

INSURANCE

Dave Heineman
Governor

Bruce R. Ramage
Director

A Message from the Director....



Bruce R. Ramage

Implementation of Online Premium Tax for Insurance

The Nebraska Department of Insurance has implemented *OPTins* (Online Premium Tax for Insurance) for insurance companies beginning with the 2012 quarterly tax return. This is our required method of filing tax returns beginning with calendar year 2012 premium tax filing requirements. Prepayment filing and payment is only required for those companies reporting on a current-year basis or for those companies reporting on a prior-year basis that had a premium tax liability of \$4,000 or greater for the 2011 tax year.

For the tax year 2011 Annual Premium Tax Return, filing will be done via paper, as in the past. Forms can be found on our website at www.doi.ne.gov/prem_tax/prem_tax.htm.

Using OPTins

OPTins for the 2012 filing requirements will be available beginning February 9, 2012. Instructions can be found at <http://www.optins.org>. Once registered and set up, you will be able to log in, upload your filing forms and submit your payment online. **Electronic payments can be either ACH debit or ACH credit.**

To implement *OPTins*, contact the *OPTins* Marketing Team at optinsmktg@naic.org or call (816) 783-8787. If you already use *OPTins*, you do not have to contact *OPTins* Marketing—just login and file for Nebraska.

Questions or comments regarding Nebraska’s implementation of *OPTins* should be directed to Terry Sindelar, Assistant Chief Examiner, at terry.sindelar@nebraska.gov, or by calling the Department at 402-471-2201.

Inside:

FRAUD DIVISION 2

- 2011 Insurance Fraud Statistics
- Fraud Cases

LIFE & HEALTH 4

- Interest Rate on Death Proceeds
- Major Medical Rate Reporting Requirements
- Health Care Reform Outreach and Transparency for Rate Review

PROPERTY & CASUALTY 5

- Withdrawal from State/Line of Business
- Department Filings

PRODUCER LICENSING 6

- Agency License Renewals
- Branch Office Licenses for Agencies

LEGAL DIVISION 8

- Nonadmitted Insurance Multistate Agreement
- Regulation Updates
- Case Summaries
- Producer/Company Actions

EXAMINATION DIVISION 14

- Exams Completed

MARKET Conduct 14

- Exams Completed

2012 NAIC Committee Assignments for Nebraska 15

Department Calendar

Back

FRAUD DIVISION

2011 Insurance Fraud Statistics

The Insurance Fraud Prevention Division (IFPD) received **611** case referrals regarding potential violations of the Nebraska Insurance Fraud Act during 2011. Of the referrals received, 319 (52%) were made through the National Insurance Crime Bureau (NICB) and 25 (4%) were made via the National Association of Insurance Commissioners' (NAIC) online fraud reporting system. The remainder of the referrals were primarily submitted by victims or concerned consumers.

Actual or **potential** monetary losses, exceeding **\$7.6 million**, were reported for 45% or 273 of the cases. Cases are evaluated based upon a number of criteria, including the statute of limitations, applicability of Nebraska statutes, and solvability factors. Upon completion of the case review, a status letter is sent to the complainant informing them of the disposition.

The IFPD investigated the following types of insurance fraud cases during 2011:

- Property/Casualty = 403 Cases (66%)
- Life/Health = 159 Cases (26%)
- Agent or Internal Fraud = 39 Cases (6%)
- Other Fraud = 10 Cases (2%)

Upon completion of a case investigation, the IFPD makes a determination to close the case as unfounded, insufficient evidence for prosecution, or sufficient evidence to forward the information to a prosecutor for consideration in filing a criminal violation of the Nebraska Insurance Fraud Act. Before sending a case for a prosecutor's review, the IFPD prepares an investigative summary report outlining the circumstances of the investigation.

