

Consumer Services Division

Michigan Department of Insurance and Financial Services (DIFS)
P.O. Box 30220
Lansing, MI 48909-7720

To: difscomplaints@michigan.gov

Subject: Complaint Regarding

Dear DIFS Consumer Services Division,

I am submitting a formal complaint regarding

Page 10

[REDACTED]
[REDACTED]

September 10, 2025

Attn: [REDACTED]
Compliance Officer
LifeSecure Insurance Company
53200 Grand River Avenue, MC-L808
New Hudson, MI 48165

RE: Request for [REDACTED]

Dear Sir,

I am writing regarding [REDACTED] purchased by [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] ID.

Please consider this a formal written request. I would appreciate a written response within 15 days. And supporting documentation be sent to my address above or by email

[REDACTED]
[REDACTED]

Thank you for your prompt attention to this matter.

Sincerely,

[REDACTED]

[REDACTED]



Administrative Office:
PO Box 64280
St. Paul, MN 55164-0280
Telephone: 800-880-1370 • Fax: 888-232-1676

September 17, 2025

[REDACTED]

Re: Contract Number: [REDACTED]
Annuitant: [REDACTED]

Dear Mr. [REDACTED]

This letter is in response to your email correspondence, dated September 8, 2025, regarding the above-referenced [REDACTED]. We appreciate the opportunity to respond to your inquiry.

[REDACTED]

If you have further questions regarding this annuity contract, you may contact our customer service center at 800-880-1370 or by email at corresp@illumifin.com.

Sincerely,

[REDACTED] Manager
Insurance Services



Administrative Office:

PO Box 64280

St. Paul, MN 55164-0280

Telephone: 800-880-1370 ■ Fax: 888-232-1676

June 27, 2025

SECOND REQUEST

Insured: [REDACTED]

Policy No: [REDACTED]

Dear [REDACTED]

Our office recently conducted an audit of our records through the Social Security Administration. [REDACTED] has been reported as deceased by the Social Security Administration. Due to their passing, the death benefit on the above Insured's Annuity insurance policy is payable.

If this information is incorrect we apologize for any inconvenience this correspondence may have caused. Please complete the below information and return it to us so that we can update our file.

If our information is correct complete the below information, all attachments and provide requirements for payable proceeds and return it to us to begin processing your claim.

We thank you in advance for your prompt assistance with our request. Please note if this information is not received within 40 days of the date of this letter, the proceeds will be moved to an Unclaimed Funds Account and eventually remitted to the state as unclaimed property.

Respectfully,
Claims Administration

I certify that the above information is accurate and the above mentioned individual is deceased.

I certify that the above information is inaccurate and the above mentioned individual is **not** deceased.

I certify that I do not know the above mentioned individual(s) and can not suggest where to locate them.

Print Name [REDACTED]

Signature: [REDACTED] 7/17/2023



Everlake Life Insurance Co on behalf of LifeSecure
P.O. Box 64280
St. Paul, MN 55164-0280
Telephone: 1-800-880-1370

Check Date	LSP	Check Number
08/11/2025	0	[REDACTED]

PAYEE: [REDACTED]

Life of.....: [REDACTED]
Death benefit on policy no.: [REDACTED]
Claim No.....: [REDACTED]
Toll free.....: 1-800-880-1370

Provided below is a detailed statement of benefits due.

Total Payment Due You.....: [REDACTED]
Interest at 0.000%.....: [REDACTED]
Final Payment Due You.....: [REDACTED]

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT



October 8, 2025

[REDACTED] VIA E-MAIL [REDACTED]

RE: Department of Commerce File No. [REDACTED]

Dear Mr. [REDACTED]:

The Department of Commerce (the Department) has concluded its review and is closing the above-referenced file. This correspondence is to inform you of the results.

Based on a review of the information obtained, the Department will not be initiating formal disciplinary proceedings. You should be aware, however, that a file may be opened at any time if additional information requiring further investigation is brought to the Department's attention.

This decision is limited to the Department's review only. The Department's determination has no bearing on the ability of the parties involved with this file to pursue other legal remedies.

Should you have any questions, please contact me via phone or email using the information below.

Sincerely,

[REDACTED]
Investigator
Enforcement Division
Phone: [REDACTED]
[REDACTED]



COMMISSIONER OF SECURITIES AND INSURANCE

James Brown
Commissioner

Office of the
Montana State Auditor

October 08, 2025

Kenneth Keough
[REDACTED]
[REDACTED]

Re: Your Inquiry File, #32611

Dear Kenneth Keough:

This letter confirms that we have received your consumer inquiry requesting assistance from our office. Elisa Pierce has been assigned to your file.

The insurance company will have 10 business days to review your inquiry and respond to our office.

Please be advised that the company may attempt to contact you to work toward the resolution of the stated complaint; we encourage you to communicate with them throughout this process.

Upon receipt of the company response, you will be contacted directly to address any questions or concerns. If you have questions, Elisa Pierce can be reached at 406-444-4613 or by email at elisa.pierce@mt.gov

I appreciate your patience with this process.

Sincerely,

James Brown
Commissioner of Securities & Insurance
Office of the Montana State Auditor
840 Helena Ave
Helena, MT 59601
Ph: (800) 332-6148 or (406) 444-2040



COMMISSIONER OF SECURITIES AND INSURANCE

James Brown
Commissioner

Office of the
Montana State Auditor

October 08, 2025

[REDACTED]
LIFESECURE INSURANCE COMPANY
53200 GRAND RIVER AVENUE
NEW HUDSON, MI 48165

RE: Complainant, Kenneth Keough
Complaint File, #32611

Please find the attached copy of an insurance inquiry from the above-referenced individual.

Please acknowledge receipt of this inquiry within two business days and provide a complete response within 10 business days. If an extension is needed, please contact me as soon as possible.

You are required to send documentation from the list below and evidence that supports the Company's position:

- Insurance Type: Group / Individual, Fully / Self-Insured, On / Off Exchange
- Policy Forms - policy, application, and all exclusionary riders or endorsements
- Addenda - to original policy
- Claims - history, notes
- Phone Calls - logs, recordings, or transcriptions
- Correspondence - letters, emails, portal inquiries
- Marketing/Underwriting/Agents - sales material, UW letters, and agent statement applicable to inquiry

If your response file is larger than 15MB or includes Personally Identifiable Information (PII) and Protected Health Information (PHI), please use your company's secured messaging system to send us your response, or you send your response via Montana Secure Portal (OKTA system): [File Transfer Service \(mt.gov\)](#). You must first create a username and password to use this system.

Please ensure your response refers to the above-referenced file number and includes the Company's Federal Tax ID or NAIC number in the written response.

If you have questions, please contact me directly for clarification.

Sincerely,

Elisa Pierce

Elisa Pierce
Insurance Consumer Services, Compliance Specialist
Commissioner of Securities & Insurance
Office of the Montana State Auditor
elisa.pierce@mt.gov
406-444-4613

840 Helena Avenue, Helena, Montana 59601
(fax) 406.444.1980 | (phone) 800.332.6148 or 406.444.2040
(email) ics@mt.gov | (web) www.csimt.gov



Administrative Office:
PO Box 64280
St. Paul, MN 55164-0280
Telephone: 800-880-1370 *Fax:* 888-232-1676

October 20, 2025

Commissioner of Securities and Insurance
Office of the Montana State Auditor
ATTN: Elisa Pierce
Via: Online Portal

Re: Contract Number: LM0016939

[REDACTED]

[REDACTED]



Administrative Office:
PO Box 64280

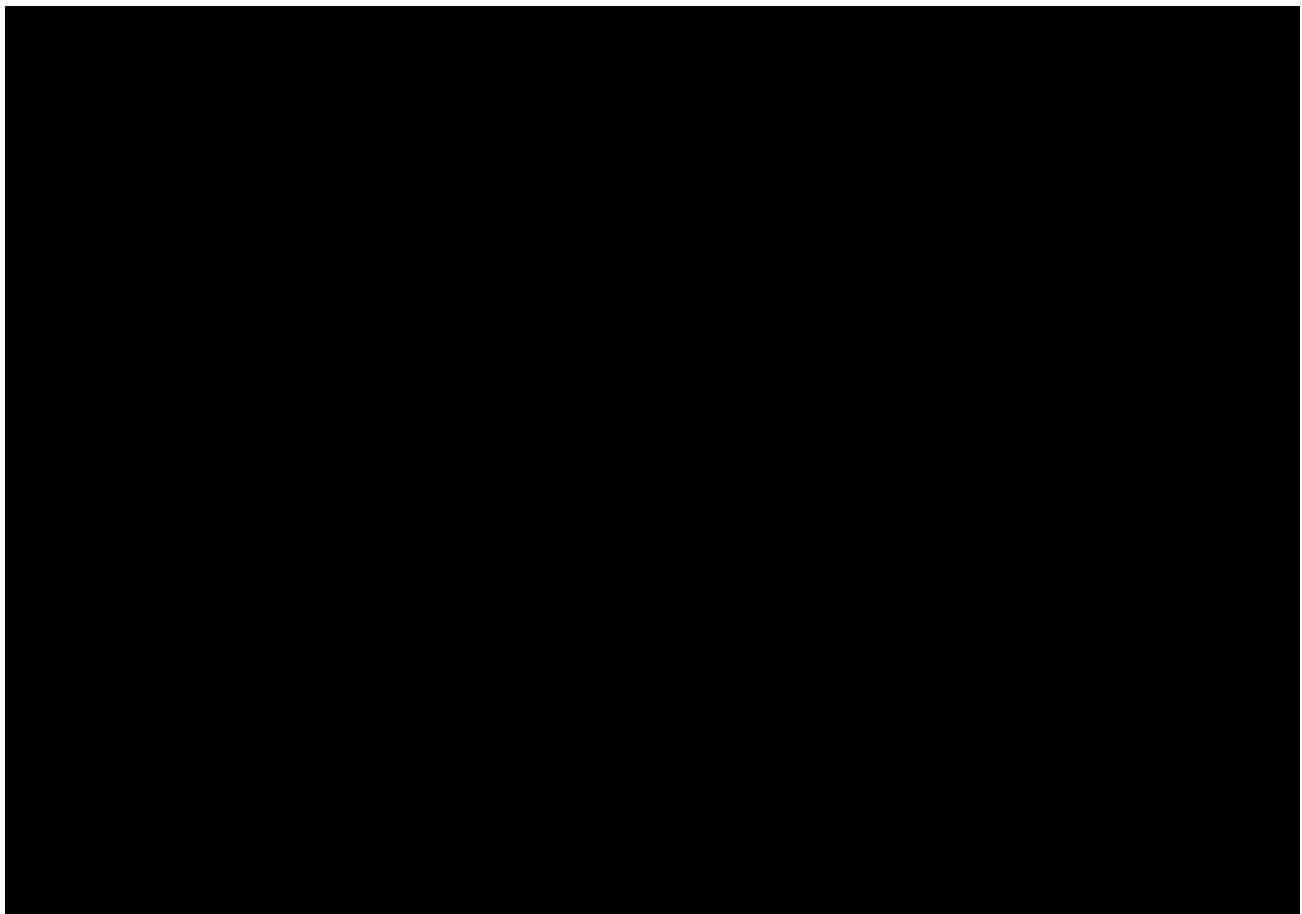
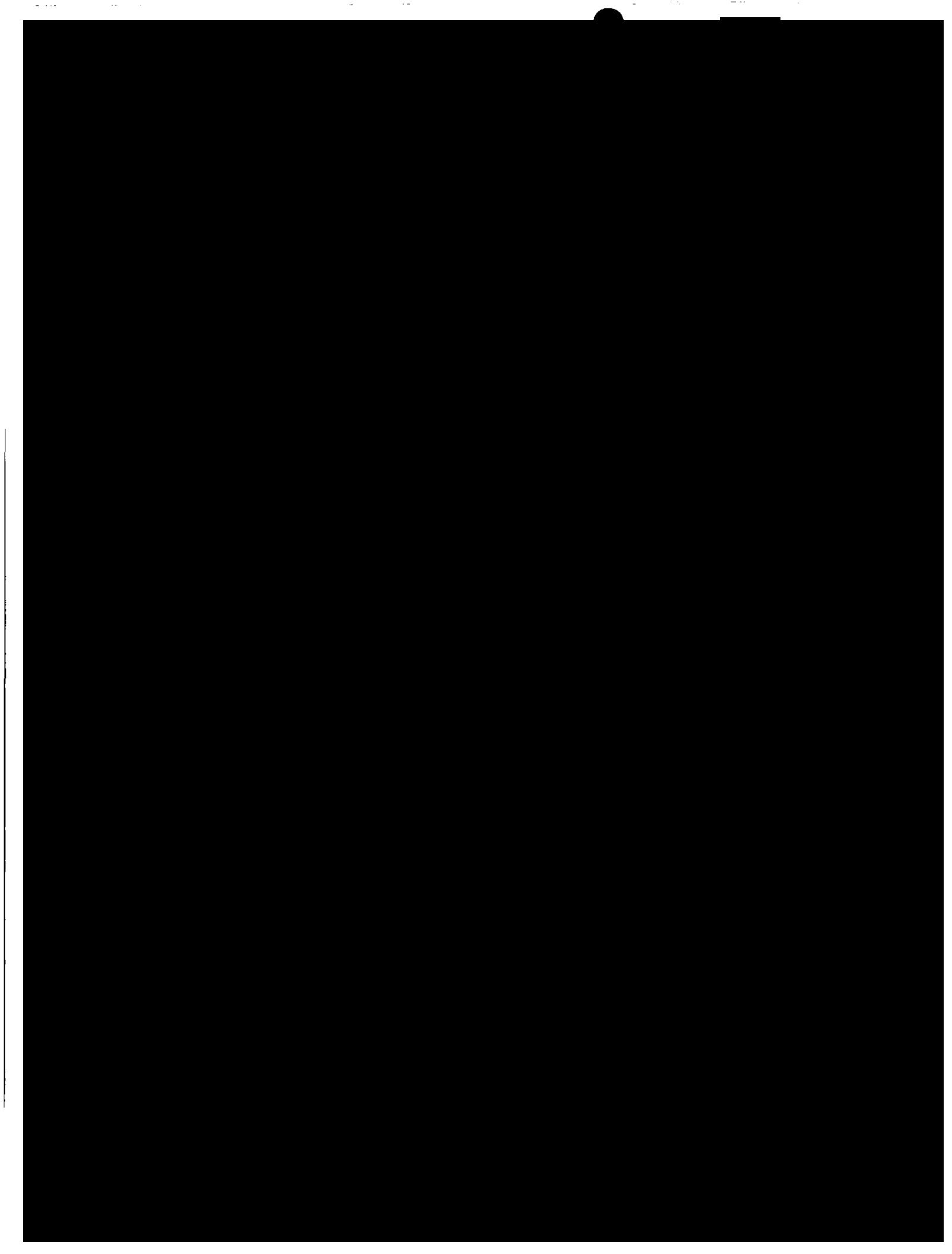


