

COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN
COMMISSIONER



MONTANA STATE AUDITOR

April 18, 2016

Mr. Alan Hall
Allegiance Life and Health Insurance Company
2806 South Garfield Street
Missoula, MT 59801

Re: Market Conduct Examination Report

Dear Mr. Hall,

Enclosed please find the Commissioner's Findings of Fact, Conclusions of Law and Order Adopting the Market Conduct Examination Report for the period of January 1, 2009 through December 31, 2013. This information was originally mailed to the Company on March 3, 2016.

We look forward to working with you in the future. Please don't hesitate to contact me or Nick Mazanec should the need arise.

Sincerely,

David Dachs, PIR, AMCM

Enclosure

**COMMISSIONER OF SECURITIES AND INSURANCE
MONTANA STATE AUDITOR
STATE OF MONTANA**

IN THE MATTER OF THE REPORT OF
MARKET CONDUCT EXAMINATION OF
ALLEGIANCE LIFE AND HEALTH
INSURANCE COMPANY, INC.,

Respondent.

CASE NO. INS-2015-12

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER ADOPTING THE
MARKET CONDUCT EXAMINATION
REPORT FOR THE PERIOD JANUARY
1, 2009 THROUGH DECEMBER 31, 2013**

Having fully considered the proposed Report of the Market Conduct Examination of Allegiance Life and Health Insurance Company, Inc. (Company), dated January 20, 2016, the Commissioner of Securities and Insurance, Montana State Auditor, hereby makes the following Findings of Fact, Conclusions of Law, and Order adopting the market conduct examination report:

FINDINGS OF FACT

1. Kim Hewitt, David Dachs and Carol Roy, the Examiners representing the Office of the Montana State Auditor, Commissioner of Securities and Insurance (CSI), conducted an examination of the Company's affairs, transactions, and records and prepared a Market Conduct Examination Report (Report) covering the period from January 1, 2009 through December 31, 2013.

2. The verified written Report was completed and served on January 20, 2016, together with a notice giving the Company 30 days to make written submission or rebuttal with respect to any matters contained in the Report.
3. The Company submitted written responses to the Recommendations contained in the Report on February 18, 2016.
4. The CSI reviewed the Company responses and did not modify the Report.

CONCLUSIONS OF LAW

1. The Commissioner has jurisdiction over this matter pursuant to Mont. Code Ann. § 33-1-311, which charges the Commissioner with the duty of administering and enforcing the Montana Insurance Code, and pursuant to sections in Mont. Code Ann., Title 33, Chapter 1, Part 4, which govern examination of insurers by the CSI and Mont. Code Ann. § 33-4-315, which governs the examinations of farm mutual insurers.
2. Pursuant to Mont. Code Ann. § 33-1-409, the CSI has authority to issue a final agency determination with respect to this Report.

ORDER

Having carefully and thoroughly reviewed and considered the Report, relevant examiner workpapers, and any written submissions in this matter, IT IS ORDERED:

1. The Market Conduct Examination Report of Allegiance Life and Health Insurance Company for the period January 1, 2009 through December 31, 2013, attached hereto as Exhibit A, is hereby adopted in full.
2. Within 30 days of the mailing of this Order, each of the Company's directors shall file affidavits with the CSI stating under oath that they have received a copy of the adopted Report and related Order.

3. Pursuant to Mont. Code Ann. § 33-1-409 (5), this Order and the adopted Market Conduct Examination Report (Exhibit A) shall remain confidential for 30 days following the issuance of same.

DATED this 3rd day of March, 2016.

