



Process Review for Market Conduct Examinations: The Missing Piece of the Puzzle *Part 2 of 2*

by Donald P. Koch, CIE, AMCM

The application of a process review methodology consists of several steps with variations depending upon the particular process under review.

Determine which processes to review. The most likely use of this approach will be to apply a combination of the examination standards already outlined in the Handbook or state specific handbook and a process review of selected processes. The approach will be generally driven by the reasons for conducting the examination. The examination supervisor will need to evaluate, given the information derived from market analysis, which standards in the Handbook require a conventional approach or quantification and which standards require a process review approach. In some cases, both methods will seem useful. In such cases, the decision to apply process review methodology may be deferred until sample results suggest a need.

Provide an information request to the regulated entity. Reasonable structure to the information request is critical to a timely and thorough understanding of a particular process and an expeditious examination. There are a series of requests that should be made for any process reviewed. Some of these are generic to all processes while others are specific to the particular process.



Donald P. Koch

(a). Risk Assessment and Mitigation Document. The examiner will want to know what led the regulated entity down a particular path in its development of a process. For this reason, the first item requested should be a copy of the risk assessment and mitigation document that formed the starting point for the process. This document

should identify and enumerate the operational and regulatory risks to which the regulated entity is exposed and what it needs to do to control or mitigate that risk. In some cases this document will not exist and that will make the examiners effort a bit more difficult. This situation may be partially overcome with interviews of mid and upper management.

(b). Written Process. The examiner should request a complete description of the process including the applicable written procedure used to operate and control the process. The regulated entity should also describe how errors are detected and corrected in the process. The regulated entity should note if the process is contained within a computerized application. If the process is computerized, the documentation for the process and how it works should be described along with any exception reports.

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(c). Process Communication and Training. The examiner should request a description to indicate how the process is conveyed to persons affected by it and how those persons are trained in its use. The response should include how the process is accessed; describe training related to the process and how management confirms that the process is being utilized.

(d). Monitoring the Process. The examiner should request a description of the methods used to monitor compliance with the process to ensure it is performing as intended. The response should include a description of the frequency of measurement. Also, request copies of any management reports or forms used for this purpose.

(e). History of the Process. The examiner should request a five-year history and description of changes to the process.

(f). Person Responsible for the Process. The examiner should request the name, position and title of the person in the regulated entity responsible for the effective operation of the process under review.

(g). Additional requests should be designed for the specific process under review. The examiner should tailor additional questions to the specific area of interest. For some processes the added questions will be extensive while in others none will be necessary. The best source for additional information requests related to a specific process are the “Review Procedures and Criteria” for a related standard in the Handbook.

Consider the quality and completeness of responses. The examiner, where possible, should receive a sample of process responses prior to arriving on-site. This provides an opportunity to determine if the regulated entity has provided complete responses of sufficient quality to be useful. The examiner should assume an initial lack of understanding by the insurer concerning process review. The Examiner-in-Charge

might want to arrange a test of a process selected jointly with the regulated entity to assure that the level of understanding of expectations is reasonable. Since the information contained in the responses is generally sensitive, additional caution to maintain confidentiality is necessary.

Test the structure of the process. The first level of testing a process is focused on the quality of the process as a process. These are tests that apply to all processes reviewed using process review methodology. They are generic tests. The items that follow are expressed as questions that should be posed to gain an understanding of review of the process. The examiner should provide responses to these questions in the documentation of his or her review.

(a). Policy Statement. This is a broad statement intended for adoption by management of a regulated entity. It is the basis on which procedures, standards and processes are developed for the operation of the various parts of the regulated entity.

Is there a policy statement that generally provides the overall direction the regulated entity is expected to take on compliance matters?

(b). Risk Assessment and Identification. A risk Identification is a statement describing an element of risk that is inherent in the performance of some operation of the regulated entity. Risks may be operational, environmental, reputational, or the effect of a contract provision, applicable statute, rule, regulation or court precedent. In each case failure to manage the risk identified can result in a violation of a contract provision, applicable statute, rule, regulation or a court precedent. The Review Criteria associated with a Standard are the principle source for Risk Identifications.

Has a risk assessment been conducted? Are all the risks associated with a particular function adequately identified? Does the risk assessment address compliance issues?

