THE REGULATOR®
SUMMER 2014
INSURANCE REGULATORY EXAMINERS SOCIETY

ACA Implementation: A Four Year Report

by Gary Cohen

The first market reform provisions of the Affordable Care Act (ACA) went into effect in September 2010. The remainder were in place on January 1, 2014. Four years on, and well into the first year of full implementation, what have been the successes, what have been the challenges, and what remains to be done?

With all of the publicity about the troubled launch of healthcare.gov last October, it is easy to forget that the ACA is about much more than a website and that it made significant changes to the entire insurance market, in addition to establishing the Marketplaces. The way health insurance is underwritten and sold is markedly different today, with major consequences for both issuers and enrollees.

The most dramatic change, of course, was the elimination of medical underwriting. Issuers may no longer deny coverage or charge higher premiums based on the present or previous health condition (or gender) of the applicant. The only individual factors that may be considered in setting rates are family size, age, geography and tobacco use.

It is perhaps surprising that this change was implemented with little or no controversy. Issuers have adapted; departments of insurance in all but five states have been enforcing the new market rules by reviewing insurance policy forms, and worked hard to complete those reviews in time for open enrollment in October. CMS has been responsible for ensuring compliance with these provisions of the law in Alabama, Missouri, Oklahoma, Texas and Wyoming.

In addition to the major changes to the broader market, the big news during the past year has, of course, been the Marketplaces. After a very difficult start and an extraordinary effort, the federal and state Marketplaces exceeded the Congressional Budget Office's estimate for the first year by enrolling more than 8 million people. A number of studies have shown that the number of uninsured Americans has dropped sharply, with Gallup reporting that the percentage of uninsured was 13.4%, the lowest since it began tracking the number in 2008. This is, of course, in large part due to the financial assistance available through the Marketplaces, expanded Medicaid, and the elimination of medical underwriting. The number of uninsured would have fallen further if all states had opted in to Medicaid expansion; the Kaiser Family Foundation has estimated that 4.8 million uninsured, nonelderly adults fall into this coverage gap. The challenge for CMS and the state Marketplaces in 2015 will be to renew the policies of those existing enrollees,

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while reaching out to millions more who remain uninsured.

The story of ACA implementation thus far, therefore, is one of great successes, notwithstanding the difficulties that both the federal government and some of the states experienced with the technology. More work needs to be done, and there are additional challenges ahead.

The ACA has caused dramatic changes to the health insurance market and has led to millions more Americans having the security of quality, affordable coverage.

During open enrollment this year, small businesses could not enroll in plans through a SHOP website, and could not offer a choice of plans to their employees. The federal system could not handle certain complex cases, such as households with more than one taxpayer, and the process for resolving inconsistencies between the information provided by an applicant and the information available through the federal data hub was not smooth. On the "back end," the functionality needed to make payments of premium tax credits and cost sharing reductions to issuers did not yet exist. And the first payments under the "3Rs"—reinsurance risk adjustment and risk corridors—are due to occur in 2015.

CMS is hard at work on the system, and a great deal of information on the improvements it is making has been released. The challenge for CMS will be to integrate this new functionality and have a smooth open enrollment that builds upon the progress made so far this year.

Apart from technology, there will also continue to be issues relating to insureds' use of their health coverage. One such issue is the increasing prevalence of so-called "narrow networks." While narrow networks are not new, and can be an effective way to reduce the cost of coverage, they have raised concerns about whether enrollees are able to get access to the care they want and need. For 2014, CMS left review of network adequacy to the states; for 2015 it has said that it will scrutinize networks more closely. The impact this will have is not yet clear.

The ACA has caused dramatic changes to the health insurance market and has led to millions more Americans having the security of quality, affordable coverage.

While there remains room for improvement, there is a solid foundation on which to build as Obamacare moves into its fifth year. ■

Gary M. Cohen is the Principal in Gary M Cohen Consulting, providing legal and strategic solutions to clients in the health care and insurance industries. He is a member of the Board of Directors of Blue Shield of California. Gary recently served as Deputy Administrator and Director of the Center for Consumer Information and Insurance Oversight in the Centers for Medicare and Medicaid Services. In that position he was responsible for implementation of the Affordable Care Act in the private health insurance market. Gary previously served as Director of Oversight in CCIIO, where he was responsible for implementation, compliance and enforcement of the market rules, rate review and medical loss ratio provisions of the ACA. He has served as General Counsel of the California Health Benefit Exchange (CoveredCA), Chief of Staff to Congressman John Garamendi, and General Counsel of the California Department of Insurance and the California Public Utilities Commission.

A Tale of Two Marketplaces

The View from California and Kansas

by Covered California™ and Cindy Hermes

California

Despite the best-laid plans, sometimes life can throw you a curveball.

So it is with health care.

After months of planning, promotion and outreach, Covered California successfully completed its first open enrollment of the historic Patient Protection and Affordable Care Act — helping more than a million consumers gain health insurance coverage. Some people, however, may have had a change in life circumstances since open enrollment ended March 31, and suddenly they have a new need for coverage. If so, the door is not closed. They can still gain coverage through Covered California's special-enrollment option.

"We continue to remind people that we still are open for business," said Covered California Executive Director Peter V. Lee.

Through Nov. 15, 2014, consumers can sign up for health insurance as long as they do so within 60 days of a qualifying life event. The following circumstances are among the more common reasons that make someone eligible:

- They lose their health care coverage because they've lost or changed jobs.
- They lose their Medi-Cal coverage.
- They get married or enter a domestic partnership.

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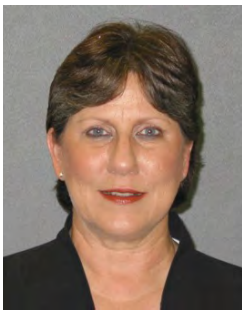
- They have a baby, adopt a child or place a child in adoption or in a foster home.
- They move and gain access to new Covered California health insurance plans that were not available where they previously lived.
- They become a citizen, national or lawfully present individual.
- Consumers must report changes and select a plan within 60 days of the qualifying life event to purchase a Covered California health insurance plan outside of open enrollment. Medi-Cal is available all year, however, and no qualifying life event is required to enroll in Medi-Cal.

Kansas



In 2012, about 359,000 Kansans- or 12.6 percent of the population- were uninsured. Employment-based health insurance covers more than half of all Kansans- 52.2 percent- and public health insurance programs such as Medicare or Medicaid cover 29.4 percent. The majority of uninsured—61 percent—are between the ages of 19 and 44.

On November 9, 2012, Governor Sam Brownback announced Kansas defaulted to a federally facilitated marketplace. Seven states- Kansas, Maine, Montana, Nebraska, Ohio, South Dakota, and Virginia - received approval from HHS to conduct plan management activities to support certification of qualified health plans in the federally facilitated marketplace.

In October 2012, the Insurance Department submitted an essential health benefit (EHB) benchmark plan recommendation to the Governor of the Blue Cross Blue Shield of Kansas Comprehensive Plan. Three insurance carriers participated in the 2014 marketplace and continue to participate offering 2015 plans. These carriers were Blue Cross Blue Shield of Kansas, Blue Cross Blue Shield of Kansas City and Coventry Healthcare Kansas.

