affidavits executed by each of its directors stating under oath that they have received a copy of the adopted Report of Market Conduct Examination and a copy of this ORDER ADOPTING REPORT OF MARKET CONDUCT EXAMINATION AND DIRECTING CORRECTIVE ACTION;

(E) It is further **ORDERED** that Farmers shall ensure compliance with the West Virginia Code and the Code of State Rules. Farmers shall specifically cure those violations and deficiencies identified in the Report of Market Conduct Examination; and

(F) It is further **ORDERED** that **FARMERS SHALL FILE** a Corrective Action Plan which will be subject to the approval of the Insurance Commissioner. The Corrective Action Plan shall detail Farmers changes to its procedures and/or internal policies to ensure compliance with the West Virginia Code and incorporate all recommendations of the Insurance 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 Insurance Commissioner for approval within thirty (30) days of the entry date of this Agreed Order. Farmers shall implement reasonable changes to the Corrective Action Plan if requested by the Insurance Commissioner within thirty (30) days of the Insurance Commissioner's receipt of the Corrective Action Plan. The Insurance Commissioner shall provide notice to Farmers if the Corrective Action Plan is disapproved and the reasons for such disapproval within thirty (30) days of the Insurance Commissioner's receipt of the Corrective Action Plan.

(G) 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 Farmers.

Entered this 14th day of May, 2012

Michael D. Riley

The Honorable Michael D. Riley
Insurance Commissioner

REVIEWED AND AGREED TO BY:

On behalf of the INSURANCE COMMISSIONER:

Andrew R. Pauley, General Counsel, CPCU, APIR

Dated: 5/9/12

On Behalf of FARMERS & MECHANICS MUTUAL INSURANCE COMPANY OF WEST VIRGINIA:

By: Foster L. Sirbaugh Jr.
Print Name

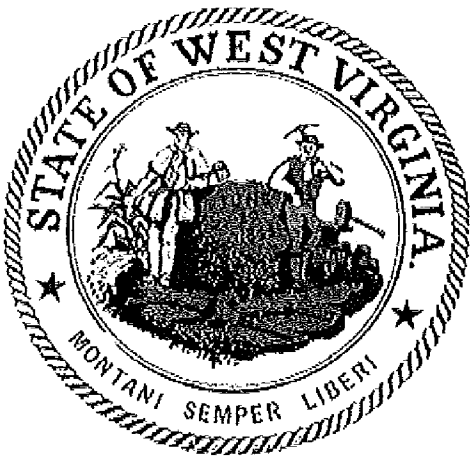
Its: President / CEO

Signature: Foster L. Sirbaugh Jr.

Date: May 3, 2012

REPORT OF MARKET CONDUCT EXAMINATION

As of June 30, 2011



Farmers & Mechanics Mutual Insurance

Company of West Virginia

25 Administrative Dr

Martinsburg WV 25401

NAIC COMPANY CODE 36315
Examination Number WV014-M26

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February 14, 2012

The Honorable Mike 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 made as of June 30, 2011 regarding treatment of claimants of:

Farmers & Mechanics Mutual Insurance Company of West Virginia

25 Administrative Drive
Martinsburg WV 25401

hereinafter referred to as the "Company". The following report of the findings of this target examination is herewith respectfully submitted.

FOREWORD

This is a report by test of Company compliance with selected Standards contained in the National Association of Insurance Commissioners' (NAIC) *2011 Market Regulation Handbook* ("Handbook") and Standards approved by the West Virginia Office of the Insurance Commissioner ("WVOIC") which are based on applicable West Virginia statutes and administrative rules, as referenced herein. Testing is based on guidelines contained in the Handbook. All tests applied are included in this report.

"Company" as used herein refers to Farmers & Mechanics Mutual Insurance Company of West Virginia. "WVOIC" as used herein refers to the West Virginia Office of the Insurance Commissioner. "W.Va. Code St. R." as used herein refers to the West Virginia Code of State Rules. "W.Va. Code" as used herein refers to the West Virginia Code Annotated.

PURPOSE AND SCOPE OF THE EXAMINATION

Market conduct examiners with the WVOIC reviewed certain business practices of Farmers & Mechanics Mutual Insurance Company of West Virginia. Sections §33-2-9 empower the Commissioner to examine any entity engaged in the business of insurance. The findings in this report, including all work products developed in producing it, are the sole property of the WVOIC.

The purpose of this targeted examination was to determine the Company's compliance with West Virginia insurance laws relating to treatment of policyholders and claimants. Examination information contained in this report should serve only these purposes. The conclusions and findings of this examination are public record.

This examination was governed by, and performed in accordance with procedures developed by the WVOIC that are based on those of the National Association of Insurance Commissioners (NAIC), modified to conform to the requirements of West Virginia insurance laws. In reviewing material for this report, the examiners relied primarily on records and material maintained and/or submitted by the Company. The examination covered the period of the Company's operations, from January 1, 2008 through June 30, 2011.