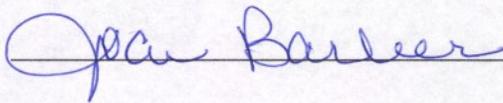


MONICA J. LINDEEN
Commissioner of Securities and Insurance
Office of the Montana State Auditor

CERTIFICATE OF SERVICE

I hereby certify that on the 4th day of March, 2016, I served a true and accurate copy of the foregoing Findings of Fact, Conclusions of Law and Order Adopting the Market Conduct Examination Report for the Period January 1, 2009 through December 31, 2013, by U.S. mail, postage prepaid, to the following address:

Mr. Dirk Visser
Allegiance Life and Health Insurance Company
2806 South Garfield Street
Missoula, MT 59801



Montana State Auditor's Office

COMMISSIONER: MONICA LINDEEN



REPORT OF THE
MARKET CONDUCT EXAMINATION
OF
ALLEGIANCE LIFE AND HEALTH INSURANCE COMPANY, INC.
AS OF DECEMBER 31, 2013

EXHIBIT
A

January 20, 2016

The Honorable Monica J. Lindeen
Montana State Auditor
Commissioner of Securities and Insurance
840 Helena Ave.
Helena, MT 59601

Dear Commissioner Lindeen:

Pursuant to your authority delegated under the provisions of Mont. Code Ann. §§ 33-1-401 and in accordance with your instructions, a market conduct examination of the business practices and affairs have been conducted on:

Allegiance Life and Health Insurance Company, Inc.
2806 S. Garfield
Missoula, MT 59801

The Company is a Montana domiciled life and health insurer, hereinafter referred to as "AL&H" or the "Company". The examination covered the period from January 1, 2008 through December 31, 2013.

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EXAMINATION PURPOSE AND SCOPE

The office of the Montana State Auditor, Commissioner of Securities and Insurance conducted a market conduct examination of Allegiance Life and Health Insurance Company, Inc. (hereinafter referred to as the Company or AL&H). The examination covered the period from January 1, 2009 through December 31, 2013.

The examination was conducted pursuant to the provisions of Mont. Code Ann. §§ 33-1-401, *et seq.*, and in accordance with the procedures and guidelines outlined in the *Market Regulation Handbook* as adopted by the National Association of Insurance Commissioners (NAIC) and the Montana State Auditor, Commissioner of Securities and Insurance (CSI). The examination was completed in Montana.

This examination included a review of the Company's practices in the areas listed below:

1. Operations and Management
2. CSI Complaint Handling
3. Appeal Handling
4. Marketing and Sales
5. Producer Licensing and Commissions
6. Policyholder Services
7. Underwriting and Rating
8. Claims

The Market Conduct Examination consisted of a review of data, information, materials, documents and files requested by the examiners and supplied by the Company. Upon review of the Company's submissions, any concerns or questions were noted and the Company was notified in writing with either an "Information request" or "Concern form". The concern form provided space for the Company to respond in writing, either in agreement with the examiner's concerns or to explain or justify the Company's action regarding the issue raised by the examiners. After consideration of the Company's responses, if necessary, examiners issued a "Finding form". The finding form provided the Company with a final opportunity to respond in writing either to agree with the examiner's finding or to provide additional information, explanation, or justification prior to the finding(s) being entered into the report of examination.

All unacceptable or non-complying practices may not have been discovered during the course of the examination. Additionally, findings may not be material to all areas that would assist the Insurance Commissioner of Montana. Failure to identify specific Company practices does not constitute acceptance of such practices. Additionally, a report of examination should not be construed to endorse or discredit any insurance company or insurance product.

OPERATIONS AND MANAGEMENT

Allegiance Life and Health Insurance Company, Inc. (AL&H or the Company) operates in Montana. The following describes their written premiums, market share, administrative expense ratio, medical loss ratio, and state consumer complaint share:

| Written Premiums | | | | | |
|------------------------------|--------------|--------------|--------------|--------------|--------------|
| Line of Business | 2013 | 2012 | 2011 | 2010 | 2009 |
| Group Health | \$54,740,111 | \$79,481,701 | \$71,588,556 | \$56,876,265 | \$44,937,780 |
| Market Share | 5.28% | 12.8% | 11.11% | 9.36% | 7.88% |
| Medical Loss Ratio | 99.8% | 92.9% | 91.4% | 88.7% | 96.6% |
| Admin Expense Ratio | 11.8% | 12.2% | 12.7% | 12.4% | 16.0% |
| Combined Ratio | 111.6% | 105.1% | 104.1% | 101.1% | 112.6% |
| State Complaint Share | .157 | .157 | .189 | .122 | .117 |

The Company sold primarily large and small employer group coverage during the time covered by the examination. Effective November 1, 2013, the Company ceased offering small employer group insurance, which accounted for most of the written premiums. Insurers who withdraw from the small employer group market are prohibited from selling insurance in this market for a period of 5 years from the date of discontinuance, pursuant to MCA §33-22-524(4)(b).

