



comply with the provisions of subsections (5) and (6) of Section 33-16-1028, MCA, or the Commissioner issues a permanent order in this case.

NOTICE: Pursuant to Section 33-1-318(1)(b), you have 15 days from receipt of this Order to make a written request for a hearing on the allegations contained in this Order. This Temporary Order to Cease and Desist will continue pending final resolution of the Notice or until such time as the Commissioner finds facts to specifically support overturning this Order.

DATED this 10<sup>th</sup> day of June, 2004.

John Morrison  
State Auditor and  
Commissioner of Securities

By: Alicia Pichette  
Alicia Pichette  
Deputy Insurance Commissioner

CERTIFICATE OF SERVICE

I hereby certify that on the 14 day of JUNE, 2004, I served a true and accurate copy of the foregoing Temporary Order to Cease and Desist upon the Respondents by United States mail, Certified Return Receipt, at the following addresses:

AIU Insurance Company  
70 Pine St.  
New York, NY 10270

American Home Assurance  
70 Pine St.  
New York, NY 10270

American International Pacific Insurance Company  
70 Pine St.  
New York, NY 10270

Birmingham Fire Insurance Company of Pennsylvania  
70 Pine St.  
New York, NY 10270

Commerce & Industry Insurance Company  
70 Pine St.  
New York, NY 10270

Granite State Insurance Company  
70 Pine St  
New York, NY 10270

The Insurance Company of the State of Pennsylvania  
70 Pine St  
New York, NY 10270

National Union Fire Insurance Company of Pittsburgh, PA  
70 Pine St.  
New York, NY 10270

New Hampshire Insurance Company  
70 Pine St  
New York, NY 10270

Carla Santter

Don Harris  
Special Assistant Attorney General  
Montana State Auditor's Office  
840 Helena Avenue  
Helena, MT 59601  
406-444-2040

BEFORE THE STATE AUDITOR;  
EX-OFFICIO COMMISSIONER OF INSURANCE  
HELENA, MONTANA

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IN THE MATTER OF:	)	State Auditor's Case No.: 2004-19
	)	
TERRORISM RISK INSURANCE RATE	)	
FILINGS FOR WORKERS'	)	
COMPENSATION AND EMPLOYER'S	)	
LIABILITY INSURANCE POLICIES	)	
SUBMITTED ON JANUARY 21, 2003,	)	
BY AIU INSURANCE COMPANY,	)	
AMERICAN HOME ASSURANCE	)	
COMPANY, AMERICAN	)	<b>NOTICE OF PROPOSED AGENCY</b>
INTERNATIONAL PACIFIC	)	<b>ACTION AND OPPORTUNITY</b>
INSURANCE COMPANY,	)	<b>FOR HEARING</b>
BIRMINGHAM FIRE INSURANCE	)	
COMPANY OF PENNSYLVANIA,	)	
COMMERCE AND INDUSTRY	)	
INSURANCE COMPANY, GRANITE	)	
STATE INSURANCE COMPANY, THE	)	
INSURANCE COMPANY OF THE	)	
STATE OF PENNSYLVANIA,	)	
NATIONAL UNION FIRE INSURANCE	)	
COMPANY OF PITTSBURGH, PA., and	)	
NEW HAMPSHIRE INSURANCE	)	
COMPANY.	)	

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Staff of the Insurance Department (hereafter, "Department") of the Office of the State Auditor and Commissioner of Insurance (hereafter, "Commissioner") of the State of Montana, pursuant to the authority of the Insurance Code of Montana, Section 33-1-101, et seq., Montana Code Annotated (2003) (hereafter, "MCA"), are proposing to the Commissioner that he disallow the rate filings made by AIU Insurance Company, American Home Assurance Company,

American International Pacific Insurance Company, Birmingham Fire Insurance Company of Pennsylvania, Commerce and Industry Insurance Company, Granite State Insurance Company, The Insurance Company of the State of Pennsylvania, National Union Fire Insurance Company of Pittsburgh, PA., and New Hampshire Insurance Company, collectively referred to as American International Group, (hereafter, "AIG"), because the rates filed by AIG violate the Montana Insurance Code. The Commissioner has authority to take such action under the provisions of §§ 33-1-102, 33-1-311, 33-1-314, 33-16-1021, 33-16-1027, and 33-16-1028, MCA.

In particular, the Department's staff is recommending specific action against AIG including disallowance of the rate filings submitted on or about January 21, 2003, pursuant to the provisions of the Montana Insurance Code, as well as any equitable relief deemed appropriate.

Service of process is made pursuant to Section 33-1-314 (3), MCA.

#### **REASONS FOR ACTION**

There is reason to believe that the following facts will be proven true and will justify and support such specific action.

#### **ALLEGATIONS AND PROPOSED FINDINGS OF FACT**

1. The nine companies collectively referred to in this Notice as AIG are foreign insurers with valid certificates of authority to transact insurance in the State of Montana.
2. Prior to January 21, 2003, AIG did not charge a separate premium for terrorism risk covered under workers' compensation and employer's liability insurance policies.
3. On or about January 21, 2003, AIG filed notice of the method they would use to determine premiums for terrorism risk covered under workers' compensation and employer's liability insurance policies pursuant to the Terrorism Risk Insurance Act of 2002 (hereafter, "TRIA").

4. The National Council on Compensation Insurance (hereafter, "NCCI") filed a different method of computing terrorism premium risk on behalf of AIG. This method was approved by the Department.

5. The NCCI approved workers compensation terrorism loss cost is .02 per \$100 of payroll. The private carriers apply their loss cost multiplier (hereafter, "LCM") to the .02 loss cost per \$100 of payroll to derive a terrorism rate. Under the NCCI method, the LCM is applied to the loss cost to include the private carrier's expenses in the rates. The average private carrier LCM is approximately 1.300. Therefore, the average private carrier terrorism rate is .026<sup>1</sup> per \$100 of payroll or a **.026 terrorism rate per \$100 of payroll**. The private carriers derive the terrorism premium via the following formula:  $(\text{Payroll}/100) * .02 * \text{LCM}$ .

6. AIG determines the terrorism workers compensation premium by applying a 3% factor to the total manual workers compensation premium of an insured, resulting in a **terrorism rate of .03 per \$100 of premium**. Workers compensation premium is determined by a rate for a class code. Different types of businesses are divided into classes based on the activities of the business and the dangers and risks associated with the work performed by employees of a business in that class. Consequently, rates for workers compensation premiums vary by class code. AIG derives the terrorism premium via the following formula:  $(\text{payroll}/100) * (\text{non-terrorism workers compensation rate for the employer insured's class code}) * (\text{AIG terrorism rate of .03})$ .

7. With few exceptions, the risk of a terrorism loss is not tied to the normal risks for a class code. Under the NCCI plan, all employers would share the risk equally based on the amount of payroll. Under AIG's plan, employers in one class that are at higher risk due to non-

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<sup>1</sup> Average private carrier rate = .02 loss cost \* 1.3 average LCM = .026.

terrorist events pay a disproportionate share of the terrorism burden than employers in another class with lower risk due to non-terrorist events while not having a greater terrorism exposure.

8. Section 33-16-1028(3), MCA, permits an insurer to file a different rate or request the Commissioner to specify an interim rate in lieu of imposition of the last previous rate in effect for the insurer in the event a rate filing is found to be in violation of the Montana Insurance Code. In this case, no other rate has been filed by AIG, and AIG has not asked the commissioner to specify interim rates.

### **PROPOSED CONCLUSIONS OF LAW**

1. The Commissioner and Department have jurisdiction over this matter. Mont. Code Ann. § 33-1-311.

2. Pursuant to Montana Code Annotated Section 33y-16-1021(1), “[r]ates may not be excessive, inadequate, or unfairly discriminatory.”

3. Pursuant to Montana Code Annotated Section 33-16-1021(4), a rate is unfairly discriminatory if “after allowing for practical limitations, price differentials fail to reflect equitably the differences in expected losses and expenses.”

4. The AIG rate forces employers that already pay higher workers’ compensation premiums due to non-terrorism related factors to pay significantly more for terrorism insurance than employers with low workers’ compensation risk and equal or similar exposure to risk of terrorism. This is a rate differential which does not equitably reflect the difference in expected terrorist-related losses and expenses.

5. A difference that is not an equitable reflection of the differences in expected losses and expenses is unfairly discriminatory, Section 33-16-1021(4), MCA, and therefore,

pursuant to Section 33-16-1021(1), the rate filed by AIG is not in compliance with the Montana Insurance Code.

6. Pursuant to Section 33-16-1028(1), MCA, "If the commissioner finds that a rate is not in compliance with 33-16-1021 . . . , the commissioner shall order that its use be discontinued for any policy issued or renewed after the date of the order, and the order may prospectively provide for premium adjustment of any policy then in force.

7. Pursuant to Section 33-16-1028(3), MCA, "If the commissioner disapproves a rate under subsection (1), disapproval must take effect not less than 15 days after the commissioner's order and the last previous rate in effect for the insurer must be reimposed for a period of 1 year unless the commissioner approves a rate under the provisions of subsection (5) or (6). Because previously AIG did not have a separate rate in effect for terrorism risk covered under workers' compensation and employer's liability insurance policies, AIG must continue to provide such coverage without additional charge for the period of one year from the effective date of the Commissioner's order unless and until AIG files a rate in compliance with the Montana Insurance Code or requests the Commissioner to specify an interim rate.

8. Pursuant to Section 33-16-1035(1), MCA, "[t]he commissioner may impose upon a person or organization that violates 33-16-1020 through 33-16-1036 a penalty of not more than \$500 for each violation."

### PUBLIC INTEREST

For any and all of the reasons set forth above, it is in the public interest and will protect Montana insurance consumers to:

1. Issue orders barring Respondents from using the rates filed January 21, 2003; and

2. Order Respondents to adjust the terrorism workers' compensation premiums for policies currently in force; and

3. Order Respondents to insure for terrorism risk covered under workers' compensation and employer's liability insurance policies without additional charge unless and until they comply with the provisions of subsections (5) and (6) of Section 33-16-1028, MCA; and

4. Impose a fine of up to \$500 on Respondents for each violation of MCA sections 33-16-1020 through 33-16-1036; and

5. Take such other actions which may be in the public interest and necessary and appropriate for the protection of Montana insurance consumers.