File sampling was based on review of closed without payment/denied and paid claim files and underwriting- new business files. Files were randomly selected from the data provided by the Company. Sample sizes were chosen based on procedures developed by the NAIC. Standards pertaining to this target market conduct examination were utilized from the 2011 NAIC *Market Regulation Handbook*. Upon review of each file, any concerns or discrepancies were noted on requests for information and delivered to the Company for review. Once the Company was advised of a concern contained in a request for information (RFI), the Company had the opportunity to respond. For each finding, the Company was requested to agree, disagree, or otherwise justify the Company's noted action. At the conclusion of the fieldwork, the Company was provided a summary of the findings at the exit conference and a draft of the report was provided for the Company's review. The examination report is a report by test, reporting all areas reviewed and for each test, reports if the examiners found that the Company "Passed", "Failed", or "Passed with Recommendation".

The basic business areas that were reviewed and tested under this examination were:

- Complaint Handling
- Claims Practices
- Underwriting

Each business area has standards that the examination measured. Some standards have specific statutory guidelines, others have specific company guidelines, and yet others have contractual guidelines. Since this was a targeted examination, only the standards, which were pertinent to the targeted examination or the treatment of claimants, were examined.

The focus of the examination is on the methods used by the Company to manage its operations for each of the business areas subject to this examination. This includes an analysis of how the Company communicates its instructions and intentions throughout its operations, how it measures and monitors the results of those communications, and how it reacts to and modifies its communications based on the result findings of the measurement and monitoring activities. The examination also determined whether this process is dynamic and results in enhanced compliance activities. Because of the

predictive value of this form of analysis, focus is then made on those areas in which the process used by management does not appear to be achieving appropriate levels of statutory and regulatory compliance. Most areas are tested to verify the Company is in compliance with West Virginia statutes and rules.

EXECUTIVE SUMMARY

The examination began November 7, 2011 and concluded on January 9, 2012. The examination was conducted at the Company's home office in Martinsburg, West Virginia and also through remote access to the files via VPN (virtual private network). The examination was called as a result of the Final Order entered in Administrative Proceedings No. 10-AP-FP-02020, 10-AP-FP-02054, 10-AP-FP-02057, 10-AP-FP-02016, and 10-AP-FP-2013. The Administrative Orders collectively concluded that the Company committed violations of W. Va. Code §§33-11-4(9)(d), 33-11-4(9)(n), 33-11-4(9)(f) and W.Va. St. R. §§114-14- 6.1, 6.5, and 6.7.

W. Va. Code §33-11-4(9)(d) implies that, upon any finding that a company committed an unfair claims settlement practice with respect to a claimant, the Commissioner determine whether or not that practice occurred with such frequency as to be construed as a general business practice of the Company. In this case, the Commissioner determined that the most efficient way to make this determination was through a targeted Market Conduct Examination. The examination primarily focused on claims handling with particular attention to timeliness and thoroughness of investigations (included within Standard G2); company responses to pertinent communications from claimants or their representatives (included within Standard G4); and refusing to pay claims without conducting a reasonable investigation (included within Standard G9). Certain standards from the Complaint Handling and Underwriting sections of the *Market Regulation Handbook* were also included within this examination report. The result of the target market examination did reveal violations of W. Va. Code §33-11-4(9)(d) and W. Va. St. R. §114-14-6.7 occurred, but not with such frequency to indicate a general business practice. Testing of all standards was conducted on commercial lines only (excluding workers compensation) and results contained within the report.

A total of fifteen (15) standards were reviewed during this examination. Of these fifteen (15) standards, the Company passed fifteen (15), and failed none. Of the fifteen (15) standards passed, five (5) included recommendations.

HISTORY AND PROFILE

Farmers and Mechanics was incorporated under the laws of West Virginia on December 18, 1877 and commenced operations as the Farmers and Mechanics Mutual Fire Insurance Company of West Virginia on March 23, 1878. The Insurance Commissioner's records show that the word "Fire" was deleted from the Company's name in 1990, however, records at the West Virginia Secretary of States Office indicate the corporation changed its name on June 23, 2003. The Company operates under the provisions of Chapter 33, Article 22 of the West Virginia Code as Farmers and Mechanics Mutual Insurance Company of West Virginia.

All policies written by Farmers and Mechanics are non-assessable. The Company writes Fire, Homeowners, Mobile-Homeowners, Business Owners, Commercial Multiple Peril and Comprehensive General Liability. Farmers and Mechanics is only licensed in West Virginia and operates throughout the State.

The 2010 market share for homeowners multi-peril is 2.287%; farm owners multi-peril 22.26% and fire 4.87%.

METHODOLOGY

This examination is based on the standards and tests for a market conduct examination of a property and casualty insurer found in Chapter XVI and XVII of the *2011 NAIC Market Regulation Handbook* and in applicable West Virginia statutes and rules.

Some of the standards were measured using a single type of review, while others used a combination or all types of review. The types of review used in this examination fall into three general categories: generic, sample, and electronic.

A "generic" review indicates that a standard was tested through an analysis of general data gathered by the examiner or provided by the examinee in response to queries by the examiner.