The Company conducts internal audits of claims and other market related activities. The Company provides antifraud training to their employees, who as a part of their training specifically look for fraud. The Company disaster recovery plan includes an offsite data center. The Company sends all claims data to a secure offsite data center in Pittsburgh, Pennsylvania in addition to a separate, secure location locally. A complete review of the Company computer systems was conducted as a part of the recent financial examination of the Company and was, therefore eliminated from this examination.

COMPANY HISTORY

The Company was originally founded in 1981 as Intermountain Administrators, a third party administrator. The Company name was changed on April 1, 2003 to Allegiance Benefit Plan Management, Inc. (ABPM).

Allegiance Life and Health Insurance Company, Inc. (AL&H or the Company) was incorporated under the laws of the State of Montana. A certificate of authority was granted on November 30, 2006. The Company is authorized to transact life and disability insurance and operates in Montana.

The Company is a subsidiary of Benefit Management Corporation, a holding company. Benefit Management Corporation was incorporated on August 12, 1999. On May 31, 2008, Benefit Management Corporation became a subsidiary of Great-West Life and Annuity Insurance Company. On April 1, 2008, Connecticut General Life Insurance Company, Inc. a wholly owned subsidiary of CIGNA Corporation; acquired the shares owned by Great-West Life and Annuity Insurance Company, Inc. Effective April 1, 2008, Allegiance Benefit Plan Management Inc. (ABPM) was acquired by Connecticut General Corporation. Connecticut General Corporation is owned by CIGNA Corporation, a publicly traded Delaware holding company.

The Company entered into an administrative services agreement with Allegiance Benefit Plan Management, Inc. (ABPM). Under the terms of the agreement, ABPM performs virtually all of the services necessary to operate the Company, including, but not limited to, providing accounting, contracting with subscribers and providers, processing and adjudicating claims, utilization management services, pharmacy benefit management services, legal and regulatory services, information technology services, as well as production and mail room services. The Company is charged administrative fees, for these services.

The Company entered into an agreement January 1, 2008 with StarPoint, LLC, doing business as StarPoint Healthcare Group (StarPoint). Under the terms of the agreement StarPoint provides 1) case management, 2) disease and chronic care management, 3) predictive modeling to identify individuals with high clinical risk and to develop optimal medical management for those individuals, and 4) utilization management for the review of health care services to determine the medical necessity or the appropriate level of care. The StarPoint agreement was amended in 2010 to eliminate the predictive modeling component of the contract.

COMPLAINT HANDLING

Complaints Standard #1 – Complaints are recorded in proper format

MCA § 33-3-401 & MCA § 33-18-1001

The Company provided the CSI with a copy of the Complaint record developed by the Company in order to demonstrate compliance with MCA § 33-18-1001. The Company's complaint record failed to include 6 complaints recorded by the CSI.

APPEALS

The appeal sample contained 49 files. A careful review of each file indicated that only 15 of the 49 files actually involved an appeal. Federal law, 29 CFR Part 2560 outlines the U.S. Department of Labor (DOL) regulations that applied to employer group health insurance and group plans throughout the exam timeframe. The passage of the Affordable Care Act in 2010 (ACA) set forth standards for plans and issuers regarding internal claims and appeal processes as well as external reviews. In addition, Montana had statutes in place as early as 1991 to address utilization review standards and later standards for the review of adverse determinations, including independent reviews. Therefore, each appeal sample was reviewed individually based on the time the appeal was initiated. All appeals during the exam were required to meet the standards established in 29 CFR Part 2560 (US DOL regulations). Appeals prior to January 1, 2012 were also reviewed based on Montana statutes and are labeled as Appeals Segment A. Appeals on or after January 1, 2012 were reviewed based on federal guidance regarding the ACA in addition to the DOL regulations and are labeled Appeals Segment B.