#### **RECOMMENDED RELIEF**

1. Issuance of an immediate Temporary Order to Cease and Desist from using the rates filed January 21, 2003; and

2. Issuance of a permanent Order to Cease and Desist from using the rates filed January 21, 2003; and

3. Order Respondents to adjust the terrorism workers' compensation premiums for existing policies currently in force; and

4. Order Respondents to insure for terrorism risk covered under new or renewed workers' compensation and employer's liability insurance policies without additional charge unless and until they comply with the provisions of subsections (5) and (6) of Section 33-16-1028, MCA; and

5. Imposition of a fine of up to \$500 on Respondents for each violation of MCA sections 33-16-1020 through 33-16-1036; and

6. Any other such relief allowed by law or required by justice.

### STATEMENT OF RIGHTS

You are entitled to a hearing to respond to this notice, present evidence and arguments on all issues involved in this case. You have a right to be represented by an attorney at any and all stages of this proceeding. You may demand a formal hearing before a hearing examiner appointed by the Commissioner pursuant to the Montana Administrative Procedure Act, sections 2-4-601, MCA, and following, including Section 2-4-631, MCA. If you demand a hearing, you will be given notice of the time, place and the nature of the hearing.

If you want to contest the proposed action under the jurisdiction of the Commissioner, you must file your request for a hearing within fifteen (15) days of the date you receive this notice. You must advise the Commissioner of your intent to contest the proposed action by writing to Don Harris, Special Assistant Attorney General, State Auditor's Office, 840 Helena Avenue, Helena, Montana 59601. Your written notification must clearly indicate whether you demand a hearing, or whether you waive formal proceedings and, if so, what informal proceedings you prefer for disposition of this case. Pursuant to Section 2-4-603(2), Mont. Code Ann., you may not request to proceed informally if the action could result in suspension, revocation or any other adverse action against a professional license.

Should you request a hearing, you have the right to be accompanied, represented, and advised by counsel. If the counsel you choose has not been admitted to practice law in the state of Montana, he or she must comply with the requirements of Application of American Smelting and Refining Co., (1973), 164 Mont. 139, 520 P.2d 103.

**CONTACT WITH INSURANCE COMMISSIONER'S OFFICE**

If you have questions or wish to discuss this matter, please contact Don Harris, legal counsel for the State Auditor, at 840 Helena Avenue, Helena, MT, 59601, (406) 444-2040 or, within Montana, (800) 332-6148. If you are represented by an attorney, please make any contacts with this office through your attorney.

**POSSIBILITY OF DEFAULT**

Failure to file written notice of your demand for a hearing or form of informal procedure within fifteen (15) days, will result in the entry of a default order imposing the disciplinary sanctions against you and your license, without further notice to you, pursuant to 6.2.101, Administrative Rules of Montana and the Attorney General's Model Rule 10, 1.3.214.

DATED this 10<sup>th</sup> day of June, 2004.

  
DON HARRIS  
Special Assistant Attorney General

CERTIFICATE OF SERVICE

I hereby certify that on the 14 day of JUNE, 2004, I served a true and accurate copy of the foregoing Notice of Proposed Agency Action and Opportunity for Hearing upon the Respondents by United States mail, Certified Return Receipt, at the following addresses:

AIU Insurance Company  
70 Pine St.  
New York, NY 10270

American Home Assurance  
70 Pine St.  
New York, NY 10270

American International Pacific Insurance Company  
70 Pine St.  
New York, NY 10270

Birmingham Fire Insurance Company of Pennsylvania  
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New York, NY 10270

Commerce & Industry Insurance Company  
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The Insurance Company of the State of Pennsylvania  
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National Union Fire Insurance Company of Pittsburgh, PA  
70 Pine St.  
New York, NY 10270

New Hampshire Insurance Company  
70 Pine St  
New York, NY 10270

  
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**DISPOSITION**

Check at least one item in the section below – maximum 4

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> (3001) License, Denied                               | <input type="checkbox"/> (3028) Certificate of Authority, Expired                     | <input type="checkbox"/> (3065) Show Cause                                       |
| <input type="checkbox"/> (3003) License, Suspended                            | <input type="checkbox"/> (3029) Certificate of Authority, Probation                   | <input type="checkbox"/> (3070) Re-exam  |
| <input type="checkbox"/> (3004) License, Cancelled                            | <input type="checkbox"/> (3031) Certificate of Authority, Reinstated                  | <input type="checkbox"/> (3075) Rescission of                                    |
| <input type="checkbox"/> (3006) License, Revoked                              | <input type="checkbox"/> (3034) Certificate of Authority, Surrendered                 | <input type="checkbox"/> (3076) Involuntary Forfeiture                           |
| <input type="checkbox"/> (3009) License, Probation                            | <input type="checkbox"/> (3036) Certificate of Authority, Other (enter up to 50 char) | <input type="checkbox"/> (3078) Restitution                                      |
| <input type="checkbox"/> (3010) License, Conditional                          |   | <input type="checkbox"/> (3079) Suspended from writing new business; renewals ok |
| <input type="checkbox"/> (3011) License, Supervision                          | <input checked="" type="checkbox"/> (3042) Cease and Desist from Violations           | <input type="checkbox"/> (3080) Supervision                                      |
| <input type="checkbox"/> (3012) License, Reinstatement                        | <input type="checkbox"/> (3043) Cease and Desist from all Insurance Activity          | <input type="checkbox"/> (3085) Rehabilitation                                   |
| <input type="checkbox"/> (3013) License, Granted                              | <input type="checkbox"/> (3045) Consent Order   | <input type="checkbox"/> (3090) Liquidation                                      |
| <input type="checkbox"/> (3014) License, Surrendered                          | <input type="checkbox"/> (3046) Stipulated Agreement/Order                            | <input type="checkbox"/> (3095) Conservatorship                                  |
| <input type="checkbox"/> (3015) License, Voluntarily Surrendered              | <input type="checkbox"/> (3047) Previous Order Vacated                                | <input type="checkbox"/> (3100) Receivership                                     |
| <input type="checkbox"/> (3016) License, Other (50 Char)                      | <input type="checkbox"/> (3048) Ordered to provide requested information              | <input type="checkbox"/> (3101) Ancillary Receivership                           |
| <input type="checkbox"/> (3021) Certificate of Authority, Denied              | <input type="checkbox"/> (3050) Temporary Restraining Order                           | <input type="checkbox"/> (3102) Monetary Penalty                                 |
| <input type="checkbox"/> (3023) Certificate of Authority, Suspended           | <input type="checkbox"/> (3055) Reprimand   | <input type="checkbox"/> (3103) Aggregate Monetary Penalty                       |
| <input type="checkbox"/> (3025) Certificate of Authority, Suspension Extended | <input type="checkbox"/> (3060) Hearing Waiver  | <input type="checkbox"/> (3104) Settlement                                       |
| <input type="checkbox"/> (3026) Certificate of Authority, Revoked             |   | <input type="checkbox"/> (3105) Other (you must enter up to 50 char)             |

**Complete as needed**

Time or Length of Order: ( ) (If DAYS, enter number of days) \_\_\_\_\_ Penalty/Fine/Forfeiture \$ \_\_\_\_\_ Enter amount in whole  
 \* Length of time required for Suspensions, Probations and Supervisions. dollars only. Do not use punctuation.

**Required, please complete**

Action Date: 6/10/2004 Effective Date: 6/10/2004 File Reference # INS-2004-19B

**CONTACT INFORMATION**

**Required, Please complete.**

Action State MT Contact Name: Last Pichette First: Alicia MI: \_\_\_\_\_  
 Phone: ( 406 ) 444 - 2040 e-mail address: apichette@mt.gov

Mail completed form to: NAIC, RIRS, 2304 McGee Suite 800 Kansas City, Mo 64108  
 Or  
 Fax completed form to: NAIC, RIRS, 816.460.7510 or e-mail to: [mktdata@naic.org](mailto:mktdata@naic.org) (Re: RIRS)

**ENTITY FUNCTION CODES**

Code	Description	Code	Description	Code	Description
ADJ	Adjuster/Appraiser	KEE	Key Employee	RRF	Risk Retention Group
AIR	Alien Insurer/Reinsurer	MET	MET/MEWA	SCY	Security
CAI	Captive Insurer	MGA	Managing General Agent	SEC	Secretary
CEO	Chief Executive Officer	OFF	Officer	SEI	Self Insured
COO	Chief Operating Officer	OTH	Other	STF	State Funded
DIT	Director/Trustee	PFC	Premium Finance Co.	TPA	Third Party Administrator
EMP	Employee	PRE	President	UDI	U.S. Domiciled Insurer
HCP	Health Care Provider	PRI	Principal/Owner	UNK	Unknown
HMO	Health Maintenance Org.	PRO	Producer (agency, brokerage etc)	URO	Utilization Review Org.
INC	Insurance Consultant	REI	Reinsurance Intermediary	VIP	Vice President
JUA	Joint Underwriting Assoc.	RPG	Risk Purchasing Group		

# NOTICE OF REGULATORY ACTIVITY (RIRS)

For submission of regulatory actions reported to the NAIC.

## ENTITY INFORMATION

Entity name, address and a numeric identifier (CoCode, AA/FEIN, SSN, Entity Number or National Producer Number) are required.

<b>Entity Name:</b> <u>AMERICAN INTERNATIONAL PACIFIC INSURANCE COMPANY</u>		<b>State ID:</b> <u>1101774</u>
(for Individual Name key in Last Name, First Name, Middle Name and Suffix if available)		
<b>NAIC Entity No:</b> <u>23795</u>	<b>NAIC CoCode:</b> <u>12</u>	<b>AA/FEIN:</b> <u>13 - 0226203</u>
<b>Entity Type Code:</b> (select one) F <input type="checkbox"/> R <input checked="" type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/>	<b>Entity Function Code:</b> (listed on back) D <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> <u>UDI - U.S.</u>	<b>S</b> <input type="checkbox"/> <b>S</b> <input type="checkbox"/> - <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
<b>Addr:</b> <u>70 PINE ST.</u>	<b>Line 2 Addr:</b>	<b>Line 3 Addr:</b>
<b>City:</b> <u>NEW YORK</u>	<b>State:</b> <u>NY</u> <b>Zip:</b> <u>10270 -</u>	<b>Phone:</b> <u>( 212 ) 770 - 7000</u>

## ACTION INFORMATION

### ORIGIN OF ACTION

Check at least one item in the section below - maximum 4

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> (1005) Complaint Investigation                        | <input type="checkbox"/> (1020) Insurer Report      | <input type="checkbox"/> (1045) Combined Exam               |
| <input checked="" type="checkbox"/> (1007) Field Investigation                 | <input type="checkbox"/> (1023) Statistical Filing  | <input type="checkbox"/> (1050) Bankruptcy Notices          |
| <input type="checkbox"/> (1008) Public Inquiry                                 | <input type="checkbox"/> (1025) Legal               | <input type="checkbox"/> (1055) Third Party Information     |
| <input type="checkbox"/> (1010) Routine Dept. Action                           | <input type="checkbox"/> (1030) Market Conduct Exam | <input type="checkbox"/> (1060) Licensing Administration    |
| <input type="checkbox"/> (1015) Other States Action                            | <input type="checkbox"/> (1035) Financial Exam      | <input type="checkbox"/> (1063) Background Check            |
| <input type="checkbox"/> (1018) Information/Referral from Another state Agency | <input type="checkbox"/> (1040) Workers Comp Exam   | <input type="checkbox"/> (1065) Other (enter up to 50 char) |

\* If checked you must enter description.