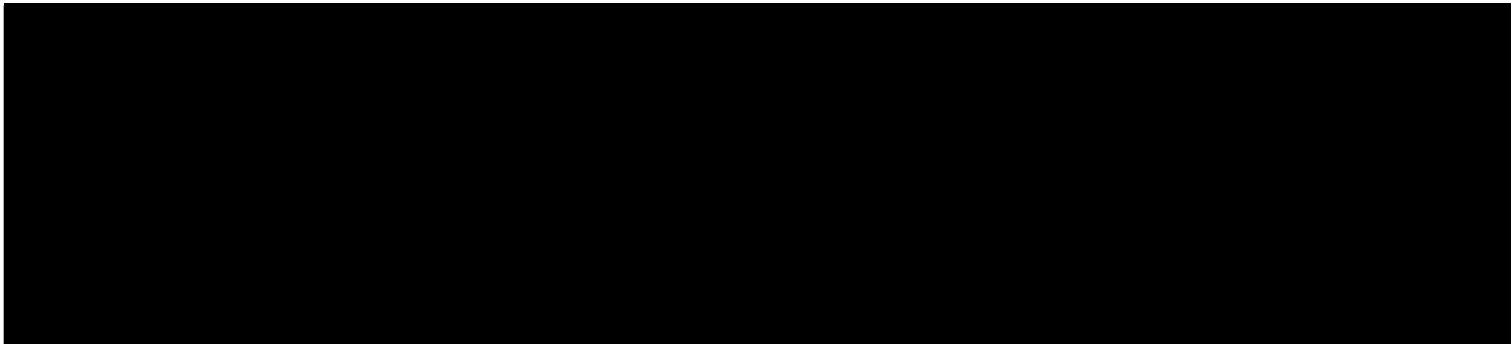
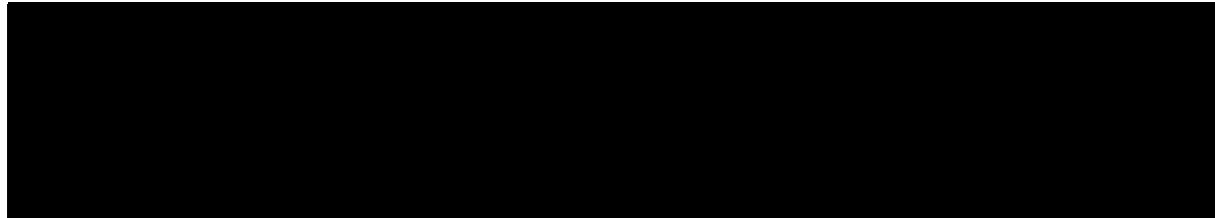
Exhibit A



AGENT'S REPORT

Signature of Agent

HILLCOUNTRY LIFE INSURANCE COMPANY OF MONTANA
PO BOX 9500 ♦ BOZEMAN, MONTANA 59715
POLICY OWNER'S SERVICE REQUEST





HILL COUNTRY LIFE INSURANCE COMPANY OF MONTANA

RE: POLICY [REDACTED]
INSURED: YOURSELF

Dear Ms. [REDACTED]

If you have any questions, or I may be of further assistance please let me know.

Sincerely:

Policy Service Representative





Exhibit B



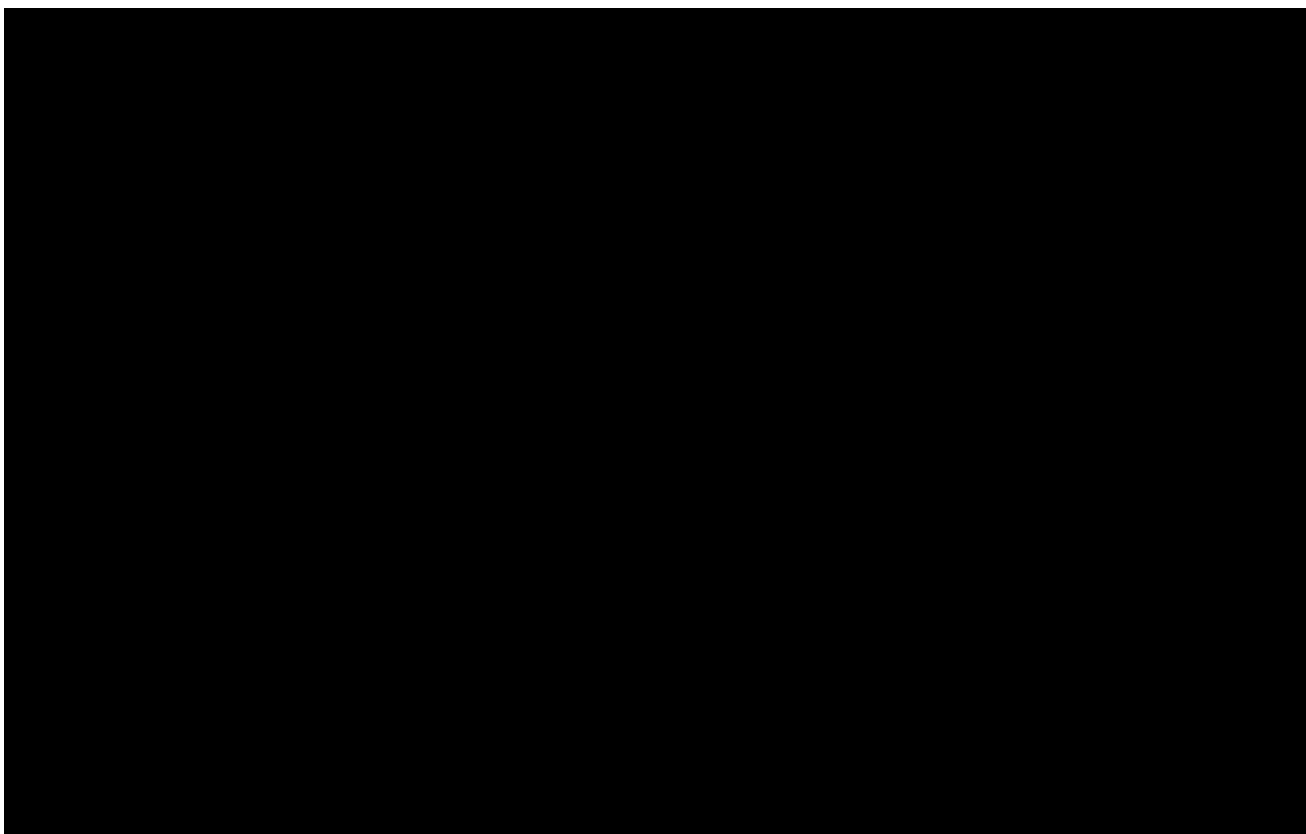
Administrative Office:
PO Box 19085
Greenville, South Carolina 29602-9085
Telephone: 800-880-1370 ■ Fax: 888-232-1676

April 20, 2023

Insured: [REDACTED]
Policy: [REDACTED]

Dear [REDACTED]

We have not received all claim documents required. Before we can process your claim, the following marked items are required.



Thank you for your cooperation in this matter. Please feel free to contact our office at the number above should you have any questions or require assistance.

If you have any questions, please contact our office at 1-800-880-1370.

Sincerely,

Claims Service Center.



Administrative Office:
PO Box 19085
Greenville, South Carolina 29602-9085
Telephone: 800-880-1370 ■ Fax: 888-232-1676

April 20, 2023

[REDACTED]

Insured: [REDACTED]
Policy [REDACTED]

Dear [REDACTED]

We have not received all claim documents required. Before we can process your claim, the following marked items are required.

[REDACTED]

Thank you for your cooperation in this matter. Please feel free to contact our office at the number above should you have any questions or require assistance.

If you have any questions, please contact our office at 1-800-880-1370.

Sincerely,

Claims Service Center.



Administrative Office:
PO Box 19085
Greenville, South Carolina 29602-9085
Telephone: 800-880-1370 ■ Fax: 888-232-1676

May 19, 2023

[REDACTED]

Insured: [REDACTED]

Policy [REDACTED]

Dear [REDACTED]

[REDACTED]

If you have any questions, please contact our office at 1-800-880-1370.

Sincerely,

Claims Service Center.



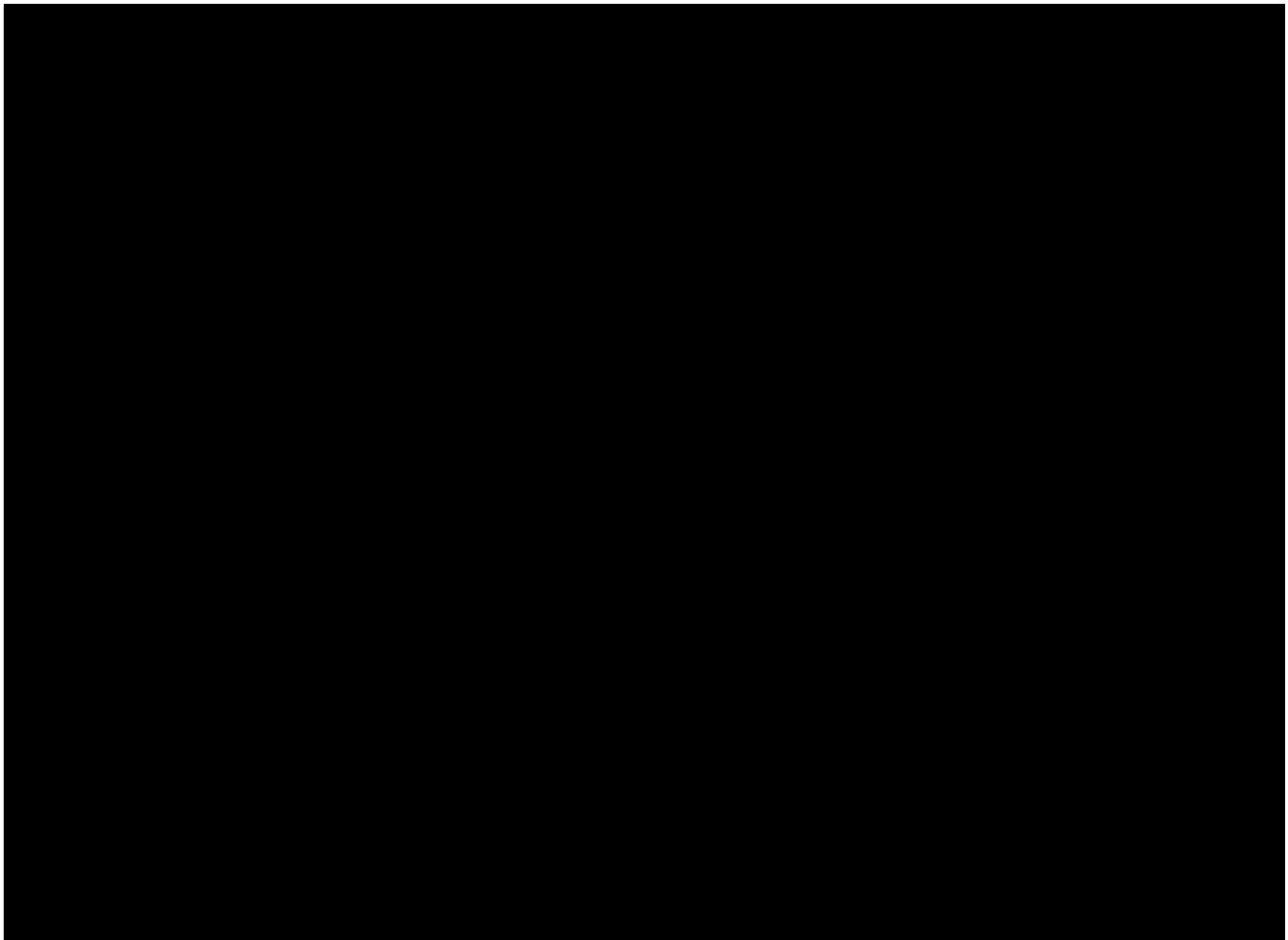
Administrative Office:
PO Box 19085
Greenville, South Carolina 29602-9085
Telephone: 800-880-1370 ■ Fax: 888-232-1676

May 19, 2023



Insured: [REDACTED]
Policy: [REDACTED]

Dear [REDACTED]



If you have any questions, please contact our office at 1-800-880-1370.