2011 Cases Sent for Criminal Prosecution: 136 cases; 22 suspects involved

2011 Convictions: 23 cases; 21 suspects involved

Cases referred to the IFPD for investigation had venue in 51 Nebraska counties, with Douglas, Lancaster, and Sarpy Counties accounting for 333 (54%) of the cases.

2011 Court Ordered Restitution: 13 cases; \$16,837.98

Fraud Cases

United States District Court - District of Nebraska, 4:11-CR-03143-RGK-CRZ

United States of America v. Mark Koehler

Mark Koehler was charged in United States District Court with health care fraud. Mr. Koehler was the business manager for Heartland Physical Therapy in Norfolk, Nebraska. He is accused of billing for services not provided. Mr. Koehler is suspected of fraudulently obtaining \$931,808 from private insurers and \$469,346 from Medicare and Medicaid.

Douglas County District Court, CR11-601

State v. Carl I. Easterling

Carl Easterling was charged with six felony counts after an investigation where it was alleged he used another person's identity to obtain a driver's license. Mr. Easterling was subsequently charged with one count of insurance fraud as it applied to the investigation. On December 14, 2011, pursuant to a plea agreement, Mr. Easterling was sentenced from 12 to 18 months in prison for Count I, false information on a vital statistics application, and 12 to 18 months in prison for Count VI, operating during revocation second offense, to be served concurrently. The four remaining counts were dismissed.

Hall County District Court, CR11-27

State v. Shelby A. Olson

Soon after being involved in an accident, Shelby Olson contacted his insurance company and added comprehensive and collision coverage to the policy insuring his vehicle. At the time of the accident, Mr. Olson only had liability coverage. After binding the supplemental coverage, Mr. Olson submitted a claim. The insurance company conducted an aggressive claim investigation resulting in denial of the claim and subsequent referral to the Insurance Fraud Prevention Division.

Mr. Olson pled guilty to Count I, fraudulent insurance claim, a Class I misdemeanor. District Court Judge Teresa Luther sentenced Mr. Olson to 12-months' probation plus fees, court costs, 20 hours of community service, reimbursement to the State of Nebraska for expenses associated with the criminal investigation, and he must attend a moral recognition therapy program.

Keith County District Court, CR11-10

State v. Richard D. Weber

Insurance producer, Richard Weber, was charged with a violation of the Insurance Fraud Act when he allegedly provided bogus documents to an insurance company pursuant to a claim attempting personal financial gain. Mr. Weber was originally charged with a fraudulent insurance act, a Class III felony. The charge was subsequently amended to a Class I misdemeanor.

On May 20, 2011, Richard Weber was found guilty by District Court Judge Donald E. Rowlands, II to the amended charge. On July 11, 2011, Judge Rowlands sentenced Mr. Weber to one-year probation plus fees, prosecution costs, restitution to the State of Nebraska for investigative costs, and ordered to serve 30 days in jail upon completion of probation unless waived by the court.

Washington County Court, CR11-127

State v. Albert C. Lenear

Albert Lenear was employed at an insurance company's mail processing facility allowing him access to premium payments. From August 23 through October 24, 2010, Mr. Lenear took money orders from the facility, transacted the money orders, and used the funds for personal use. When a policyholder questioned a cancellation notice for non-payment of premium, the insurance company initiated an investigation. Through investigation, it was discovered Mr. Lenear was responsible for diversion of premium payments.

Based upon information received from the insurance company, the IFPD conducted an investigation resulting in a felony arrest warrant issued for Mr. Lenear.

Pursuant to a plea agreement, Mr. Lenear pled guilty to the amended charge theft by unlawful taking, a Class I misdemeanor. On September 5, 2011, Judge C. Matthew Samuelson sentenced Mr. Lenear to six-months' probation, restitution to the insurance company, court costs, and 30 hours of community service.

LIFE & HEALTH DIVISION

Interest Rate on Death Proceeds

The 2012 interest rate to be paid on death proceeds not paid within 30 days of receipt of proof of loss is 2.061%.