### REASON FOR ACTION

Check at least one item in the section below - maximum 20

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> (2005) Underwriting                                      | <input type="checkbox"/> (2040) Failure to Timely File                             | <input type="checkbox"/> (2075) Failure to report other state action |
| <input type="checkbox"/> (2010) Marketing & Sales                                 | <input type="checkbox"/> (2042) Failure to Pay Child Support                       | <input type="checkbox"/> (2080) Dissolution                          |
| <input type="checkbox"/> (2012) Life Insurance Replacement Violation              | <input type="checkbox"/> (2045) Rebating   | <input type="checkbox"/> (2085) Failure to pay tax                   |
| <input type="checkbox"/> (2014) Misrepresentation of Insurance Product/Policy     | <input checked="" type="checkbox"/> (2050) Rate Violation                          | <input type="checkbox"/> (2090) Failure to pay fine                  |
| <input type="checkbox"/> (2015) Claim Handling                                    | <input type="checkbox"/> (2053) Use of Unapproved Forms                            | <input type="checkbox"/> (2095) Failure to pay assessment            |
| <input type="checkbox"/> (2020) Policyholder Service                              | <input type="checkbox"/> (2055) No License   | <input type="checkbox"/> (2097) Bail Bond Forfeiture Judgement       |
| <input type="checkbox"/> (2025) Advertising                                       | <input type="checkbox"/> (2056) Demonstrated Lack of Fitness or Trustworthiness    | <input type="checkbox"/> (2100) No Certificate of Authority          |
| <input type="checkbox"/> (2026) Premium Finance Act Violation                     | <input type="checkbox"/> (2058) Misstatement on Application                        | <input type="checkbox"/> (2101) Certification Violation              |
| <input type="checkbox"/> (2027) Surplus Lines Violation                           | <input type="checkbox"/> (2059) Failure to Make Required Disclosure on application | <input type="checkbox"/> (2102) Unauthorized Insurance Business      |
| <input type="checkbox"/> (2028) TPA Violation                                     | <input type="checkbox"/> (2060) Not Appointed                                      | <input type="checkbox"/> (2103) Fiduciary Violation                  |
| <input type="checkbox"/> (2029) Unfair Insurance Practices Act Violation          | <input type="checkbox"/> (2061) Selling for Unlicensed Insurer                     | <input type="checkbox"/> (2104) Failure to Remit Premiums to Insurer |
| <input type="checkbox"/> (2030) Failure to meet Continuing Education Requirements | <input type="checkbox"/> (2062) Allowed Business from Agent Not Appointed/Licensed | <input type="checkbox"/> (2105) Misappropriation of Premium          |
| <input type="checkbox"/> (2032) Continuing Education Requirements Met             | <input type="checkbox"/> (2063) Employed Unlicensed Individuals                    | <input type="checkbox"/> (2106) Forgery                              |
| <input type="checkbox"/> (2035) Failure to Respond                                | <input type="checkbox"/> (2064) Paid Commissions to Unappointed Agents             | <input type="checkbox"/> (2107) Criminal Record/History              |
| <input type="checkbox"/> (2036) Late or Incomplete Response                       | <input type="checkbox"/> (2065) Notice of Financial Impairment from another state  | <input type="checkbox"/> (2108) Criminal Proceedings                 |
| <input type="checkbox"/> (2037) Failure to Notify Department of Address Change    | <input type="checkbox"/> (2070) Financial Impairment                               | <input type="checkbox"/> (2110) Reconsideration                      |
| <input type="checkbox"/> (2038) Failure to Comply with Previous Order             | <input type="checkbox"/> (2072) Cure of Financial Impairment                       | <input type="checkbox"/> (2115) Other (enter up to 50 char)          |
| <input type="checkbox"/> (2039) Failure to Maintain Books & Records               | <input type="checkbox"/> (2074) Other States Action                                |  |

\* If checked you must enter description.

**Continue form on reverse side**

**DISPOSITION**

Check at least one item in the section below – maximum 4

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> (3001) License, Denied                               | <input type="checkbox"/> (3028) Certificate of Authority, Expired                     | <input type="checkbox"/> (3065) Show Cause                                       |
| <input type="checkbox"/> (3003) License, Suspended                            | <input type="checkbox"/> (3029) Certificate of Authority, Probation                   | <input type="checkbox"/> (3070) Re-exam  |
| <input type="checkbox"/> (3004) License, Cancelled                            | <input type="checkbox"/> (3031) Certificate of Authority, Reinstated                  | <input type="checkbox"/> (3075) Rescission of                                    |
| <input type="checkbox"/> (3006) License, Revoked                              | <input type="checkbox"/> (3034) Certificate of Authority, Surrendered                 | <input type="checkbox"/> (3076) Involuntary Forfeiture                           |
| <input type="checkbox"/> (3009) License, Probation                            | <input type="checkbox"/> (3036) Certificate of Authority, Other (enter up to 50 char) | <input type="checkbox"/> (3078) Restitution                                      |
| <input type="checkbox"/> (3010) License, Conditional                          |   | <input type="checkbox"/> (3079) Suspended from writing new business; renewals ok |
| <input type="checkbox"/> (3011) License, Supervision                          | <input checked="" type="checkbox"/> (3042) Cease and Desist from Violations           | <input type="checkbox"/> (3080) Supervision                                      |
| <input type="checkbox"/> (3012) License, Reinstatement                        | <input type="checkbox"/> (3043) Cease and Desist from all Insurance Activity          | <input type="checkbox"/> (3085) Rehabilitation                                   |
| <input type="checkbox"/> (3013) License, Granted                              | <input type="checkbox"/> (3045) Consent Order   | <input type="checkbox"/> (3090) Liquidation                                      |
| <input type="checkbox"/> (3014) License, Surrendered                          | <input type="checkbox"/> (3046) Stipulated Agreement/Order                            | <input type="checkbox"/> (3095) Conservatorship                                  |
| <input type="checkbox"/> (3015) License, Voluntarily Surrendered              | <input type="checkbox"/> (3047) Previous Order Vacated                                | <input type="checkbox"/> (3100) Receivership                                     |
| <input type="checkbox"/> (3016) License, Other (50 Char)                      | <input type="checkbox"/> (3048) Ordered to provide requested information              | <input type="checkbox"/> (3101) Ancillary Receivership                           |
| <input type="checkbox"/> (3021) Certificate of Authority, Denied              | <input type="checkbox"/> (3050) Temporary Restraining Order                           | <input type="checkbox"/> (3102) Monetary Penalty                                 |
| <input type="checkbox"/> (3023) Certificate of Authority, Suspended           | <input type="checkbox"/> (3055) Reprimand   | <input type="checkbox"/> (3103) Aggregate Monetary Penalty                       |
| <input type="checkbox"/> (3025) Certificate of Authority, Suspension Extended | <input type="checkbox"/> (3060) Hearing Waiver  | <input type="checkbox"/> (3104) Settlement                                       |
| <input type="checkbox"/> (3026) Certificate of Authority, Revoked             |   | <input type="checkbox"/> (3105) Other (you must enter up to 50 char)             |

**Complete as needed**

Time or Length of Order:      (If DAYS, enter number of days)      Penalty/Fine/Forfeiture \$      Enter amount in whole dollars only. Do not use punctuation.  
 \* Length of time required for Suspensions, Probations and Supervisions.

**Required, please complete**

Action Date: 6/10/2004      Effective Date: 6/10/2004      File Reference # INS-2004-19B

**CONTACT INFORMATION**

**Required, Please complete.**

Action State MT      Contact Name: Last Pichette      First: Alicia      MI:       
 Phone: (406) 444 - 2040      e-mail address: apichette@mt.gov

Mail completed form to: NAIC, RIRS, 2304 McGee Suite 800 Kansas City, Mo 64108  
 Or  
 Fax completed form to: NAIC, RIRS, 816.460.7510 or e-mail to: [mktdata@naic.org](mailto:mktdata@naic.org) (Re: RIRS)

**ENTITY FUNCTION CODES**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
ADJ	Adjuster/Appraiser	KEE	Key Employee	RRF	Risk Retention Group
AIR	Alien Insurer/Reinsurer	MET	MET/MEWA	SCY	Security
CAI	Captive Insurer	MGA	Managing General Agent	SEC	Secretary
CEO	Chief Executive Officer	OFF	Officer	SEI	Self Insured
COD	Chief Operating Officer	OTH	Other	STF	State Funded
DIT	Director/Trustee	PFC	Prelum Finance Co.	TPA	Third Party Administrator
EMP	Employee	PRE	President	UDI	U.S. Domiciled Insurer
HCP	Health Care Provider	PRI	Principal/Owner	UNK	Unknown
HMO	Health Maintenance Org.	PRO	Producer (agency, brokerage etc)	URO	Utilization Review Org.
INC	Insurance Consultant	REI	Reinsurance Intermediary	VIP	Vice President

# NOTICE OF REGULATORY ACTIVITY (RIRS)

For submission of regulatory actions reported to the NAIC.

## ENTITY INFORMATION

Entity name, address and a numeric identifier (CoCode, AA/FEIN, SSN, Entity Number or National Producer Number) are required.