Appeals Segment A

Appeals Standard #2 - The Company provided the independent review entity the documentation within three business days.

Appeals Standard #5 - The health carrier makes standard utilization review and benefit determinations in a timely manner and as required by applicable state statutes, rules and regulations, as well as the provisions of HIPAA.

MCA §§ 33-37-102(2) & 33-32-203.

For one appeal of a partially denied claim the Company took 25 calendar days to initiate the appeal and to request medical records. The Company took another 19 calendar days to send the information to an outside reviewer following receipt of the requested medical information. The outside review resulted in the determination that the claim was payable. The claim was paid by the

Company 113 calendar days after their receipt of the outside review report. MCA § 33-32-203 requires that decisions regarding appeals must be made within 60 days of the receipt of the medical records.

Appeals Segment B

Mental Health Parity Act of 2008, 45 CFR Part 146, Federal Register dated February 2, 2010.

One appeal was submitted due to the denial of mental health claims upon reaching the 30th outpatient visit. The CSI maintains that mental illness is often a chronic disease and comparable to chronic physical illness such as Diabetes, and therefore should be in parity with primary care visits for physical health under the Mental Health Parity Act (MHPAEA). As indicated in MHPAEA, out-patient mental health therapy should not be compared to “physical or occupational” therapy. Requiring additional reauthorization, continuation reauthorization and provider justification for more than 30 visits to a chronic illness, because it is a mental illness appears to be a nonquantitative treatment limitation, prohibited under MHPAEA. Some mental health outpatient treatment may be of short duration, but other types of mental illness may require lifelong treatment. Each case must be separately assessed. Treatment for mental illness may not be arbitrarily limited in this way.

MARKETING AND SALES

A request for a listing of advertisement and marketing materials used by the Company during the time period of the exam was sent to the Company. The initial Company response indicated there were not materials fitting the parameters of the request. After further clarification, the Company provided three items to the Examiner; only one of which was an advertisement, however; the Company indicated that it was used outside the time period of the exam. The Company operations closely align with another company in the group; Allegiance Benefit Plan Management. The Company advised that advertising and marketing efforts are done through Allegiance Benefit Plan Management; therefore, standards related to advertising and marketing pieces were not tested.

PRODUCER LICENSING

Producer Licensing Standard #1 - Producers are properly licensed & CE is up to date

Producer Licensing Standard #2 - Producers are properly appointed

Producer Licensing Standard #3 - Company properly and timely notifies CSI of Producer Termination

MCA §§ 33-17-214, 33-17-231(2)(3)(4), 33-17-241 and 33-3-401(1).

Allegiance Life and Health Insurance Company has no procedures in place to monitor the licensing status of the producers it appoints. Company records indicated 4 (four) producers held current appointments with the Company; when in fact, the producers' licenses had been terminated by the CSI due to a lack of timely submission of the required continuing education materials and/or fees.

Producer Licensing Standard #1 - Producers are properly licensed & CE is up to date

MCA § 33-17-214

Allegiance Life and Health Insurance Company paid commission to two producers during a time period when they were not properly licensed as producers in Montana.

Producer Licensing Standard #2 - Producers are properly appointed

MCA § 33-17-236

The Company entered into producer agreements with certain insurance agencies and appointed some individual producers affiliated on the license of these agencies; however, the Company neglected to appoint the agencies. The Company issued commission payments to the un-appointed agencies rather than the appointed individuals.

POLICYHOLDER SERVICES

This section was reviewed as part of Underwriting and Rating and no exceptions were noted.

UNDERWRITING AND RATING

The Underwriting and Rating sample contained 45 files. Each file represented an employer group insured by the Company during the time period of the examination. The findings resulting from this review are as follows:

Underwriting and Rating Standard #13 - Premium Billings Issued Timely/Accurately Underwriting and Rating Standard #16 - Adequate File Documentation

MCA §§ 33-17-101, 33-17-102(3)(iii), 33-17-102(20), 33-17-602, 33-17-611, 33-17-613 & 33-3-401.