A "sample" review indicates that a standard was tested through direct review of a random sample of files selected using Audit Command Language (ACL) and sampling methodology described in Chapter XIV of the Handbook. For statistical purposes, an

error tolerance level of 7% was used for claims and a 10% tolerance was used for other types of review. Examiners determined acceptance samples designed to rule out, with 95% confidence, that the proportion of errors in the various populations from which the samples were drawn does not exceed the recommended tolerance levels.

An "electronic" review indicates that a standard was tested through use of a computer program or applied to a download of the Company's computer records. This type of review typically reviews all records of a particular type.

Each standard tested is described and the result of testing is provided under the appropriate standard. Each standard applied is described, and the result of testing is provided under the appropriate standard. The standard, its statutory authority under West Virginia law, and its source in the *NAIC Market Regulation Handbook* are stated and contained within a bold border.

The three areas of the exam, complaints, underwriting, and claims had sampling from specific dedicated populations. The population definition was derived from the functional definition of the process under review. Once the target population has been defined, no selection biases should contaminate the sampling process. The three areas each had specific standards for review and the standards applying to each area were not necessarily the same. It is worthy to note that during the review of certain samples, the examiners found violations of standards that were not part of that section's specific standards to review. While these were obvious violations, they were noted in the observations section, but were not shown as failures if the standard was not part of that area's review.

Each standard is accompanied by a "Comment" describing the purpose or reason for the standard. "Results" are indicated, examiner's "Observations" are noted, and in some cases, a "Recommendation" is made. Comments, Results, Observations and Recommendations are maintained with the appropriate standard.

A. COMPANY OPERATIONS & MANAGEMENT

The evaluation of standards in this business area is based on a review of Company responses to information requests, questions, interviews, and presentations made to the examiner. Because this was a targeted examination primarily focused on Claims Handling, only one standard of this section of the NAIC *Market Regulation Handbook* was selected for review.

Standard A9	*NAIC Market Regulation Handbook – Chapter XVI, § A, Standard 9*
The Company cooperates on a timely basis with examiners performing the examinations.	
	W. Va. Code § 33-2-9 & W. Va. Code St. R. § 114-15-1, et seq.

Comments: The review methodology for this standard is generic. The standard has a direct statutory requirement. This standard is aimed at assuring that the Company is cooperating with the State in the completion of an open and cogent review of the Company's operations in West Virginia. Cooperation with examiners in the conduct of an examination is not only required by statute, it is conducive to completing the examination in a timely fashion and minimizing the cost of the examination.

Results: Pass

Observations: The Company was extremely cooperative during the examination and responded to all examiners' requests timely.

B. COMPLAINT HANDLING

Evaluations of the standards in this business area are based on Company responses to various requests for information and the review of the Company's complaint files. W. Va. Code § 33-11-4(10) requires the Company to "...maintain a complete record of all the complaints which it has received since the date of its last examination." The statute also requires that "[t]his 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."

Standard B1	*NAIC Market Regulation Handbook – Chapter XVI, § B, Standard 1*
All complaints are recorded in the required format on the company complaint register.	
	W. Va. Code § 33-11-4(10) and W. Va. Code St. R. §114-15-4.6

Comments: The review methodology for this standard is sample and generic. The standard has a direct statutory requirement. This standard is concerned with whether

the Company keeps formal track of complaints or grievances as required by statute. An insurer is required to maintain a complete record of all complaints received. The record must indicate the total number of complaints since the last examination, the classification of each complaint by line of insurance, the nature of each complaint, the disposition of each complaint, and the time it took to process each complaint.

Results: Pass

Observations: The Examiners reviewed eighty-three (83) complaints consisting of seventy-three (73) WVOIC and ten (10) internal complaints. All WVOIC complaints were on their complaint register. The examiners' review of the claim files found no additional complaints that were not on the complaint register.

Table B1: Complaints Sample Results

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Complaints	83	83	0	83	0	100%

Recommendations: None.

Standard B2	*NAIC Market Regulation Handbook – Chapter XVI, § B, Standard 2*
The regulated entity has adequate complaint handling procedures in place and communicates such procedures to policyholders.	
	W. Va. Code § 33-11-4(10) & W. Va. Code St. R. §114-14-5.2

Comments: The review methodology for this standard is generic. The standard has a direct statutory requirement. This standard is concerned with whether the Company has an adequate complaint handling procedure and whether the Company communicates complaint handling procedures to its policyholders.

Results: **Pass**

Observations: The Company's written procedure is to provide a response within the required time frame under the specific state law or regulation. The Compliance Department will monitor all complaint responses for timely compliance and confer with

the appropriate department management concerning delays, pattern problems or other issues involving specific responses to complaints.

Recommendations: None

Standard B3	*NAIC Market Regulation Handbook – Chapter XVI, § B, Standard 3*
The Company takes adequate steps to finalize and dispose of the complaint in accordance with applicable statutes, rules and regulations, and contract language.	
	W. Va. Code § 33-11-4(10) and W. Va. Code St. R. § 114-14-5.2

Comments: The review methodology for this standard is generic. The standard has a direct statutory requirement. This standard is concerned with whether the Company has an adequate complaint handling procedure and whether the Company takes adequate steps to resolve and finalize complaints.