Entity Name: **BIRMINGHAM FIRE INS CO OF PENNSYLVANIA** State ID: **1007200**

(for Individual Name key in Last Name, First Name, Middle Name and Suffix if available)

NAIC Entity No: **19402** NAIC CoCode: **12** AA/FEIN: **23 - 1118791**

Entity Type Code: **F**  **I**  **R**  **N**  **M**  **D**  Entity Function Code: **UDI - U.S.** **D**  **O**  **B**  **S**  **S**  **N**

Addr: **70 PINE ST.** Line 2 Addr: **Line 3 Addr:**

City: **NEW YORK** State: **NY** Zip: **10270 -** Phone: **( 212 ) 770 - 7000**

## ACTION INFORMATION

### ORIGIN OF ACTION

Check at least one item in the section below - maximum 4

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> (1005) Complaint Investigation                        | <input type="checkbox"/> (1020) Insurer Report      | <input type="checkbox"/> (1045) Combined Exam               |
| <input checked="" type="checkbox"/> (1007) Field Investigation                 | <input type="checkbox"/> (1023) Statistical Filing  | <input type="checkbox"/> (1050) Bankruptcy Notices          |
| <input type="checkbox"/> (1008) Public Inquiry                                 | <input type="checkbox"/> (1025) Legal               | <input type="checkbox"/> (1055) Third Party Information     |
| <input type="checkbox"/> (1010) Routine Dept. Action                           | <input type="checkbox"/> (1030) Market Conduct Exam | <input type="checkbox"/> (1060) Licensing Administration    |
| <input type="checkbox"/> (1015) Other States Action                            | <input type="checkbox"/> (1035) Financial Exam      | <input type="checkbox"/> (1063) Background Check            |
| <input type="checkbox"/> (1018) Information/Referral from Another state Agency | <input type="checkbox"/> (1040) Workers Comp Exam   | <input type="checkbox"/> (1065) Other (enter up to 50 char) |

\* If checked you must enter description.

### REASON FOR ACTION

Check at least one item in the section below - maximum 20

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> (2005) Underwriting                                      | <input type="checkbox"/> (2040) Failure to Timely File                             | <input type="checkbox"/> (2075) Failure to report other state action |
| <input type="checkbox"/> (2010) Marketing & Sales                                 | <input type="checkbox"/> (2042) Failure to Pay Child Support                       | <input type="checkbox"/> (2080) Dissolution                          |
| <input type="checkbox"/> (2012) Life Insurance Replacement Violation              | <input type="checkbox"/> (2045) Rebating   | <input type="checkbox"/> (2085) Failure to pay tax                   |
| <input type="checkbox"/> (2014) Misrepresentation of Insurance Product/Policy     | <input checked="" type="checkbox"/> (2050) Rate Violation                          | <input type="checkbox"/> (2090) Failure to pay fine                  |
| <input type="checkbox"/> (2015) Claim Handling                                    | <input type="checkbox"/> (2053) Use of Unapproved Forms                            | <input type="checkbox"/> (2095) Failure to pay assessment            |
| <input type="checkbox"/> (2020) Policyholder Service                              | <input type="checkbox"/> (2055) No License   | <input type="checkbox"/> (2097) Bail Bond Forfeiture Judgement       |
| <input type="checkbox"/> (2025) Advertising                                       | <input type="checkbox"/> (2056) Demonstrated Lack of Fitness or Trustworthiness    | <input type="checkbox"/> (2100) No Certificate of Authority          |
| <input type="checkbox"/> (2026) Premium Finance Act Violation                     | <input type="checkbox"/> (2058) Misstatement on Application                        | <input type="checkbox"/> (2101) Certification Violation              |
| <input type="checkbox"/> (2027) Surplus Lines Violation                           | <input type="checkbox"/> (2059) Failure to Make Required Disclosure on application | <input type="checkbox"/> (2102) Unauthorized Insurance Business      |
| <input type="checkbox"/> (2028) TPA Violation                                     | <input type="checkbox"/> (2060) Not Appointed                                      | <input type="checkbox"/> (2103) Fiduciary Violation                  |
| <input type="checkbox"/> (2029) Unfair Insurance Practices Act Violation          | <input type="checkbox"/> (2061) Selling for Unlicensed Insurer                     | <input type="checkbox"/> (2104) Failure to Remit Premiums to insurer |
| <input type="checkbox"/> (2030) Failure to meet Continuing Education Requirements | <input type="checkbox"/> (2062) Allowed Business from Agent Not Appointed/Licensed | <input type="checkbox"/> (2105) Misappropriation of Premium          |
| <input type="checkbox"/> (2032) Continuing Education Requirements Met             | <input type="checkbox"/> (2063) Employed Unlicensed Individuals                    | <input type="checkbox"/> (2106) Forgery                              |
| <input type="checkbox"/> (2035) Failure to Respond                                | <input type="checkbox"/> (2064) Paid Commissions to Unappointed Agents             | <input type="checkbox"/> (2107) Criminal Record/History              |
| <input type="checkbox"/> (2036) Late or Incomplete Response                       | <input type="checkbox"/> (2065) Notice of Financial Impairment from another state  | <input type="checkbox"/> (2108) Criminal Proceedings                 |
| <input type="checkbox"/> (2037) Failure to Notify Department of Address Change    | <input type="checkbox"/> (2070) Financial Impairment                               | <input type="checkbox"/> (2110) Reconsideration                      |
| <input type="checkbox"/> (2038) Failure to Comply with Previous Order             | <input type="checkbox"/> (2072) Cure of Financial Impairment                       | <input type="checkbox"/> (2115) Other (enter up to 50 char)          |
| <input type="checkbox"/> (2039) Failure to Maintain Books & Records               | <input type="checkbox"/> (2074) Other States Action                                |  |

\* If checked you must enter description.

Continue form on reverse side

**DISPOSITION**

Check at least one item in the section below – maximum 4

<input type="checkbox"/> (3001) License, Denied <input type="checkbox"/> (3003) License, Suspended <input type="checkbox"/> (3004) License, Cancelled <input type="checkbox"/> (3006) License, Revoked <input type="checkbox"/> (3009) License, Probation <input type="checkbox"/> (3010) License, Conditional <input type="checkbox"/> (3011) License, Supervision <input type="checkbox"/> (3012) License, Reinstatement <input type="checkbox"/> (3013) License, Granted <input type="checkbox"/> (3014) License, Surrendered <input type="checkbox"/> (3015) License, Voluntarily Surrendered <input type="checkbox"/> (3016) License, Other (50 Char) <hr/> <input type="checkbox"/> (3021) Certificate of Authority, Denied <input type="checkbox"/> (3023) Certificate of Authority, Suspended <input type="checkbox"/> (3025) Certificate of Authority, Suspension Extended <input type="checkbox"/> (3026) Certificate of Authority, Revoked	<input type="checkbox"/> (3028) Certificate of Authority, Expired <input type="checkbox"/> (3029) Certificate of Authority, Probation <input type="checkbox"/> (3031) Certificate of Authority, Reinstated <input type="checkbox"/> (3034) Certificate of Authority, Surrendered <input type="checkbox"/> (3036) Certificate of Authority, Other (enter up to 50 char) <hr/> <input checked="" type="checkbox"/> (3042) Cease and Desist from Violations <input type="checkbox"/> (3043) Cease and Desist from all Insurance Activity <input type="checkbox"/> (3045) Consent Order <input type="checkbox"/> (3046) Stipulated Agreement/Order <input type="checkbox"/> (3047) Previous Order Vacated <input type="checkbox"/> (3048) Ordered to provide requested information <input type="checkbox"/> (3050) Temporary Restraining Order <input type="checkbox"/> (3055) Reprimand <input type="checkbox"/> (3060) Hearing Waiver	<input type="checkbox"/> (3065) Show Cause <input type="checkbox"/> (3070) Re-exam <input type="checkbox"/> (3075) Rescission of <input type="checkbox"/> (3076) Involuntary Forfeiture <input type="checkbox"/> (3078) Restitution <input type="checkbox"/> (3079) Suspended from writing new business; renewals ok <input type="checkbox"/> (3080) Supervision <input type="checkbox"/> (3085) Rehabilitation <input type="checkbox"/> (3090) Liquidation <input type="checkbox"/> (3095) Conservatorship <input type="checkbox"/> (3100) Receivership <input type="checkbox"/> (3101) Ancillary Receivership <input type="checkbox"/> (3102) Monetary Penalty <input type="checkbox"/> (3103) Aggregate Monetary Penalty <input type="checkbox"/> (3104) Settlement <input type="checkbox"/> (3105) Other (you must enter up to 50 char)
--	--	--

**Complete as needed**

Time or Length of Order:      (If DAYS, enter number of days)      Penalty/Fine/Forfeiture \$      Enter amount in whole dollars only. Do not use punctuation.  
 \* Length of time required for Suspensions, Probations and Supervisions.

**Required, please complete**

Action Date: 6/10/2004      Effective Date: 6/10/2004      File Reference # INS-2004-19B

**CONTACT INFORMATION**

Required, Please complete.

Action State MT      Contact Name: Last Pichette      First: Alicia      MI:       
 Phone: ( 406 ) 444 - 2040      e-mail address: apichette@mt.gov

Mail completed form to: NAIC, RIRS, 2304 McGee Suite 800 Kansas City, Mo 64108  
 Or  
 Fax completed form to: NAIC, RIRS, 816.460.7510 or e-mail to: [mktdata@naic.org](mailto:mktdata@naic.org) (Re: RIRS)

**ENTITY FUNCTION CODES**

Code	Description	Code	Description	Code	Description
ADJ	Adjuster/Appraiser	KEE	Key Employee	RRF	Risk Retention Group
AIR	Allen Insurer/Reinsurer	MET	MET/MEWA	SCY	Security
CAI	Captive Insurer	MGA	Managing General Agent	SEC	Secretary
CEO	Chief Executive Officer	OFF	Officer	SEI	Self Insured
COO	Chief Operating Officer	OTH	Other	STF	State Funded
DIT	Director/Trustee	PFC	Premium Finance Co.	TPA	Third Party Administrator
EMP	Employee	PRE	President	UDI	U.S. Domiciled Insurer
HCP	Health Care Provider	PRI	Principal/Owner	UNK	Unknown
HMO	Health Maintenance Org.	PRO	Producer (agency, brokerage etc)	URO	Utilization Review Org.
INC	Insurance Consultant	REI	Reinsurance Intermediary	VIP	Vice President
JUA	Joint Underwriting Assoc.	RPG	Risk Purchasing Group		

# NOTICE OF REGULATORY ACTIVITY (RIRS)

For submission of regulatory actions reported to the NAIC.

## ENTITY INFORMATION

Entity name, address and a numeric identifier (CoCode, AA/FEIN, SSN, Entity Number or National Producer Number) are required.

