

BEFORE JAMES A. DODRILL, INSURANCE COMMISSIONER  
OF THE STATE OF WEST VIRGINIA

*In the Matter of:*

**AMERICAN ELECTRIC POWER COMPANY, INC.**

Administrative Proceeding No. 20-MCSI-02001

**FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER ADOPTING  
REPORT OF SELF-INSURED MARKET CONDUCT COMPLIANCE EXAMINATION,  
DIRECTING CORRECTIVE ACTION AND ASSESSING PENALTY**

NOW COMES James A. Dodrill, Insurance Commissioner of the State of West Virginia (Commissioner), who, after review and consideration of the verified written *Report of Self-Insured Market Conduct Compliance Examination (Examination Report)* as of December 31, 2019, regarding American Electric Power Company, Inc. (AEP), a self-insured employer, a true copy of which is attached hereto, makes the following findings of fact, conclusions of law and order.

**FINDINGS OF FACT**

1. A Self-Insured Employer Market Conduct Compliance Examination (Examination) concerning the operational affairs of AEP for the period of January 1, 2017 through December 31, 2019 was conducted in accordance with W.Va. Code §33-2-9, W.Va. Code §23-2-9, W.Va. Code §23-2C-22, W.Va. Code §33-2-21 and W.Va. Code R. §85-18-1, *et seq.* by a duly appointed examiner. The Examination began on March 30, 2020 and concluded on July 1, 2020.

2. On or about August 17, 2020, the examiner filed with the Commissioner, pursuant to W. Va. Code § 33-2-9(j)(2), the referenced *Examination Report*.

3. Further pursuant to W. Va. Code § 33-2-9(j)(2), a copy of the *Examination Report* was transmitted to AEP together with a notice affording the self-insured employer 10 days after receipt of the *Examination Report* to make a written submission or rebuttal with respect to any matters contained in the *Examination Report*.

4. As set forth in the *Examination Report*, the Examination focused on the methods used by

AEP to manage its operations for each of the business areas examined, including whether and how the self-insured employer complied with West Virginia statutory and regulatory law during the examination period.

5. According to the *Examination Report*, the Examination discovered six (6) areas with occurrences of non-compliance consisting of 19 occurrences of non-compliance as follows:

Claims Standard A1 (*one (1) occurrence*) The Self-Insured Employer did not timely respond to a complaint as required by W.Va. Code R. §85-1-16.

Claims Standard B1 (*six (6) occurrences*) The Self-Insured Employer did not properly issue initial compensability decision letters pursuant to W.Va. Code §23-4-1c(a) and (b) and W.Va. Code R. §85-1-10.1. The Examination Report noted that although the decision letters were not sent as required, the Self-Insured Employer did process the claims in a timely manner.

Claims Standard C1 (*four (4) occurrences*) The Self-Insured Employer did not provide proper notification to the claimants of its decisions as required by W.Va. Code §23-5-1.

Claims Standard C4 (*three (3) occurrences*) The Self-Insured Employer did not issue temporary total disability closure letters as required by W.Va. Code §§ 23-5-1, 23-4-7a and 23-4-22.

Claims Standard D3 (*one (1) occurrence*) The Self-Insured Employer did not timely pay a permanent partial disability award as required by W.Va. Code R. §85-1-10.5.c.

Claims Standard M3 (*four (4) occurrences*) The Self-Insured Employer did not properly update the status of claims in the Electronic Data Interchange (EDI).

#### CONCLUSIONS OF LAW

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

2. This proceeding is pursuant to and in accordance with W.Va. Code §33-2-9, W.Va. Code §23-2-9, W.Va. Code §23-2C-22, W.Va. Code §33-2-21 and W.Va. Code R. §85-18-1, *et seq.*

3. The Commissioner is charged with the responsibility of verifying continued compliance with West Virginia statutory and regulatory law by self-insured employers such as AEP.

4. Pursuant to W.Va. Code R. §85-18-13.9.a, the Commissioner, in his sole discretion, may assess a penalty against a self-insured employer in an amount not to exceed \$500.00 per occurrence of non-compliance based upon the employer's overall compliance as determined by the Commissioner's review

of the employer's records and conduct.

ORDER

Pursuant to W. Va. Code § 33-2-9(j)(3)(A), after full and deliberate consideration of the *Examination Report*, the Examination work papers, and the self-insured employer's written submission or rebuttal, if any, it is **ORDERED** as follows:

1. The attached *Examination Report* is hereby **ADOPTED**, as filed, and is hereby incorporated herein and made a part hereof.