Results: Pass

Observations: The Company's complaint procedures appear to be adequate to comply with W. Va. Code §33-11-4(10) and W.Va. Code St. R. §114-14-5.2.

Recommendations: None

Standard B4	*NAIC Market Regulation Handbook – Chapter XVI, § B, Standard 4*
The time frame within which the regulated entity responds to complaints is in accordance with applicable statutes, rules and regulations.	
	W. Va. Code §§ 33-11-4(10), 33-11-4a & W. Va. Code St. R. § 114-14-5.2

Comments: The review methodology for this standard is sample. The standard has a direct statutory requirement. In the case of complaints concerning claims, direct time requirements are found in regulation. This standard is concerned with the Company responding to complaints timely. Concerns tested within this standard include compliance with:

- W. Va. Code. §33-11-4a The person that is the recipient of a notice from the Commissioner pursuant to subdivision (3) of this subsection shall report to the Commissioner on the disposition of the alleged violation within fifteen (15) days of the disposition, but no later than sixty (60) days from receipt of notice of the complaint from the Commissioner.

- W. Va. Code St. R. §114-14-5.2 Every insurer, producer or other licensee, upon receipt of any inquiry other than a third-party administrative complaint from the Insurance Commissioner shall, within fifteen (15) working days of the date appearing on the inquiry, furnish the Commissioner with a complete written response.

Results: Pass with Recommendations

Observations: The Company failed to respond within fifteen (15) working days for two (2) WVOIC generated complaints, in violation of W. Va. Code St. R. §114-14-5.2 Complaints that were filed directly from the complainant to the Company were responded to in a timely manner (15 days first party or 60 days for third party).

Table B4: Complaints Sample Results

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Complaints	83	83	0	81	2	98%

Recommendations: The Company should comply with the appropriate time frames for responding to complaints as required by W. Va. Code §§33-11-4(10), 33-11-4a, and W. Va. Code St. R. §114-14-5.2.

F. UNDERWRITING AND RATING

The evaluation of standards in this business area are based on review of Company responses to information requests, questions, interviews, presentations made to the examiner, and file sampling. The underwriting and rating practices portion of the examination is designed to provide a view of how the Company treats the public and whether that treatment is in compliance with applicable statutes, rules and regulations. It is typically determined by testing a random sampling of files and applying various tests to the sampled files. Testing is concerned with compliance issues.

Standard F1: Underwriting & Rating	*NAIC Market Regulation Handbook – Chapter 17, §F, Standard 10.*

The Company's underwriting practices are not unfairly discriminatory. The Company adheres to applicable statutes, rules and regulations and the Company's guidelines in the selection of risks.

W. Va. Code §§ 33-11-4(7), 33-6-8 & 33-22-7

Comments: The review methodology for this standard is sample. This standard has a direct insurance statutory requirement. This standard is intended to ensure that no unfair discrimination is occurring, according to the state's definition of unfair discrimination. The Company must follow its underwriting guidelines, and the guidelines must conform to state laws, and are not unfairly discriminatory. Inconsistent underwriting practices, even if not intentional, can result in unfair discrimination. A primary issue within the complaints was declination of claims due to ice damming, or weight of snow.

Results: Pass

Underwriting files were selected from one (1) subset for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL© was utilized to sample files as indicated in the table below. Our testing results are included in Table F1 below:

Table F1: Underwriting, New business

Type	Population	Sampled	N/A	Pass	Fail	%Pass
New Business	7,658	108	0	108	0	100

Observations: The examiner reviewed new business samples and found that the type of policy written was based upon the company's underwriting criteria, and was not discriminatory and conformed to state laws. Both the basic and broad form coverages are written on a "named peril" basis covering only perils that are named within the policy. In the special forms policy, real property is insured for "risks of physical loss unless excluded". The weight of snow peril is covered under the broad and special forms, but not the basic form. Examiner found that the coverages - basic coverage, broad form, and special policies were appropriately selected and written when age,

condition, or other factors were taken into consideration in the underwriting manual and rules. The review found no indications that the company tried to write basic form coverage when a broad form or special would have been more suitable. All applications contained the required fraud notice language.

Recommendations: None

G. CLAIMS PRACTICES

The evaluation of standards in this business area is based on Company responses to information requested by the examiner, discussions with Company 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.

Standard G1	*NAIC Market Regulation Handbook – Chapter XVI, §G, Standard 1*
The initial contact by the company with the claimant is within the required time frame.	
	W. Va. Code § 33-11-4(9)(b) & W. Va. Code St. R. § 114-14-5.1

Comments: Review methodology for this standard is generic, sample, and electronic. This standard is derived directly from W. Va. Code §33-11-4(9)(b) which prohibits "[f]ailing to acknowledge and act reasonably upon communication with respect to claims arising under insurance policies." W. Va. Code St. R. §114-14-5.1 states that "[e]very insurer, upon receiving notification of a claim shall, within fifteen (15) working days, acknowledge the receipt of such notice unless full payment is made within such period of time."