Entity Name: **GRANITE STATE INSURANCE COMPANY** State ID: **1017700**  
(for Individual Name key in Last Name, First Name, Middle Name and Suffix if available)

NAIC Entity No: **23809** NAIC CoCode: **12** AA/FEIN: **02 - 0140690**

Entity Type Code: **F**  **I**  Ently Function **D**   
(select one) **R**  **N**  Code: **UDI - U.S.** **O**   
**M**  **D**  (listed on back) **B**  **S**  **S**  **N**

Addr: **70 PINE ST.** Line 2 Addr: \_\_\_\_\_ Line 3 Addr: \_\_\_\_\_  
 City: **NEW YORK** State: **NY** Zip: **10270 -** Phone: **(212) 770 - 7000**

## ACTION INFORMATION

### ORIGIN OF ACTION

Check at least one item in the section below - maximum 4

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> (1005) Complaint Investigation<br><input checked="" type="checkbox"/> (1007) Field Investigation<br><input type="checkbox"/> (1008) Public Inquiry<br><input type="checkbox"/> (1010) Routine Dept. Action<br><input type="checkbox"/> (1015) Other States Action<br><input type="checkbox"/> (1018) Information/Referral from Another state Agency | <input type="checkbox"/> (1020) Insurer Report<br><input type="checkbox"/> (1023) Statistical Filing<br><input type="checkbox"/> (1025) Legal<br><input type="checkbox"/> (1030) Market Conduct Exam<br><input type="checkbox"/> (1035) Financial Exam<br><input type="checkbox"/> (1040) Workers Comp Exam | <input type="checkbox"/> (1045) Combined Exam<br><input type="checkbox"/> (1050) Bankruptcy Notices<br><input type="checkbox"/> (1055) Third Party Information<br><input type="checkbox"/> (1060) Licensing Administration<br><input type="checkbox"/> (1063) Background Check<br><input type="checkbox"/> (1065) Other (enter up to 50 char) |
|--|---|---|

\* If checked you must enter description.

### REASON FOR ACTION

Check at least one item in the section below - maximum 20

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> (2005) Underwriting<br><input type="checkbox"/> (2010) Marketing & Sales<br><input type="checkbox"/> (2012) Life Insurance Replacement Violation<br><input type="checkbox"/> (2014) Misrepresentation of Insurance Product/Policy<br><input type="checkbox"/> (2015) Claim Handling<br><input type="checkbox"/> (2020) Policyholder Service<br><input type="checkbox"/> (2025) Advertising<br><input type="checkbox"/> (2026) Premium Finance Act Violation<br><input type="checkbox"/> (2027) Surplus Lines Violation<br><input type="checkbox"/> (2028) TPA Violation<br><input type="checkbox"/> (2029) Unfair Insurance Practices Act Violation<br><input type="checkbox"/> (2030) Failure to meet Continuing Education Requirements<br><input type="checkbox"/> (2032) Continuing Education Requirements Met<br><input type="checkbox"/> (2035) Failure to Respond<br><input type="checkbox"/> (2036) Late or Incomplete Response<br><input type="checkbox"/> (2037) Failure to Notify Department of Address Change<br><input type="checkbox"/> (2038) Failure to Comply with Previous Order<br><input type="checkbox"/> (2039) Failure to Maintain Books & Records | <input type="checkbox"/> (2040) Failure to Timely File<br><input type="checkbox"/> (2042) Failure to Pay Child Support<br><input type="checkbox"/> (2045) Rebating<br><input checked="" type="checkbox"/> (2050) Rate Violation<br><input type="checkbox"/> (2053) Use of Unapproved Forms<br><input type="checkbox"/> (2055) No License<br><input type="checkbox"/> (2056) Demonstrated Lack of Fitness or Trustworthiness<br><input type="checkbox"/> (2058) Misstatement on Application<br><input type="checkbox"/> (2059) Failure to Make Required Disclosure on application<br><input type="checkbox"/> (2060) Not Appointed<br><input type="checkbox"/> (2061) Selling for Unlicensed Insurer<br><input type="checkbox"/> (2062) Allowed Business from Agent Not Appointed/Licensed<br><input type="checkbox"/> (2063) Employed Unlicensed Individuals<br><input type="checkbox"/> (2064) Paid Commissions to Unappointed Agents<br><input type="checkbox"/> (2065) Notice of Financial Impairment from another state<br><input type="checkbox"/> (2070) Financial Impairment<br><input type="checkbox"/> (2072) Cure of Financial Impairment<br><input type="checkbox"/> (2074) Other States Action | <input type="checkbox"/> (2075) Failure to report other state action<br><input type="checkbox"/> (2080) Dissolution<br><input type="checkbox"/> (2085) Failure to pay tax<br><input type="checkbox"/> (2090) Failure to pay fine<br><input type="checkbox"/> (2095) Failure to pay assessment<br><input type="checkbox"/> (2097) Bail Bond Forfeiture Judgement<br><input type="checkbox"/> (2100) No Certificate of Authority<br><input type="checkbox"/> (2101) Certification Violation<br><input type="checkbox"/> (2102) Unauthorized Insurance Business<br><input type="checkbox"/> (2103) Fiduciary Violation<br><input type="checkbox"/> (2104) Failure to Remit Premiums to Insurer<br><input type="checkbox"/> (2105) Misappropriation of Premium<br><input type="checkbox"/> (2106) Forgery<br><input type="checkbox"/> (2107) Criminal Record/History<br><input type="checkbox"/> (2108) Criminal Proceedings<br><input type="checkbox"/> (2110) Reconsideration<br><input type="checkbox"/> (2115) Other (enter up to 50 char) |
|---|--|--|

\* If checked you must enter description.

**Continue form on reverse side**

### DISPOSITION

Check at least one item in the section below - maximum 4

<input type="checkbox"/> (3001) License, Denied <input type="checkbox"/> (3003) License, Suspended <input type="checkbox"/> (3004) License, Cancelled <input type="checkbox"/> (3006) License, Revoked <input type="checkbox"/> (3009) License, Probation <input type="checkbox"/> (3010) License, Conditional <input type="checkbox"/> (3011) License, Supervision <input type="checkbox"/> (3012) License, Reinstatement <input type="checkbox"/> (3013) License, Granted <input type="checkbox"/> (3014) License, Surrendered <input type="checkbox"/> (3015) License, Voluntarily Surrendered <input type="checkbox"/> (3016) License, Other (50 Char)  <input type="checkbox"/> (3021) Certificate of Authority, Denied <input type="checkbox"/> (3023) Certificate of Authority, Suspended <input type="checkbox"/> (3025) Certificate of Authority, Suspension Extended <input type="checkbox"/> (3026) Certificate of Authority, Revoked	<input type="checkbox"/> (3028) Certificate of Authority, Expired <input type="checkbox"/> (3029) Certificate of Authority, Probation <input type="checkbox"/> (3031) Certificate of Authority, Reinstated <input type="checkbox"/> (3034) Certificate of Authority, Surrendered <input type="checkbox"/> (3036) Certificate of Authority, Other (enter up to 50 char)  <input checked="" type="checkbox"/> (3042) Cease and Desist from Violations <input type="checkbox"/> (3043) Cease and Desist from all Insurance Activity <input type="checkbox"/> (3045) Consent Order <input type="checkbox"/> (3046) Stipulated Agreement/Order <input type="checkbox"/> (3047) Previous Order Vacated <input type="checkbox"/> (3048) Ordered to provide requested Information <input type="checkbox"/> (3050) Temporary Restraining Order <input type="checkbox"/> (3055) Reprimand <input type="checkbox"/> (3060) Hearing Waiver	<input type="checkbox"/> (3065) Show Cause <input type="checkbox"/> (3070) Re-exam <input type="checkbox"/> (3075) Rescission of <input type="checkbox"/> (3076) Involuntary Forfeiture <input type="checkbox"/> (3078) Restitution <input type="checkbox"/> (3079) Suspended from writing new business; renewals ok <input type="checkbox"/> (3080) Supervision <input type="checkbox"/> (3085) Rehabilitation <input type="checkbox"/> (3090) Liquidation <input type="checkbox"/> (3095) Conservatorship <input type="checkbox"/> (3100) Receivership <input type="checkbox"/> (3101) Ancillary Receivership <input type="checkbox"/> (3102) Monetary Penalty <input type="checkbox"/> (3103) Aggregate Monetary Penalty <input type="checkbox"/> (3104) Settlement <input type="checkbox"/> (3105) Other (you must enter up to 50 char)
--	--	--

#### Complete as needed

Time or Length of Order: ( ) (If DAYS, enter number of days) \_\_\_\_\_ Penalty/Fine/Forfeiture \$ \_\_\_\_\_ Enter amount in whole dollars only. Do not use punctuation.  
 \* Length of time required for Suspensions, Probations and Supervisions.

#### Required, please complete

Action Date: 6/10/2004 Effective Date: 6/10/2004 File Reference # INS-2004-19B

### CONTACT INFORMATION

Required, Please complete.

Action State MT Contact Name: Last Pichette First: Alicia MI: \_\_\_\_\_  
 Phone: (406) 444 - 2040 e-mail address: apichette@mt.gov

Mail completed form to: NAIC, RIRS, 2304 McGee Suite 800 Kansas City, Mo 64108  
 Or  
 Fax completed form to: NAIC, RIRS, 816.460.7510 or e-mail to: [mktdata@naic.org](mailto:mktdata@naic.org) (Re: RIRS)

#### ENTITY FUNCTION CODES

Code	Description	Code	Description	Code	Description
ADJ	Adjuster/Appraiser	KEE	Key Employee	RRF	Risk Retention Group
AIR	Allen Insurer/Reinsurer	MET	MET/MEWA	SCY	Security
CAI	Captive Insurer	MGA	Managing General Agent	SEC	Secretary
CEO	Chief Executive Officer	OFF	Officer	SEI	Self Insured
COO	Chief Operating Officer	OTH	Other	STF	State Funded
DIT	Director/Trustee	PFC	Premium Finance Co.	TPA	Third Party Administrator
EMP	Employee	PRE	President	UDI	U.S. Domiciled Insurer
HCP	Health Care Provider	PRI	Principal/Owner	UNK	Unknown
HMO	Health Maintenance Org.	PRO	Producer (agency, brokerage etc)	URO	Utilization Review Org.
INC	Insurance Consultant	REI	Reinsurance Intermediary	VIP	Vice President
JUA	Joint Underwriting Assoc.	TPG	Risk Purchasing Group		

# NOTICE OF REGULATORY ACTIVITY (RIRS)

For submission of regulatory actions reported to the NAIC.