(c). Mitigation Potential. For each risk identified, there are potential mitigations available that provide the means for a regulated entity to, mitigate, reduce or avoid the risk outlined. The categories of mitigation can be used singly or more effectively in combination. Management of a regulated entity must determine which combination best achieves the result desired within the framework of their particular operations, circumstances and available resources. While a particular mitigation potential category may not be necessary for every Risk Description, it should be evaluated for applicability and potential impact.

Do the mitigations provided adequately address the risk noted? Are any obvious mitigation elements missing?

(d). Process in Writing. A written structured process is important to consistently meet regulatory requirements; avoid violation of statute; as well as improve service quality to policyholders. These statements describe a component of a process or procedure used to address a risk identified and its accompanying mitigation. Notice that the mitigation potential described above is frequently a procedure or process component.

Is a written procedure or process in place? The absence of a written policy or procedure potentially allows for inconsistent application of the process. If not in writing, how does the regulated entity assure consistent application of the process? Exceptions should be minimal for the process to be effective.

(e). Clarity of Description. Is the procedure or process unambiguous, clear and readable? Does the



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examiner understand the process or procedure described? Would employees understand the process or procedure? Examiner should explain analysis.

(f). Accessibility. Is the procedure or process accessible and provided to persons subject to its provisions? How is the procedure or process made accessible to those persons? How are they made aware of the existence of the procedure?

(g). Training. Does the Regulated entity provide adequate training to persons affected by the procedure or process? What training is provided? How does the Regulated entity ensure those affected by the process receive training? Is the training adequate? How are employees re-trained if a problem is found? Are steps to avoid bias adequate? What sort of documentation of employee training and re-training is maintained?

(h). Measurement and Control. Measurement is the effort applied by the regulated entity to determine that a process is conducted in the manner expected and is working. Control is the management feature in place to guide the process in the direction intended. Most controls make deviation from the intended path difficult if not impossible. Some provide for correction of performance in order to make sure that enterprise objectives and the plans devised to attain them are accomplished. This is the method by which management assures that a process or procedure it has adopted as their mitigation to an identified risk is working as intended. The control provides the opportunity to address defects or flaws in a process and achieve continuous improvement. There are three categories of controls that a Company should utilize: feedback controls, concurrent controls and pre-controls. The difference among the categories of controls is when they occur: feedback controls focus on past performance and concurrent controls occur while work is being performed. A pre-control is a control effort made to

prevent an undesirable outcome and may include setting policies, rules and procedures. Relying solely on feedback controls is a reactionary stance that may not uncover defects or flaws in a process until after they have occurred. Delayed feedback increases an organization's operational, regulatory and reputation risk. In order to obtain assurance that a process or procedure is working as intended, a Company should incorporate all three categories of controls.

Are appropriate measurements or controls in place to test the functioning and efficacy of the procedure or process? How often is the procedure or process reviewed, tested or audited? How does management exercise oversight and control of the process? How is the procedure or process reviewed, tested or audited?

(i). Use of Measurement. How does management utilize the results of its measurement structures? Explain and provide examples, how the results of measurement structures are utilized.

(j). Performing as Intended. Is the procedure or process performing as intended? How does the regulated entity know the procedure or process is performing as intended? If it is not, where is it deficient? Is it possible, given the controls used by the regulated entity, to know if the procedure or process is performing as intended?

(k). Currency of Process. Is the procedure or process current? When was process last modified? Have events suggested a need for update such as legislation, regulatory requirements or product line change? Revisions should be explained. Were revisions proactive? Reactive? Are any changes the result of an examination?

Test the content of the process. The second level of testing a process is focused on the content of the specific process.

These are tests that apply only to the specific process reviewed using process

review methodology. A good source for tests applicable to a specific process is the testing criteria for a related standard in the Handbook. The examiner should provide responses to these questions in the documentation of his or her review.

Confirm the process is as represented. The third level of testing a process is focused on the confirmation that the process is in operation. Often a regulated entity claims to maintain a process or procedure, but in fact it does not. In using this methodology, it is important that the examiner confirm the existence and use of the processes a regulated entity purports to utilize. This can be accomplished in several different ways:

(a). Walk Through. The first exercise is conducting a "walk-through". It provides the examiner with the opportunity to question how the process actually functions. The examiner should have questions prepared so he or she can achieve a thorough understanding of what the regulated entity does.