Results: Pass with Recommendation

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL© was utilized to sample files as indicated in the table below. Our testing results are included in Table G1 below:

Table G1: Claims, Initial Contact

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	107	1	99
Closed without payment	1,482	108	0	108	0	100
Totals	4,852	216	0	215	1	99

Observations: Testing of the sampled files determined that one (1) file was not maintained in compliance with W. Va. Code St. R. §114-14-5.1, as follows:

Claimant notified the agent of the loss, but agent did not report to the company and thus, the company did not acknowledge the claim within fifteen (15) working days as stipulated by statute.

The Company's manuals and website were reviewed to determine if acceptable standards existed. The manual and website review found no exceptions.

Recommendations: The Company should contact claimants as required by W. Va. Code St. R §114-14-5.1.

Standard G2	*NAIC Market Regulation Handbook – Chapter XVI, §G, Standard 2.*
Timely investigations are conducted.	
	W. Va. Code § 33-11-4(9)(c) & W. Va. Code St. R. § 114-14-6

Comments: Review methodology for this standard is generic and sample. This standard has a direct statutory requirement and is intended to assure that the carrier initiates a prompt and complete investigation. Concerns tested within this standard include compliance with:

- W. Va. Code. §33-11-4(9)(c) Failing to adopt and implement reasonable standards for the prompt investigation of claims arising under insurance policies
- W. Va. Code St. R. §114-14-6.2(a) which requires that the investigation be initiated within fifteen (15) working days from receiving notice of the claim.
- W. Va. Code St. R. §114-14-6.1 which requires every insurer to promptly conduct and diligently pursue a thorough, fair and objective investigation

and may not unreasonably delay resolution by persisting in seeking information not reasonably required for, or material to the resolution of a claim dispute.

- W. Va. Code St. R. §114-14-6.7 which requires a notice of necessary delay in investigating claims, if the insurer needs more than thirty (30) calendar days from receipt of notice of claim from a third-party claimant to determine whether a claim should be accepted or denied, it shall so notify the claimant in writing within fifteen (15) working days after the thirty-day period expires. If the investigation remains incomplete, the insurer shall provide written notification of the delay to the claimant every forty five (45) calendar days thereafter until the investigation is complete.

Claim files that did not require the notice of necessary delay because they were resolved in a timely manner and were considered to be a "Pass" rather than "Non-applicable" for evaluation purposes of this standard.

Results: Pass with recommendation

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL® was utilized to sample files as indicated in the table below. Our testing results are included in Table G2 below:

Table G2: Claims, timely investigation

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	102	6	94
Closed without payment	1,482	108	0	105	3	97
Total	4,852	216	0	207	9	96

Observation: The examiner's review of the claim samples indicate the company failed to send a delay letter(s) or did not send a delay letter(s) timely in six (6) paid and three (3) closed without payment claims as required by W. Va. Code St. R. §114-14-6.7. Some of the individual claims contained multiple instances of missing or untimely delay letters.

Recommendations: The Company shall send delay letters as required by W. Va. Code St. R §114-14-6.7.

Standard G3	*NAIC Market Regulation Handbook – Chapter XVI, §G, Standard 3*
Claims are resolved in a timely manner.	
	W.Va. Code §33-11-4(9) & W.Va. Code St. R. § 114-14-6.3

Comments: Review methodology for this standard is generic, sample, and electronic. This standard has a direct statutory requirement. This standard is intended to assure that claims are promptly settled once liability is reasonably clear. Applicable statutes and rules for this standard include:

- W. Va. Code §33-11-4(9)(e) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed;
- W. Va. Code §33-11-4(9)(f) Not attempting in good faith to effectuate prompt, fair and equitable settlements of claims in which liability has become reasonably clear;
- W. Va. Code §33-11-4(9)(m) Failing to promptly settle claims, where liability has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage;
- W. Va. Code St. R. §114-14-6.3. Duty after investigation. -- Within ten (10) working days of completing its investigation, the insurer shall deny the claim in writing or make a written offer, subject to policy

Results: Pass with recommendation

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL© was utilized to sample files as indicated in the table below. Our testing results are included in Table G3 below:

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	108	0	100
Closed without payment	1,482	108	0	106	2	98
Total	4,852	216	0	214	2	99

Observations: Testing of the sampled files determined that two (2) files were not maintained in compliance with W. Va. Code St. R. §114-14-6.3 as follows:

The Company failed to send a denial letter within ten (10) working days of completing its investigation.

Additionally, note that on one complaint filed to the OIC, an offer in writing was not made to a policyholder. The offer was made verbally and the OIC found a violation occurred, but as the claim was paid, no harm was done to the policyholder. (Since this instance was not included in the sample, it has not been included the table above).

Recommendations: The Company shall send written denial letters or written offer, subject to policy, within ten (10) working days of completing its investigation as required by W. Va. Code St. R §114-14-6.3.

Standard G4	*NAIC Market Regulation Handbook – Chapter XVI, §G, Standard 4.*
The regulated entity responds to claim correspondence in a timely manner.	
	W. Va. Code § 33-11-4(9)(b) & W. Va. Code St. R. §114-14-5.3

Comments: Review methodology for this standard is generic and sample. This standard has a direct statutory requirement. The standard is intended to assure that companies treat claimants properly by promptly responding to inquiries of claimants and their representatives. Applicable statutes and regulation for this standard include:

- W. Va. Code §33-11-4(9)(b) which prohibits "[f]ailing to acknowledge and act reasonably upon communication with respect to claims arising under insurance policies."
- W. Va. Code St. R. §114-14-5.3 Replies to other pertinent communications. -- A reply shall be made within fifteen (15) working days of receipt by the insurer to

all other pertinent communications from a claimant, which reasonably suggest that a response is expected.