2. AEP shall endeavor to comply with the recommendations contained in the *Examination Report*.

3. AEP shall continue to monitor its compliance with all applicable West Virginia statutory and regulatory law.

4. AEP shall cure the occurrences of non-compliance identified in the *Examination Report* and enumerated hereinabove so as to bring itself, to the extent it has not already done so, into full compliance and conformity with West Virginia statutory and regulatory law.

5. Within 30 days of the date this order is entered, AEP shall file with the Commissioner a Corrective Action Plan (CAP) detailing AEP's changes to its procedures and/or internal policies to ensure full compliance and conformity with West Virginia Statutory and regulatory law, as well as incorporating all recommendations of the Commissioner's examiner and addressing all occurrences of non-compliance cited in the *Examination Report* and/or enumerated hereinabove. Within 30 days of the Commissioner's receipt of the CAP, notice will be provided to AEP of the CAP's approval or disapproval and, if disapproved, such notice will set forth the reasons therefor as well as any changes required in order for the CAP to be approved. AEP shall make any such changes to the CAP within 30 days of AEP's receipt of the Commissioner's required changes. Once approved, the CAP shall be implemented within 90 days of the date this order is entered or within 30 days of the date of final approval by the Commissioner, whichever is sooner.

6. AEP shall, within 30 days of the date this order is entered, pay a total penalty of

Five Thousand Seven Hundred Dollars (\$5,700.00), representing a penalty of \$300.00 for each of the 19 occurrences of non-compliance set forth in the *Examination Report* and enumerated hereinabove. While the Commissioner reserves the right to take other regulatory action as permitted by law if such is later determined to be necessary, the assessment of this penalty is in lieu of any other regulatory action in this matter at this time.

**ENTERED** this 10<sup>th</sup> day of September, 2020.



---

James A. Dodrill  
Insurance Commissioner  
State of West Virginia

# Report of Self-Insured Market Conduct Compliance Examination

As of December 31, 2019



**American Electric Power Company Inc.**  
1 Riverside Plaza, 15<sup>th</sup> Floor  
Columbus, OH 43215

TPA  
CANNON COCHRAN MGT SERVICES INC (CCMSI)

**Examination Number: 20-MCSI-02001**

Date Prepared:  
**August 17, 2020**

**Table of Contents**

COMPLIANCE WITH PREVIOUS EXAMINATION ..... 4

EXECUTIVE SUMMARY ..... 4

HISTORY AND PROFILE ..... 5

METHODOLOGY ..... 5

ELEMENTS OF THE REVIEW ..... 6

COMPLIANCE TABLE ..... 11

OBSERVATIONS ..... 12

RECOMMENDATIONS ..... 13

EXAMINER’S SIGNATURE AND ACKNOWLEDGEMENT ..... 14

EXAMINER’S AFFIDAVIT ..... 15

**August 17, 2020**

**The Honorable James A. Dodrill  
West Virginia Insurance Commissioner  
900 Pennsylvania Avenue  
Charleston, West Virginia 25305**

**Dear Commissioner Dodrill:**

**Pursuant to your instructions and in accordance with West Virginia Code §§ 33-2-9, 33-2-10(b), 33-2-21(a), 23-1-1, 23-2-9(b)(1) & (2), 23-2C-22 and West Virginia Code of State Rules Title 85, a Market Conduct examination has been made for the period of 01/01/2017 through 12/31/2019 on the Workers' Compensation self-insured claims handling of**

**American Electric Power Company Inc.  
1 Riverside Plaza, 15<sup>th</sup> Floor  
Columbus, OH 43215**

**hereinafter referred to as the "Self-Insured Employer" or "AEP." The following report of the findings of this examination is herewith respectfully submitted.**

## COMPLIANCE WITH PREVIOUS EXAMINATION RECOMMENDATIONS

The previous examination for American Electric Power Company Inc. ("AEP") was completed for the examination period of January 1, 2010 through May 31, 2015. The remaining area of concern from this prior examination was as follows:

M3 – The Self-Insured employer did not promptly and accurately close files with the Workers' Compensation Claim Index as required by W. Va. Code §23-2C-5(C)(8) and W. Va. Code R. §85-2-1 et seq. and West Virginia Offices of the Insurance Commissioner's Electronic Data Interchange (EDI) Implementation Guide]

3. Closing - Did the Self-Insured Employer/TPA properly report closure of the claim when no additional transactions are expected on the claim?