(b). Interview. The next method is the use of interviews of upper and mid-level managers and persons using the purported written process. Some companies may use an informal or undocumented process. The efficacy of such processes should also be considered. The challenge with an undocumented process is that it is frequently without measurement, meaning that the regulated entity really does not know how that process is working. It also means that there is an increased likelihood of inconsistent application, posing potential unfair discrimination issues.

(c). Sampling. The final method is to actually test a sample of files to determine that the process has been applied as described.

Document the review. The process review methodology can be more subjective than application of a standard that has only a pass or fail option. It is therefore especially important that examiner work be carefully documented. Worksheets are recommended to assure

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that consistency of application is maintained.

Determine the maturity level of the process reviewed.

The review of procedures and processes is intended to aid in the understanding of the regulated entity efforts to comply with regulatory requirements and to manage its regulatory risks. This cycle of preparing instructions (procedures), disseminating those instructions, testing the results of those instructions, and modifying the instructions should be a continuous and ongoing cycle. A continuous and ongoing cycle is indicative of proactive management. Of course, not every company is fully proactive or fully reactive. Experience will show that a company can be at both ends of the proactive/reactive spectrum depending on which business area is being reviewed. For example, a company with a proactive claims environment may have a reactive underwriting environment.

To be useful, a means to place processes on a comparative scale is needed. One way to evaluate where a company is on some kind of uniform scale is to use a maturity model.

We suggest a scale with six levels. The weakest level is 0 and the strongest level is 5.

Level 0. Lack of any recognizable processes/practices.

Characteristics for Level 0 are:

- Complete lack of any recognizable processes.
- The enterprise has not even recognized that there is an issue to be addressed.

Level 1. Processes are ad hoc and disorganized.

Characteristics for Level 1 are:

- There is evidence that the enterprise has recognized that the issues exist and need to be addressed.
- There are however, no standardized processes; instead, there are ad hoc approaches that tend to be applied on an individual or case-by-case basis.

- The overall approach to management is disorganized.

Level 2. Processes follow a regular pattern.

Characteristics for Level 2 are:

- Processes have developed to the stage where adherent people undertaking the same task follow similar procedures.
- There is no formal training or communication of standard procedures, and responsibility is left to the individual.
- There is a high degree of reliance on the knowledge of individuals and, therefore errors are likely.

Level 3. Processes are documented and communicated.

Characteristics for Level 3 are:

- Procedures have been standardized and documented, and communicated through training.
- It is mandated that these processes should be followed; however, it is unlikely that deviations will be detected.
- The procedures themselves are not sophisticated but are the formalization of existing practices.

Level 4. Processes are monitored, measured and controls are in place.

Characteristics for Level 4 are:

- Management monitors and measures compliance with procedures and takes action where processes appear not to be working effectively.
- Processes are under constant improvement and provide good practice.
- Controls are in place and operating.
- Automation and tools are used in a limited or fragmented way.

Level 5. Good practices are followed and automated.

Characteristics for Level 5 are:

- Processes have been refined to a level of good practice, based on the results of continuous improvement and maturity modeling with other enterprises.

- Controls are operating efficiently.
- IT tools are used in an integrated way to automate the workflow, providing tools to improve quality and effectiveness, making the enterprise quick to adapt.

Determine whether issues that arise merit reporting in a report or in a management letter. The discovery of flawed process may not result in a violation of statute or regulation. It may not be an actual violation but may represent a potential for violation. The risk for such an event may be low and not warrant inclusion in an examination report. Some states utilize a management letter for low risk situations when it is desirable to provide the regulated entity with an opportunity to correct or repair a system flaw. A management letter is less threatening to the regulated entity and provides an opportunity for more cordial communication and resolution. This is a decision for the examining state.

Conclusion

The introduction of a process review methodology provides a tool that will enable the regulator to evaluate the

Upcoming Webinar

IRES will be hosting a webinar during the first quarter of 2018 on how big data analytics is affecting the insurance industry. The presenter will be Mark Plesha. Stay tuned for further information.

Letter from the President

by Ken Allen, AIE, CPCU

In the plural sense, David Bowie sa-sang about them.