Sincerely,

Claims Service Center.



Administrative Office:
PO Box 19085
Greenville, South Carolina 29602-9085
Telephone: 800-880-1370 ■ Fax: 888-232-1676

June 19, 2023

[REDACTED]

Insured: [REDACTED]
Policy No: [REDACTED]

Dear [REDACTED]

[REDACTED]

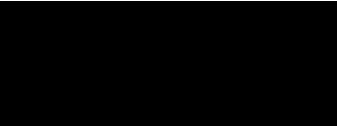
Sincerely,

Claims Service Center



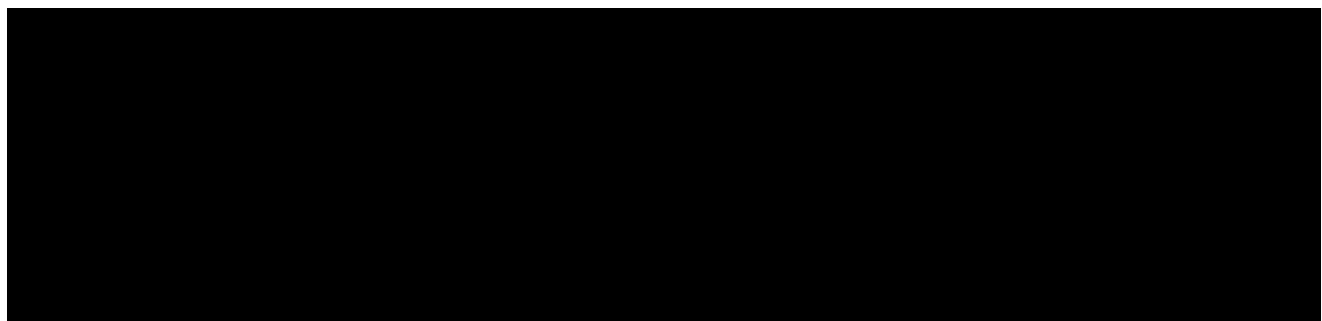
Administrative Office:
PO Box 19085
Greenville, South Carolina 29602-9085
Telephone: 800-880-1370 ■ Fax: 888-232-1676

June 19, 2023



Insured: [REDACTED]
Policy No. [REDACTED]

Dear [REDACTED]



Sincerely,

Claims Service Center



Administrative Office:
PO Box 19085
Greenville, South Carolina 29602-9085
Telephone: 800-880-1370 ■ Fax: 888-232-1676

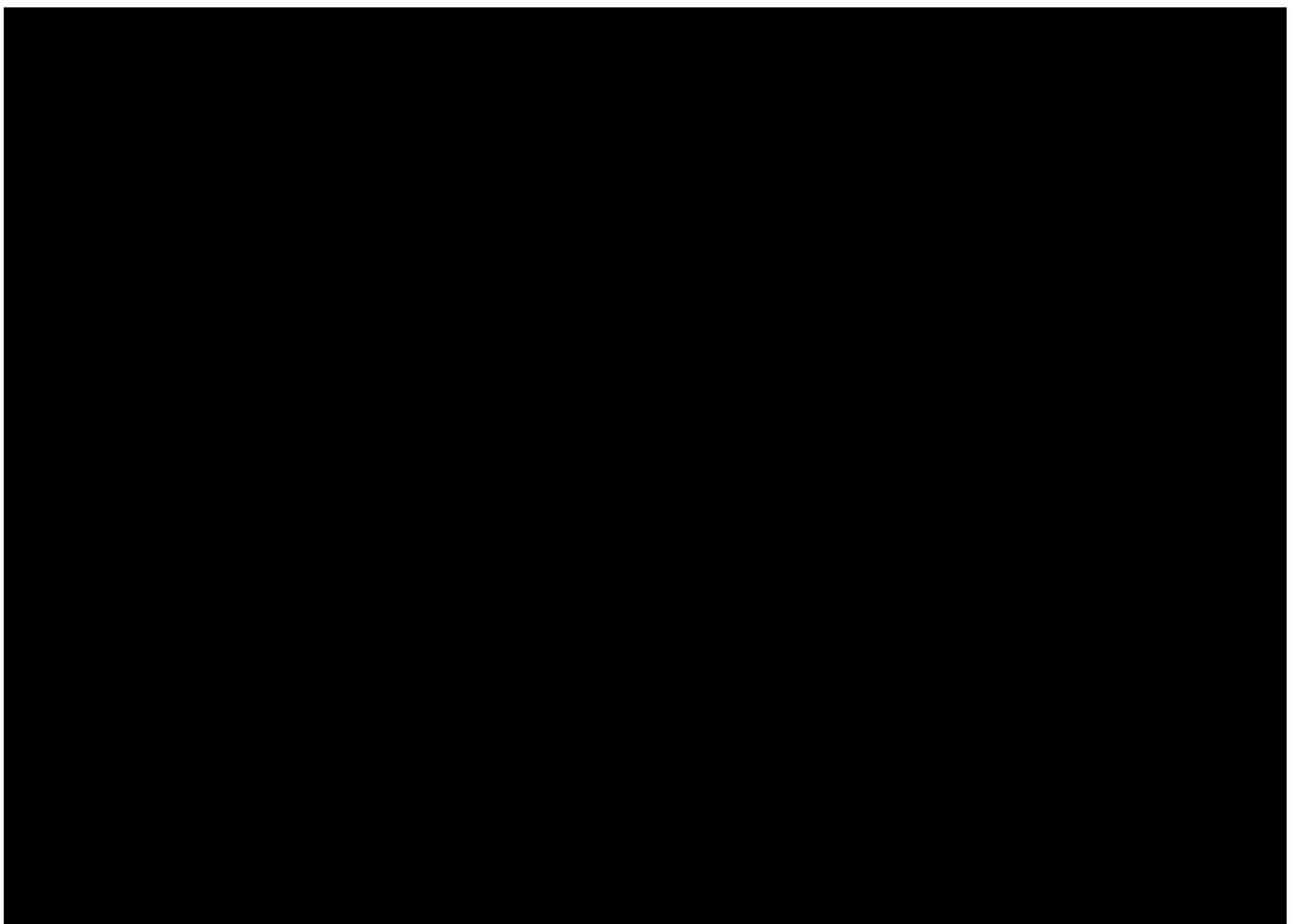
July 25, 2023



Insured: [REDACTED]

Policy: [REDACTED]

Dear [REDACTED]



If you have any questions, please contact our office at 1-800-880-1370.

Sincerely,

Claims Service Center.



Administrative Office:
PO Box 19085
Greenville, South Carolina 29602-9085
Telephone: 800-880-1370 ■ Fax: 888-232-1676

July 25, 2023

[REDACTED]

Insured: [REDACTED]
Policy [REDACTED]

Dear [REDACTED],

[REDACTED]

Thank you for your cooperation in this matter. Please feel free to contact our office at the number above should you have any questions or require assistance.

If you have any questions, please contact our office at 1-800-880-1370.

Sincerely,

Claims Service Center.



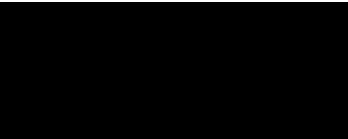
Administrative Office:

PO Box 19085

Greenville, South Carolina 29602-9085

Telephone: 800-880-1370 ■ Fax: 888-232-1676

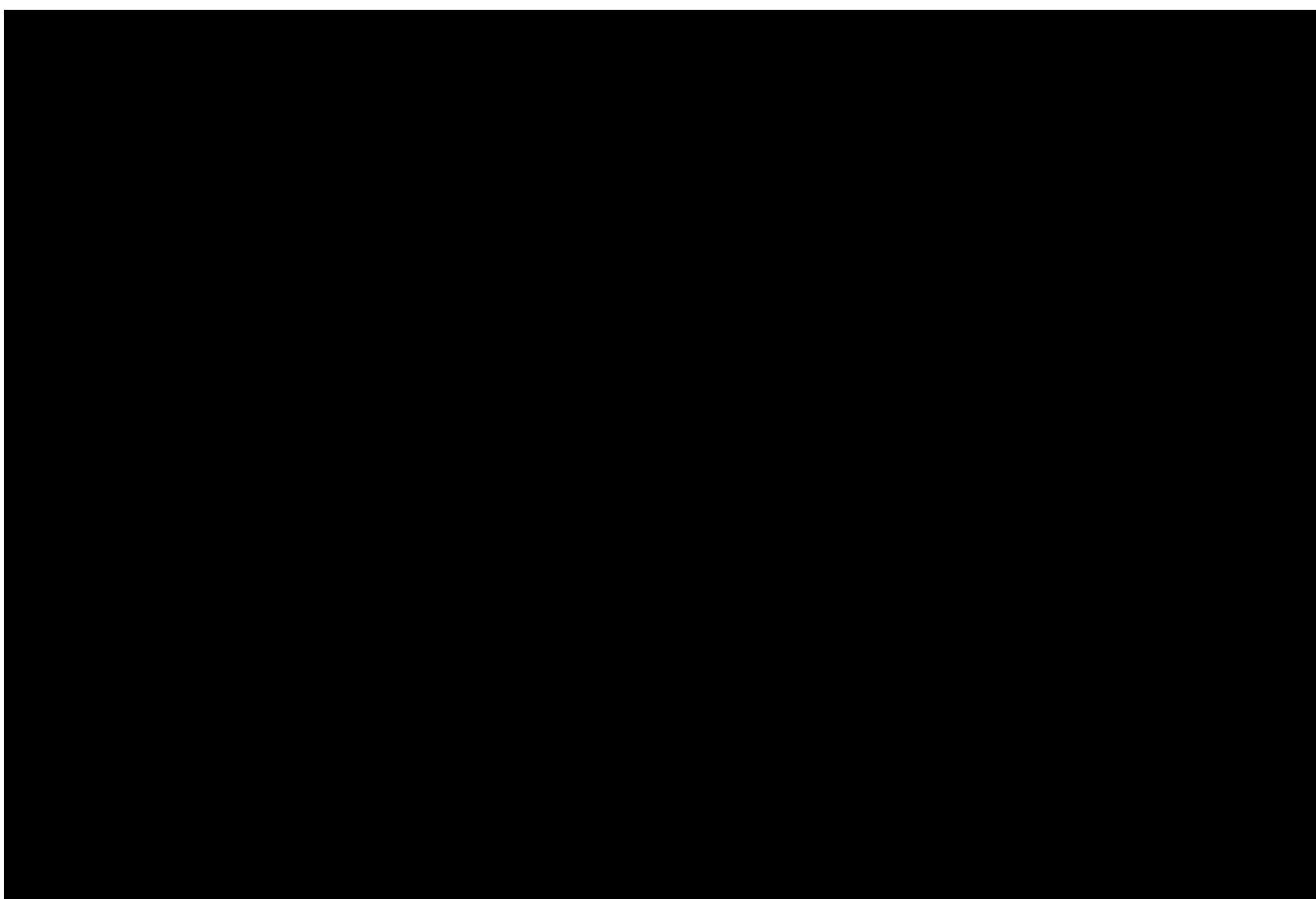
August 24, 2023



Insured: [REDACTED]

Policy: [REDACTED]

Dear [REDACTED]



Thank you for your cooperation in this matter. Please feel free to contact our office at the number above should you have any questions or require assistance.