## EXECUTIVE SUMMARY

This Self-Insured Market Conduct Compliance Examination ("examination") was initiated to determine the compliance of AEP with the West Virginia statutes, rules and regulations governing the self-administration of workers' compensation claims

The examination work related to AEP commenced March 30, 2020 and concluded July 1, 2020. The Self-Insured Employer maintains an electronic environment; the majority of the examination work was conducted by electronic virtual private network through the Third-Party Administrator's ("TPA's") Cannon Cochran Management Services Inc. computer systems.

The following are areas of concern:

- Element of review A1 - Complaints

One (1) complaint was not responded to timely as required by W. Va. Code R. § 85-1-16.

- Element of review B1 – Initial Compensability Decisions

Initial compensability decision letters were not issued on six (6) paid claims as required by W. Va. Code §§23-4-1c (a) and (b) & W. Va. Code R. §85-1-10.1.

- Element of review C1 – Temporary Total Disability

Four (4) TTD claims were not provided proper notification to the claimant of their TTD award as required by W. Va. Code § 23-5-1.

*Although a statistical failure, the claimants received proper and timely payments in these cases.*



- Element of review C4 – Temporary Total Disability

Three (3) claims were not issued temporary total disability closure letters properly as required by W. Va. Code §§ 23-5-1, 23-4-7a and 23-4-22.

- Element of review D3 – Permanent Partial Disability

On one (1) claim the PPD award payment did not commence timely as required by W.Va. Code R. § 85-1-10.5 c.

- Element of review M3 – Electronic Data Interchange (EDI)

Four (4) denied claims were not properly updated to “denied” and “closed”.

## **HISTORY AND PROFILE**

American Electric Power Company, Inc. (AEP) is one of the largest investor-owned electric public utility holding companies in the United States. AEP’s electric utility operating companies provide generation, transmission, and distribution services to more than 5 million retail customers in Arkansas, Indiana, Kentucky, Louisiana, Michigan, Ohio, Oklahoma, Tennessee, Texas, Virginia, and West Virginia. AEP’s subsidiaries operate an extensive portfolio of assets including approximately 22,000 miles of distribution lines delivering electricity to 5.5 million customers, approximately 40,000 circuit miles of transmission lines and approximately 26,000 megawatts of regulated owned generating capacity. AEP’s utility units operate as AEP Ohio, AEP Texas, Appalachian Power (in Virginia, West Virginia), AEP Appalachian Power (in Tennessee), Indiana Michigan Power, Kentucky Power, Public Service Company of Oklahoma, and Southwestern Electric Power Company (in Arkansas, Louisiana and east Texas) and the company headquarters is located in Columbus, Ohio.

AEP has been self-insured in West Virginia since January 1, 2009.

## **METHODOLOGY**

This was AEP’s first exam using the third-party administrator CCMSI. The examiner conducted file reviews after a brief review of the TPA system. This examination report is a report by test, rather than a report by exception, and all elements tested are described and the results indicated.

Typically, areas below 93% would generally require systemic corrective action. Any element scoring below 100% will detail the observations of the specific issue and include a recommendation.

Due to the limited number of denied claims during the examination period, the entire claim population of seven (7) was reviewed. The population of seventy-six (76) paid claims was reviewed using a total sample of twenty-five (25) broken down as five (5) medical only, six (6) permanent partial disability (PPD) and fourteen (14) temporary total disability (TTD) claims. The entire population of thirteen (13) complaints was reviewed.

Each area of the examination has specific elements that were tested, and the areas and elements are listed below. The examiners may not have discovered every unacceptable or non-compliant activity in which the Self-Insured Employer/TPA is engaged. The failure to identify, comment on, or criticize specific practices does not constitute an acceptance of the practices by the West Virginia Offices of the Insurance Commissioner or its' designee. A compliance table follows containing results of each area of review with the compliance percentage for the Self-Insured Employer/TPA.