The three carriers offered more than 70 different policies for consumers to purchase on the marketplace. In the 2015 open enrollment period, the same carriers will offer more than 90 policies.

The open enrollment period for the first year of the federally facilitated marketplace (FFM) officially ended on March 31, 2014. However, the U.S. Department of Health and Human Services (HHS) issued guidance in mid-March, which extended the enrollment deadline until April15 for individuals who had begun the process but were unable to complete it by the March 31 deadline.

We continue to hear of some cases where various issues are not working smoothly for some individuals. Since we are outside of open enrollment, most marketplace issues that we are hearing about are very isolated and specific problems. There are still some glitches in terms of multiple accounts being created for a single person, updated information not making its way to the plans, tax credits not being communicated to the plan and dependents being missing from a plan. Most of these issues are for insureds who have been enrolled for a while but an outstanding issue remains. The Department's consumer assistance division is working with consumers who are experiencing problems and attempting to resolve these issues with the companies.

We continue to hear of some cases where various issues are not working smoothly for some individuals.

Our most recent enrollment numbers come from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) report issued on May 1, 2014, which covered the period of October 1, 2013 through March 31, 2014 (including additional Special Enrollment Period Activity through April19, 2014). The following information was provided for Kansas:

- 57,013 Kansans enrolled in a marketplace plan between October 1, 2013 and March 31, 2014 (including special enrollment period Activity through April 19, 2014). (Total was 29,309 in the report issued in mid-March.)
- 55% are female; 45% are male (54% female and 46% male are the national average)
- 38% are age 34 and younger (4% higher than national data)
- 19% chose a bronze plan; 60% silver; 16% gold (enrollment in gold plan is 7% higher than national data), 2% platinum, 4% catastrophic
- 79% selected plan with financial assistance (6% lower than national)

Insurers wishing to participate in the health insurance marketplace in 2015 have submitted their filings and they are currently under review by the Department. There are standard notices that health insurance issuers will use when discontinuing or renewing coverage under a product in the small group or individual market. These notices will clearly explain the options for the employer or individual for obtaining or renewing health insurance both inside and outside the marketplace. The open enrollment period for the 2015 plan year will begin on November 15, 2014 and end on February 15, 2015. ■

Covered California™ is an easy-to-use marketplace implementing the federal Patient Protection and Affordable Care Act in California. Covered California is a part of the state of California and was created to help Californians get health coverage to protect themselves and their loved ones.

Cindy Hermes is the Health Care Consumer Ombudsmanand Director of Public Outreach for the Kansas Insurance Department.

Incoming President's Remarks

by Parker Stevens

Greetings, IRES! I can't tell you how proud and honored I am to serve as your next IRES President. I look forward to working with our new Executive Committee and board members. We have a lot planned and of course need help from our membership.

As we enter this new "IRES Year," I want to share with you a few areas that I would like to focus on and also note that each committee has its own set of goals to achieve.

Designation Assistance Program

This program has been very successful over the last two years, offering one class each year. These classes help IRES members prepare for an upcoming course while working towards their AIE™/CIE™ designation. Because these have been so popular, I am challenging our Education Committee, led by Randy Helder, to offer four classes before the next CDS. We have a few instructors already lined up, so I know this is a goal that we can achieve. If you need to take an IRES course and want some additional help, this is one easy way to prepare for your test.

Five-Year Plan

Many of you know that IRES has a five-year plan that has just expired. Where are we with those goals? I want to find out, and then update them to provide direction for our next five years. I strongly believe in planning for the future—especially when the leadership of an organization changes each year. A five-year plan helps our leadership stay on track and ensure the longevity of our wonderful organization. I will be looking to our Executive Committee, Board of Directors, the Past Presidents Council, and of course our membership for ideas on where we want to be in 2019. If you have any ideas, big or small, please let me know.

Past Presidents

Speaking of our past presidents, I want to look into using their talents and wisdom to help mentor our leadership, programs, and committees. They have successfully led us for 25+ years, and that wisdom is priceless and something we need to utilize as we continue to grow and strengthen our organization as a whole.

Another group that has expressed an interest in helping us are our retired members. Many are looking for volunteer opportunities (perhaps helping edit *The Regulator*®, assisting with membership drives, and planning the CDS). With their wisdom and passion, IRES will continue to be successful.

Website and Communications

Are our website and communication outlets up-to-date, user-friendly, and effective/efficient enough? I don't think so. I'd love to see the website get a complete overhaul, from different colors and format to content. I envision more information stored in the membership area, such as prior recorded webinars, articles, research material, and so on—a library of sorts for our members that can be utilized for research or to find additional information on a variety of topics. Then we have our LinkedIn account, which has been managed well but I would like to see us post more announcements. This would be a great way to highlight a few sessions in the upcoming CDS, webinar(s), designation assistance programs, or maybe a member of the month. This will help us get the word out on all things IRES, which could lead to an increase in membership, more attendees at the CDS, and more individuals getting one of our designations.

Again, these are just a few goals for the year. None of this can be achieved without our volunteers. So whether you are an Executive Committee member or a newbie with IRES, there is something for everyone to do. If you have an idea, want to join a committee, present at the CDS or one of our webinars, or really help in any way please let me know. We would love to have your help, but more importantly, I would love to work with you.

Here's to a great year! ■

Parker Stevens, IRES President
parkerstevens@examresources.net

State Chair News

From New York

Richard Nebb, who has served as Vice Chair of the New York Chapter for the past several years, has retired from the New York Department of Financial Services after a very productive and rewarding 32 year career. We already miss Rich's array of talent, professional knowledge, and willingness to help out on all sorts of IRES projects, and we all wish him the best of luck in the coming years. ■

JMRF Wrap-Up

by Parker Stevens

What happens when you bring the IRES Foundation and IRES together under one roof? You get an amazing Joint Market Regulation Forum filled with outstanding sessions, great networking events, and exciting socials. This year in St. Louis, MO, more than 500 individuals got to experience all this and more. We were also honored to have five Commissioners in attendance and they played an important and active roll throughout the event. In addition to all the excitement inside the conference center, for the first time ever we took the party outside and had two sessions featuring the Farmers Cat Bus, which was well attended. The final session of the event was The Family Feud, where the shining stars of the IRES Foundation took on the leadership of IRES, which included four Past Presidents (Dir. Brume Ramge, Holly Blanchard, Bob Flege, and Doug Freeman) and recently retired Rich Nebb (NY). It was a very close battle, but the IRES Foundation came from behind to get the win.

IRES was excited to present the following individuals our annual IRES Awards. Congratulations to all the winners and thank you so much for your support and leadership.

- Schrader-Nelson Publications Award – Anne Marie Narcini.
- Al Greer Achievement Award – Jo LeDuc
- Chartrand Communications Award – Tanya Sherman
- President's Award – Tanya Sherman & Katie Johnson

We also want to give a special congratulation to Mark Hooker, who received the IRES Foundation's Paul L. DeAngelo Award, and to our good friend Kathy Donovan, who received her Gary A. Hernandez Memorial Insurance Education Leadership Award. IRES couldn't be more proud of each recipient.