In the singular sense, Tears for Fears said you can do it. Sheryl Crow said one would do you good. The Brady kids, especially Peter, warbled about a time to do it. And The Georgia Satellites had a little in their pocket.

Okay, so the last example is not exactly on point, but if you haven't yet deciphered my lyrically themed clues, **I'm speaking about change. And IRES is about to undertake a pretty big one.**

For the last half dozen years or so IRES has employed the services of Synergos, or its prior incarnations Ampere! and Nonprofit Solutions, as its association management company (AMC). IRES has had a great relationship with Synergos over the years, and while there was some recent turnover of Synergos staff resulting in reassigned client service team members working directly with the various IRES committees, I would like to commend the Synergos team, Lane Velayo (CAE, CEO) Heidi Logman (Director of Finance), Rachel Price and Gauthier Mubwa, who put in long hours at Providence to ensure that the 2017 IRES CDS was a successful event. Three of them had not worked an IRES CDS before (Gauthier was at Scottsdale in 2016) and learning all of the intricacies of an IRES CDS in a relatively short amount of time is not an easy thing to do.

However prior to this year's CDS, and knowing that IRES' contract with Synergos would be expiring at year's end, in order to make sure IRES members were getting the best possible value and experiences available for their membership, IRES management decided to conduct a request for proposal (RFP) for its association

management services as part of a due diligence process.

The RFP resulted in thirteen proposals from companies wanting to be IRES' AMC, including Synergos. A small RFP review team consisting of myself, IRES President-Elect Martha Long, IRES Vice President Tracy Biehn, IRES Board Member Sam Binnun, IRES Past President Holly Blanchard, and IRES member Katie Johnson spent a great amount of time reviewing all of the proposals. As of this writing, the field of AMC candidates has been narrowed down to the top three contenders, however Synergos is not among the top three. Which brings me back to the theme I opened this letter with: change.

If the RFP process continues to unfold under the current direction, a new AMC for IRES will have been selected with contract in place by the time this letter goes to print. And with a new AMC will come a transition period that will hopefully be seamless to membership, but where a few bumps or hiccups may occur along the way. Early in 2018 IRES will likely have a new website with a different look and feel to it. There will be membership renewals to process during the transition period, and it will take any new AMC some time to hit its stride in working with IRES. Basically, what will be needed from all of us as 2017 draws to a close and we embark on a new year in 2018 is patience and understanding. There will be a number of changes that we will all need to adjust to and get used to, and if a few things take a little longer



Ken Allen

or some processes are a little different under a new AMC, that's all right. As someone who is averse to change, here I am telling you to embrace it and persevere through any temporary rough edges that might be encountered.

Switching subjects, I would like to close by mentioning a special tribute to the late Dudley Ewen, a founding member of IRES. Although I did not have the opportunity to work with Dudley on IRES matters all that much, his tenure on the Board of Directors was ending right around the time my tenure began, the one observation I did make of Dudley was that any time a discussion or topic of conversation made its way to him for a response, there usually seemed to be this brief pause, followed by a wry, mischievous smile, and then some form of retort or reply perfectly delivered for the given occasion. He had a charismatic countenance that had a positive effect on many.

And the special tribute? A few weeks ago IRES Foundation honored Dudley's memory by providing a generous contribution for the purpose of further educating IRES' members, a worthwhile endeavor Dudley was passionate about. I offer my sincerest and heartfelt thanks to IRES Foundation for honoring an IRES legend. ■

Ken has been with the Rate Regulation Branch of the California Department of Insurance since 1989. He was promoted to Deputy Commissioner of the Rate Regulation Branch in September 2016. Joining IRES in 2000, Ken has served on the Accreditation & Ethics Committee and the Membership & Benefits Committee, was Chair of the CDS Committee in 2014-15, Chair of the Meetings & Elections Committee, and now President. Ken holds AIE® and CPCU designations, and he was elected to the IRES Board in 2013. Ken, his wife, and daughter live a commuter train's ride outside of Los Angeles and enjoy all of the amenities that Southern California has to offer.

Market Regulation and Consumer Affairs (D) Committee

November 10, 2017 By: Tim Mullen

This has been a busy year for state regulators and interested parties who have participated in the activities of the Market Regulation and Consumer Affairs (D) Committee and other NAIC Working Groups addressing state market conduct regulation. As people prepare for the NAIC Fall National Meeting, this article provides a summary of the 2017 accomplishments and a preview of some key market regulation initiatives in 2018.