The 2012 interest rate to be paid on death proceeds not paid within 30 days of receipt of proof of loss is 2.061%. Neb.Rev.Stat. §44-3,143 requires that interest be paid from the date of receipt of proof of death to the date of payment. Information can also be found on the Department's website at www.doi.ne.gov/lh/rate.htm.

Major Medical Rate Reporting Requirements

Section 2794 of the Public Health Service Act (PHS Act), and the "Rate Increase Disclosure and Review" final rule (Rate Review Regulation) implementing section 2794 of the PHS Act, established a Rate Summary Worksheet in the HIOS system to be used by health insurance issuers for required reporting of rate increases in the individual and small group markets.

Effective September 1, 2011, this Rate Summary Worksheet (preliminary justification) is required to be completed and submitted in SERFF for individual and small group health insurance rate filings that are not grandfathered health plan coverage or excepted benefits under the Rate Review Regulation, where the rate action meets or exceeds the "10 % subject to review" threshold of the Rate Review Regulation.

Effective December 1, 2011 this Rate Summary Worksheet (preliminary justification) is also required to be completed and submitted in SERFF for ALL individual and small group health insurance rate filings that are not grandfathered health plan coverage or excepted benefits under the Rate Review Regulation, regardless of whether the rate action meets or exceeds the "subject to review" threshold of the Rate Review Regulation. The Public Disclosure worksheet is not required for filings under the 10% subject to review threshold.

Please download the Rate Summary Worksheet from the HIOS system and complete and attach it to this Requirement in SERFF. If you are submitting a rate increase that meets or exceeds the "subject to review" threshold under the Rate Review Regulation, you should attach the same version of the Rate Summary Worksheet that you prepared for upload into the HIOS system.

The completed Rate Summary Worksheet must be downloaded from HIOS, completed, and included on every applicable health insurance rate filing beginning September 1, 2011.

This requirement should be bypassed on large group filings and/or filings that have grandfathered plans or excepted benefits. If you have any questions about the applicability of this information, please call the Life and Health Administrator at 402-471-2201.

Health Care Reform Outreach and Transparency for Rate Review

The Patient Protection and Affordable Care Act (PPACA) brought heightened awareness to health rate review processes. Along with the heightened awareness of the rate review processes, came a heightened requirement for consumer transparency.

The Nebraska Department of Insurance has implemented several measures to meet the transparency requirements. First, an FAQ for rate review issues was developed. Next, a brochure was developed to promote understanding of the rate review process. Lastly, the Department implemented a successful web-based tool for rate review. This web-based tool provides Nebraska consumers descriptive information regarding rate increases and also contains a subscription service allowing consumers to sign up for email notification when their insurance company files for a rate adjustment. It also allows comments to be submitted. These comments are then quantified and shared with the appropriate companies. To date, there have been over 45,000 hits to the rate review website. The FAQ's, brochure and web-based tool can all be accessed at www.doi.ne.gov/healthcarereform/rate_review/index.htm.

PROPERTY & CASUALTY DIVISION

Company Withdrawal from State/Line of Business

On occasion, because of internal business decisions, a company will decide to cease doing business in the State of Nebraska. This may apply to either the entire book of business or just a given line. In either case, the Department needs to be notified of the date of the withdrawal, the lines affected, the premium volume for each, and the number of policyholders. In all cases, companies will be required to comply with our notice of nonrenewal provisions for each line.

Department Filings

During 2011, the Property/Casualty division received 3,948 filings and closed or took final action on 4,080. The majority of these filings were submitted through SERFF. This is very similar to the final report for 2010 (3,927 received and 4,003 processed). As a reminder, we have only one exception to the requirement that all filings be received through SERFF. The one exception is for companies that have a certificate of authority only in the State of Nebraska. We allow the filings for those carriers to continue to be submitted in paper format.