#### **ELEMENTS OF THE REVIEW**

##### **A. COMPLAINTS: THE TIME FRAME WITHIN WHICH THE EMPLOYER RESPONDS TO COMPLAINTS IS IN ACCORDANCE WITH APPLICABLE STATUTES, RULES AND REGULATIONS.**

1. Did the Self-Insured Employer respond to complaints received from the WVOIC within fifteen (15) working days? [W. Va. Code R. § 85-1-16]

##### **B. INITIAL COMPENSABILITY DECISIONS AND INVESTIGATIONS ARE CONDUCTED IN A TIMELY MANNER.**

1. Did the Self-Insured Employer properly investigate then provide a written ruling on a claim within fifteen (15) working days, or if "tolled" while evidence for the claim is gathered, rule in the appropriate time? [W. Va. Code §§ 23-4-1c (a) and (b) & W. Va. Code R. § 85-1-10.1]
2. Did the Self-Insured Employer include on the written notice of the decision the protest clause? [W. Va. Code § 23-5-1(b)(1) & W. Va. Code R. § 85-1-7.2]

##### **C. TEMPORARY TOTAL DISABILITY (TTD)**

1. Did the Self-Insured Employer/TPA properly notify the claimant of the TTD award? [W. Va. Code § 23-5-1]
2. Did the Self-Insured Employer/TPA immediately pay amounts due the claimant for benefits upon determination of eligibility? [W. Va. §§ 23-4-1c(b) and (g)]

3. Did the Self-Insured Employer/TPA calculate and pay indemnity payments correctly? [W. Va. Code § 23-4-14(b)(2) and Informational Letter 162A]
4. Did the Self-Insured Employer/TPA issue temporary total disability closure letters properly? [W. Va. Code §§ 23-5-1, 23-4-7a and 23-4-22]

**D. PERMANENT PARTIAL DISABILITY (PPD)**

1. Did the Self-Insured Employer/TPA act on PPD evaluations timely? [W.Va. Code R. § 85-1-10.5 a. The responsible party shall act on a permanent disability evaluation report received from a physician to whom the responsible party referred a claimant in a claim for injuries and occupational diseases other than occupational pneumoconiosis within thirty (30) working days of receipt by the responsible party of the report.]
2. Did the Self-Insured Employer/TPA make timely IME referrals? [W.Va. Code R. § 85-1-10.5 b. The responsible party shall make a referral of a claimant to a physician for examination and evaluation in response to a request by or on behalf of the claimant for consideration of a permanent disability award in a claim for injuries and occupational diseases other than occupational pneumoconiosis within thirty (30) working days from the date the request was received by the responsible party.]
3. Did the Self-Insured Employer/TPA commence PPD award payments timely? [W.Va. Code R. § 85-1-10.5 c. Permanent partial disability awards may be paid, at the discretion of the responsible party, either by lump sum or in installments consistent with applicable law. Payment of permanent partial awards shall commence within fifteen (15) working days of the decision granting the award.]
4. Did the Self-Insured Employer/TPA calculate and pay the payment correctly? [W. Va. Code § 23-4-14(b)(2) and Informational Letter 162A]

**E. MEDICAL AUTHORIZATIONS**

1. Did the Self-Insured Employer/TPA comply with W. Va. Code R. § 85-1-10.3? “Medical treatment, medications, appliances, devices and supplies. – The responsible party shall act upon an injured worker’s request for authorization of medical treatment, medications, appliances, devices and supplies within fifteen (15) working days from the date the request was received by the responsible party.”

**F. NON-AWARDED PARTIAL BENEFITS (NAP)**

1. Were non-awarded partial disability benefits paid at the same rate as the permanent partial disability rate per W. Va. Code R. § 85-1-9.7?

#### **G. DEATH CLAIMS (FATAL)**

1. Were the death benefits in the proper amounts and to the proper person(s) per W. Va. Code §§ 23-4-1 and 23-4-10.

#### **H. CLOSURE**

1. Were the claims properly closed and a notice issued? [W. Va. Code § 24-4-16 and Supreme Court of Appeals of West Virginia decision May 23, 2008, LOVAS v. CONSOLIDATION COAL COMPANY]

#### **I. OCCUPATIONAL PNEUMOCONIOSIS**

1. Did the Self-Insured Employer enter non-medical decisions in occupational pneumoconiosis claims within ninety (90) days from the date the responsible party receives properly executed, prescribed forms? (can be "tolled" for no more than thirty (30) additional days during the evidence gathering process) [W. Va. Code § 23-4-15b and W.Va. Code R. § 85-1-10.2] (If necessary, this should reflect in the report as N/A with explanation as none were in the samples.)