If you have any questions, please contact our office at 1-800-880-1370.

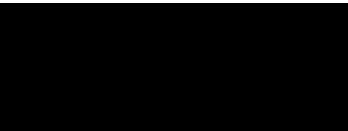
Sincerely,

Claims Service Center.



Administrative Office:
PO Box 64280
St. Paul MN 55164-0280
Telephone: 800-880-1370 ■ Fax: 888-232-1676

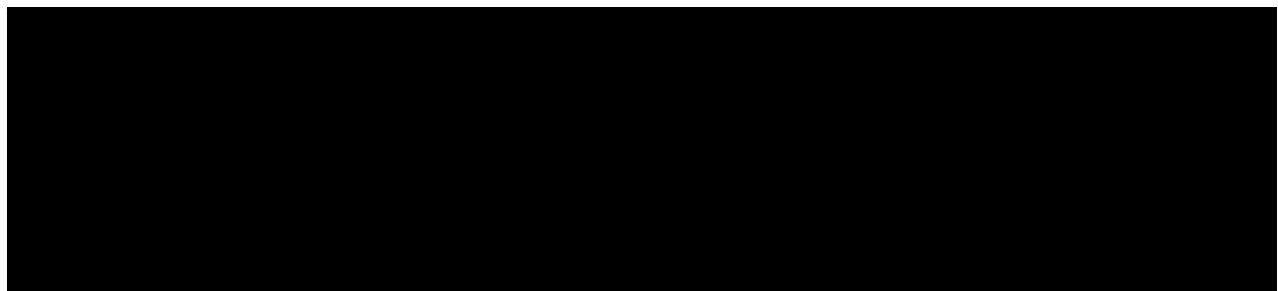
September 26, 2023



Insured: [REDACTED]

Policy No: [REDACTED]

Dear [REDACTED],



Sincerely,

Claims Service Center



Administrative Office:
PO Box 64280
St. Paul MN 55164-0280
Telephone: 800-880-1370 ■ Fax: 888-232-1676

September 26, 2023

[REDACTED]

Insured: [REDACTED]
Policy No: [REDACTED]

Dear [REDACTED]

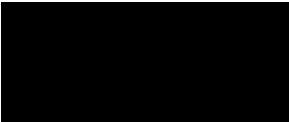
[REDACTED]

Claims Service Center



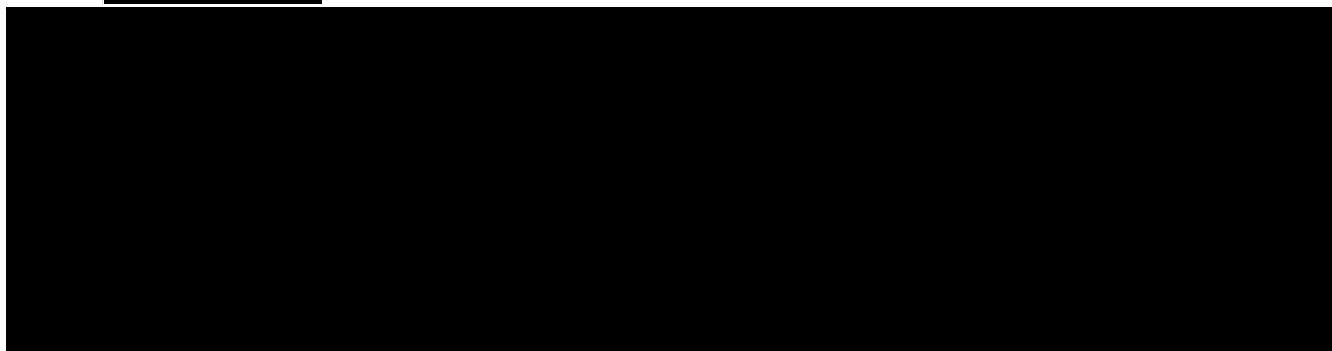
Administrative Office:
PO Box 64280
St. Paul MN 55164-0280
Telephone: 800-880-1370 ■ Fax: 888-232-1676

November 9, 2023



Insured: [REDACTED]
Policy No. [REDACTED]

Dear [REDACTED],



Claims Service Center



Administrative Office:
PO Box 64280
St. Paul MN 55164-0280
Telephone: 800-880-1370 ■ Fax: 888-232-1676

November 9, 2023



Insured: [REDACTED]
Policy No. [REDACTED]

Dear [REDACTED],



Sincerely,

Claims Service Center



Administrative Office:
PO Box 64280
St. Paul, MN 55164-0280
Telephone: 800-880-1370 ■ Fax: 888-232-1676

June 27, 2025

SECOND REQUEST

Insured:
Policy No:

Dear

Our office recently conducted an audit of our records through the Social Security Administration. [REDACTED] [REDACTED] has been reported as deceased by the Social Security Administration. Due to their passing, the death benefit on the above Insured's Annuity insurance policy is payable.

If this information is incorrect we apologize for any inconvenience this correspondence may have caused. Please complete the below information and return it to us so that we can update our file.

If our information is correct complete the below information, all attachments and provide requirements for payable proceeds and return it to us to begin processing your claim.

We thank you in advance for your prompt assistance with our request. Please note if this information is not received within 40 days of the date of this letter, the proceeds will be moved to an Unclaimed Funds Account and eventually remitted to the state as unclaimed property.

Respectfully,
Claims Administration

I certify that the above information is accurate and the above mentioned individual is deceased.

I certify that the above information is inaccurate and the above mentioned individual is **not** deceased.

I certify that I do not know the above mentioned individual(s) and can not suggest where to locate them.

Print Name:

Signature:

Date: 7/17/2023



Administrative Office:

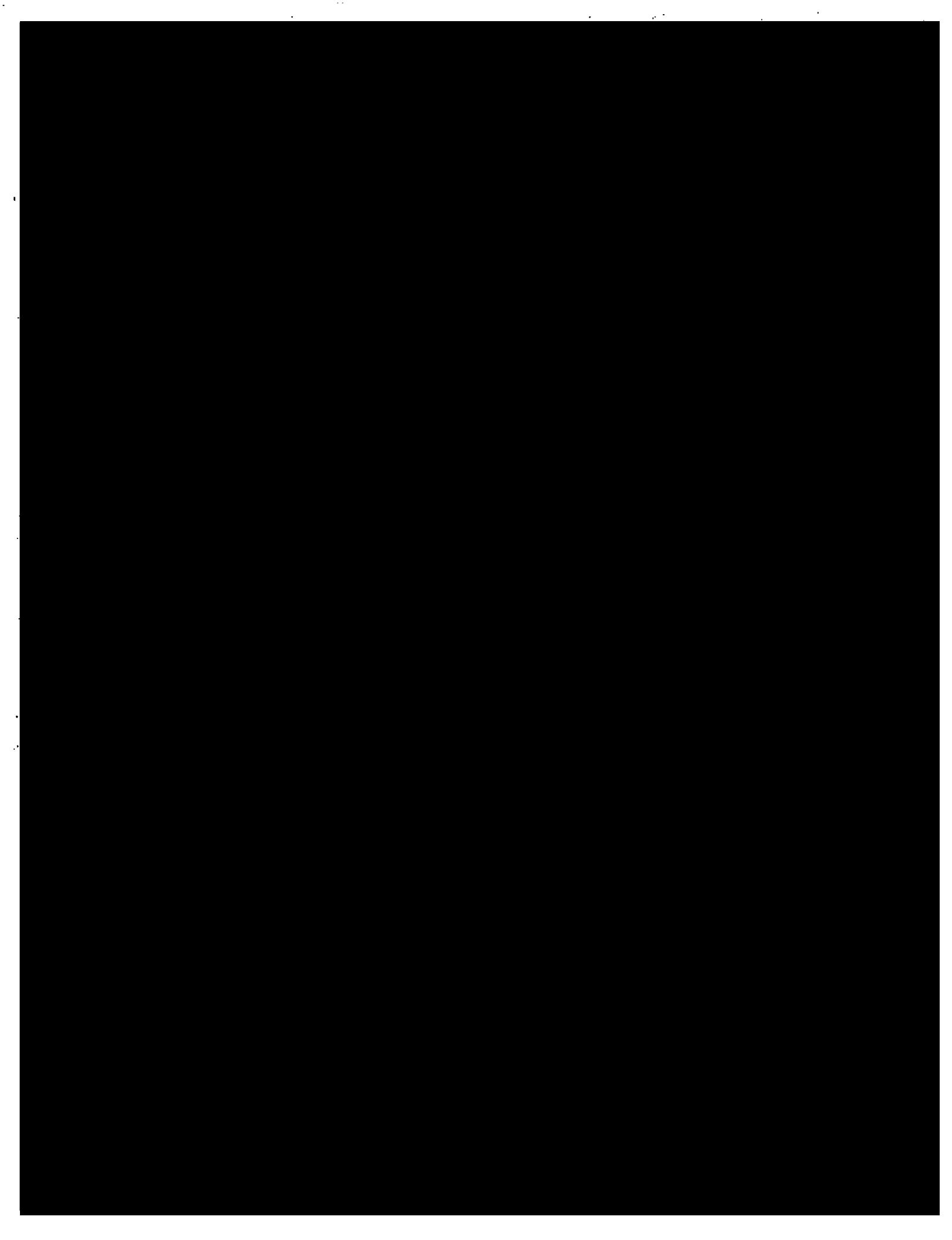
PO Box 64280

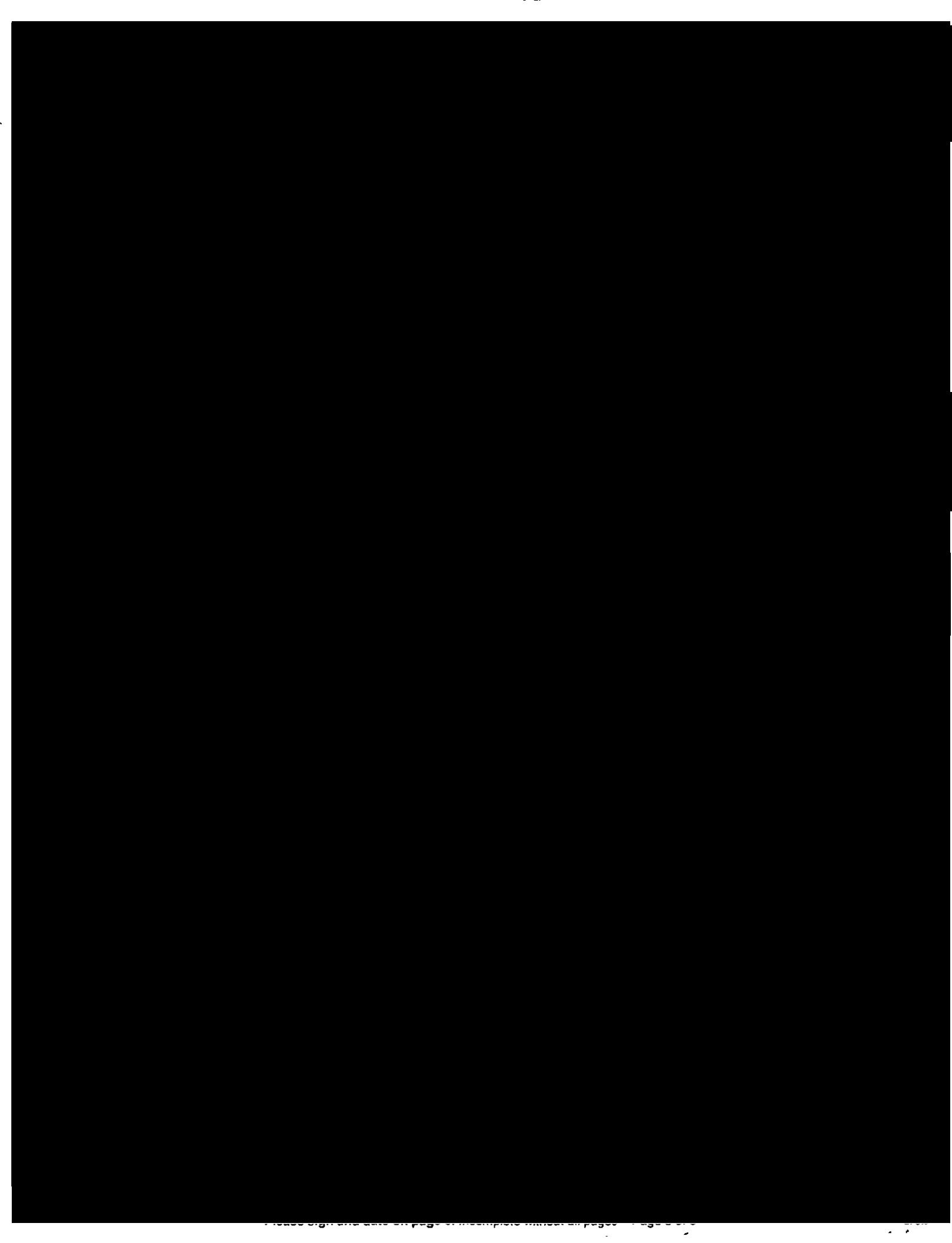
St. Paul MN 55164-0280

Telephone: 800-880-1370 ■ Fax: 888-232-1676

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5

3D TO ELECT AN ANNUITY INCOME OPTION, AND TO OBTAIN ANNUITY INCOME OPTION FORM. PLEASE CALL: 800-880-1370. Must be elected and set-up within one year of the owner's date of death. After one year has past, this option is no longer available.