Voluntary Market Regulation Certification Program

In the spring of this year, the Market Regulation and Consumer Affairs (D) Committee adopted a two-year pilot program for the Voluntary Market Regulation Certification Program. The purpose of the pilot program is to provide NAIC member jurisdictions an opportunity to test the effectiveness of the certification program and to identify, assess and make refinements to the certification program prior to adoption of the final Voluntary Market Regulation Certification Program. In 2017, the following 14 jurisdictions are participating in the pilot program: Alaska, Arkansas, Indiana, Kansas, Montana, Nebraska, New Jersey, Oklahoma, Oregon, Texas, Vermont, Washington, Wisconsin, and Wyoming. Moving into 2018, the goal is to expand number of volunteer jurisdictions to 18.

Coupled with the adoption of the pilot program, the NAIC Membership allocated funding for the volunteer jurisdictions in 2017 to send one market conduct staff member to the NAIC Summer National Meeting and the regulator-to-regulator Market Actions (D) Working Group annual meeting. Similar to 2017, the volunteer jurisdictions will receive funding from the NAIC to send one market conduct staff member to each of the three NAIC National Meetings. The Market Regulation Certification (D) Working Group will continue to focus on how jurisdictions are addressing

the 12 market regulation areas of the pilot program: (1) department authority; (2) use of the NAIC's Market Regulation Handbook; (3) department staffing; (4) department staffing education/training; (5) confidentiality and information sharing; (6) interstate collaboration; (7) participation in the Market Conduct Annual Statement; (8) data submission to the NAIC; (9) participation in NAIC market conduct working groups; (10) appointment of a Collaborative Action Designee; (11) participation in national analysis; and (12) processes for communication across functional areas of a state insurance department.

As the pilot program proceeds, the volunteer jurisdictions will also coordinate with NAIC staff to produce an annual report to share key results of the pilot program, such as a jurisdiction's change in compliance from the initial checklist assessment to the final checklist assessment; any difficulties encountered to reach 100% compliance, such as staffing or regulatory authority; the number of market regulation personnel seeking or earning professional designations; and the number regulatory actions initiated and resolved.

Based on the feedback of the volunteer pilot jurisdictions, the Market Regulation Certification (D) Working Group will make any necessary revisions and clarifications to the program for further consideration by the NAIC Membership.

Market Analysis

The NAIC's activities related to market analysis were segmented into two working group in 2017 with the formation of a new Market Conduct Annual Statement (MCAS) Blanks Working Group. This group is charged with governance of the MCAS data elements and definitions, while the Market Analysis Procedures Working Group continues to be charged with oversight of the state market analysis framework. The MCAS

Blanks Working Group began their work in 2017 with the adoption of edits to the Life and Annuity MCAS to create more granular reporting of the number of death claims closed with and without payments. In May of this year, the Working Group adopted a new MCAS blank for lender-placed homeowners and auto insurance. The Working Group continues to discuss the development of a new MCAS blank for disability income insurance.

The Market Analysis Procedures Working Group is exploring the merger of the Level 1 and Level 2 analysis reviews and potential enhancements to the NAIC's Market Analysis Review System, which state regulators use to share market analysis. These discussions have included adding the ability of state regulators to review multiple companies within a group, the ability to add attachments to each area of review, and the addition of graphical representations of data charts. In addition, the Working Group is discussing whether the frequency of MCAS data reporting should be changed from an annual filing requirement to a quarterly filing requirement. Finally, the Working Group continues to consider the collection of MCAS data for other lines of insurance, with a recent suggestion to add travel insurance to MCAS reporting.

Since its initial release in 2002, the MCAS blanks have expanded from personal lines auto, home, life, and annuity to include long-term care insurance, health insurance, and lender-placed insurance. Recognizing the ongoing importance and growth of market analysis, the NAIC is redesigning the MCAS



Tim Mullen

filing system to better position the NAIC to accommodate future changes by leveraging cloud technology, existing internal data collection processes, and the emerging business intelligence tools. This project has already started and will continue into 2018.