Once final action is taken on a filing, it is available for public access. We have two public access SERFF computers that are available for both Property/Casualty and Life/Health filings. If you are interested in reviewing filings that have been completed on SERFF, please call and make an appointment so we have a computer available for you. We post on the Department website, under Property Casualty Guidelines and Information, a list of completed filings on a month-to-month basis.

PRODUCER LICENSING DIVISION

Agency License Renewals

Agency licenses will expire April 30, 2012. Nonresident agency renewals are available online at www.nipr.com.

Agencies may also be renewed by returning the following to the Department no later than March 15, 2012:

1. A check in the amount of the license fee. Refer to the renewal form for the amount due.
2. Completed renewal form.
IMPORTANT: The form may be faxed or mailed but DO NOT do both. This could result in the credit card being processed twice. The fax number is 402-471-4610.
3. Form 9002A, if you are adding a new designated producer to the agency license.

Branch Office Licenses for Agencies

Effective May 1, 2012, the Nebraska Department of Insurance will no longer require insurance agency branches to be licensed.

The Department is currently transitioning to a new information management system and has determined to no longer require the licensing of branch offices for licensed insurance agencies. Branch offices may be registered with the department by the licensed agency and we will record the branch location and phone number. The agency shall be required to maintain a list of branches and licensed producers within the branch location. However, a separate license is no longer required.

Renewal notices will not be sent out for branch offices. The current active branch office licenses for agencies will expire on April 30, 2012, and will not be renewed thereafter.

Agencies Licensed Under Doing Business as (DBA) Name

If an agency has been licensed under a DBA name, hereafter the agency license will be issued in the agency's current legal name.

If a single corporation owns more than one agency, then all agencies will be licensed under the same legal name.

If an agency will be operated under a DBA name, then the DBA name will be listed on the license in addition to the legal name. The DBA name will appear directly below the legal name.

Adding or Deleting a Designated Producer for an Agency

Adding a Name:

If you wish to add a name to the license, Form 9002A must be submitted with the renewal form. The person added must hold a Nebraska producer license and, in addition, meet the following requirements to be a designated producer of the agency.

A designated producer shall be either an officer or a member of the agency and shall have either (1) more than a nominal financial interest in the agency, or (2) be an active participant in the management of the agency. Any individual associated with a licensed agency who solicits insurance shall be a licensed producer. No agency shall pay any commission to anyone other than a licensed producer, if that producer is involved in the selling, soliciting, or negotiating of the insurance contract.

Deleting a Name:

To delete a name from the agency license, simply cross the name off the renewal form.

Changing an Agency Name

If the agency has changed its name, a new agency application must be submitted.

Change of Address

If the agency address has changed, you may change the address on the renewal form. However, for each licensed producer associated with the agency, Form 9110 must be submitted to change the individual's business address.

Forms may be obtained through the Department's website at www.doi.ne.gov, click on the "Producer" drop-down box, and then click on Forms.

LEGAL DIVISION

Nonadmitted Insurance Multistate Agreement

Nebraska has withdrawn as a participatory state from the Nonadmitted Insurance Multistate Agreement effective March 5, 2012.

On January 4, 2012, the Department provided notice of Nebraska's withdrawal as a participatory state from the Nonadmitted Insurance Multistate Agreement (NIMA). The effective date of the withdrawal is March 5, 2012.

NIMA originally required the creation of a Clearinghouse, which would collect surplus lines premium taxes and distribute them to participatory states in accordance with an allocation formula set forth in NIMA. While the proposed plan of operation for the Clearinghouse allowed for the collection and allocation of nonadmitted insurance premium taxes, the time frame offered to surplus lines licensees to report all such business transacted during a designated quarter directly conflicts with Nebraska statutory provisions.

All quarterly surplus lines filings and tax payments must be submitted to the Department as provided in Neb.Rev.Stat. §44-5506 (2011 Supp).