ORIGINAL DEATH CERTIFICATE

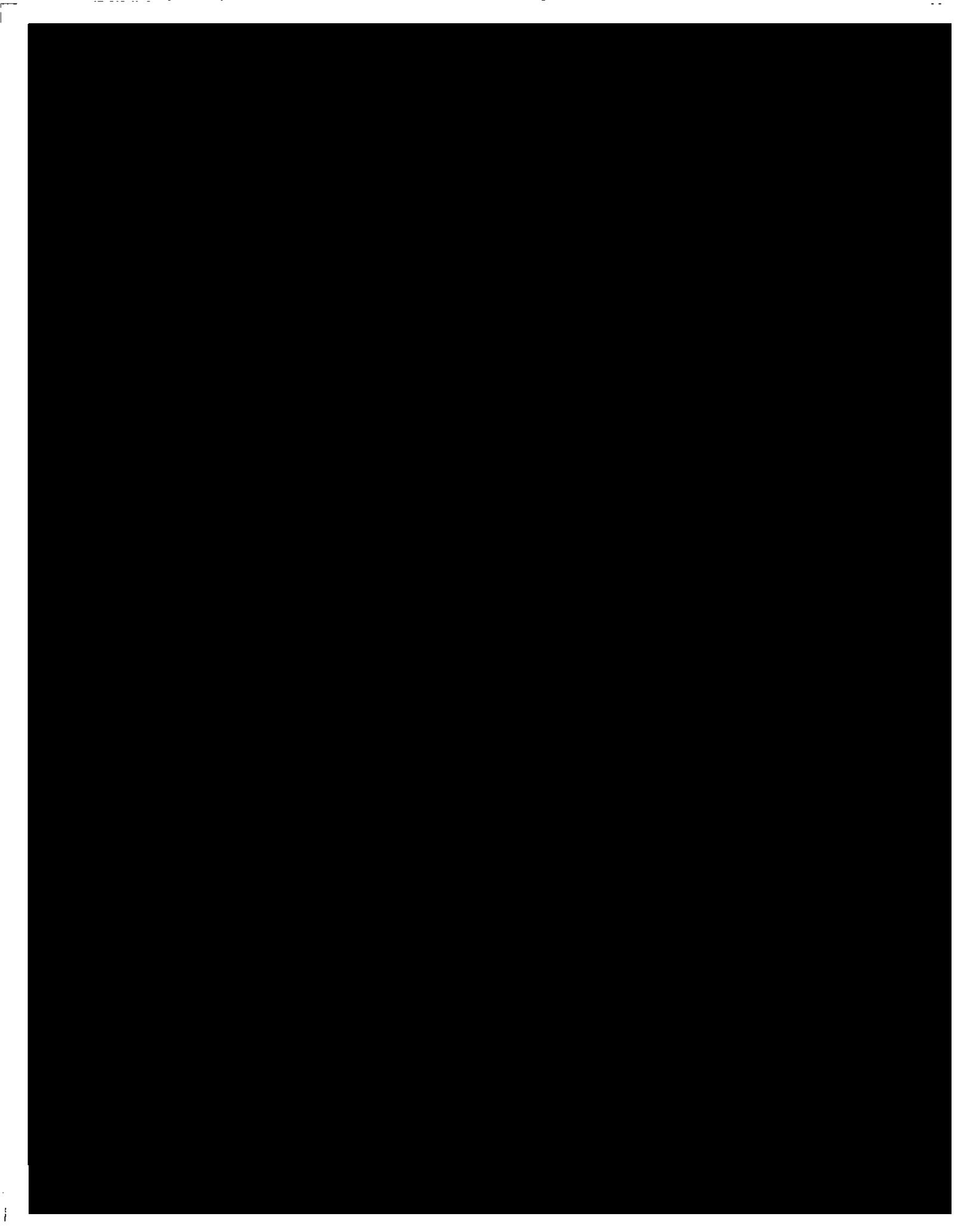
Original Death Certificate

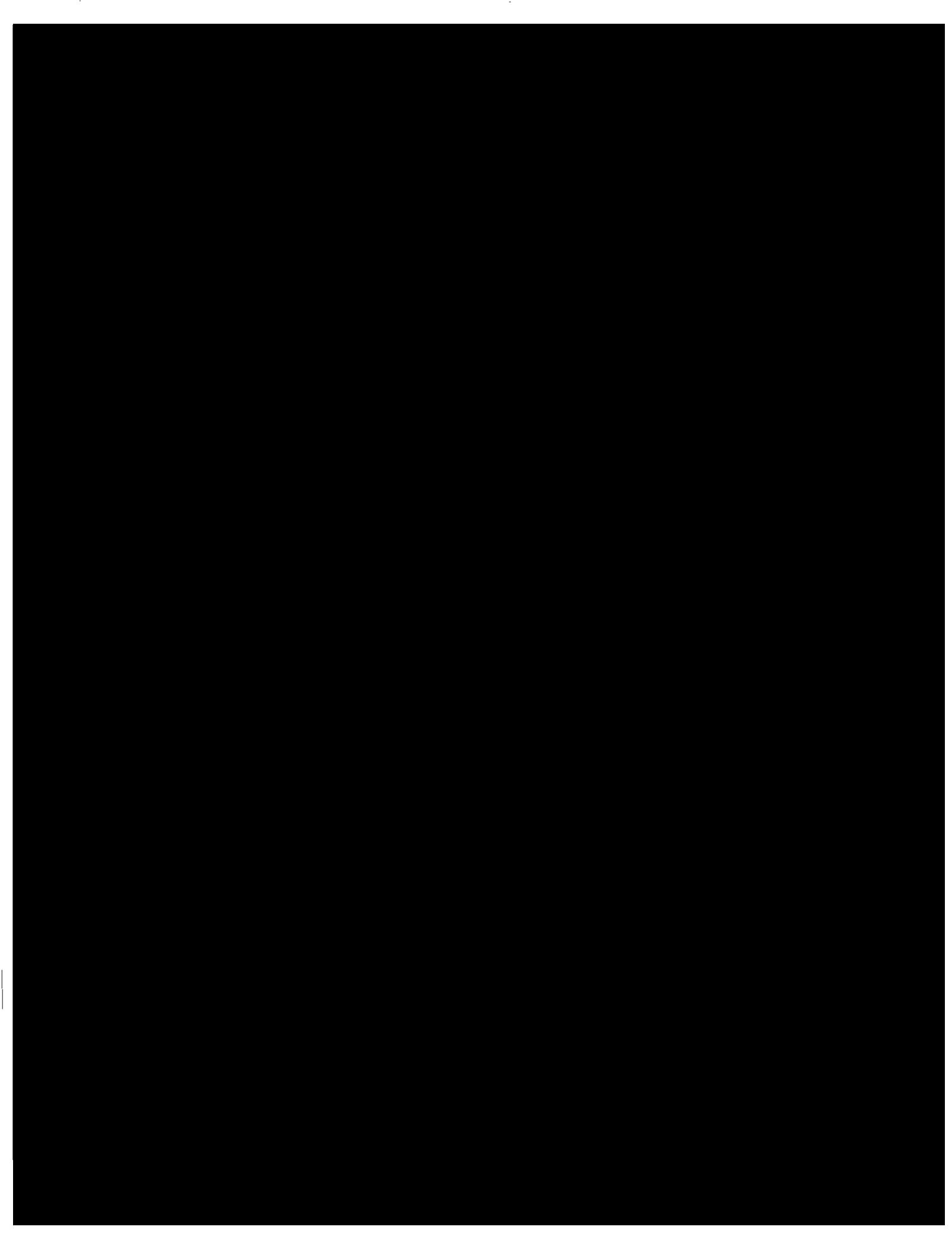
COPY OF DEATH CERTIFICATE

EMBOSSED SEAL

NO EMBOSSED SEAL

DO NOT DELETE THIS PAGE

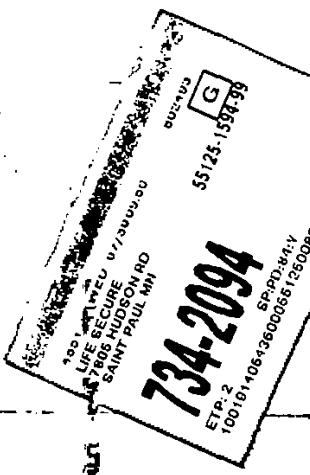




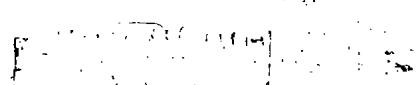
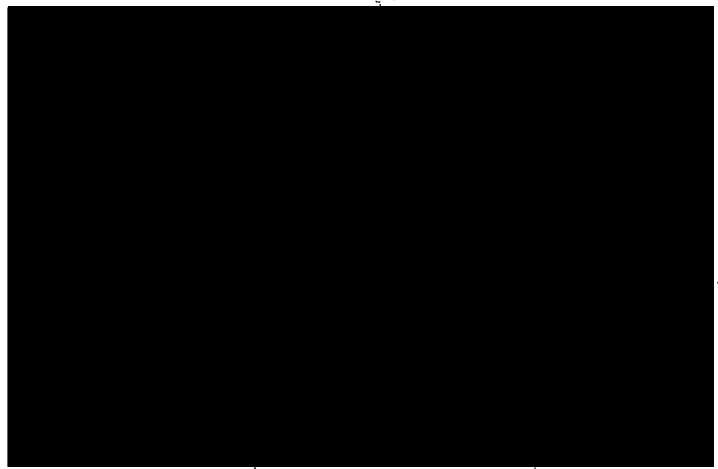
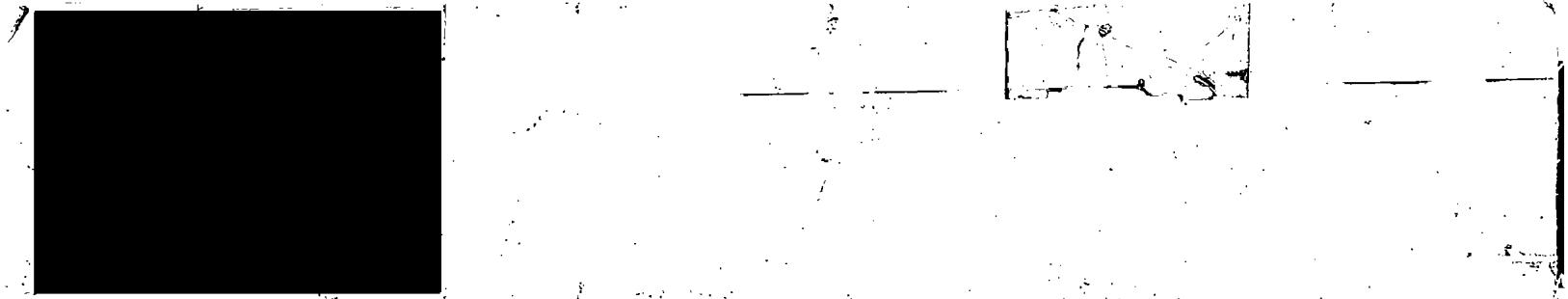
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SHIP DATE: 30 JUL 25
ACT WT: 1.00 LB
CAD: 264027482/NET4535