#### **J. DENIED AND CLOSED WITHOUT PAYMENT**

1. Did the Self-Insured Employer properly investigate then give a written ruling on a claim within fifteen (15) working days, or if "tolled" while evidence for the claim is gathered, rule in the appropriate time? [W. Va. Code § 23-4-1c (a) and W. Va. Code R. § 85-1-10.1]
2. Were claims handling practices meeting West Virginia statutes, rules and regulations of "denied" and "closed without payment" claims including proper notifications, reasonable basis for denial, and whether or not claimants are provided adequate instructions for rebuttals? [W. Va. Code §§ 23-5-1(a) 23-5-1(b)(1)]
3. Were claims denied inappropriately due to a technicality? [W. Va. Code § 23-5-13]
4. Were appropriate protest/grievance language on the decision order? [W. Va. Code §§ 23-5-1(b)(1) and 23-4-3(f) and W. Va. Code R. §§ 85-1-7.2 and 85-21-10.2b]

5. Were denied claim investigations by the Self-Insured Employer/TPA complete and thorough?

**K. OFFICE OF JUDGES (OOJ) AND BOARD OF REVIEW (BOR) ORDERS**

1. Did the Self-Insured Employer comply with all orders of the Office of Judges (“OOJ”) and the Board of Review (“BOR”) and all 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 § 23-5-9(f) and W. Va. Code R. § 85-1-10.7]

**L. DOCUMENTATION**

1. Did the Self-Insured Employer follow state statutes, rules and regulations which require that claim files contain adequate documentation and to be maintained in a manner so that pertinent events and dates of such events can be reconstructed if necessary? [W. Va. Code R. §§ 85-18-13.3 and 13.4]

**M. EDI - DOES THE SELF-INSURED EMPLOYER PROMPTLY AND ACCURATELY PROVIDE THE 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 WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER’S ELECTRONIC DATA INTERCHANGE (“EDI”) IMPLEMENTATION GUIDE]**

1. FROI – Did the Self-Insured Employer/TPA submit the First Report of Injury report timely within ten (10) business days?
2. SROI - Did the Self-Insured Employer/TPA submit the Subsequent Reports of Injury report(s) updates on each claim either monthly or quarterly?
3. Closing - Did the Self-Insured Employer/TPA properly report closure of the claim when no additional transactions are expected on the claim? (For example: A notification that an accident has occurred is not a request for a compensability decision and therefore should not be denied (FROI 04) or administratively closed (SROI FN) and should be canceled as a FROI 01.)

**N. THE SELF-INSURED EMPLOYER COOPERATES ON A TIMELY BASIS WITH EXAMINERS PERFORMING THE EXAMINATION.**

1. Did the Self-Insured Employer respond to RFI's in a timely manner?
2. Did the Self-Insured Employer provide records in a timely basis and cooperate with the examination? [W. Va. Code R. § 85-18-13.6]

**O. OTHER ISSUES**

**COMPLIANCE TABLE**

<u>Review Section</u>	<u># Pass</u>	<u># Fail</u>	<u>N/A</u>	<u>Compliance %</u>	<u>Individual Corrective Action</u>	<u>Systemic Corrective Action</u>
A1	12	1	0	92	*	
B1	19	6	0	76		*
B2	25	0	0	100		
C1	16	4	0	80		*
C2	20	0	0	100		
C3	20	0	0	100		
C4	17	3	0	85		*
D1	6	0	0	100		
D2	6	0	0	100		
D3	5	1	0	83		*
D4	6	0	0	100		
E1	32	0	0	100		
F1	N/A	N/A	N/A	N/A		
G1	N/A	N/A	N/A	N/A		
H1	32	0	0	100		
I1	N/A	N/A	N/A	N/A		
J1	7	0	0	100		
J2	7	0	0	100		
J3	7	0	0	100		
J4	7	0	0	100		
J5	7	0	0	100		
K1	N/A	N/A	N/A	N/A		
L1	32	0	0	100		
M1	32	0	0	100		
M2	32	0	0	100		
M3	28	4	0	88		*
N1	Pass			Pass		
N2	Pass			Pass		
O	N/A	N/A	N/A	N/A		

\*See "Observations and Recommendations" below.