Accordingly, all quarterly surplus lines filings and tax payments must be submitted to the Department as provided in Neb.Rev.Stat. §44-5506 (2011 Supp). In the event a surplus lines licensee transacts no business during a quarterly time period, that licensee is not required to submit a report to the Department for that quarter. Please note that surplus lines licensees are no longer required to file annual reports.

All surplus lines licensees are encouraged to periodically visit the Department's website, as the surplus lines quarterly report form will be revised in 2012. The revised report form will allow premium transactions to be summarized by carrier.

All surplus lines licensees are encouraged to periodically visit the Department's website, as the surplus lines quarterly report form will be revised in 2012.

Surplus lines information can be found on the Department's website at www.doi.ne.gov/surplus_lines/sl_index.htm.

Please contact Martha Hettenbaugh or the Department's legal division at 402-471-2201 with any questions regarding surplus lines quarterly report filings, premium tax payments or the calculation of premium tax liability.

Regulation Updates

Company Bulletins

CB-127 - REQUIREMENTS FOR COMPLIANCE WITH PRIVACY NOTICES

CB-127 was issued on December 7, 2011, for the purpose of setting forth the views of the Department regarding insurance companies' compliance with requirements for Gramm Leach Bliley (GLBA) privacy notices set forth in the Nebraska Privacy of Insurance Consumer Information Act, Neb.Rev.Stat. §§44-901 to 44-925.

A copy of CB-127 can be found at www.doi.ne.gov/bulletin/cb127.pdf.

Case Summaries

Federated Service Ins. Co. v. Alliance Construction, LLC, 282 Neb. 638 (2011)

Federated Service Insurance Co., (Federated), sought a determination that under its policy with Sadler Construction, (Sadler), it had no duty to indemnify or defend Alliance Construction, Inc., (Alliance). Sadler was a subcontractor for Alliance. Pursuant to the subcontractor agreement, Sadler was required to procure commercial general liability (CGL) and umbrella/excess liability insurance and add Alliance as an additional insured. A separate indemnity clause required Sadler to indemnify and hold Alliance harmless from any liability for personal injuries or property damage even if Alliance's active or passive negligence caused the loss. The indemnity clause did except liability arising from Alliance's sole negligence. Sadler obtained the required insurance from Federated. The CGL coverage included an "Additional Insured by Contract Endorsement."

Sadler's employee was injured on the jobsite. The employee filed a negligence action against Sadler, Alliance, the project owner, and the Department of Roads. Federated alleged it had no duty to defend or indemnify Alliance against the employee's personal injury action, claiming that both a limitation and exclusion in the additional insured endorsement and Nebraska's anti-indemnity statute precluded coverage. The district court found in favor of Federated. Alliance appealed.

On appeal, the Nebraska Supreme Court reversed the decision of the lower court. First, it held that the insurance procurement clause in the subcontract required Sadler to provide coverage for Alliance's negligence. Previous case law held that a party to a construction contract (the promisee) may require a subordinate party, which could be a general contractor or sub-contractor, to insure losses caused by the promisee's own negligence if the contract contains (1) express language to that effect or (2) clear and unequivocal language shows that that is the intention of the parties. The Court concluded that a requirement in the underlying contract that Sadler make Alliance an additional insured on the Sadler's CGL coverage unequivocally shows that the parties intended Sadler to insure against the Alliance's negligence. Further, the

limitation in the additional insured endorsement provided that the coverage would not exceed “the terms of a written agreement to add any insured, or to procure insurance.” Because Sadler specifically agreed in the subcontract to add Alliance to its CGL coverage, Federated’s coverage of Alliance’s negligence did not exceed the terms of the written agreement.