The final social event of the weekend was the Tuesday Night Reception. Everyone in attendance enjoy good food, great music, and memorable fellowship. It was also at the reception that we sadly said goodbye to long time member and Past President Polly Chan, who, after 32 years with the California Department of Insurance, has decided to retire. We will miss her and all those that retired this year. We wish them the very best in their next chapter of life and hope they will come back often to visit with us. ■

Parker Stevens, IRES President
parkerstevens@examresources.net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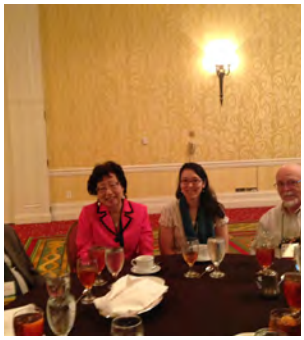

NAIC Market Conduct Update

July 29, 2014

by Tim Mullen

The broad mission of the NAIC's Market Regulation & Consumer Affairs (D) Committee is to monitor all aspects of the market regulatory process for continuous improvement. This includes market analysis, regulatory interventions with companies and multi-jurisdictional collaboration. The Committee is also charged to review and make recommendations regarding the underwriting and market practices of insurers and producers as those practices affect insurance consumers, including the availability and affordability of insurance.

Market Regulation Summit

A new initiative in March of this year was the first Market Regulation Summit, which was held in Kansas City, Missouri and was attended by 52 regulators from 43 jurisdictions. The Summit provided a regulator-only forum for state insurance regulators to engage in training regarding market conduct regulation priorities, exchange perspectives on best practices for market conduct regulation, confer on challenges facing state market conduct regulators and strategic policy solutions to these challenges, and discuss company marketplace practices. More specifically, the Market Regulation Summit covered (1) a review of the NAIC's Market Information Systems based on how states currently use them; (2) a review of how states use Market Conduct Annual Statement data and recommendations for improvement; (3) a review of how states use the NAIC Market Regulation Handbook; and (4) a review of interstate collaboration efforts.

In June, the Market Regulation & Consumer Affairs (D) Committee formally adopted a motion to pursue specific action items suggested during the Market Regulation Summit. These action items include recommendations for enhancements to the following: market conduct examination standards, state market analysis, collaboration of state market conduct examinations, and the NAIC's Market Information Systems. The final list of specific action items and a suggested timeline for completion is now available on the NAIC's website at www.naic.org/committees_d.htm.

FIO Recommendations

At the request of the NAIC's Executive Committee, the D Committee is reviewing the following FIO recommendations:

- FIO Recommendation #11: States should assess whether or in what manner marital status is an appropriate underwriting or rating consideration.
- FIO Recommendation #14: States should reform market conduct examination and oversight practices and: (1) require state regulators to perform market conduct examinations consistent with the National Association of Insurance Commissioners Market Regulation Handbook; (2) seek information from other regulators before issuing a request to an insurer; (3) develop standards and protocols for contract market conduct examiners; and (4) develop a list of approved contract examiners based on objective qualification standards.

The Committee continues to discuss these recommendations and has not yet finalized any formal responses for additional coordination among the NAIC Membership.

Market Conduct Accreditation

During the NAIC Spring National Meeting, the D Committee adopted a charge to develop a formal market regulation accreditation proposal for consideration by the NAIC membership that provides recommendations for the following: 1) accreditation standards; 2) a process for the state implementation of the standards; 3) a process to measure the states' compliance with the standards; and 4) a process for future revisions to the standards.

The full NAIC Membership will consider the adoption of the charge during the NAIC Summer National Meeting. If adopted by the full NAIC Membership, topics for future discussion may include the use of the NAIC's Market Regulation Handbook, reporting of data to the NAIC's Market Information Systems, and minimum credentials and standards of conduct for market conduct examiners (including contract examiners).

Affordable Care Act and Market Conduct

Recognizing jurisdictions have varying public policy perspectives regarding the Affordable Care Act, there are several working groups under the Market Regulation & Consumer Affairs (D) Committee developing regulatory tools, which jurisdictions can utilize at their discretion.

The first area of focus was to update the complaint codes for the NAIC's Complaint Database System to capture ACA complaint issues. The NAIC Membership adopted updated complaint codes during the NAIC Spring National

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Meeting and the complaint codes are now available in the NAIC's Complaint Database System for state use.

The second area of focus was to develop examination standards for the immediate marketplace mandates of the ACA. To manage the development of the examination standards, the standards were segmented into different phases which correspond to the effective date of health reform provisions. The Market Conduct Examination Standards (D) Working Group continues to focus on the initial mandates of the ACA.

As discussions progressed on the examination standards, it was recognized that states may find it beneficial to have a survey template to review a company's policies and procedures related to compliance with the ACA. A draft survey template, which covers the immediate mandates of the ACA, has been developed and is now being reviewed by the Market Analysis Procedures (D) Working Group.

Finally, discussions regarding the need for health-related data collection continued to arise. As a result of this, the Market Analysis Procedures (D) Working Group developed a draft data call for further discussion by all interested parties. At a very broad level, the data call addresses policy administration, claims administration, and consumer-requested internal and external reviews.

Partnership with NCOIL

Recognizing the importance of possible legislative changes needed to implement market conduct protections, the NAIC and National Conference of Insurance Legislators (NCOIL) formed a small group in August of 2012 comprised of four NAIC Members and four NCOIL members. This group continues to explore opportunities for collaboration and is currently focusing on how to create a more uniform and efficient process for market conduct examinations.

Enhancements to NAIC Market Information Systems

Finally, the Market Information Systems (D) Task Force continues to finalize the action items outlined under the Task Force's Project Action Plan to enhance the NAIC's Market Information Systems for easier state data entry and sharing of data among states. Some key items addressed through the Action Plan include:

- Greater flexibility for state analysis conducted within the Market Analysis Review System.
- System enhancements for the submission of supporting documentation.
- Longer retention periods for questions and information states share with each other via confidential bulletin boards.
- Elimination of the Market Initiative Tracking System with migration of key functionality to the Exam Tracking System. ■

Tim Mullen is Director of the NAIC's Market Regulation Department. As the Director of the Department, he provides professional expertise and support to state insurance regulators for the following market regulatory functions: antifraud, consumer assistance, market analysis, market conduct examinations, and producer licensing. Mr. Mullen is a member of the Missouri Bar, the Kansas Bar, a Chartered Property & Casualty Underwriter, a Certified Insurance Examiner, and the 2009 recipient of the Paul L. DeAngelo Memorial Teaching Award from the IRES Foundation.

'Who Are Those Guys?'

An FIO Primer

by Scott Lawson

Over the past year, the U.S. Treasury Department's Federal Insurance Office (FIO) has managed to make a name for itself. In December of last year, the FIO grabbed the attention of the insurance regulatory community by issuing a report entitled, "How to Modernize and Improve the System of Insurance Regulation in the United States." More recently, the FIO sought comments concerning its intention to, "monitor the extent to which traditionally underserved communities and consumers, minorities, and low- and moderate-income persons have access to affordable auto insurance." While this activity may seem to have little or no discernible effect on the day-to-day hum of state insurance regulation, it has, however, caused at least some of us to pause and ask a question once popularized by Paul Newman in "Butch Cassidy and the Sundance Kid": "Who are those guys?"