The Company invoiced, collected and disbursed premium charged for Accidental Death and Dismemberment, Life Insurance, and Long Term Disability Insurance which was provided by an insurer other than the Company. The Company was unable to supply a written agreement to support the arrangement.

Underwriting and Rating Standard #14 - Rating is in accordance with MT law and Co. Rating Plan

Underwriting and Rating Standard #15 - No rebates/commission cuts or inducements

MCA §§ 33-3-401(1), 33-15-102(2), 33-18-208(2) & 33-18-212(2)

The payment of "commission" or "consulting fees" was arranged between the producer/consultant and the Company at the direction of the producer/consultant. In some instances a "commission" was arranged on a policy for a particular policy year while a "consulting fee" was arranged at the following policy renewal, or vice versa. A policy issued to the same employer group(s) sometimes switched between a "commission" vs. a "consulting fee" arrangement several times during the time period covered by the examination. The producer/consultant assigned to a particular employer group(s) remained the same during each of these years. The "consulting fee" was paid by the Company to the Agency with whom the "consultant" held an affiliation as a "producer". The Company incorporated the "consulting fees" into the rating plan and ultimately into the premium billed to these employer groups. "Consulting fees" were billed as premium to employer groups; however, the Company did not consider "consulting fees" a part of the premium for purposes of payment of premium tax. The Company was unable to produce copies of any written memorandums or agreements acknowledging any part of the arrangement between the consultant, the employer groups, or the Company.

The Company did not always utilize a commission schedule that was based upon uniform criteria; instead, the Company allowed producers to select the amount of commission they were willing to accept on certain employer group contracts. This practice enabled the producer to contribute the amount of the commission reduction to the employer group in the form of a rate/premium

reduction. The reduction in rate/premium created by the commission reduction acted as an inducement to the purchase of the insurance coverage by the employer group. This practice may also have resulted in discrimination between groups with comparable risk characteristics and similar product selection.

PAID AND DENIED CLAIMS

Claims Standard #1 - Claim files are handled in accordance with policy provisions, HIPAA, and state law.

Claims Standard #2 - Timely and reasonable investigations are conducted.

Claims Standard #3 - Claims are resolved in a timely manner.

MCA § 33-18-232.

A random sample of 66 paid claims was reviewed and one claim exception was noted. The Company failed to pay a claim within 30 days of receipt. The Company did not ask for additional information. The Company later paid the claim to the insured and then incorrectly initiated a request for reimbursement of the claim from the provider. The Company did not conduct a timely investigation of the claim. Subsequently, the Company reprocessed and paid the claim correctly.

Thirteen claims in the paid claims sample were claims for mandated benefits and no exceptions were noted.

Claims Standard #1 - Claim files are handled in accordance with policy provisions, HIPAA, and state law.

MCA §§ 33-22-111, 37-8-202 & 33-22-512.

A random sample of 92 denied claims was reviewed. Twenty-five of the claims were duplicate claims. Payment of the duplicate claims was verified without exception; and these claims were eliminated from the sample.

Fourteen claims in the sample were for mandated benefits. One claim for well child care was denied incorrectly. The service was provided by an advanced practice registered nurse, who is allowed to provide services within the scope of practice. The insured is allowed freedom of choice of practitioners for the well child care mandated benefits. The Company immediately reprocessed and paid the claim upon receipt of the claim information from the Examiners.

CONCLUSION

The Market Conduct Examination Report of Allegiance Life and Health Insurance Company, Inc. is respectfully submitted to the Honorable Monica J. Lindeen, Montana State Auditor and Commissioner of Securities and Insurance.

The Examiners appreciated the courteous assistance of the Company throughout the examination process.

RECOMMENDATIONS

The Company must maintain its complaint record in a manner that fully complies with MCA § 33-18-1001.

The Company must issue commission payments in a manner that accurately corresponds with the Company's appointments.

The Company must cease invoicing, collecting and disbursing premium for other insurers without securing a written agreement detailing and supporting the arrangement.