Second, the court decided that the “arising out of” language in the additional insured endorsement extended coverage to Alliance for its own negligence. Paragraph A of the endorsement extended coverage to “[a]ny person or organization . . . for which you [Sadler] have agreed by written contract to procure bodily injury or property damage liability insurance, *arising out of operations* performed by you [Sadler] or on your behalf . . .” The Court has interpreted the term “arising out of” as very broad and comprehensive and requiring only a but-for causal connection between the occurrence and the conduct or activity specified in the policy. In the present case, the injured employee would not have been injured but for performing work for Sadler. This was enough to satisfy the language at issue. Further, Federated’s policies did not explicitly require Sadler’s negligence to have caused the loss. If Federated only wanted to include coverage for Sadler’s negligence, the Court said, Federated could have clearly stated that in its policy.

Finally, the Court remanded to the district court for further proceedings the issue of whether the “sole negligence” exclusion in the indemnity clause barred coverage to Alliance for a loss caused by its own negligence. Because the district court did not rule on this claim, the Nebraska Supreme Court declined to rule on it on appeal. The Court did note that Federated had the burden to prove that the exclusion applies.

Alsidez v. American Family Mutual Insurance Co., 282 Neb. 890 (2011)

Alsidez’s son, Anthony, was driving a Jeep owned by his parent. A passenger grabbed the steering wheel causing the vehicle to veer right and Anthony overcorrected the vehicle causing the car to crash and resulting in his death. Parent sought payment under the underinsured motorist coverage from American Family through the policy American Family issued to Parent which was in effect at the time of the accident. The policy excluded from the definition of an underinsured motor vehicle: 1) a vehicle insured under the Liability coverage of the policy, and 2) a vehicle owned by or furnished or available for the regular use of the insured or a relative of the insured. The Jeep was listed under the policy’s declarations sections as an insured vehicle. American Family motioned for summary judgment. The district court granted the motion on the basis the Jeep could not be considered an underinsured vehicle under the policy and declared that the “regular use” exclusion in the policy was not void as against public policy. Parent appealed.

The Supreme Court affirmed the decision of the district court on the basis that the Jeep was insured under the Liability coverage section of the American Family policy and, therefore, excluded from the definition of “underinsured motor vehicle” under the terms of the policy. The Court also said that because the Jeep was owned by the policyholder named in the declarations,

it was excluded from the definition of “underinsured motor vehicle” under the terms of the policy. Finally, the Court held that because the Jeep was made available for the regular use of Anthony, a relative of the policyholder, the Jeep was excluded from the definition of “underinsured motor vehicle” under the policy.

Additionally, the Supreme Court affirmed the district court’s determination that the “regular use” exclusion was not void as against public policy. Section 44-6407(2) of Nebraska’s Uninsured and Underinsured Motorist Insurance Coverage Act excludes vehicles made available for the regular use of a named insured or any resident of the insured’s household from the definition of “underinsured motor vehicle.” Because the regular use exclusion Parent’s policy closely followed the language of the statute, it reflects the public policy of the state and is not void as against public policy.

Actions Taken Against Producers

CAUSE NO.	ALLEGATION	DISPOSITION
A-1906 Anthony Dean Kreifels Lincoln, NE NPN – 3188632	Violated <u>Neb.Rev.Stat.</u> §§44-5905(2)(b)(i)(B), and 4059(1)(b) & (h). Failed to maintain required market conduct records; violated any insurance law; used fraudulent, coercive, or dishonest practices.	Consent Order \$4,000 admin. fine 10/20/2011
A-1917 TAP Insurance Inc. & Todd A. Procopio Grand Island, NE NPN – 228909	Violated <u>Neb.Rev.Stat.</u> §§44-1524, 44-1525(11) and 44-4059(1)(b). Violated the Unfair Trade Practices Act; failed to respond in 15 business days; violated any insurance law.	Consent Order \$1,000 admin. fine 10/11/2011
A-1921 Bell Abstract & Title, Inc. & Jeffrey D. Bell Plattsomouth, NE NPN – 2997663	Violated Title 210 NAC Ch. 34 §§006.07(B) & 006.09. Failed to log required information regarding title insurance policies; failed to have title policies issued in the required timeframe.	Consent Order \$500 admin. fine 10/13/2011
A-1922 Vern C. Creamer Omaha, NE NPN – 8796643	Violated <u>Neb.Rev.Stat.</u> §44-4059(1)(b) & (h). Violated any insurance law; used fraudulent, coercive, or dishonest practices.	Consent Order \$500 admin. fine 10/25/2011

Actions Taken Against Producers (cont.)