734-2094



00000000000000000000000000000000

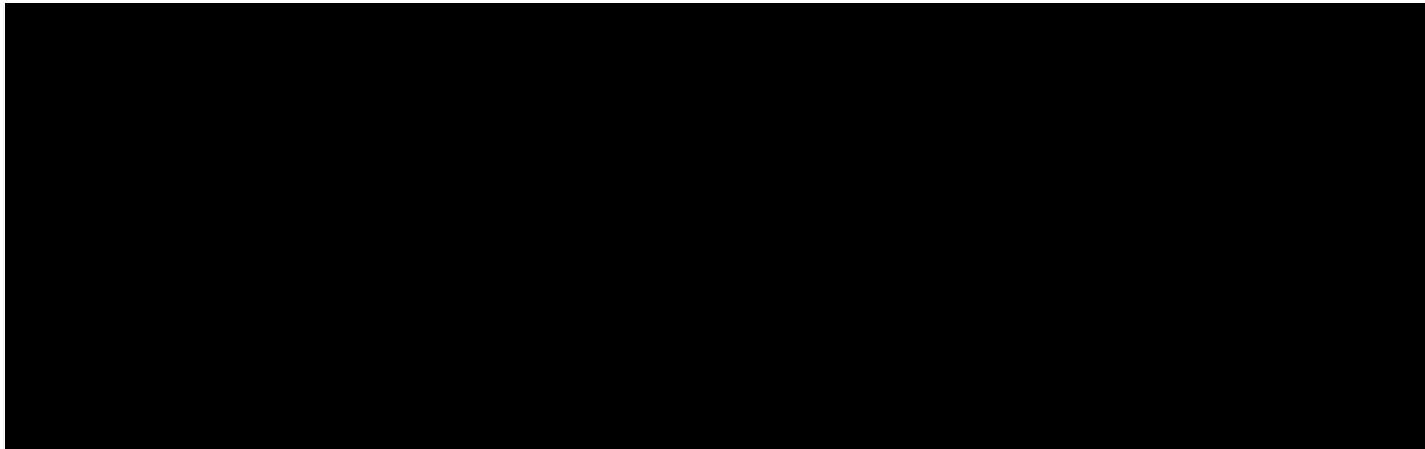




Everlake Life Insurance Co on behalf of LifeSecure
P.O. Box 64280
St. Paul, MN 55164-0280
Telephone: 1-800-880-1370

Check Date LSP Check Number
08/11/2025 0 [REDACTED]

PAYEE: [REDACTED]

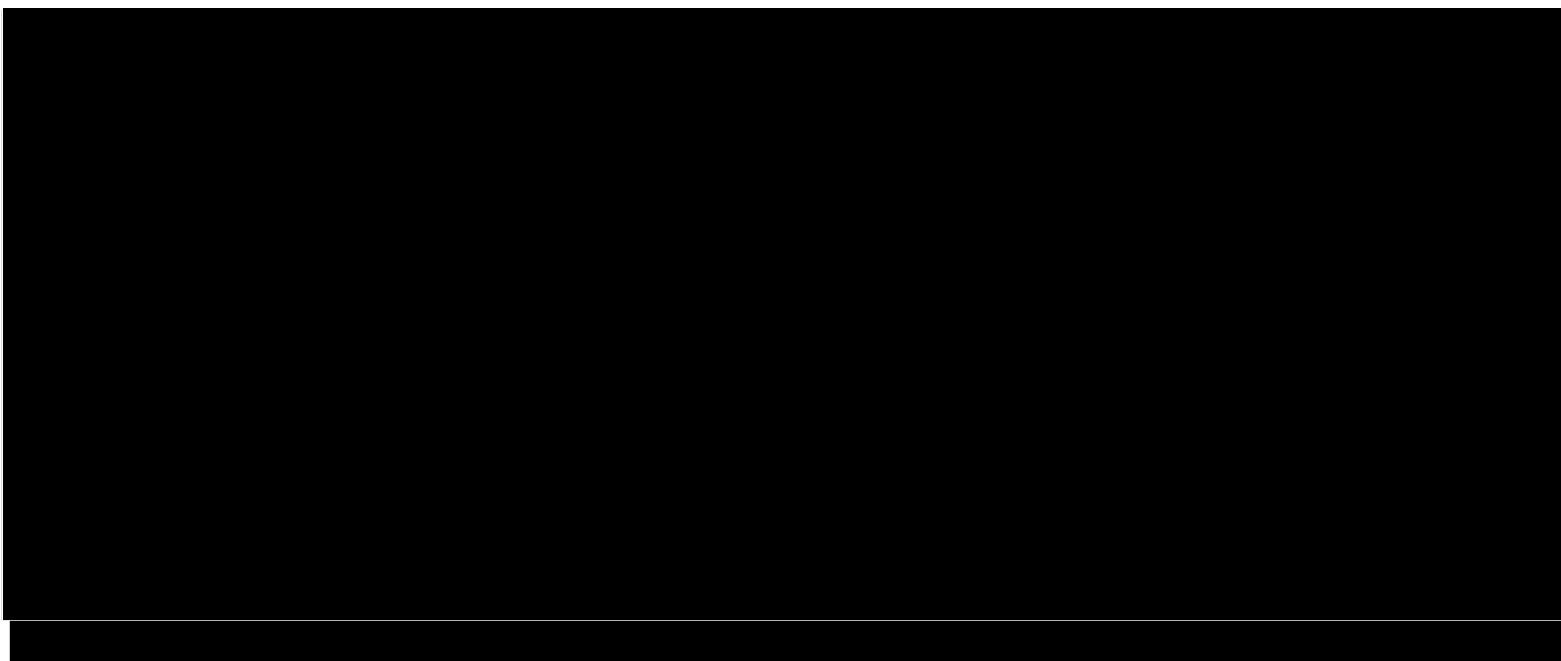


VOID

VOID

VOID

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT





Administrative Office:

PO Box 64280

St. Paul, MN 55164-0280

Telephone: 800-880-1370 ■ Fax: 888-232-1676

Digitized by srujanika@gmail.com

May 26, 2025

Insured:
Policy No:

Dear

Our office recently conducted an audit of our records through the Social Security Administration. [REDACTED] has been reported as deceased by the Social Security Administration. Due to their passing, the death benefit on the above Insured's Annuity insurance policy is payable.

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Claims Administration

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Print Name:

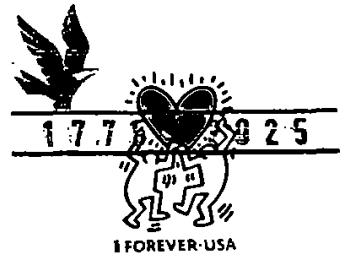
Signature

Date: 8-20-25

SPOKANE WA 990

28 AUG 2025 PM 1 L

1773 3925



Life Secure
P.O. Box 64280
St. Paul, MN

55164-0280

55164-028080



Administrative Office:
PO Box 64280
St. Paul MN 55164-0280
Telephone: 800-880-1370 ■ Fax: 888-232-1676

September 17, 2025

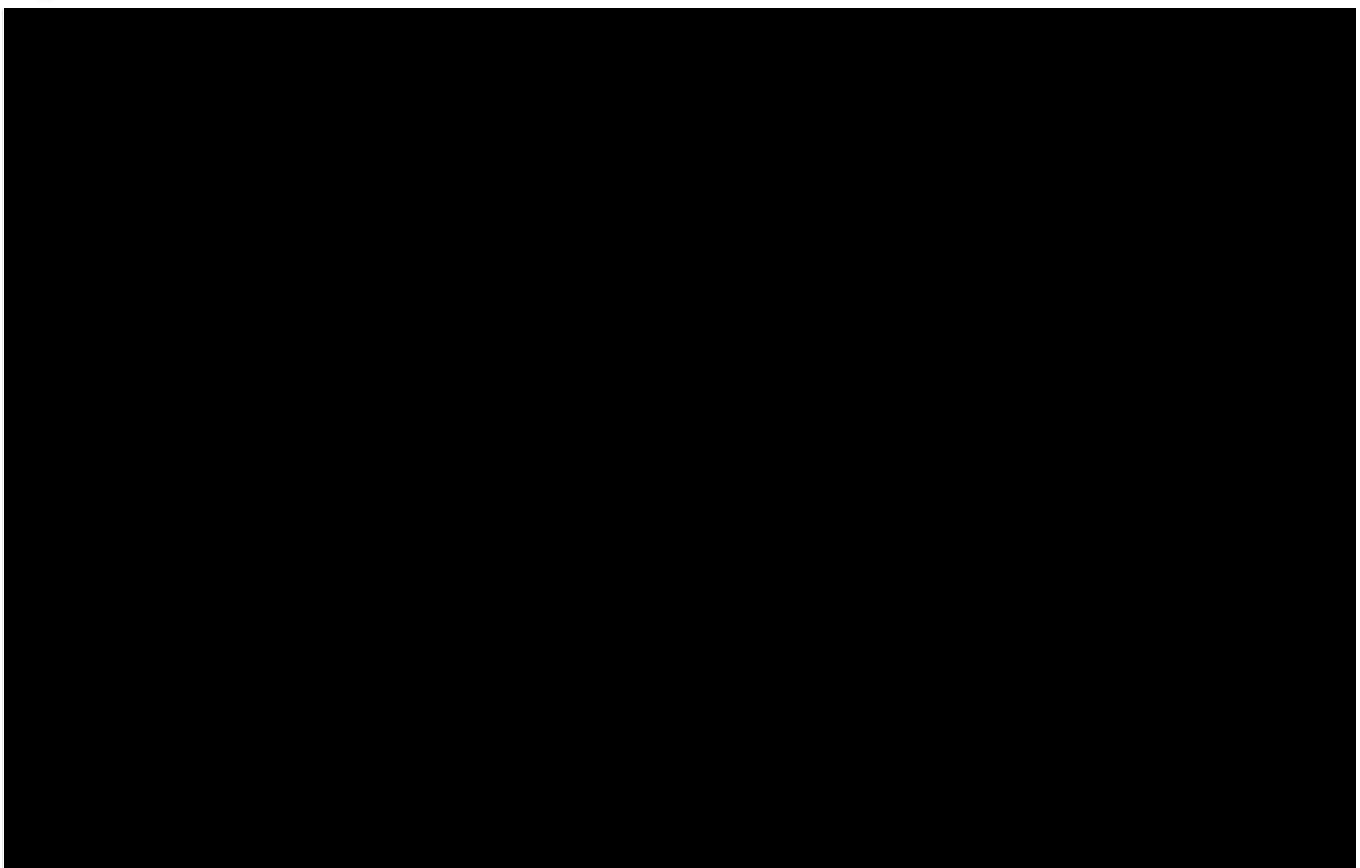


Insured: [REDACTED]

Policy: [REDACTED]

Dear [REDACTED]

We have not received all claim documents required. Before we can process your claim, the following marked items are required.



have any questions or require assistance.

If you have any questions, please contact our office at 1-800-880-1370.

Sincerely,

Claims Service Center

Exhibit C

4/11/2021

(FILE COPY)

LifeSecure
P O Box 19085
Greenville, SC 29602-9085
800-880-1370

PAGE 1

ANNUAL REPORT FOR POLICY YEAR FROM 4/10/2020 THRU 4/09/2021

POLICY NO. [REDACTED]

AGENT NUMBER: NONE

AGENT NAME: HOME OFFICE

OWNER: [REDACTED]

ACCUMULATION VALUE:

POLICY LOAN:

SURRENDER CHARGE:

CASH SURRENDER VALUE:

POLICY DATE: 4/10/1987

SPECIFIED AMOUNT: 0

BASE DEATH BENEFIT: 360

DEATH BENEFIT OPTION:

PLANNED PREMIUM: .00

----- BENEFIT SUMMARY -----

INSURED NAME	PLAN	FACE AMOUNT	EFFECTIVE DATE	MATURITY DATE
[REDACTED]	ANNU F		4/10/1987	4/10/2025

LifeSecure

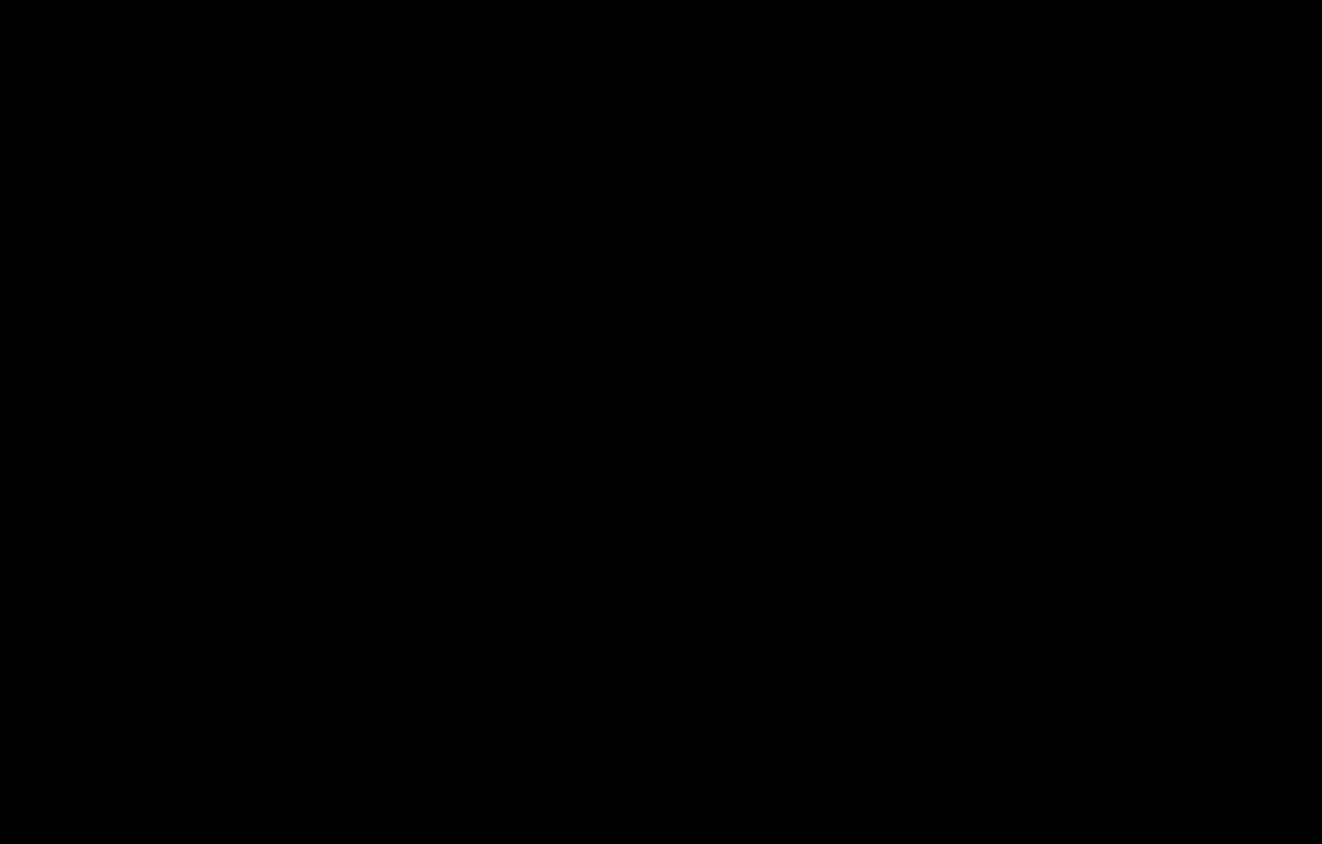
PAGE 2

(FILE COPY)

ANNUAL REPORT FOR POLICY YEAR FROM 4/10/2020 THRU 4/09/2021

POLICY NO. [REDACTED]

----- MONTHLY FUND SUMMARY -----



4/10/2022

(FILE COPY)

LifeSecure
P O Box 19085
Greenville, SC 29602-9085
800-880-1370

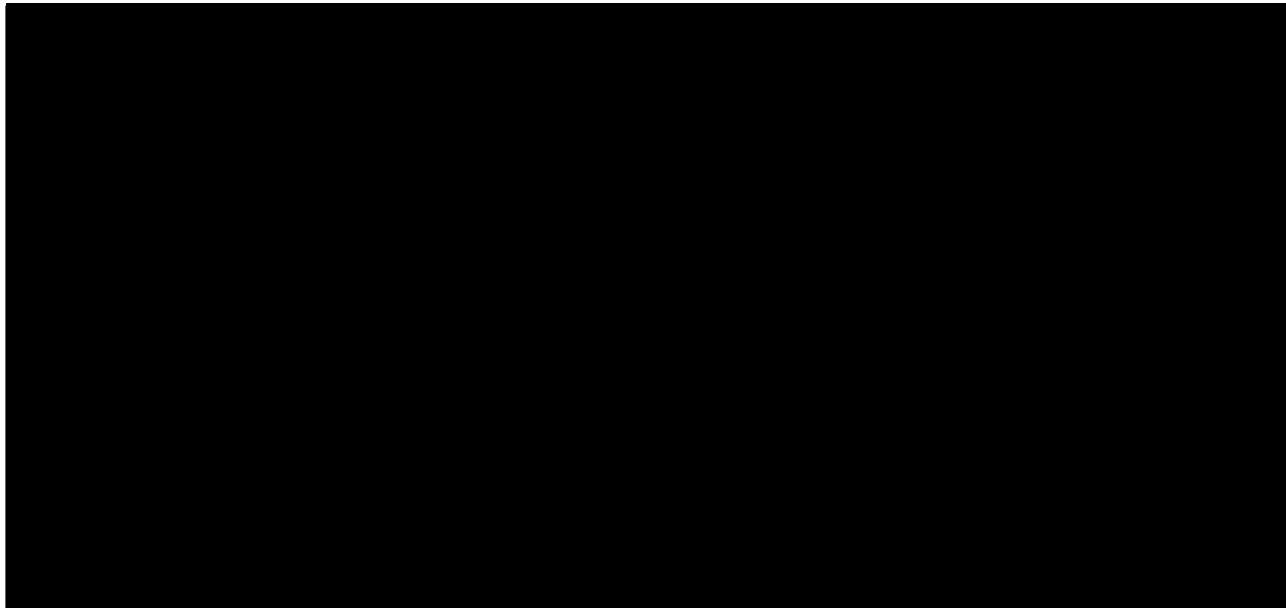
PAGE 1

ANNUAL REPORT FOR POLICY YEAR FROM 4/10/2021 THRU 4/09/2022

POLICY NO. [REDACTED]

AGENT NUMBER: NONE

AGENT NAME: HOME OFFICE



LifeSecure

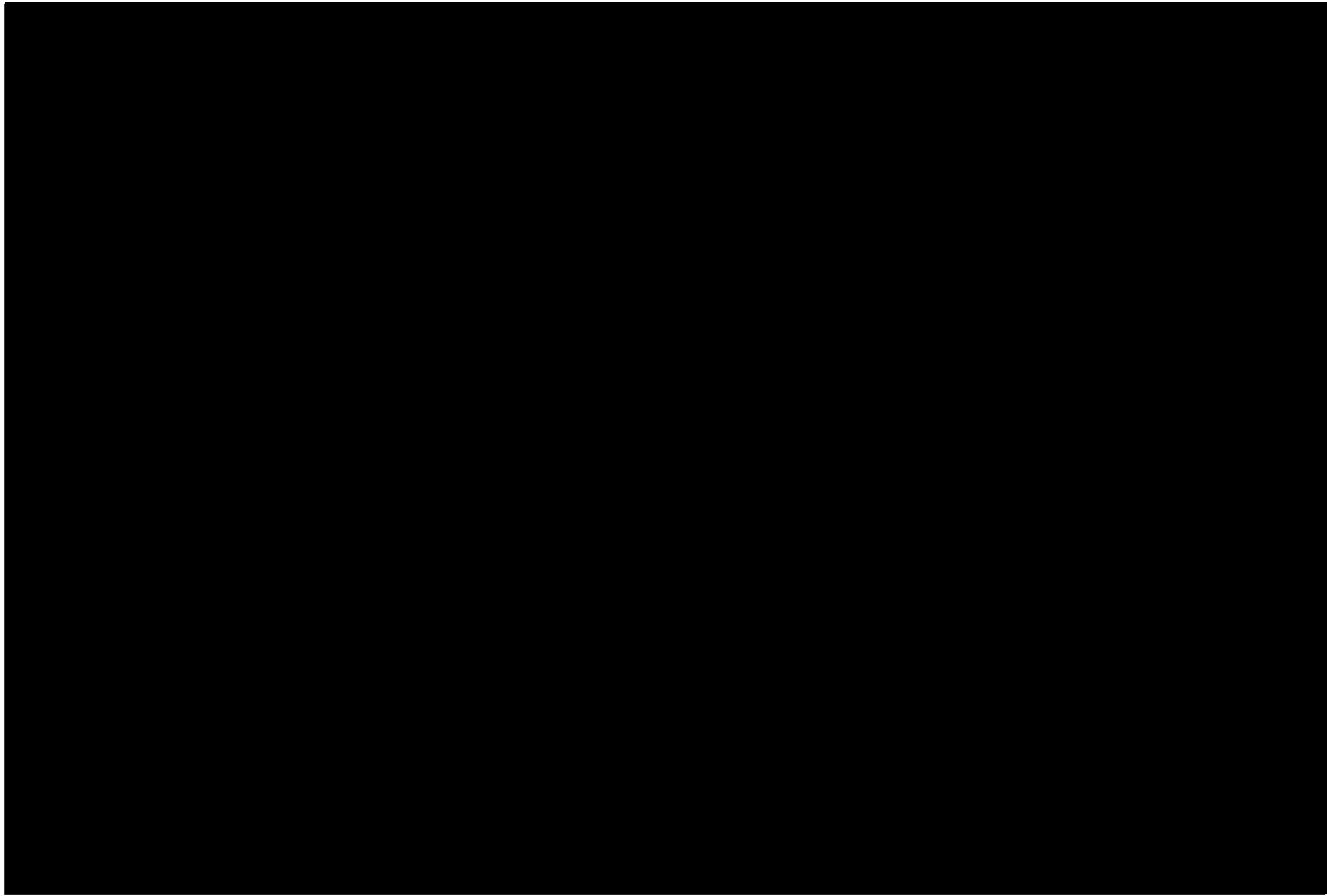
PAGE 2

(FILE COPY)

ANNUAL REPORT FOR POLICY YEAR FROM 4/10/2021 THRU 4/09/2022

POLICY NO. [REDACTED]

----- MONTHLY FUND SUMMARY -----



4/10/2023

(FILE COPY)

LifeSecure
P O Box 19085
Greenville, SC 29602-9085
800-880-1370

PAGE 1

ANNUAL REPORT FOR POLICY YEAR FROM 4/10/2022 THRU 4/09/2023

POLICY NO. [REDACTED]

AGENT NUMBER: NONE

AGENT NAME: HOME OFFICE

OWNER: [REDACTED]

[REDACTED]

[REDACTED]

LifeSecure

PAGE 2

(FILE COPY)

ANNUAL REPORT FOR POLICY YEAR FROM 4/10/2022 THRU 4/09/2023

POLICY NO. [REDACTED]

----- MONTHLY FUND SUMMARY -----

[REDACTED]

----- INTEREST RATE SUMMARY -----

RATE CREDITED ON ACCUMULATION VALUE:

EFFECTIVE: 4/10/2022

RATE: [REDACTED]

CURRENT RATE: [REDACTED]



[EXTERNAL] Fwd: Montana Department of Insurance # [REDACTED]

From [REDACTED]

Date Tue 10/21/2025 3:39 PM

To [REDACTED]

REQUEST FOR STATE OVERSIGHT AND COMPLIANCE REVIEW

LifeSecure Insurance Company Beneficiary Complaint ([REDACTED])

Submitted to:

Office of the Commissioner of Securities and Insurance – State of Montana
840 Helena Avenue, Helena, MT 59601

From:

Kenneth R. Keough

1625 6th Avenue
Oakland, CA 94606
(415) 531-4846
kennethkeough7@gmail.com

Date: October 21, 2025

Initials: KRK

Packet 1 – Complaint & Demand (Montana Primary)

Subject:

Request for State Oversight and Compliance Review – LifeSecure Insurance Company Beneficiary Complaint ([REDACTED])

Statement of Facts

[REDACTED]

Improper Deferral of Responsibility and Legislative Basis

On or about **October 2025**, Elisa Pierce Specialist with the **Montana Office of the Commissioner of Securities and Insurance (CSI)**, advised me to seek information [REDACTED]

[REDACTED] ight to obtain information directly from the insurer and its regulators.

Applicable Montana Statutes and Regulations

- **MCA § 33-1-311 — Duties of the Commissioner:** Requires the Commissioner to enforce and administer insurance laws and investigate violations by insurers or agents.
- **MCA § 33-1-501 et seq. (Unfair Trade Practices Act):** Prohibits misrepresentation of policy facts and failure to promptly provide reasonable explanations for claim decisions.
- **MCA § 33-20-1101 and § 33-20-1102 (Annuity Disclosure and Suitability):** Require clear, timely disclosure of annuity contract terms and beneficiary rights.
- **MCA § 72-6-201 et seq. (Non-Probate Transfers on Death):** Provides that beneficiary interests in life-insurance and annuity contracts pass outside probate and are enforceable directly against the insurer.
- **MCA § 33-18-201 (6) and (13):** Mandates fair claim-settlement practices and forbids failure to acknowledge and act upon communications regarding claims.

Federal and Model Law Considerations

- **15 U.S.C. § 1011 et seq. (McCarran-Ferguson Act):** Delegates insurance regulation to the states and requires good-faith execution of those duties.
- **NAIC Fair Claims Settlement Practices Model Regulation (#902):** Prohibits delays or deflections that impede claimants from receiving timely information from insurers or regulators.

Conclusion

The directive by a state compliance specialist to seek information from a private party constitutes a failure to uphold the Commissioner's statutory duties under MCA §§ 33-1-311 and 33-18-201, and impedes my rights under Montana law and federal standards. I therefore request formal oversight, audit, and written response detailing corrective action to ensure compliance.