## OBSERVATIONS

**A1** - One (1) complaint was not responded to timely as required by W. Va. Code R. § 85-1-16.

**B1** – Initial compensability decision letters were not issued on six (6) paid claims as required by W. Va. Code §§23-4-1c (a) and (b) & W. Va. Code R. §85-1-10.1.

*Note: Although the decision letters were not sent as required and this appears to be a systemic issue, the Self-Insured Employer/TPA did process the claim in a timely manner.*

*The examiner also notes that there is a lack of consistency on the issuance of initial decision letters during the review. Although the Self-Insured Employer responded to comments on the subject during the exam, there was not a clear consistency found in the files. Some denied claims were sent denied compensability decision letters when there was no request for benefits, i.e. a WC-1 wasn't received; however, in other instances, files were found in the paid population with files notes indicating that a WC-1 wasn't received and decision letter didn't need to be sent, but the claims were still paid.*

**C1** – Four (4) TTD claims were not provided proper notification to the claimant of their TTD award as required by W. Va. Code § 23-5-1.

*Note: Although the injured workers were not sent proper TTD award notifications in these cases and this appears to be a systemic issue, TTD payments were sent correctly and timely.*

**C4** – Three (3) claims were not issued temporary total disability closure letters properly as required by W. Va. Code §§ 23-5-1, 23-4-7a and 23-4-22.

*Note: Although the injured workers were not sent proper TTD closure letters in these cases and this appears to be a systemic issue, TTD payments were sent correctly and timely.*

**D3** – On one (1) claim the PPD award payment did not commence timely as required by W.Va. Code R. § 85-1-10.5 c.

*Note: Although a statistical failure, due to the nominal population, determination of whether a systemic correction is not concluded; however, this violation of not providing a timely award could be disparaging for the injured worker. The claim administrator identified this violation and undertook remedial action as a result of an internal review process that occurred prior to this audit.*

**M3** – Four (4) denied claims were not properly updated to “denied” and “closed”.



## RECOMMENDATIONS

**A1** – The Self-Insured Employer/TPA should ensure that all received complaints are responded to timely as required by W. Va. Code R. § 85-1-16.

**B1** – The Self-Insured Employer/TPA should ensure initial compensability decision letters are as required by W. Va. Code §§23-4-1c (a) and (b) & W. Va. Code R. §85-1-10.1.

*Additionally, the Self-Insured Employer/TPA should initiate protocols to bring consistency to their claim handling practices as it pertains to the issuance of initial compensability decision letters.*

**C1** – The Self-Insured Employer/TPA should ensure proper notifications to the claimant of their TTD award as required by W. Va. Code § 23-5-1.

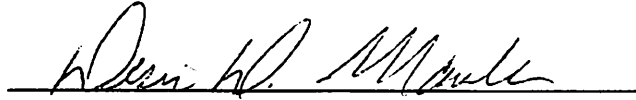
**C4** – The Self-Insured Employer/TPA should ensure closure letters are properly issued for TTD as required by W. Va. Code §§ 23-5-1, 23-4-7a and 23-4-22.

**D3** – The Self-Insured Employer/TPA should ensure PPD award payments commence timely as required by W.Va. Code R. § 85-1-10.5 c.

**M3** – The Self-Insured Employer/TPA should ensure all claims are properly updated to EDI.

**EXAMINER'S SIGNATURE AND ACKNOWLEDGEMENT**

The examiner would like to acknowledge the cooperation and assistance extended by the Self-Insured Employer/TPA during the examination.

A handwritten signature in cursive script, appearing to read "Desiree D. Mauller", is written over a solid horizontal line.

Desiree D. Mauller  
CIE, CWCP, MCM  
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, Desiree D. Mauller, being duly sworn, states as follows:

1. I have the authority to represent West Virginia in the examination of American Electric Power Company Inc.
2. I have reviewed the examination work papers and examination report, and the examination of American Electric Power Company Inc. was performed in a manner consistent with the standards and procedures required by West Virginia.

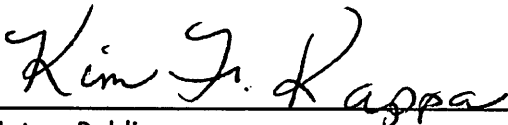
The affiant says nothing further.



---

Desiree D. Mauller  
CIE, CWCP, MCM

Subscribed and sworn before me by Desiree D. Mauller on this 17<sup>th</sup> day of August 2020.



---

Notary Public

My commission expires: SEPTEMBER 26, 2021