## ENTITY INFORMATION

Entity name, address and a numeric identifier (CoCode, AA/FEIN, SSN, Entity Number or National Producer Number) are required.

Entity Name: **INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA** State ID: **1021200**  
(for Individual Name key in Last Name, First Name, Middle Name and Suffix if available)

NAIC Entity No: **19429** NAIC CoCode: **12** AA/FEIN: **13 - 5540698**

Entity Type Code: **F**  **I**  **N**  **D**  Entity Function Code: **UDI - U.S.** **D**  **O**  **B**  **S**  **N**

Addr: **70 PINE ST.** Line 2 Addr: Line 3 Addr:

City: **NEW YORK** State: **NY** Zip: **10270 -** Phone: **( 212 ) 770 - 0736**

## ACTION INFORMATION

### ORIGIN OF ACTION

Check at least one item in the section below - maximum 4

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> (1005) Complaint Investigation                        | <input type="checkbox"/> (1020) Insurer Report      | <input type="checkbox"/> (1045) Combined Exam               |
| <input checked="" type="checkbox"/> (1007) Field Investigation                 | <input type="checkbox"/> (1023) Statistical Filing  | <input type="checkbox"/> (1050) Bankruptcy Notices          |
| <input type="checkbox"/> (1008) Public Inquiry                                 | <input type="checkbox"/> (1025) Legal               | <input type="checkbox"/> (1055) Third Party Information     |
| <input type="checkbox"/> (1010) Routine Dept. Action                           | <input type="checkbox"/> (1030) Market Conduct Exam | <input type="checkbox"/> (1060) Licensing Administration    |
| <input type="checkbox"/> (1015) Other States Action                            | <input type="checkbox"/> (1035) Financial Exam      | <input type="checkbox"/> (1063) Background Check            |
| <input type="checkbox"/> (1018) Information/Referral from Another state Agency | <input type="checkbox"/> (1040) Workers Comp Exam   | <input type="checkbox"/> (1065) Other (enter up to 50 char) |

\* If checked you must enter description.

### REASON FOR ACTION

Check at least one item in the section below - maximum 20

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> (2005) Underwriting                                      | <input type="checkbox"/> (2040) Failure to Timely File                             | <input type="checkbox"/> (2075) Failure to report other state action |
| <input type="checkbox"/> (2010) Marketing & Sales                                 | <input type="checkbox"/> (2042) Failure to Pay Child Support                       | <input type="checkbox"/> (2080) Dissolution                          |
| <input type="checkbox"/> (2012) Life Insurance Replacement Violation              | <input type="checkbox"/> (2045) Rebating   | <input type="checkbox"/> (2085) Failure to pay tax                   |
| <input type="checkbox"/> (2014) Misrepresentation of Insurance Product/Policy     | <input checked="" type="checkbox"/> (2050) Rate Violation                          | <input type="checkbox"/> (2090) Failure to pay fine                  |
| <input type="checkbox"/> (2015) Claim Handling                                    | <input type="checkbox"/> (2053) Use of Unapproved Forms                            | <input type="checkbox"/> (2095) Failure to pay assessment            |
| <input type="checkbox"/> (2020) Policyholder Service                              | <input type="checkbox"/> (2055) No License   | <input type="checkbox"/> (2097) Bail Bond Forfeiture Judgement       |
| <input type="checkbox"/> (2025) Advertising                                       | <input type="checkbox"/> (2056) Demonstrated Lack of Fitness or Trustworthiness    | <input type="checkbox"/> (2100) No Certificate of Authority          |
| <input type="checkbox"/> (2026) Premium Finance Act Violation                     | <input type="checkbox"/> (2058) Misstatement on Application                        | <input type="checkbox"/> (2101) Certification Violation              |
| <input type="checkbox"/> (2027) Surplus Lines Violation                           | <input type="checkbox"/> (2059) Failure to Make Required Disclosure on application | <input type="checkbox"/> (2102) Unauthorized Insurance Business      |
| <input type="checkbox"/> (2028) TPA Violation                                     | <input type="checkbox"/> (2060) Not Appointed                                      | <input type="checkbox"/> (2103) Fiduciary Violation                  |
| <input type="checkbox"/> (2029) Unfair Insurance Practices Act Violation          | <input type="checkbox"/> (2061) Selling for Unlicensed Insurer                     | <input type="checkbox"/> (2104) Failure to Remit Premiums to Insurer |
| <input type="checkbox"/> (2030) Failure to meet Continuing Education Requirements | <input type="checkbox"/> (2062) Allowed Business from Agent Not Appointed/Licensed | <input type="checkbox"/> (2105) Misappropriation of Premium          |
| <input type="checkbox"/> (2032) Continuing Education Requirements Met             | <input type="checkbox"/> (2063) Employed Unlicensed Individuals                    | <input type="checkbox"/> (2106) Forgery                              |
| <input type="checkbox"/> (2035) Failure to Respond                                | <input type="checkbox"/> (2064) Paid Commissions to Unappointed Agents             | <input type="checkbox"/> (2107) Criminal Record/History              |
| <input type="checkbox"/> (2036) Late or Incomplete Response                       | <input type="checkbox"/> (2065) Notice of Financial Impairment from another state  | <input type="checkbox"/> (2108) Criminal Proceedings                 |
| <input type="checkbox"/> (2037) Failure to Notify Department of Address Change    | <input type="checkbox"/> (2070) Financial Impairment                               | <input type="checkbox"/> (2110) Reconsideration                      |
| <input type="checkbox"/> (2038) Failure to Comply with Previous Order             | <input type="checkbox"/> (2072) Cure of Financial Impairment                       | <input type="checkbox"/> (2115) Other (enter up to 50 char)          |
| <input type="checkbox"/> (2039) Failure to Maintain Books & Records               | <input type="checkbox"/> (2074) Other States Action                                |  |

\* If checked you must enter description.

**Continue form on reverse side**

**DISPOSITION**

Check at least one item in the section below – maximum 4

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> (3001) License, Denied                               | <input type="checkbox"/> (3028) Certificate of Authority, Expired                     | <input type="checkbox"/> (3065) Show Cause                                       |
| <input type="checkbox"/> (3003) License, Suspended                            | <input type="checkbox"/> (3029) Certificate of Authority, Probation                   | <input type="checkbox"/> (3070) Re-exam  |
| <input type="checkbox"/> (3004) License, Cancelled                            | <input type="checkbox"/> (3031) Certificate of Authority, Reinstated                  | <input type="checkbox"/> (3075) Rescission of                                    |
| <input type="checkbox"/> (3006) License, Revoked                              | <input type="checkbox"/> (3034) Certificate of Authority, Surrendered                 | <input type="checkbox"/> (3076) Involuntary Forfeiture                           |
| <input type="checkbox"/> (3009) License, Probation                            | <input type="checkbox"/> (3036) Certificate of Authority, Other (enter up to 50 char) | <input type="checkbox"/> (3078) Restitution                                      |
| <input type="checkbox"/> (3010) License, Conditional                          |   | <input type="checkbox"/> (3079) Suspended from writing new business; renewals ok |
| <input type="checkbox"/> (3011) License, Supervision                          | <input checked="" type="checkbox"/> (3042) Cease and Desist from Violations           | <input type="checkbox"/> (3080) Supervision                                      |
| <input type="checkbox"/> (3012) License, Reinstatement                        | <input type="checkbox"/> (3043) Cease and Desist from all Insurance Activity          | <input type="checkbox"/> (3085) Rehabilitation                                   |
| <input type="checkbox"/> (3013) License, Granted                              | <input type="checkbox"/> (3045) Consent Order   | <input type="checkbox"/> (3090) Liquidation                                      |
| <input type="checkbox"/> (3014) License, Surrendered                          | <input type="checkbox"/> (3046) Stipulated Agreement/Order                            | <input type="checkbox"/> (3095) Conservatorship                                  |
| <input type="checkbox"/> (3015) License, Voluntarily Surrendered              | <input type="checkbox"/> (3047) Previous Order Vacated                                | <input type="checkbox"/> (3100) Receivership                                     |
| <input type="checkbox"/> (3016) License, Other (50 Char)                      | <input type="checkbox"/> (3048) Ordered to provide requested information              | <input type="checkbox"/> (3101) Ancillary Receivership                           |
| <input type="checkbox"/> (3021) Certificate of Authority, Denied              | <input type="checkbox"/> (3050) Temporary Restraining Order                           | <input type="checkbox"/> (3102) Monetary Penalty                                 |
| <input type="checkbox"/> (3023) Certificate of Authority, Suspended           | <input type="checkbox"/> (3055) Reprimand   | <input type="checkbox"/> (3103) Aggregate Monetary Penalty                       |
| <input type="checkbox"/> (3025) Certificate of Authority, Suspension Extended | <input type="checkbox"/> (3060) Hearing Waiver  | <input type="checkbox"/> (3104) Settlement                                       |
| <input type="checkbox"/> (3026) Certificate of Authority, Revoked             |   | <input type="checkbox"/> (3105) Other (you must enter up to 50 char)             |

**Complete as needed**

Time or Length of Order:      (If DAYS, enter number of days)      Penalty/Fine/Forfeiture \$      Enter amount in whole dollars only. Do not use punctuation.  
 \* Length of time required for Suspensions, Probations and Supervisions.

**Required, please complete**

Action Date: 6/10/2004      Effective Date: 6/10/2004      File Reference # INS-2004-19B

**CONTACT INFORMATION**

**Required, Please complete.**

Action State MT      Contact Name: Last Pichette      First: Alicia      MI:       
 Phone: (406) 444 - 2040      e-mail address: apichette@mt.gov

Mail completed form to: NAIC, RIRS, 2304 McGee Suite 800 Kansas City, Mo 64108  
 Or  
 Fax completed form to: NAIC, RIRS, 816.460.7510 or e-mail to: [mktdata@naic.org](mailto:mktdata@naic.org) (Re: RIRS)

**ENTITY FUNCTION CODES**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
ADJ	Adjuster/Appraiser	KEE	Key Employee	RRF	Risk Retention Group
AIR	Alien Insurer/Reinsurer	MET	MET/MEWA	SCY	Security
CAI	Captive Insurer	MGA	Managing General Agent	SEC	Secretary
CEO	Chief Executive Officer	OFF	Officer	SEI	Self Insured
COO	Chief Operating Officer	OTH	Other	STF	State Funded
DIT	Director/Trustee	PFC	Premium Finance Co.	TPA	Third Party Administrator
EMP	Employee	PRE	President	UDI	U.S. Domiciled Insurer
HCP	Health Care Provider	PRI	Principal/Owner	UNK	Unknown
HMO	Health Maintenance Org.	PRO	Producer (agency, brokerage etc)	URO	Utilization Review Org.
INC	Insurance Consultant	REI	Reinsurance Intermediary	VIP	Vice President

# NOTICE OF REGULATORY ACTIVITY (RIRS)

For submission of regulatory actions reported to the NAIC.