Standardized Data Calls

A primary focus of the Market Conduct Examination Standards (D) Working Group was updating Chapter 13 of the NAIC's Market Regulation Handbook. This chapter provides guidance to market conduct examiners and promotes the use of standardized data requests during market conduct examinations. In addition to revisions to this chapter, the Working Group adopted following updated standardized data calls for the life line of business: (1) claims data call, which states can use to help determine if a company follows appropriate procedures for the settlement of claims; (2) declinations data call, which states can use to help determine if a company follows appropriate procedures with respect to refusal of the company to issue a life policy or contract, or add additional coverage within defined company underwriting rules; (3) policy in force data call, which states can use to help determine if a company follows appropriate procedures with respect to the issuance of life policies or contracts; and (4) replacement data call, which states can use to help determine if a company follows appropriate procedures with respect to the issuance of life policies or contracts that replaced existing policies or contracts in force from other companies.



Pre-Dispute Mandatory Arbitration Clauses

The activities of the Pre-Dispute Mandatory Arbitration Clauses (D) Working Group will continue into 2018 as the Working Group considers a broader range of options for addressing pre-dispute mandatory arbitration, choice-of-law, and choice-of-venue clauses by considering different solutions for each of the clauses and provisions. The Working Group will also separately consider the clauses for both individual policies and commercial policies.

The Working Group appears to have reached a consensus that both pre-dispute mandatory arbitration clauses and the choice of law and choice of venue clauses are not acceptable in personal policies. With this, the Working Group has begun working on guidance that states can use as bulletins or notices to companies filing personal lines forms in their state. While this is the primary focus of the Working Group, the Working Group will continue its discussions on the use of pre-dispute mandatory arbitration clauses and choice of law and choice of venue provisions in commercial lines.

Antifraud

The Antifraud (D) Task Force adopted revisions to the NAIC Guidelines for State Insurance Regulators to the Violent Crime Control and Law Enforcement Act of 1994. In summary, the Violent Crime Control and Law Enforcement Act of 1994 prohibits any individual who has been convicted of a felony involving dishonesty or breach of trust from engaging in the business of insurance unless such individual has been granted a "1033 waiver." The revisions to the NAIC guidelines were made to provide additional guidance to states on how they coordinate 1033 waiver requests. This guidance includes encouraging states to notify other states of their decisions about 1033 waiver requests by reporting these decisions to the NAIC's new, regulator-only 1033 State Decision Repository.

The Antifraud (D) Task Force has also discussed potential enhancements to the NAIC's Online Fraud Reporting System (OFRS). This system provides the means for consumers and industry to report alleged fraudulent activities to state insurance departments. State insurance departments received over 66,000 reports of suspected fraud in 2016 through OFRS. The NAIC Membership has included a proposal in the NAIC's proposed 2018 budget to redesign OFRS. The redesign of OFRS will enhance the submission and display of alleged and confirmed fraudulent actions and address outstanding enhancement requests, which include enhanced search capabilities and use of attachments. In addition, the project will ensure OFRS keeps pace with the NAIC's constantly increasing cybersecurity standards.

Public Adjusters

The Public Adjuster (C/D) Working Group is charged with reviewing issues related to the unauthorized practice of public adjusting and should complete their work by the end of 2017. The Working Group has three distinct work products. The first work product is an advisory bulletin to property and casualty insurance companies asking companies to assess and implement methods to improve policyholder education about the role of adjuster. The bulletin recognizes that adjusters bring important assistance and lend value to claimants but that claimants often lack a solid grasp of the types of adjusters, their authorizations, their roles, fees, and potential conflicts that can arise. The second work product is a consumer outreach notice regarding public adjusters, explaining their responsibilities and fees. Finally, the third work product is a notice to home improvement contractors. This notice provides guidance to contractors on what they can do in the claim settlement process and what they cannot do unless they are licensed as a public adjuster. In addition, the notice points out that some states have laws that prohibit a public adjuster from acting as both a

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public adjuster and a contractor on the same claim.