The FIO was made a part of the U.S. Department of the Treasury as a result of the enactment of the Dodd-Frank Act in 2010. The FIO advises the Secretary of the Treasury on major issues affecting insurance, both in the United States and internationally. It also serves as a non-voting member of the Financial Stability Oversight Council, which monitors the stability of the country's entire financial system. Specific duties of the FIO include:

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- assisting the Treasury Department with administering the Terrorism Risk Insurance Program (a federal backstop for insurance claims related to terrorism first created under the Terrorism Risk Insurance Act of 2002, also known as "TRIA");
- coordinating and developing federal policy on international insurance matters (including representing the U.S. in the International Association of Insurance Supervisors (IAIS));
- providing recommendations to the Secretary of the Treasury concerning FDIC liquidation actions involving an insurer;
- monitoring the insurance industry with a view toward identifying regulatory issues that could lead to a systemic crisis in the industry or in the U.S. financial system as a whole;
- monitoring, "the extent to which traditionally underserved communities and consumers, minorities, and low- and moderate-income persons have access to affordable non-health insurance products"; and
- consulting with state legislators and regulators regarding insurance matters of national and international importance.

It is important to note that while the FIO's duties cover most business lines (health, standalone long-term care, and crop are exempted), it does not, except as described above, have supervisory authority over the business of insurance. Therefore, its duties and authority do not displace those of state insurance departments. With respect to the states, the FIO's duties are limited primarily to monitoring and studying state regulation and making specific recommendations for changes necessary to avoid the systematic failures that led to the FIO's creation in the first place.

The FIO's December 2013 Report on Modernizing Insurance Regulation

While the FIO's December report on modernizing the U.S. system of insurance regulation may have rankled some quarters of the industry with its call to reform certain "inefficient" aspects of the current system, it stopped short of recommending what many may have feared, the complete displacement of the state system by the federal government. In fact, the FIO made the point repeatedly in the report that the "decades-long debate" as to whether the federal government or the states should regulate insurance should be replaced with an effort to answer the question as to "where federal involvement is warranted" in a state-based regulatory system. As the FIO further stated in its report, "any system with 56 independent jurisdictions is inherently limited in its ability to regulate uniformly and efficiently." Accordingly, the FIO has identified the potential for improvement of the state-based system, and therefore greater federal involvement, in a number of areas. These include, most significantly:

- reinsurance collateral requirements;
- uniformity in the oversight of insurer solvency;
- uniformity in suitability standards for annuities;
- the supervision of the private mortgage insurance industry; and
- the proliferation of reinsurance captives in the life insurance business.

A detailed discussion of each of these points, and the FIO's specific recommendations concerning them, would take us beyond the scope of this article. These and a host of other topics are discussed at length in the report. The important point to consider about the FIO's report is that it illustrates two primary purposes of the FIO:

- to identify what it considers to be "gaps" in the state-based regulatory system; and
- to recommend federal involvement, as necessary, to fill those gaps.

Efforts to Monitor Availability and Affordability of Auto Insurance

Less than four months after releasing its modernization report, the FIO issued a notice requesting comments from insurers, regulators, and others concerning the metrics and data the FIO should use to, "monitor the extent to which traditionally underserved communities and consumers, minorities, and low- and moderate-income persons have access to affordable auto insurance." In the notice, the FIO cites a number of reasons for its interest in monitoring the availability and affordability of auto insurance including:

- the mandatory nature of auto insurance in most jurisdictions and the association between automobile ownership and economic well-being;
- the relatively high percentage of uninsured motorists nationwide; and
- "conflicting data" concerning the affordability of auto insurance.

With respect to the last point, the FIO noted that while industry group studies show auto insurance is becoming more affordable, consumer groups have found auto coverage is becoming less affordable for those who can least afford it. According to the FIO, "a data source is needed to monitor the extent to which traditionally underserved communities and consumers, minorities, and low- and moderate-income persons have access to affordable auto insurance." The FIO notes that while the NAIC collects data on average personal auto insurance premiums by coverage, "other data sources will likely be needed."

In addition to these points, the FIO notice also sought comments concerning, "a reasonable and meaningful definition of affordability." The FIO noted several possible approaches including one definition suggested last year by the Availability and Affordability Subcommittee of the

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Treasury Department's Federal Advisory Committee on Insurance. Under that definition, affordability means, "that the cost of [personal auto insurance] is a reasonable percentage of a consumer's income." Under that definition, affordability means, "that the cost of [personal auto insurance] is a reasonable percentage of a consumer's income." Other possible means of measuring affordability cited by the FIO include:

- the market share of the top ten personal auto insurance writers;
- the market share of the residual market;
- average auto insurance premiums;
- loss ratios; and
- an affordability index based on average premium and median household income.

All comments in response to the FIO's notice were due in June. A number of comments were received from both the industry and consumer groups. More on this issue is expected later this year.

While a complete overhaul of displacement of the state-based regulatory system by the federal government is unlikely to occur anytime soon, the FIO will remain on the scene for years to come poking, prodding, finding gaps in the system, and making recommendations about ways to fill them. "Who are those guys?" asks Butch. They're the FIO, Butch, and don't expect them to ride off into the sunset any time soon. ■

Scott Lawson is an attorney practicing in the area of insurance regulation. Scott's office is located in the Cleveland, Ohio area. Scott may be reached at (440) 666-9735 or slawson@lawsonfirm.net.

Rookie of the Year Scholarship Testimonials

Adrienne Monroe

I am very grateful for receiving the IRES/IRES Foundation Al Gross Jim Long Rookie of the Year scholarship for 2014. The Market Conduct Management class in Sacramento with instructors George Phillips and Cary Phillips was as entertaining as it was informative. Being fairly new to insurance regulation, I was a little unsure if I could pass the exam for the MCM designation but the IRES instructors were first rate. The technology they use with the clickers to measure class comprehension ensured that class time and discussions focused on areas most needed. As a result, everyone passed the exam and I now have a much greater understanding of (and respect for) the Market Conduct Examination process. Thank you IRES.

Jody Ullman

I was able to use my IRES scholarship funds to attend the 2014 IRES/IRES Foundation Conference in St. Louis, as well as the Market Conduct Manager training that immediately followed it. This was a perfect opportunity for me to combine travel expenses and attend both trainings with a greatly-reduced cost to my agency. I had the opportunity to meet fellow regulators, as well as network with many people from the corporate insurance world.

Rachel Chester

As a recipient of the IRES Rookie of the Year Scholarship, I was delighted to have the opportunity to attend the Joint Market Regulation Forum in St. Louis. The sessions I attended were useful and well put together. The discussion between industry and regulators was valuable. Based on the feedback from others who have previously attended the events separately, it appears that the first ever joint forum was a success - I heard many good things!

I particularly enjoyed the insurance commissioners forum as it was very informative. I left the event satisfied with my learning experience and appreciative of the interaction between all in attendance. I am humbled that my supervisors nominated me for the award and thankful to IRES and the IRES Foundation for choosing me as the recipient for the Northeast Zone. ■

4th Annual Al Gross/Jim Long Rookie of the Year Scholarship

The Insurance Regulatory Examiners Society (IRES) and the IRES Foundation are sponsoring the 4th Annual Al Gross/Jim Long Rookie of the Year Scholarship for calendar year 2015.