## ENTITY INFORMATION

Entity name, address and a numeric Identifier (CoCode, AA/FEIN, SSN, Entity Number or National Producer Number) are required.

Entity Name: **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH PA** State ID: **1028600**  
(for Individual Name key in Last Name, First Name, Middle Name and Suffix if available)

NAIC Entity No: **19445** NAIC CoCode: **12** AA/FEIN: **25 - 0687550**

Entity Type Code: **R**  **M**  **F**  **I**  **N**  **D**   
(select one) Entity Function Code: **UDI - U.S.** **D**  **S**  **O**  **B**  **N**   
(listed on back)

Addr: **70 PINE ST.** Line 2 Addr: \_\_\_\_\_ Line 3 Addr: \_\_\_\_\_

City: **NEW YORK** State: **NY** Zip: **10270 -** Phone: **( 212 ) 770 - 7000**

## ACTION INFORMATION

### ORIGIN OF ACTION

Check at least one item in the section below - maximum 4

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> (1005) Complaint Investigation                        | <input type="checkbox"/> (1020) Insurer Report      | <input type="checkbox"/> (1045) Combined Exam               |
| <input checked="" type="checkbox"/> (1007) Field Investigation                 | <input type="checkbox"/> (1023) Statistical Filing  | <input type="checkbox"/> (1050) Bankruptcy Notices          |
| <input type="checkbox"/> (1008) Public Inquiry                                 | <input type="checkbox"/> (1025) Legal               | <input type="checkbox"/> (1055) Third Party Information     |
| <input type="checkbox"/> (1010) Routine Dept. Action                           | <input type="checkbox"/> (1030) Market Conduct Exam | <input type="checkbox"/> (1060) Licensing Administration    |
| <input type="checkbox"/> (1015) Other States Action                            | <input type="checkbox"/> (1035) Financial Exam      | <input type="checkbox"/> (1063) Background Check            |
| <input type="checkbox"/> (1018) Information/Referral from Another state Agency | <input type="checkbox"/> (1040) Workers Comp Exam   | <input type="checkbox"/> (1065) Other (enter up to 50 char) |

\* If checked you must enter description.

### REASON FOR ACTION

Check at least one item in the section below - maximum 20

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> (2005) Underwriting                                      | <input type="checkbox"/> (2040) Failure to Timely File                             | <input type="checkbox"/> (2075) Failure to report other state action |
| <input type="checkbox"/> (2010) Marketing & Sales                                 | <input type="checkbox"/> (2042) Failure to Pay Child Support                       | <input type="checkbox"/> (2080) Dissolution                          |
| <input type="checkbox"/> (2012) Life Insurance Replacement Violation              | <input type="checkbox"/> (2045) Rebating   | <input type="checkbox"/> (2085) Failure to pay tax                   |
| <input type="checkbox"/> (2014) Misrepresentation of Insurance Product/Policy     | <input checked="" type="checkbox"/> (2050) Rate Violation                          | <input type="checkbox"/> (2090) Failure to pay fine                  |
| <input type="checkbox"/> (2015) Claim Handling                                    | <input type="checkbox"/> (2053) Use of Unapproved Forms                            | <input type="checkbox"/> (2095) Failure to pay assessment            |
| <input type="checkbox"/> (2020) Policyholder Service                              | <input type="checkbox"/> (2055) No License   | <input type="checkbox"/> (2097) Bail Bond Forfeiture Judgement       |
| <input type="checkbox"/> (2025) Advertising                                       | <input type="checkbox"/> (2056) Demonstrated Lack of Fitness or Trustworthiness    | <input type="checkbox"/> (2100) No Certificate of Authority          |
| <input type="checkbox"/> (2026) Premium Finance Act Violation                     | <input type="checkbox"/> (2058) Misstatement on Application                        | <input type="checkbox"/> (2101) Certification Violation              |
| <input type="checkbox"/> (2027) Surplus Lines Violation                           | <input type="checkbox"/> (2059) Failure to Make Required Disclosure on application | <input type="checkbox"/> (2102) Unauthorized Insurance Business      |
| <input type="checkbox"/> (2028) TPA Violation                                     | <input type="checkbox"/> (2060) Not Appointed                                      | <input type="checkbox"/> (2103) Fiduciary Violation                  |
| <input type="checkbox"/> (2029) Unfair Insurance Practices Act Violation          | <input type="checkbox"/> (2061) Selling for Unlicensed Insurer                     | <input type="checkbox"/> (2104) Failure to Remit Premiums to Insurer |
| <input type="checkbox"/> (2030) Failure to meet Continuing Education Requirements | <input type="checkbox"/> (2062) Allowed Business from Agent Not Appointed/Licensed | <input type="checkbox"/> (2105) Misappropriation of Premium          |
| <input type="checkbox"/> (2032) Continuing Education Requirements Met             | <input type="checkbox"/> (2063) Employed Unlicensed Individuals                    | <input type="checkbox"/> (2106) Forgery                              |
| <input type="checkbox"/> (2035) Failure to Respond                                | <input type="checkbox"/> (2064) Paid Commissions to Unappointed Agents             | <input type="checkbox"/> (2107) Criminal Record/History              |
| <input type="checkbox"/> (2036) Late or Incomplete Response                       | <input type="checkbox"/> (2065) Notice of Financial Impairment from another state  | <input type="checkbox"/> (2108) Criminal Proceedings                 |
| <input type="checkbox"/> (2037) Failure to Notify Department of Address Change    | <input type="checkbox"/> (2070) Financial Impairment                               | <input type="checkbox"/> (2110) Reconsideration                      |
| <input type="checkbox"/> (2038) Failure to Comply with Previous Order             | <input type="checkbox"/> (2072) Cure of Financial Impairment                       | <input type="checkbox"/> (2115) Other (enter up to 50 char)          |
| <input type="checkbox"/> (2039) Failure to Maintain Books & Records               | <input type="checkbox"/> (2074) Other States Action                                |  |

\* If checked you must enter description.

**Continue form on reverse side**

**DISPOSITION**

Check at least one item in the section below – maximum 4

- (3001) License, Denied
- (3003) License, Suspended
- (3004) License, Cancelled
- (3006) License, Revoked
- (3009) License, Probation
- (3010) License, Conditional
- (3011) License, Supervision
- (3012) License, Reinstatement
- (3013) License, Granted
- (3014) License, Surrendered
- (3015) License, Voluntarily Surrendered
- (3016) License, Other (50 Char)

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- (3021) Certificate of Authority, Denied
- (3023) Certificate of Authority, Suspended
- (3025) Certificate of Authority, Suspension Extended
- (3026) Certificate of Authority, Revoked

- (3028) Certificate of Authority, Expired
- (3029) Certificate of Authority, Probation
- (3031) Certificate of Authority, Reinstated
- (3034) Certificate of Authority, Surrendered
- (3036) Certificate of Authority, Other (enter up to 50 char)

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- (3042) Cease and Desist from Violations
- (3043) Cease and Desist from all Insurance Activity
- (3045) Consent Order
- (3046) Stipulated Agreement/Order
- (3047) Previous Order Vacated
- (3048) Ordered to provide requested Information
- (3050) Temporary Restraining Order
- (3055) Reprimand
- (3060) Hearing Waiver

- (3065) Show Cause
- (3070) Re-exam
- (3075) Rescission of
- (3076) Involuntary Forfeiture
- (3078) Restitution
- (3079) Suspended from writing new business; renewals ok
- (3080) Supervision
- (3085) Rehabilitation
- (3090) Liquidation
- (3095) Conservatorship
- (3100) Receivership
- (3101) Ancillary Receivership
- (3102) Monetary Penalty
- (3103) Aggregate Monetary Penalty
- (3104) Settlement
- (3105) Other (you must enter up to 50 char)

**Complete as needed**

Time or Length of Order:      (if DAYS, enter number of days)      Penalty/Fine/Forfeiture \$      Enter amount in whole dollars only. Do not use punctuation.  
 \* Length of time required for Suspensions, Probations and Supervisions.

**Required, please complete**

Action Date: 6/10/2004      Effective Date: 6/10/2004      File Reference # INS-2004-19B

**CONTACT INFORMATION**

**Required, Please complete.**

Action State MT      Contact Name: Last Pichette      First: Alicia      MI:       
 Phone: (406) 444 - 2040      e-mail address: apichette@mt.gov

Mail completed form to: NAIC, RIRS, 2304 McGee Suite 800 Kansas City, Mo 64108  
 Or  
 Fax completed form to: NAIC, RIRS, 816.460.7510 or e-mail to: mktdata@naic.org (Re: RIRS)

**ENTITY FUNCTION CODES**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
ADJ	Adjuster/Appraiser	KEE	Key Employee	RRF	Risk Retention Group
AJR	Allen Insurer/Reinsurer	MET	MET/MEWA	SCY	Security
CAI	Captive Insurer	MGA	Managing General Agent	SEC	Secretary
CEO	Chief Executive Officer	OFF	Officer	SEI	Self Insured
COO	Chief Operating Officer	OTH	Other	STF	State Funded
DIT	Director/Trustee	PFC	Premium Finance Co.	TPA	Third Party Administrator
EMP	Employee	PRE	President	UDI	U.S. Domicled Insurer
HCP	Health Care Provider	PRI	Principal/Owner	UNK	Unknown
HMO	Health Maintenance Org.	PRO	Producer (agency, brokerage etc)	URO	Utilization Review Org.
INC	Insurance Consultant	REI	Reinsurance Intermediary	VIP	Vice President

# NOTICE OF REGULATORY ACTIVITY (RIRS)

For submission of regulatory actions reported to the NAIC.

## ENTITY INFORMATION

Entity name, address and a numeric identifier (CoCode, AA/FEIN, SSN, Entity Number or National Producer Number) are required.