Requested Relief

1. Written confirmation from the Montana CSI of all communications with LifeSecure Insurance regarding this matter.
2. Direction to LifeSecure Insurance Company to release full accounting and policy information to the beneficiary.
3. Independent review to determine whether LifeSecure has violated MCA §§ 33-18-201 or 33-20-1101 through non-disclosure or delay.
4. Written confirmation of whether Michigan or Minnesota retain any jurisdictional interest in the oversight of this policy.

Respectfully submitted,

/s/ Kenneth R. Keough

Kenneth R. Keough

Oakland, California

October 2025

Initials: KRK

Courtesy Copies:

- Michigan Department of Insurance and Financial Services (DIFS)
- Minnesota Department of Commerce – Insurance Division

Packet 2 – Follow-Up & Addendum

Subject:

Follow-Up and Addendum to Complaint & Demand – LifeSecure Insurance Company Beneficiary Complaint (██████████)

Purpose

This Addendum serves to reaffirm and expand upon the previous Complaint & Demand, with emphasis on the lack of responsive action by LifeSecure Insurance Company and the State of Montana's regulatory body since initial filing.

Supplemental Statement of Facts

Since the original submission, no written response has been provided by LifeSecure Insurance Company or the Montana Office of the Commissioner of Securities and Insurance. Communications have continued to deflect responsibility among the insurer and other state agencies.

The undersigned has acted in good faith and has supplied all requested documentation. Despite this, the beneficiary has been deprived of basic contractual information and denied timely closure of a non-probate matter that should have been routine.

Restatement of Applicable Law and Oversight Authority

As cited in the Complaint & Demand, the Commissioner is obligated under **MCA § 33-1-311** to ensure proper enforcement of the state's insurance laws and to protect consumers from unfair claims practices. Further deferral to private parties constitutes an abrogation of that duty.

Beneficiary rights to receive contract information are reinforced under **MCA § 72-6-201 et seq.**, and any failure by an insurer to cooperate with lawful requests for information is deemed a violation of **MCA § 33-18-201(13)**.

Requested Action

1. Immediate written acknowledgment of receipt of this Addendum.
2. Formal inquiry by the Montana CSI into LifeSecure Insurance Company's handling of this beneficiary claim.
3. Confirmation of inter-state jurisdiction and responsibility between Montana, Michigan, and Minnesota regulatory bodies.
4. Issuance of a written determination to the beneficiary within thirty (30) days of receipt.

Respectfully submitted,

/s/ Kenneth R. Keough

Kenneth R. Keough

October 2025

Initials: KRK

Courtesy Copies:

- Michigan Department of Insurance and Financial Services (DIFS)
- Minnesota Department of Commerce – Insurance Division

End of Document

LifeSecure_Compliance_Packets1-2_Combined_KRK

(A4 International Format – PDF Ready)

Would you like me to now render this text into the **final downloadable A4 PDF** so you can attach or email it directly to the Montana Commissioner and DOI offices?



No file chosen

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COMMISSIONER OF SECURITIES AND INSURANCE

James Brown
Commissioner

Office of the
Montana State Auditor

October 21, 2025

[REDACTED]

Re: Your Complaint File 32611

Dear Kenneth Keough

I am writing this in response to a complaint filed with our office on October 8, 2025. In your complaint, [REDACTED]

[REDACTED].

I have received a response from [REDACTED] concerning the complaint filed against it. They have provided me with illustrations detailing what transpired with [REDACTED].

I have reviewed all the documentation provided to me and have determined that LifeSource paid the proceeds appropriately. They were also able to prove, using the documentation provided, that attempts were made to locate you. They are not required to make phone calls, but would likely prefer to utilize paper contact to prove that attempts were made.

[REDACTED]

You can file a public records request with our office at [Public Information Request - Montana Commissioner of Securities and Insurance](#).

I am closing your case. I see no apparent violations of the Montana Insurance Code or the contract provisions.

Sincerely,

Elisa Pierce

Elisa Pierce
Compliance Specialist
406-444-4613
elisa.pierce@mt.gov

840 Helena Avenue, Helena, Montana 59601
(fax) 406.444.1980 | (phone) 800.332.6148 or 406.444.2040
(email) ics@mt.gov | (web) www.csimt.gov

File Notes

0/22/2025 10:58 AM

Elisa Pierce

Investigator Comments

[REDACTED]

From: Bidon, Ted <TBidon@mt.gov>

Sent: Wednesday, October 22, 2025 9:56 AM

To: Pierce, Elisa <Elisa.Pierce@mt.gov>

Subject: RE: [EXTERNAL] Fwd: Montana Department of Insurance #32611

I will forward this to legal as a FOIA request.

From: Pierce, Elisa <Elisa.Pierce@mt.gov>

Sent: Tuesday, October 21, 2025 3:52 PM

To: Bidon, Ted <TBidon@mt.gov>

Subject: FW: [EXTERNAL] Fwd: Montana Department of Insurance #32611

Hello Ted,

We spoke about this consumer earlier and the fact that the insurance company asked that we not disclose the information. In my closing letter, I advised that he file a public records request for the information he wanted, or that he could speak to [REDACTED].

LifeSecure also suggested this. This is what I received from him. I am not sure he filed a public records request, unless that is what this is. It is only addressed to me. I get the impression I was not supposed to offer him all options for resolution? Thoughts?

Thank you,

ELISA PIERCE

Compliance Specialist

Office of the Montana State Auditor / Commissioner of Securities and Insurance

840 Helena Ave. | Helena, MT 59601

406.444.4613 (o) | 406.444.1980 (f)

This e-mail transmission and any attachments may contain information from the Office of the Montana State Auditor, Commissioner of Securities, and Insurance, which is confidential and/or privileged. The information is intended solely for the use of the individual or entity named above. If you are not the intended recipient, any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you received this e-mail in error, please immediately notify me by return e-mail and delete the information you received in error immediately. Thank you.

10/22/2025 10:55 AM

Elisa Pierce

Investigator Comments

From: [REDACTED]

Sent: Tuesday, October 21, 2025 3:40 PM

To: Pierce, Elisa <Elisa.Pierce@mt.gov>

Subject: [EXTERNAL] Fwd: Montana Department of Insurance #32611

REQUEST FOR STATE OVERSIGHT AND COMPLIANCE REVIEW

LifeSecure Insurance Company Beneficiary Complaint (LM0016939)

Submitted to:

Office of the Commissioner of Securities and Insurance – State of Montana

840 Helena Avenue, Helena, MT 59601

From:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
Initials: [REDACTED]

Packet 1 – Complaint & Demand (Montana Primary)

Subject:

Request for State Oversight and Compliance Review – LifeSecure Insurance Company Beneficiary Complaint (LM0016939)

Statement of Facts

I, Kenneth R. Keough, am [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
In [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

10/22/2025 10:54 AM

Elisa Pierce

Improper Deferral of Responsibility and Legislative Basis

On or about October 2025, Elisa Pierce Socialist with the Montana Office of the Commissioner of Securities and Insurance (CSI), advised me to seek information [REDACTED] the [REDACTED]. This referral to a private party is contrary to established oversight duties and undermines the beneficiary's statutory right to obtain information directly from the insurer and its regulators.

Applicable Montana Statutes and Regulations

- MCA § 33-1-311 — Duties of the Commissioner: Requires the Commissioner to enforce and administer insurance laws and investigate violations by insurers or agents.
- MCA § 33-1-501 et seq. (Unfair Trade Practices Act): Prohibits misrepresentation of policy facts and failure to promptly provide reasonable explanations for claim decisions.
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The directive by a state compliance specialist to seek information from a private party constitutes a failure to uphold the Commissioner's statutory duties under MCA §§ 33-1-311 and 33-18-201, and impedes my rights under Montana law and federal standards. I therefore request formal oversight, audit, and written response detailing corrective action to ensure compliance.

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4. Written confirmation of whether Michigan or Minnesota retain any jurisdictional interest in the oversight of this policy.

Respectfully submitted,

/s/ Kenneth R. Keough

[REDACTED]
[REDACTED]
[REDACTED]

Initials: KRK

Courtesy Copies:

- Michigan Department of Insurance and Financial Services (DIFS)
- Minnesota Department of Commerce – Insurance Division

10/22/2025 10:47 AM

Elisa Pierce

Investigator Comments

[REDACTED]

Packet 2 – Follow-Up & Addendum

Subject:

Follow-Up and Addendum to Complaint & Demand – LifeSecure Insurance Company Beneficiary Complaint (LM0016939)

Purpose

This Addendum serves to reaffirm and expand upon the previous Complaint & Demand, with emphasis on the lack of responsive action by LifeSecure Insurance Company and the State of Montana's regulatory body since initial filing.

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The undersigned has acted in good faith and has supplied all requested documentation. Despite this, the beneficiary has been deprived of basic contractual information and denied timely closure of a non-probate matter that should have been routine.

Restatement of Applicable Law and Oversight Authority

As cited in the Complaint & Demand, the Commissioner is obligated under MCA § 33-1-311 to ensure proper enforcement of the state's insurance laws and to protect consumers from unfair claims practices. Further deferral to private parties constitutes an abrogation of that duty.

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Requested Action

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2. Formal inquiry by the Montana CSI into LifeSecure Insurance Company's handling of this beneficiary claim.
3. Confirmation of inter-state jurisdiction and responsibility between Montana, Michigan, and Minnesota regulatory bodies.
4. Issuance of a written determination to the beneficiary within thirty (30) days of receipt.

Respectfully submitted,

/s/ Kenneth R. Keough

Kenneth R. Keough

October 2025

Initials: KRK

Courtesy Copies:

- Michigan Department of Insurance and Financial Services (DIFS)
- Minnesota Department of Commerce – Insurance Division

End of Document

LifeSecure_Compliance_Packets1-2_Combined_KRK

(A4 International Format – PDF Ready)

Would you like me to now render this text into the final downloadable A4 PDF so you can attach or email it directly to the Montana Commissioner and DOI offices?

[]

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10/22/2025 10:43 AM

Elisa Pierce

Investigator Comments

[REDACTED]

I spoke to Ted on 10/21/2025 about whether I was able to share this information with the complainant. He advised that since the insurance company instructed us not to, I should advise the consumer to file a public records request and let legal determine if it is appropriate to share. I sent the link to the online public records request form in his closing letter and also advised that his sister, who is the executor of the estate would also have this information.

10/21/2025 01:24 PM

Elisa Pierce

Investigator Comments

[REDACTED]

I am closing this complaint. The insurance company has asked me to not disclose the documentation associated with this complaint so I have not referred to it.

[REDACTED]

[REDACTED]

[REDACTED]

Mr.

Keough recently filed a claim [REDACTED]. He believes t [REDACTED]
[REDACTED].

10/08/2025 08:16 AM

GUEST

OCF Fair Resolution

10/08/2025 08:16 AM

GUEST

OCF Details of Complaint

Dear Consumer Services Division,

I am writing to formally file a complaint regarding the handling of an annuity in which I am, apparently, named a beneficiary. The annuity was held by [REDACTED], who [REDACTED]. Originally [REDACTED].

In June 2025, I received a letter addressed [REDACTED] but to my address. The letter was marked second notice. This bizarre set of circumstances was only heightened by this being the first notice of [REDACTED]. My name is listed publicly in Psychology Today, LinkedIn, Google and I have had the same phone number for over 25 years.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

The company's representatives have been dismissive and evasive in my attempts to obtain clarity. They have refused to disclose even basic information about the annuity's value, disbursement history, or calculation of benefits, despite my legal standing as a beneficiary.

Enclosed is correspondence from [REDACTED]

I believe I am being denied my rightful beneficiary information and possibly my fair share of the annuity proceeds.

I respectfully request that your office:

Investigate the insurance companys handling of this annuity payout.

Require a full accounting of the annuity policy, including total value, payout history, and beneficiary distributions.

Ensure compliance with Montanas insurance law regarding beneficiaries rights to information and fair treatment.

Enclosed are copies of relevant documents, including correspondence from the company and the payment check I received. I am happy to provide further information if needed.

Thank you for your attention to this matter. I look forward to your assistance in ensuring that the insurance company provides a transparent and lawful resolution.

Please note due to the confusion of oversight responsibility, both Minnesota and Michigan have been contacted.

This is my first correspondence to Montana.

Kindly confirm receipt of this email and the attached letter.

Thank you for your prompt attention.

Sincerely,

signature.bmp;

[REDACTED]

[REDACTED]

10/08/2025 08:16 AM

GUEST

Web Form

Initiated from Online Complaint Form

Good morning, [REDACTED].

[REDACTED] policy was written in the State of Montana. For this reason, the Minnesota Department of Commerce does not have jurisdiction over the policy and cannot assist with your complaint. Attached is the Department's formal closing letter.

If you need further assistance, please submit a complaint to Montana Commissioner of Securities and Insurance.