This award is named after two long-serving Insurance Commissioners who passed away shortly after retiring from their positions; North Carolina Insurance commissioner Jim Long and Virginia Commissioner of Insurance, Al Gross. Both of these Commissioners were dedicated to serving their constituents. In reading about these men, the same attributes came up again and again – Dedicated, Leaders, Innovators, Mentors – neither were afraid to get involved in difficult issues and find solutions that look outside the box. Both men were recognized and touted as exceptional leaders by their peers and those who worked for them.

The scholarship will be awarded to four (4) State Regulators (one in each zone) who have demonstrated exceptional promise, professionalism, and a commitment to continual improvement. Recipients will be reimbursed up to $1000 in travel related expenses as well as waived registration fees at one of the following programs:

- IRES and IRES Foundation Joint Market Regulation Forum
- MCM (Market Conduct Management) Designation Program

The awardees must be current State Insurance Department Employees with less than 2 years of service as of January 1, 2015. They must demonstrate exceptional promise and professionalism in representing their states as regulators and seek to develop skills through completion of training programs provided by recognized insurance industry institutional programs including, but not limited to, those provided by The Institutes (formerly AICPCU), The American College, LOMA, and the NAIC.

The Society and the Foundation propose partnering with NAIC Zone Officers in the selection process. Each NAIC member may nominate one individual for this award. Nominees should complete the Al Gross/Jim Long Rookie of the Year Scholarship form, with a letter of recommendation from their Commissioner, Director, or Superintendent and submit to info@go-ires.org no later than January 31, 2015.

Nominees and recipients are not required to be IRES members. Members, feel free to circulate this announcement to nonmembers!

We understand the ability to accept the scholarship may vary by state due to ethics consideration; as such, participation by states is voluntary. Should you have any questions please contact IRES Membership and Benefits Chair, Erin Mirza, at erin.mirza@wisconsin.gov or 608-267-4555 or Awards and Recognition Subcommittee Chairperson, Carla Bailey at carlab@oic.wa.gov or 206-587-5185.

Know a superstar who no longer qualifies as a rookie, but deserves recognition?

IRES offers two other awards to recognize stellar performance--the Al Greer Award, and The Chartrand Communications Award.

Past Virginia Commissioner of Insurance, Al Gross.

Past North Carolina Insurance commissioner, Jim Long.

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4th Annual Al Gross/Jim Long Rookie of the Year Scholarship – continued from **page 11**

The Al Greer Award

In 1998, the IRES Board of Directors established the Al Greer Achievement Award in honor of Al Greer. Mr. Greer was one of the original state insurance examiners who had the vision to establish the Insurance Regulatory Examiners Society in the late 1980s. As a founding father of IRES, Mr. Greer helped fashion the mission of IRES, namely, to raise insurance regulation to a highly respected profession marked by technical proficiency and ethical behavior. He went on to serve on its Board of Directors and was later elected treasurer and was always willing to help where ever he was needed. The Al Greer Achievement Award is presented annually to an insurance regulator and IRES member who not only embodies the dedication, knowledge and tenacity of a professional regulator, but who exceeds those standards. Mr. Greer himself was the first recipient of this award in 1997. Recently, the Al Greer Award has been presented to the following recipients:

- Jo A. LeDuc, 2014
- William (Bill) McCune, 2013
- Don Carbone, 2012
- Eric Nordman, 2011
- Cynthia Amann, 2010

Candidates for the Al Greer Award must be insurance regulators who not only embody the dedication, knowledge and tenacity of a professional regulator, but also exceed those standards. In addition, a nominee must:

- Have at least ten years of regulatory experience
- Have at least five years as an IRES general member and
- Be a current general member of IRES.
- Is not currently serving on the IRES Board of Directors

To nominate a deserving individual, complete an Al Greer Award nomination form and send it to IRES.

The Chartrand Communications Award

For over 20 years David Chartrand and his incredible associates, Susan Morrison, Elaine Bickel, Joy Moore, and Art Chartrand, were at the helm of IRES. Without the dedication and devotion of these diligent individuals, IRES would not be the organization that it is today.

To honor the legacy and work Chartrand Communications did for IRES, the Executive Committee and Board of Directors created the Chartrand and Associates Award.

This award is to recognize those that have made a difference to IRES through their actions. Who has really strived to keep IRES moving toward the future? Who has helped increase membership and promoted us outside the conference and in the Insurance Community? Who continually tries to make a difference in IRES? We know these unsung heroes deserve to be recognized.

Recently, the Chartrand Communications Award has been presented to the following individuals:

- Tanya Sherman, 2014
- Erin Mirza, 2013
- Joe Bieniek, 2012
- Holly Blanchard, 2011

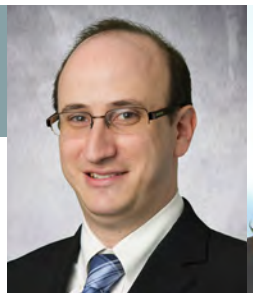
Nominations are open to all IRES members, sustaining members and organizations that have been involved with IRES for at least two years. Nominate a deserving individual please complete the Chartrand Communications Award nomination form. ■

For more information on all of the awards IRES offers, please visit www.go-ires.org/leadership/halloffame

INSURANCE REGULATORY EXAMINERS SOCIETY
The Professional Society Committed to Excellence in Insurance Regulation

'Zoning In'

by Molly E. Lang and Scott G. Paris



Northeast Zone

Maine Allows Electronic Insurance Identification Cards

The Maine Bureau of Insurance has issued a regulation permitting electronic insurance identification cards to be used as evidence of liability insurance or financial responsibility. Maine is the 36th state to permit the use of electronic insurance identification cards. The regulation states that the electronic cards must include the name of the insurer and the insured as well as the policy number, effective and expiration dates, and a statement that the policy provides the minimum liability insurance coverage required by law. The electronic cards must also include a description of the covered vehicle, including its year, make, model, and the identification number assigned by the manufacturer. If the policy covers all vehicles owned by the policyholder on a blanket basis, and the policyholder owns five or more vehicles, the insurer may substitute the phrase "all owned vehicles" for a description of the vehicle. Finally, electronic insurance identification card will need to include a statement that the operator of the vehicle must be able to display evidence of liability insurance or financial responsibility when requested by a law enforcement officer.

Rate Reduction for Attending Auto and Motorcycle Class in Delaware

On June 12, 2014, Delaware Governor Jack Markell signed legislation amending the state's rate and rating organizations law to provide a 3-year rate reduction for anyone who voluntarily attends and successfully completes an approved motor vehicle accident prevention or motorcycle rider course. Voluntary attendance does not include attendance ordered by a court or required by the Division of Motor Vehicles.

Maryland Bulletin on Filing Rating and Underwriting Models

On June 13, 2014, the Maryland Insurance Administration issued a bulletin outlining filing requirements when using rate or underwriting models. Maryland currently requires insurers to file "all rates and supplementary rate information and all changes and amendments of rates and supplementary information made . . . on or before the date [the filings] become effective." The bulletin states that when insurers make a filing using a rating or underwriting model, they must include a detailed description of the model being used, including information on any algorithms. Insurers must also provide actuarial justification for each factor or variable used. If information in the model is acquired from a third party, the filing must list where the data was obtained.