CAUSE NO.	ALLEGATION	DISPOSITION
<p>A-1933 Crystal Lessert Morrill, NE</p>	<p>Violated <u>Neb.Rev.Stat.</u> §§44-1525(11), and 44-4059(1)(b). Failed respond in 15 business days; violated any insurance law.</p>	<p>Consent Order \$1,000 admin. fine 1/12/2012</p>
<p>NPN - 8039364</p>		
<p>A-1936 Shirley Gropp Concordia, KS</p>	<p>Violated <u>Neb.Rev.Stat.</u> §§44-4059(1)(b) & (h), and 44-4064. Violated any insurance law; demonstrated financial irresponsibility; failed to pay licensing fees.</p>	<p>Consent Order Producer license revoked 1/25/2012</p>
<p>NPN - 6100205</p>		
<p>A-1937 Kristina Clark Fort Collins, CO</p>	<p>Violated <u>Neb.Rev.Stat.</u> §§44-4059(1)(b) & (h), and 44-4064. Violated any insurance law; demonstrated financial irresponsibility; failed to pay licensing fees.</p>	<p>Consent Order \$500 admin. fine 1/31/2012</p>
<p>NPN - 6786173</p>		

Actions Taken Against Companies

CAUSE NO.	ALLEGATION	DISPOSITION
<p>C-1884 Conseco Insurance Company Illinois</p>	<p>Violated <u>Neb.Rev.Stat.</u> §§44-1539, 44-1540(2), (3), & (7), and NAC Chapter 61 §§006.03, 007.01, 008.02, 008.03, & 009.01. Violated the Unfair Insurance Trade Practices Act, Unfair Insurance Claims Settlement Practices Act, and Unfair Life, Sickness and Accident Claims Settlement Practices Rule.</p>	<p>Consent Order \$20,000 admin. fine 10/28/2011</p>
<p>C-1930 Hallmark Insurance Company Arizona</p>	<p>Violated <u>Neb.Rev.Stat.</u> §44-1525(11). Failed to respond in 15 business days.</p>	<p>Consent Order \$2,000 admin. fine 1/30/2012</p>

EXAMINATION DIVISION

Financial Examinations Completed During Fourth Quarter, 2011

GEICO Advantage Insurance Company (qualifying exam)

GEICO Choice Insurance Company (qualifying exam)

GEICO Secure Insurance Company (qualifying exam)

Financial examination reports become public documents once they have been placed on official file by the Department. The most current report of financial examination can now be found on the Department's website at www.doi.ne.gov. Copies can be obtained from the Department at a cost of \$.50 per page.

MARKET CONDUCT DIVISION

Market Conduct Exams Completed During 2011

Pacific Life Insurance Company

Woodmen of the World Life Insurance Company

**2012 NAIC Committee Assignments
for Nebraska**

- ☆ Member Life Insurance and Annuities (A) Committee
- ☆ Member Solvency Modernization Initiative (EX) Task Force
- ☆ Member Health Actuarial (B) Task Force
- ☆ Member Regulatory Framework (B) Task Force
- ☆ Member Senior Issues (B) Task Force
- ☆ Chair Title Insurance (C) Task Force
- ☆ Member Antifraud (D) Task Force
- ☆ Member Accounting Practices and Procedures (E) Task Force
- ☆ Member Examination Oversight (E) Task Force
- ☆ Member Reinsurance (E) Task Force
- ☆ Member Valuation of Securities (E) Task Force
- ☆ Member International Insurance Relations (G) Committee