Results: Pass

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL© was utilized to sample files as indicated in the table below. Our testing results are included in Table G4 below:

Table G4: Claims, claims correspondence

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	108	0	100
Closed without payment	1,482	108	0	108	0	100
Total	4,852	216	0	216	0	100

Observations: The samples of paid claims and closed without payment claims were reviewed to determine if the Company promptly responded to correspondence received. No exceptions were noted during the examination of the files.

Recommendations: None

Standard G5	*NAIC Market Regulation Handbook – Chapter XVI, §G, Standard 5.*
Claim files are adequately documented.	
	W. Va. Code St. R. §§ 114-14-3 & 114-15-4.4, 4.2(A)

Comments: Review methodology for this standard is generic, sample, and electronic. This standard has a direct statutory requirement. Without adequate documentation, proper claimant treatment as well as the various time frames required by statutes and/or regulation cannot be demonstrated. Applicable statutes and regulations for this Standard include:

- W. Va. Code St. R. §114-14-3 - The insurer's claim files shall be subject to examination by the Commissioner or by his or her duly appointed designees. Such files shall 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. All communications and transactions emanating from or received by the insurer shall be dated by the insurer. A notation of the substance and date of all oral communications shall be contained in the claim file. Insurers shall either make a notation in the file or retain a copy of all forms mailed to claimants.

- W. Va. Code St. R. §114-15-4.4 Claim files shall be maintained as follows:

  a. A claim file and accompanying records shall be maintained for the calendar year in which the claim is closed, plus additional years as set forth in subdivision b, subsection 4.2 of this section. The claim file shall be maintained so as to show clearly the inception, handling and disposition of each claim. The claim files shall be sufficiently clear and specific so that pertinent events and dates of these events can be reconstructed. A claim file shall, at a minimum, include the following items:

  1. For property and casualty: the file or files containing the notice of claim, claim forms, proof of loss or other form of claim submission, settlement demands, accident reports, police reports, adjustors' logs, claim investigation documentation, inspection reports, supporting bills, estimates and valuation worksheets, medical records, correspondence to and from insureds and claimants or their representatives, notes, contracts, declaration pages, certificates evidencing coverage under a group contract, endorsements or riders, work papers, any written communication, any documented or recorded telephone communication related to the handling of a claim, including the investigation, payment or denial of the claim, copies of claim checks or drafts, or check numbers and amounts, releases, all applicable notices, correspondence used for determining and concluding claim payments or denials, subrogation and salvage documentation, any other documentation created and maintained in a paper or electronic format, necessary to support claim handling activity, and any claim manuals or other information necessary for reviewing the claim.

Results: Pass

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population

was reviewed. If greater than one hundred and eight (108), ACL© was utilized to sample files as indicated in the table below. Our testing results are included in Table G5 below:

Table G5: Claims, adequate documentation

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	108	0	100
Closed without payment	1,482	108	0	106	2	97
Total	4,852	216	0	214	2	99

Observations: The examiner found most claim files contained the necessary detail as to allow pertinent events and the dates of such events of the claim to be reconstructed. Two (2) closed without payment files did not contain a denial letter and the notes did not sufficiently allow the examiner to reconstruct the pertinent events or dates.

Recommendations: None

Standard G6	*NAIC Market Regulation Handbook – Chapter XVI, §G, Standard 6*
Claims are properly handled in accordance with policy provisions and applicable statutes, rules and regulations.	
	W. Va. Code § 33-11-4(9) & W. Va. Code St. R. § 114-14-6, et seq.

Comments: Review methodology for this standard is generic and sample. This standard has a direct statutory requirement. Concerns tested with this standard include:

- That claim handling meets West Virginia statutes and rules as applied to sales tax payment, correct payees, improper release of claims, and proper payment of non-disputed claims.
- That coverage was checked for proper application of exclusionary language.
- That appropriate disclosures are given when a claim nears the applicable statute of limitations.

Applicable Statutes and regulations include:

- W. Va. Code §33-11-4(9)(a) Misrepresenting pertinent facts or insurance policy provisions relating to coverage's at issue;

- W. Va. Code §33-11-4(9)(h) Attempting to settle a claim for less than the amount to which a reasonable man would have believed he was entitled by reference to written or printed advertising material accompanying or made part of an application;

- W. Va. Code §33-11-4(9)(j) Making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under which payments are being made.

- W. Va. Code St. R. §114-14-6.4. Offers of settlement. --

  a. In any case where there is no dispute as to coverage and liability, it is the duty of every insurer to offer claimants or their authorized representatives, amounts which are fair and reasonable, as shown by the insurer's investigation of the claim, providing the amounts so offered are within policy limits and in accordance with the policy provisions.

  b. No insurer may attempt to settle a claim by making a settlement offer that is unreasonably low.