Connecticut Enacts ORSA Requirement

Connecticut has enacted legislation requiring insurers to conduct an Own Risk and Solvency Assessment (ORSA) effective January 1, 2015. Under the legislation, Connecticut insurers will be required to maintain a risk management framework capable of identifying, assessing, monitoring, managing and reporting on their material and relevant risks. On an annual basis, Connecticut insurers will also have to submit an ORSA Summary Report along with the information outlined in the NAIC ORSA Guidance Manual to the Connecticut Insurance Department. The legislation provides that the timing for the submission of the ORSA Summary Report will depend on when the insurer conducts its internal strategic planning process.

Southeast Zone

Tennessee Joins the Nonadmitted Insurance Multi-State Agreement

The Tennessee Department of Commerce and Insurance issued a bulletin on June 26, 2014 announcing it has joined the Nonadmitted Insurance Multi-State Agreement (NIMA) as an Associate Member. As of October 1, 2014, non-admitted single or multi-state policies, where Tennessee is the "Home State," must be reported to the Surplus Lines Clearinghouse. Surplus lines tax payments are to continue to be paid to the Tennessee Department. The bulletin notes that the Surplus Lines Clearinghouse may require the submission of different information and data than is currently collected for each policy. Licensed surplus lines agents will be required to provide their National Producer Number to the Surplus Lines Clearinghouse.

Mississippi Enacts Named Storm Deductible and Hurricane Deductible Regulation

The Mississippi Insurance Department issued a regulation regarding the use of named storm and/or hurricane deductibles. The regulation states that while insurers may offer named storm and/or hurricane deductibles, they must include an actuarially sound buy-back provision. Insurers may seek a waiver from the buy-back provision requirement. Insurers must also provide a notice explaining the deductibles at the time of policy issuance and with each renewal. All rate filings must provide sufficient actuarial justification for rate variances, premium offsets and premium credits for named storm

continued on page 14

Zoning In – continued from **page 13**

and/or hurricane deductibles. The regulation includes specific language which must be used by insurers that include such deductibles in their policies.

Virginia Exempts Commercial Credit Insurance From Form Filing

On July 16, 2014, the Virginia Bureau of Insurance issued an administrative order suspending form filing requirements for commercial credit insurance products. Commercial credit insurance includes both domestic and foreign business credit transactions between commercial entities, but does not include insurance coverage for personal credit transactions between an individual consumer and a bank, lending institution, or other personal financing arrangement. The order notes that commercial credit insurance is an optional product purchased by sophisticated businesses and often needs to be customized to meet the unique needs of insureds.

Midwestern Zone

Kansas Addresses Use of Third-Party Intermediaries for Advertising

The Kansas Insurance Department has issued a bulletin reminding life and health insurers of their responsibility for advertisements produced and distributed by third-party intermediaries, including Independent Marketing Organizations ("IMOs") and Field Marketing Organizations ("FMOs"). To the extent insurers work with IMOs and FMOs, they are encouraged to communicate regularly regarding advertising compliance requirements and actively monitor the intermediaries' marketing and advertising activities such as agent recruitment and training efforts. Administrative action may be warranted where an insurer works with IMOs and FMOs that employ unfair and deceptive methods to advertise and market that insurer's products.

Ohio Reduces Agent Appointment Fee

The Ohio Department of Insurance has reduced the fee insurance companies must pay to appoint agents by 25 percent, from $20 to $15 dollars. It is anticipated that the change will result in $11.3 million in reduced annual costs. The Department indicated that operational efficiencies achieved through updating technology systems made the cost savings possible.

Blanket Exceptions on Title Insurance Not Permitted in Wisconsin

On June 24, 2014, the Wisconsin Officer of the Commissioner of Insurance issued a bulletin stating that consumer title insurance policies which contain blanket exceptions are misleading because the benefits are too restrictive to achieve the purpose of title insurance. Title insurers may continue to list specific exemptions for actual title defects or impairments that are discovered through a public records search. However, title insurance forms with blanket exceptions will not be approved.

Western Zone

"Rebating," "Commission Compensation" and "Fair Market Value" Defined in Utah

Utah has adopted new definitions for "rebating," "commission compensation" and "fair market value." The term "rebating" was defined to address confusion regarding what actions constitute improper inducements. The definition of "commission compensation" has been amended and now includes funds paid to or credited for the benefit of a licensee from "overrides, bonuses, contingent bonuses or contingent commissions received from an insurer or another licensee as a result of the sale or placement of insurance." Finally, new statutory language provides that "fair market value" is determined on the basis of what an individual insured or policyholder would pay on the open market for the item. The term is further defined by regulation as what a knowledgeable, willing and unpressured individual buyer would pay to a similarly situated seller on the open market for a particular item or service, without connection to other goods, services or contracts the licensee sells.

Certificate of Insurance Law Enacted in Wyoming

Wyoming has enacted a law regarding the filing and use of certificates of insurance. Under the new law, certificates of insurance must include a statement that they are issued for informational purposes only, confer no rights upon certificate holders and do not alter, amend or extend the coverage, terms, exclusions and conditions afforded under the referenced policies. Certificates of insurance must accurately reflect the underlying insurance policies and may not reference any other contracts.

Electronic Transactions Addressed in Arizona

Arizona has enacted legislation permitted property & casualty and life insurers, with the prior consent of their insureds, to deliver policies and notices electronically. When sending a cancellation, nonrenewal or notice of a reduction of coverage for a personal auto insurance policy, the electronic notice must be sent with a U.S. Postal Service Electronic Postmark or with a similar electronic postmark. If an electronic notice is rejected by the insureds' email system or if the insurer is aware that the email address provided is not longer valid, documents must be sent through nonelectronic means. An insured may withdraw consent to receive electronic documents without the imposition of a fee or penalty. If an insured withdraws consent to receive documents electronically, it is to be made effective by the insurer within seven days. ■

Molly E. Lang, partner at Nelson Brown & Co., advises insurance companies on a broad range of compliance and regulatory matters, including legislative and public policy issues, market conduct and enforcement actions, corporate governance and product development for all lines of insurance. She resides in the firm's Columbus, Ohio office and can be reached at mlang@nelsonbrownco.com.

Scott G. Paris, associate at Nelson Brown & Co., assists insurers with compliance matters involving federal laws and state insurance laws and regulations. He resides in the firm's New York office and can be reached at sparis@nelsonbrownco.com.