The Company must cease the payment of consulting fees to consultants or producers.*

The Company must follow state and federal internal and external appeal notice requirements, clearly delineate when an internal and external appeal request is made, and clearly distinguish internal appeals from external appeals.

* It is also recommended the Co., with the assistance of the CSI, calculate and pay any premium tax they may have heretofore avoided by engaging in the practice.

SUGGESTIONS AND COMMENTS

The Company should set specific parameters for obtaining any additional information, and share all information pertaining to the appeal decision with the member, whether the decision is to continue to deny the claim or service, or to pay the claim or allow the services as medically necessary. The Company should also set specific procedures in place to send appeals to an external reviewer on a timely basis, and to track the payment of claims following the review to ensure compliance with timely payment of claims and timely notice following an appeal.

The Company should have a form to allow their insureds to designate a provider or another person as their representative in an appeal. All appeals must include the contact information for the CSI, including for self-funded health plans, because the CSI is the designated ombudsman for assisting all Montana residents with the appeal process, both internal and external.

The Company should set specific parameters for claims that are referred to the home office of the parent company, CIGNA, so that claims can be finalized timely.

The Company should establish procedures to monitor the licensing status of its appointed producers.

ACKNOWLEDGEMENT

In addition to the undersigned, Carol Roy, AIE, AMCM and David Dachs, PIR, AMCM participated in this examination.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Kim Hewitt", is written over a horizontal line.

Kim Hewitt, CIE, AMCM
Examiner
Office of the Montana State Auditor
Commissioner of Securities and Insurance

EXAMINER'S AFFIDAVIT

State of Montana
County of Lewis and Clark

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

I, Kim Hewitt, being duly sworn, states as follows:

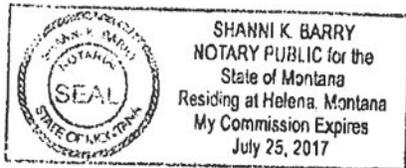
1. I have the authority to represent Montana in the examination of AL&H.
2. I have reviewed the examination work papers and examination report, and the examination of AL&H was performed in a manner consistent with the standards and procedures required by Montana.

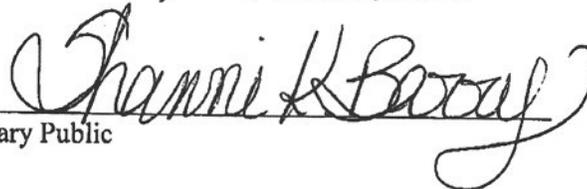
The affiant says nothing further.



Kim Hewitt, CIE, AMCM

Subscribed and sworn before me by Kim Hewitt on this ~~13th~~ ^{20th} day of January, 2016.





Notary Public

EXAMINER'S AFFIDAVIT

State of Montana
County of Lewis and Clark

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

I, Carol Roy, being duly sworn, states as follows:

1. I have the authority to represent Montana in the examination of Allegiance Life and Health Insurance Company, Inc. (AL&H).
2. I have reviewed the examination work papers and examination report as of December 30, 2015, and the examination of AL&H was performed in a manner consistent with the standards and procedures required by Montana.

The affiant says nothing further.

Carol Roy
Carol Roy, AIE, AMCM

Subscribed and sworn before me by Carol Roy on this 30th day of December, 2015.

Michelle Marise Huftel
Notary Public

My commission expires: March 29, 2016



EXAMINER'S AFFIDAVIT

State of Montana
County of Lewis and Clark

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

I, David Dachs, being duly sworn, states as follows:

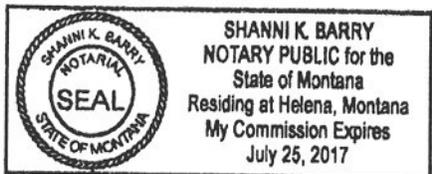
1. I have the authority to represent Montana in the examination of AL&H.
2. I have reviewed the examination work papers and examination report, and the examination of AL&H was performed in a manner consistent with the standards and procedures required by Montana.

The affiant says nothing further.



David Dachs, PIR, AMCM

Subscribed and sworn before me by Kim Hewitt on this 10th day of January, 2016.





Notary Public