- W. Va. Code St. R. §114-14-6.4., 6.10. Separation of claims. -- In any case where there is no dispute as to one (1) or more elements of a claim, payment for such element(s) shall be made notwithstanding the existence of disputes as to other elements of the claim where such payment can be made without prejudice to either party.

- W. Va. Code St. R. §114-14-6.12. Notice of applicable time limitations. -- No person may negotiate for settlement of a claim with a claimant who is neither an attorney nor represented by an attorney without giving the claimant written notice that the claimant's rights may be affected by a statute of limitations or a policy or contract time limit. Such notice shall be given to first-party claimants not less than thirty (30) days and to third-party claimants not less than sixty (60) days, before the date on which such time limit expires.

- W. Va. Code St. R. §114-14-6.13. Avoidance of payment. -- Where liability and damages are reasonably clear, no person may recommend that third-party

claimants make claim under their own policies solely to avoid paying claims under an insurer's insurance policy or insurance contract.

- W. Va. Code St. R. §114-14-6.14. Unreasonable travel. -- No person may require a claimant to travel unreasonably.

- W. Va. Code St. R. §114-14-6.16. Claim proceeds used to pay premiums of another policy. -- No insurer may deduct from a claim payment made under one policy premiums owed by the insured on another policy unless the insured consents.

Results: Pass

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL© was utilized to sample files as indicated in the table below. Our testing results are included in Table G6 below:

Table G6: Claims, Claims settlement

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	108	0	100
Closed without payment	1,482	108	0	108	0	100
Total	4,852	216	0	216	0	100

Observations: A review of the paid and closed without payment claim files determined claims to be in accordance with State law and policy provisions including settlement times and settlement amounts. During the review within the complaints section of the examination, a violation of §114-14-6.4b (low offer to settle) was found. The complaints section of the review does not address this standard, and to protect the integrity of the sampling, the found violation is not shown as a failure.

Recommendations: None

Standard G7	*NAIC Market Regulation Handbook – Chapter XVI, §G, Standard 7.*
Regulated entity claim forms are appropriate for the type of product.	
	NOTE: This standard does not have a direct statutory requirement. However, the Commissioner has authority to take action under the provisions of W. Va. Code § 33-11-7.

Comments: Review methodology for this standard is sample. The standard is intended to assure that claims forms are appropriate, not misleading, and do not require claimants to make unreasonable efforts to pursue claims.

Results: Pass

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL© was utilized to sample files as indicated in the table below. Our testing results are included in Table G7 below:

Table G7: Claims, Claims Forms

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	108	0	100
Closed without payment	1,482	108	0	108	0	100
Total	4,852	216	0	216	0	100

Observations: Review of claim forms found that all were appropriate.

Recommendations: None

Standard G9	*NAIC Market Regulation Handbook – Chapter XVI, §G, Standard 9*
Denied and closed-without-payment claims are handled in accordance with policy provisions and state law.	
	W. Va. Code § 33-11-4(9)(& W. Va. Code St. R. § 114-14-6.4 et seq

Comments: Review methodology for this standard is sample. This standard has a direct statutory requirement. Concerns tested for this standard include:

- W. Va. Code St. R. §33-11-4(9)(d) Refusing to pay claims without conducting a reasonable investigation based upon all available information;

- W. Va. Code St. R. §33-11-4(9)(e) Failing to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed;

- W. Va. Code St. R. §33-11-4(9)(n) Failing to promptly provide a reasonable explanation of the basis in the insurance policy in relation to the facts or applicable law for denial of a claim or for the offer of a compromise settlement;

- W. Va. Code St. R. §114-14-6.4. Offers of settlement. --

  a. In any case where there is no dispute as to coverage and liability, it is the duty of every insurer to offer claimants or their authorized representatives, amounts which are fair and reasonable, as shown by the insurer's investigation of the claim, providing the amounts so offered are within policy limits and in accordance with the policy provisions.

  b. No insurer may attempt to settle a claim by making a settlement offer that is unreasonably low.

- W. Va. Code St. R. §114-14-6.10. Separation of claims. -- In any case where there is no dispute as to one (1) or more elements of a claim, payment for such element(s) shall be made notwithstanding the existence of disputes as to other elements of the claim where such payment can be made without prejudice to either party.

- W. Va. Code St. R. §114-14-6.12. Notice of applicable time limitations. -- No person may negotiate for settlement of a claim with a claimant who is neither an attorney nor represented by an attorney without giving the claimant written notice that the claimant's rights may be affected by a statute of limitations or a policy or contract time limit. Such notice shall be given to first-party claimants not less than thirty (30) days and to third-party claimants not less than sixty (60) days, before the date on which such time limit expires.

- W. Va. Code St. R. §114-14-6.13. Avoidance of payment. -- Where liability and damages are reasonably clear, no person may recommend that third-party claimants make claim under their own policies solely to avoid paying claims under an insurer's insurance policy or insurance contract.

- W. Va. Code St. R. §114-14-6.17 states the following:

Any notice rejecting any element of a claim shall contain the identity and the claims processing address of the insurer and the claim number. The notice must state that the claimant has the option of contacting the Commissioner. The notice must provide the Commissioner's mailing address, telephone number and website address.