Advanced Market Conduct Management (AMCM)

by Gary Domer and Tom Ballard

Since IRES has always been about Continuing Education, the AMCM™ designation was developed to further enhance the current IRES MCM™ designation. The AMCM™ is considered to be the "master degree" of MCM™ . It is a 3 hour class designed to use the techniques of the MCM™ program by combining class discussion along with the hands-on approach of case studies. AMCM™ held its first pilot class in Savannah, GA in 2013. Three more pilot classes were held prior to the recent Joint Market Regulations Forum in St Louis.*

The following is a list of those IRES members and IRES Foundations Members that had completed the AMCM™ designation during the pilot stages of this course:

Columbus, OH

- ★ Rodney E. Beetch, AMCM (OH)
- ★ Larissa Blevins, AMCM
- ★ Angela Dingus, AMCM (OH)
- ★ Jo G. Fameree, CIE, AMCM (Unaffiliated)
- ★ Don G. Layson, CIE, AMCM (OH)
- ★ Pheobe Lee, AMCM
- ★ Chad D. Loomis, AMCM
- ★ Kim Parsons, AMCM
- ★ Laura Price, AMCM
- ★ Lorraine Richardson, AMCM
- ★ Donald Rookstool, AMCM
- ★ Jeffrey W. Roper, AMCM
- ★ Andrea Sgobbo, AMCM
- ★ Jennifer L. Stephen, AMCM
- ★ Rob Stroup, AMCM (OH)
- ★ Dennis Tubbs, AMCM

Portland, OR

- ★ Gregory F. Bronson, CIE, AMCM (TN)
- ★ Lisa B. Crump, CIE, AMCM (Retired)
- ★ Ashley Fisher, AMCM (AR)
- ★ Bob D. Flege, CIE, AMCM (GA)
- ★ Amy Groszos, AMCM
- ★ Mark A. Hooker, CIE, CICSR, AMCM (WV)
- ★ Joseph P. P. Koch, CIE, AMCM (DE)
- ★ Nobu A. Koch, CIE, AMCM (Unaffiliated)
- ★ Amanda Marcoux, AMCM
- ★ Erin Briana Mirza, AMCM (WI)
- ★ James Pafford, AMCM (FL)
- ★ Debra M. Peirce, AMCM (GA)
- ★ Violetta R. Pinkerton, CIE, AMCM (CO)
- ★ Stacy Rinehart, CIE, CICSR, AMCM (KS)
- ★ Carol Roy, AIE, AMCM (MT)
- ★ Tanya V. Sherman, AMCM (DE)
- ★ Carol Wage, AMCM
- ★ Stephen Youngkrantz, AMCM
- ★ Cynthia m Amann, AMCM (Unaffiliated)

Savannah, GA

- ★ Tom L Ballard, CIE, AMCM (GA)
- ★ Trina Barton, AMCM
- ★ Kyle Belvill, AMCM
- ★ Joe Bieniek, AIE, AMCM (Unaffiliated)
- ★ Cheryl A. Brunette, AMCM
- ★ Jon Brynga, AMCM (Sustaining Stat)
- ★ Cheryl L. Davis, AMCM
- ★ Daniel Dilley, AMCM
- ★ Gary L. Domer, CIE, AMCM (Unaffiliated)
- ★ Dudley B. Ewen, AIE, AMCM (Unaffiliated)
- ★ Michael Hailer, CIE, AMCM
- ★ Kim A. Hewitt, CIE, AMCM (MT)
- ★ Donald P. Koch, CIE, AMCM (Unaffiliated)
- ★ Tom D. McIntyre, CIE, CICSR, AMCM (GA)
- ★ Michelle M. Muirhead, CIE, AMCM (Unaffiliated)
- ★ Mark Ossi, AMCM (GA)
- ★ Christine Palmieri, AMCM
- ★ Kelly Rodriguez, AMCM
- ★ Dennis C. Shoop, AMCM (Unaffiliated)

**To see the AMCM™ designees from the Joint Market Regulation Forum in St. Louis, please see the New Designee Section on page 16.* ■

New Members

Welcome!

The following members have joined IRES since the last issue of *The Regulator*®. Visit the online member directory to learn more about them—and please join us in welcoming them!

GENERAL MEMBERS

- ★ Victoria August
- ★ Katerina Bolbas
- ★ Richard Brinkley, AIE
- ★ Amy Carter
- ★ Felecia J Chandler
- ★ Mark Crandell, MCM
- ★ Benjamin J Creasy
- ★ Uma S Dua
- ★ Edward Fischer, MCM
- ★ Jennifer Fuller
- ★ Robin E Hall
- ★ James R Hartsfield
- ★ Christopher J Heisler, MCM
- ★ Julie Hesser
- ★ Kelly Hopper
- ★ Teresa Howell
- ★ Stanley K Kupish, MCM
- ★ Katherine Linster
- ★ Amy Liston
- ★ Sarah Lucibello
- ★ G. Adam Martin
- ★ Robert J McGee
- ★ Jon Meyer
- ★ Angela L Nelson, MCM
- ★ Rita L Nuckols
- ★ Doug M Ommen, MCM
- ★ David A Palmer
- ★ Lindsey Pittman
- ★ Kembra D Springs
- ★ James Walker
- ★ Lucinda Woods, CIE
- ★ Catherine Burton, MCM
- ★ Tamara Desmangles
- ★ Tim Kelley, MCM
- ★ Magally Santos

SUSTAINING MEMBERS

- ★ Tim Barrett
- ★ Todd Brickel
- ★ Joseph Brophy
- ★ Mathew Clegg
- ★ Robin Clover, AIE, MCM
- ★ Holly Filomena
- ★ Marina Karvelas
- ★ Michael Kilkenny, MCM
- ★ Steve Kinoyan
- ★ Justin T Liby
- ★ Angela L Ohlmann, MCM
- ★ Jennifer Russo, MCM
- ★ Alana Salinas

ORGANIZATIONAL MEMBERS

- ★ American National Property And Casualty
- ★ Athene USA
- ★ Berkeley Research Group
- ★ Megan Claypool
- ★ Megan A Flynn Bickel
- ★ Great American Insurance Annuity Group
- ★ Keith Kirkland
- ★ Russell G Kirsch
- ★ Cynthia J Lamar, MCM
- ★ Modern Woodmen of America
- ★ Philip Rowley
- ★ Beth Tacey
- ★ Nicole Welch
- ★ Theresa Beshears, MCM
- ★ Horace Mann Insurance Companies

New Designees

Congratulations!

The following members have received their Accredited Insurance Examiner (AIE™), Advanced Market Conduct Management (AMCM™), Certified Insurance Examiner, Market Conduct Management (MCM™) (CIE™), Certified Insurance Consumer Service Representative (CICSR), or Market Conduct Management (MCM™) designation since the last issue of *The Regulator*®. Please join us in congratulating them!