Entity Name: **NEW HAMPSHIRE INSURANCE COMPANY** State ID: **1028900**

(for Individual Name key in Last Name, First Name, Middle Name and Suffix if available)

NAIC Entity No: **23841** NAIC CoCode: **12** AA/FEIN: **02 - 0172170**

Entity Type Code: F  I  Entity Function Code: D   
R  N  Code: **UDI - U.S.** S   
(select one) M  D  (listed on back) B  S  -  -   
N

Addr: **70 PINE ST.** Line 2 Addr: Line 3 Addr:  
City: **NEW YORK** State: **NY** Zip: **10270 -** Phone: **(212) 770 - 7000**

## ACTION INFORMATION

### ORIGIN OF ACTION

Check at least one item in the section below - maximum 4

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> (1005) Complaint Investigation                        | <input type="checkbox"/> (1020) Insurer Report      | <input type="checkbox"/> (1045) Combined Exam               |
| <input checked="" type="checkbox"/> (1007) Field Investigation                 | <input type="checkbox"/> (1023) Statistical Filing  | <input type="checkbox"/> (1050) Bankruptcy Notices          |
| <input type="checkbox"/> (1008) Public Inquiry                                 | <input type="checkbox"/> (1025) Legal               | <input type="checkbox"/> (1055) Third Party Information     |
| <input type="checkbox"/> (1010) Routine Dept. Action                           | <input type="checkbox"/> (1030) Market Conduct Exam | <input type="checkbox"/> (1060) Licensing Administration    |
| <input type="checkbox"/> (1015) Other States Action                            | <input type="checkbox"/> (1035) Financial Exam      | <input type="checkbox"/> (1063) Background Check            |
| <input type="checkbox"/> (1018) Information/Referral from Another state Agency | <input type="checkbox"/> (1040) Workers Comp Exam   | <input type="checkbox"/> (1065) Other (enter up to 50 char) |

\* If checked you must enter description.

### REASON FOR ACTION

Check at least one item in the section below - maximum 20

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> (2005) Underwriting                                      | <input type="checkbox"/> (2040) Failure to Timely File                             | <input type="checkbox"/> (2075) Failure to report other state action |
| <input type="checkbox"/> (2010) Marketing & Sales                                 | <input type="checkbox"/> (2042) Failure to Pay Child Support                       | <input type="checkbox"/> (2080) Dissolution                          |
| <input type="checkbox"/> (2012) Life Insurance Replacement Violation              | <input type="checkbox"/> (2045) Rebating   | <input type="checkbox"/> (2085) Failure to pay tax                   |
| <input type="checkbox"/> (2014) Misrepresentation of Insurance Product/Policy     | <input checked="" type="checkbox"/> (2050) Rate Violation                          | <input type="checkbox"/> (2090) Failure to pay fine                  |
| <input type="checkbox"/> (2015) Claim Handling                                    | <input type="checkbox"/> (2053) Use of Unapproved Forms                            | <input type="checkbox"/> (2095) Failure to pay assessment            |
| <input type="checkbox"/> (2020) Policyholder Service                              | <input type="checkbox"/> (2055) No License   | <input type="checkbox"/> (2097) Bail Bond Forfeiture Judgement       |
| <input type="checkbox"/> (2025) Advertising                                       | <input type="checkbox"/> (2056) Demonstrated Lack of Fitness or Trustworthiness    | <input type="checkbox"/> (2100) No Certificate of Authority          |
| <input type="checkbox"/> (2026) Premium Finance Act Violation                     | <input type="checkbox"/> (2058) Misstatement on Application                        | <input type="checkbox"/> (2101) Certification Violation              |
| <input type="checkbox"/> (2027) Surplus Lines Violation                           | <input type="checkbox"/> (2059) Failure to Make Required Disclosure on application | <input type="checkbox"/> (2102) Unauthorized Insurance Business      |
| <input type="checkbox"/> (2028) TPA Violation                                     | <input type="checkbox"/> (2060) Not Appointed                                      | <input type="checkbox"/> (2103) Fiduciary Violation                  |
| <input type="checkbox"/> (2029) Unfair Insurance Practices Act Violation          | <input type="checkbox"/> (2061) Selling for Unlicensed Insurer                     | <input type="checkbox"/> (2104) Failure to Remit Premiums to insurer |
| <input type="checkbox"/> (2030) Failure to meet Continuing Education Requirements | <input type="checkbox"/> (2062) Allowed Business from Agent Not Appointed/Licensed | <input type="checkbox"/> (2105) Misappropriation of Premium          |
| <input type="checkbox"/> (2032) Continuing Education Requirements Met             | <input type="checkbox"/> (2063) Employed Unlicensed Individuals                    | <input type="checkbox"/> (2106) Forgery                              |
| <input type="checkbox"/> (2035) Failure to Respond                                | <input type="checkbox"/> (2064) Paid Commissions to Unappointed Agents             | <input type="checkbox"/> (2107) Criminal Record/History              |
| <input type="checkbox"/> (2036) Late or Incomplete Response                       | <input type="checkbox"/> (2065) Notice of Financial Impairment from another state  | <input type="checkbox"/> (2108) Criminal Proceedings                 |
| <input type="checkbox"/> (2037) Failure to Notify Department of Address Change    | <input type="checkbox"/> (2070) Financial Impairment                               | <input type="checkbox"/> (2110) Reconsideration                      |
| <input type="checkbox"/> (2038) Failure to Comply with Previous Order             | <input type="checkbox"/> (2072) Cure of Financial Impairment                       | <input type="checkbox"/> (2115) Other (enter up to 50 char)          |
| <input type="checkbox"/> (2039) Failure to Maintain Books & Records               | <input type="checkbox"/> (2074) Other States Action                                |  |

\* If checked you must enter description.

Continue form on reverse side

### DISPOSITION

Check at least one item in the section below - maximum 4

<input type="checkbox"/> (3001) License, Denied <input type="checkbox"/> (3003) License, Suspended <input type="checkbox"/> (3004) License, Cancelled <input type="checkbox"/> (3006) License, Revoked <input type="checkbox"/> (3009) License, Probation <input type="checkbox"/> (3010) License, Conditional <input type="checkbox"/> (3011) License, Supervision <input type="checkbox"/> (3012) License, Reinstatement <input type="checkbox"/> (3013) License, Granted <input type="checkbox"/> (3014) License, Surrendered <input type="checkbox"/> (3015) License, Voluntarily Surrendered <input type="checkbox"/> (3016) License, Other (50 Char) <hr/> <input type="checkbox"/> (3021) Certificate of Authority, Denied <input type="checkbox"/> (3023) Certificate of Authority, Suspended <input type="checkbox"/> (3025) Certificate of Authority, Suspension Extended <input type="checkbox"/> (3026) Certificate of Authority, Revoked	<input type="checkbox"/> (3028) Certificate of Authority, Expired <input type="checkbox"/> (3029) Certificate of Authority, Probation <input type="checkbox"/> (3031) Certificate of Authority, Reinstated <input type="checkbox"/> (3034) Certificate of Authority, Surrendered <input type="checkbox"/> (3036) Certificate of Authority, Other (enter up to 50 char) <hr/> <input checked="" type="checkbox"/> (3042) Cease and Desist from Violations <input type="checkbox"/> (3043) Cease and Desist from all Insurance Activity <input type="checkbox"/> (3045) Consent Order <input type="checkbox"/> (3046) Stipulated Agreement/Order <input type="checkbox"/> (3047) Previous Order Vacated <input type="checkbox"/> (3048) Ordered to provide requested information <input type="checkbox"/> (3050) Temporary Restraining Order <input type="checkbox"/> (3055) Reprimand <input type="checkbox"/> (3060) Hearing Waiver	<input type="checkbox"/> (3065) Show Cause <input type="checkbox"/> (3070) Re-exam <input type="checkbox"/> (3075) Rescission of <input type="checkbox"/> (3076) Involuntary Forfeiture <input type="checkbox"/> (3078) Restitution <input type="checkbox"/> (3079) Suspended from writing new business; renewals ok <input type="checkbox"/> (3080) Supervision <input type="checkbox"/> (3085) Rehabilitation <input type="checkbox"/> (3090) Liquidation <input type="checkbox"/> (3095) Conservatorship <input type="checkbox"/> (3100) Receivership <input type="checkbox"/> (3101) Ancillary Receivership <input type="checkbox"/> (3102) Monetary Penalty <input type="checkbox"/> (3103) Aggregate Monetary Penalty <input type="checkbox"/> (3104) Settlement <input type="checkbox"/> (3105) Other (you must enter up to 50 char)
--	--	--

**Complete as needed**

Time or Length of Order:      (If DAYS, enter number of days)      Penalty/Fine/Forfeiture \$      Enter amount in whole dollars only. Do not use punctuation.  
 \* Length of time required for Suspensions, Probations and Supervisions.

**Required, please complete**

Action Date: 6/10/2004      Effective Date: 6/10/2004      File Reference # INS-2004-19B

### CONTACT INFORMATION

**Required, Please complete.**

Action State MT      Contact Name: Last Pichette      First: Alicia      MI:       
 Phone: (406) 444 - 2040      e-mail address: apichette@mt.gov

Mail completed form to: NAIC, RIRS, 2304 McGee Suite 800 Kansas City, Mo 64108  
 Or  
 Fax completed form to: NAIC, RIRS, 816.460.7510 or e-mail to: [mktdata@naic.org](mailto:mktdata@naic.org) (Re: RIRS)

**ENTITY FUNCTION CODES**

Code	Description	Code	Description	Code	Description
ADJ	Adjuster/Appraiser	KEE	Key Employee	RRF	Risk Retention Group
AIR	Allen Insurer/Reinsurer	MET	MET/MEWA	SCY	Security
CAI	Captive Insurer	MGA	Managing General Agent	SEC	Secretary
CEO	Chief Executive Officer	OFF	Officer	SEI	Self Insured
COO	Chief Operating Officer	OTH	Other	STF	State Funded
DIT	Director/Trustee	PFC	Premium Finance Co.	TPA	Third Party Administrator
EMP	Employee	PRE	President	UDI	U.S. Domiciled Insurer
HCP	Health Care Provider	PRI	Principal/Owner	UNK	Unknown
HMO	Health Maintenance Org.	PRO	Producer (agency, brokerage etc)	URO	Utilization Review Org.
INC	Insurance Consultant	REI	Reinsurance Intermediary	VIP	Vice President
JUA	Joint Underwriting Assoc.	RPG	Risk Purchasing Group		