Results: Pass with Recommendations

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL® was utilized to sample files as indicated in the table below. Our testing results are included in Table G9 below:

Table G9: Claims, Closed without payment sample results

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	108	0	100
Closed without payment	1,482	108	0	107	1	99
Total	4,852	216	0	215	1	99

Observations: One (1) closed without payment claim denial notices did not contain the required Commissioner's contact information and thus were not in compliance with W. Va. Code St. R §114-14-6.17.

Also, note that:

- During the review of paid claims, one (1) claim had a partial denial and that denial letter did not contain the Commissioner's contact information. It is not listed as a failure, due to the paid claims sample review did not test this standard.
- During the review of complaints, three (3) violations were found by the OIC hearing examiner of improper investigation. Also, (1) file appeared to show evidence of lack of a proper investigation. Since these instances are not included in the claims sample, they were not included in the above table.

Recommendations: The Company shall include the appropriate Commissioner's contact information in the denial letters as required by W. Va. Code St. R. §114-14-6.17.

Standard G10	*NAIC Market Regulation Handbook – Chapter XVI, § G, Standard 10*
Canceled benefit checks and drafts reflect appropriate claim handling practices.	
	W.Va. Code §33-11-4(9) W.Va. Code St. R. § 114-14-1, et seq.

Comments: Review methodology for this standard is electronic and sample. The concerns tested for this standard include:

- This standard has a direct statutory requirement that cancelled benefit checks include the correct payee and are for the correct amount.
- That payment checks do not indicate the payment is "final" when such is not the case.
- That checks or drafts do not purport to release the insurer from total liability when such is not the case.

Results: Pass

Claim files were selected from two (2) subsets for detail testing. The sample size of the category was determined by whether there were one hundred and eight (108) files or less in the population. If less than one hundred and eight (108), the entire population was reviewed. If greater than one hundred and eight (108), ACL© was utilized to sample files as indicated in the table below. Our testing results are included in Table G10 below:

Table G10: Claims, sample results

Type	Population	Sampled	N/A	Pass	Fail	%Pass
Paid Claims	3,370	108	0	108	0	100
Closed without payment	1,482	108	0	107	1	99
Total	4,852	216	0	215	1	99

Observations: Checks were in the correct amount and included the correct payee. No exceptions were noted.

Recommendations: None

CONCLUSION

The results of the target market examination found instances of non compliance, but they did not occur with such frequency to fail the standard:

- Two (2) complaints that violated W. Va. Code St. R. §114-14-5.2 - answering of inquiries from the Insurance Commissioner. (Standard B4)
- One (1) claim that violated W. Va. Code St. R §114-14-5.1.- initial contact with claimant. (Standard G1)
- Nine (9) claims that violated W. Va. Code St. R §114-14-6.7.- delay letters (Standard G2)
- Two (2) claims violated W. Va. Code St. R §114-14-6.3.- written denial letters (Standard G3)
- One (1) claim violated W. Va. Code St. R. §114-14-6.17.- Commissioner's contact information on denial letters (Standard G9)

LIST OF RECOMMENDATIONS

Recommendation B4: The Company should comply with the appropriate time frames for responding to complaints as required by W. Va. Code §§33-11-4(10) 33-11-4a, and W. Va. Code St. R. §114-14-5.2

Recommendation G1: The Company should contact claimants as required by W. Va. Code St. R §114-14-5.1.

Recommendation G2: The Company shall send delay letters as required by W. Va. Code St. R §114-14-6.7.

Recommendation G3: The Company shall send written denial letters or written offer, subject to policy, within ten (10) working days of completing its investigation as required by W. Va. Code St. R §114-14-6.3.

Recommendation G9: The Company shall include the appropriate Commissioner's contact information in the denial letters as required by W. Va. Code St. R. §114-14-6.17.

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, Brad Beam, MCM and John Stike, MCM, CIPA, APA, AFI also participated in the examination.

Mark A. Hooker, CIE, CPCU, FLMI, MCM, CWCP, AIRC

Chief Market Conduct Examiner

EXAMINER'S AFFIDAVIT

State of West Virginia

County of Kanawha

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

I, Mark A. Hooker, being duly sworn, states as follows:

1. I have the authority to represent West Virginia in the examination of Farmers & Mechanics Mutual Insurance Company of West Virginia.

2. I have reviewed the examination work papers and examination report, and the examination of Farmers & Mechanics Mutual Insurance Company of West Virginia was performed in a manner consistent with the standards and procedures required by West Virginia.

The affiant says nothing further.

Mark A. Hooker, CIE, CPCU, FLMI, MCM, CWCP, AIRC
Chief Market Conduct Examiner

Subscribed and sworn before me by Mark A. Hooker on this 15th day of Feb., 2012.

(SEAL)

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
POLLY A. COON
WV Offices of the Insurance Commissioner
1124 Smith St, PO Box 50540
Charleston, WV 25305-0540
My Commission Expires September 7, 2020

Notary Public

My commission expires on Sept. 7, 2020 (date).