AIE™

- ★ Pat Lee, AIE
- ★ Gerry Smith, AIE, MCM (FL)
- ★ Connie S. Nowland, AIE, MCM (UT)
- ★ Richard Brinkley, AIE
- ★ Lou Ushupun, AIE
- ★ Soo Kim, AIE
- ★ Robin Clover, AIE, MCM
- ★ JENNIFER HAILE, AIE
- ★ Ben Creasy, AIE

AMCM™

- ★ Sherry Bass-Pohl, AMCM
- ★ Donald L. Belanger, CIE, AMCM (NH)
- ★ Kathleen M. Bergan, CIE, AMCM (CO)
- ★ Karyl Betsinger, AMCM
- ★ Sean Betta, AIE, AMCM
- ★ Robin Bogdanich, AMCM
- ★ James Robert Burch, CIE, AMCM
- ★ Cyndy E. Campbell, CIE, CICSR, AMCM (Unaffiliated)
- ★ Donald Carbone, CIE, AMCM (DE)
- ★ Lynella A. Cauther, AMCM (MI)
- ★ June Ann Coleman, AMCM (PA)
- ★ LeAnn M. Crow, AMCM (KS)
- ★ David Dachs, AMCM (MT)
- ★ Arthur W. Dodd, AIE, AMCM (VA)

continued on **page 17**

New Designees– continued from **page 16**

- ★ Kent K. Dover, CIE, AMCM (NH)
- ★ Roshanak Fekrat, AMCM
- ★ Doug Aaron Freeman, CIE, AMCM (Unaffiliated)
- ★ Andre J. Ham, AMCM (Unaffiliated)
- ★ Benjamin Hauck, AMCM (OH)
- ★ Boyd Anthony Higgins, CIE, AMCM (Unaffiliated)
- ★ Sandra A. Hoppe, AMCM
- ★ Diane Hoteling, AMCM
- ★ Terri L. Hudson, AMCM
- ★ Libby Magnus, AMCM
- ★ Ann M. McClain, CIE, MCM, CICSR, AMCM (Unaffiliated)
- ★ Sean Mooney, AMCM
- ★ Martha L. Morris, AIE, AMCM (WV)
- ★ Michael T Morrissey, AMCM
- ★ David Moskowitz, AMCM (TX)
- ★ James R Myers, AMCM (PA)
- ★ Ernest Nickerson, AIE, AMCM
- ★ Mary M Nugent, CIE, AMCM (Federal)
- ★ Cristi S. Owen, AMCM (AL)
- ★ John E. Pegelow, AMCM (WI)
- ★ Edwin Pugsley, AMCM (NH)
- ★ Mary Quell, AMCM
- ★ Laura Sloan-Cohen, CIE, AMCM (AZ)
- ★ Wayne C. Stephens, CIE, AMCM (Unaffiliated)
- ★ Parker R Stevens, CIE, AMCM (Unaffiliated)
- ★ Susanna R. Stevens, AIE, AMCM (Unaffiliated)
- ★ John C Stike, AIE, AMCM (WV)
- ★ Carla A. Strauch, AMCM (NonVoting)
- ★ Shemeddra Thomas, CIE, AMCM (TX)
- ★ Mary Tresnak, AMCM
- ★ Charles William Vanasdalan, AMCM (NH)
- ★ Ellen Vigil, AMCM
- ★ Petra C Wallace, AMCM (NAIC)
- ★ Ellen Marie Walsh, AMCM (NH)
- ★ Peggy J. Willard-Ross, CIE, AMCM (NV)
- ★ Kelli Winter, AMCM
- ★ Cindy A Wood, CIE, AMCM (Unaffiliated)
- ★ Marcia Zimmer, AIE, CICSR, AMCM (WI)

CICSR™

- ★ Dennis Allen Fitzpatrick, AIE, MCM, CICSR

CIE™

- ★ Richard Ramos, CIE (NY)
- ★ Lucinda Woods, CIE
- ★ Michael Ricker, CIE (AK)

MCM™

- ★ Tate Flott, AIE, MCM (KS)
- ★ Patricia S. Hahn, MCM (IL)
- ★ Holly Blanchard, AIE, MCM (NE)
- ★ Bernie Sullivan, MCM (IL)
- ★ Roger O. Henschen, MCM (IL)
- ★ David R. Bradbury, MCM (IL)
- ★ Benjamin A. Darnell, MCM (LA)
- ★ Jennifer Piczkowski, MCM
- ★ Constantine V Arustamian, AIE, CIE, MCM (WA)
- ★ Wendy S Whitrock, MCM
- ★ Robert Vartanian, MCM
- ★ Charmaine Wilson-Lane, MCM
- ★ John Raymond, MCM (LA)
- ★ Angela Lyn Nelson, MCM
- ★ Jody Ullman, MCM
- ★ Dennis Allen Fitzpatrick, AIE, MCM, CICSR
- ★ James McNally, MCM
- ★ Theresa Beshears, MCM
- ★ Linda Laugges, MCM
- ★ Ron Cochran, MCM
- ★ Stanley K Kupish, MCM
- ★ Joanne Smith, MCM
- ★ Ching-Ting Huey, MCM
- ★ Lisa Brown, MCM
- ★ Mattia Scharfstein, MCM
- ★ Cynthia J Lamar, MCM
- ★ Marie Porter, MCM
- ★ Austin King, MCM
- ★ Rochelle Atkins, MCM
- ★ Mark Crandell, MCM
- ★ Christopher Joseph Heisler, MCM
- ★ Michael Osborne, MCM
- ★ Jack Engle, MCM
- ★ Stephen Buchanan, MCM
- ★ Jason Hines, MCM
- ★ Brandon Woodham, MCM
- ★ Aimee Cooper, MCM
- ★ Lisa Bommel, MCM
- ★ Catherine Burton, MCM
- ★ Vicky Hugo, MCM
- ★ Bill Stimpson, MCM (UT)
- ★ Kristen A. Walter, MCM (MD)
- ★ JoAnn Wheaton, MCM (Unaffiliated)
- ★ Silmara Charlesworth, MCM
- ★ Monica Branson, MCM
- ★ Megan Mason, MCM (MD)
- ★ Kathryn Green, MCM
- ★ Joseph Fitzpatrick, MCM
- ★ Nour Benchaaboun, MCM
- ★ Salama Karim-Camara, MCM
- ★ Darcey Gartner, MCM
- ★ Karrie Thoma, MCM
- ★ Ben Lamb, MCM
- ★ Jared Jones, MCM
- ★ Lisa Hills, MCM
- ★ Janeen McLean, MCM
- ★ Jennifer Russo, MCM

INSURANCE REGULATORY EXAMINERS SOCIETY
The Professional Society Committed to Excellence in Insurance Regulation
www.go-ires.org | info@go-ires.org

To submit articles, photographs, or calendar items, contact: IRES, 1821 University Ave W, Ste S256, St. Paul, MN 55104; email TheRegulator@go-ires.org; phone 651-917-6250; fax 651-917-1835.

Editor's Corner

by Kara Baysinger

In this issue of *The Regulator®*, we focused on the federal with an update on the Affordable Care Act (with perspectives from Kansas and California) and an overview on the Federal Insurance Office. Tim's regular update from the NAIC (D) Committee also touched on federal issues, reporting on regulatory changes necessitated by both the ACA and FIO. We thank all these great authors for taking the time to share their views with us.

This issue also contains an introduction to IRES's new president, Parker Stevens. I really enjoyed reading about Parker's goals for 2015 and beyond. Plus, Parker provided us with terrific photos from the first Joint Market Conduct Forum in St. Louis, on pages 05-06. By all reports, the Forum was a huge success.

Please let me know if you have any feedback on this issue, or ideas for upcoming issues. It's your organization; make sure your voice is heard - right here in *The Regulator®*! ■

NEXT ISSUE

We always have room for another article, so submit your ideas to www.go-ires.org/newsletter/submit.

Contact us at TheRegulator@go-ires.org.

– Your staff at The Regulator® (Kara, Meeghan, Stephanie, Bella, and Heather)