Availability and Affordability of Auto Insurance

The Auto Study (C/D) Working Group and both the Property and Casualty (C) Committee and Market Regulation and Consumer Affairs (D) Committee adopted a proposal to help evaluate the availability and affordability of auto insurance. The Working Group adopted a proposal which provides for the collection of data through a statistical agent. The Working Group moved to this option because the statistical agent indicated the identified data is already collected, has gone through quality controls, and could be produced at very little cost. Some consumer representatives have objected to the adopted proposal because the proposal relies on industry-selected data elements designed for actuarial use and not market analysis. Additionally, consumer representatives have indicated the data will be aggregated instead of individual insurance company data, which eliminates the ability of regulators to verify the accuracy and completeness of the data. The adopted data call proposal may be located at the following NAIC Weblink: http://www.naic.org/cmte_c_d_auto_insurance_wg.htm.

Producer Licensing

A structural change in 2017 was the movement of the Producer Licensing (EX) Working Group to the Market Regulation and Consumer Affairs (D) Committee. This change also led to the appointment of three new Working Groups – the Uniformity Working Group, the Independent Adjuster Licensing Working Group, and the Uniform Education Working Group. In addition to the oversight of three new Working Groups, the Producer Licensing Task Force had extensive discussions regarding the producer licensing standards that should apply for the distribution of pet insurance. In October, the Task Force requested the Property and Casualty (C) Committee develop

a white paper explaining the coverage options, product approval, marketing, rating, and claims practices related to pet insurance. Based upon this feedback, the Task Force will address the issue again in 2018.

Another item of note is the federal proposal of the Claims Licensing Advancement for Interstate Matters Act (H.R. 3363), which is referred to as the CLAIM Act. The bill contains the following provisions:

- It gives those states that license independent adjusters four years to establish criteria for uniformity and reciprocity, as determined by the National Association for Registered Agents and Brokers (NARAB), with a subsequent annual review process.
- It requires uniformity for CE requirements, ethics course requirements and a licensing application.
- It puts NARAB instead of the U.S. Department of the Treasury's Office of General Counsel, as existed in the prior bill, in charge of determining whether the states' licensing procedures are sufficiently uniform or reciprocal.

Finally, everyone should continue to monitor developments arising out of the National Association of Registered Agents and Brokers Act of 2015 ("NARAB II"), which was signed into law in 2015 and formally created the National Association of Registered Agents and Brokers (also known as NARAB). Pursuant to the law, a NARAB Board of Directors will be established, comprised of 13 individuals -- eight (8) state insurance commissioners and five (5) representatives of the insurance industry. Board members are nominated by the President and subject to Senate confirmation. To date, a Board of Directors has not been established.

NAIC Consumer Information Source

The NAIC's 2018 proposed budget has a proposal to enhance the public release and display of information about insurance companies through the Consumer

Information Source (CIS) application. The current CIS is the NAIC's primary tool for providing access to insurance company information through the NAIC website. CIS provides consumer access to individual company and aggregate confirmed closed consumer complaints data, companies' key financial data in the Financial Profile, receivership data, and company licensing information. In addition, there are links to market conduct examinations and enforcement actions on state insurance department websites. CIS also provides a link for consumers to find lost life insurance policies, file consumer complaints, and report suspected fraud.

If NAIC Membership approves this project, the type of data available, the display of data, and search capabilities will be enhanced to provide a more robust consumer-driven experience. The CIS portal will also be designed to better integrate with state insurance department websites to create a national system for the public release of information while directing consumers to their appropriate state insurance department. Finally, the system will be reengineered to replace outdated technology and will be designed as a cloud-ready application.

Additional information about these and other activities of the Market Regulation and Consumer Affairs (D) Committee, its Task Forces, and Working Groups, may be found under the Market Regulation and Consumer Affairs (D) Committee heading at http://www.naic.org/index_committees.htm. ■

Tim Mullen, JD, MBA, CPCU, ChE, is the Director of Market Regulation at the National Association of Insurance Commissioners. He oversees a wide range of activities supporting NAIC committees, task forces and working groups addressing antifraud, consumer services, market analysis, market conduct examinations, and producer licensing. He joined the NAIC in 1997 and was with the Missouri Department of Insurance prior to joining the NAIC. In addition to his work in state government, he worked for Aetna Insurance and was a practicing attorney before joining Aetna. He is a member of the Missouri Bar and the Kansas Bar, the 2009 recipient of the Paul L. DeAngelo Memorial Teaching Award from the IRES Foundation, and serves as Vice-President of the Kansas City CPCU Chapter.

Meet your State Chair

by Holly Blanchard

The Holidays are a time to give thanks and to reflect on the things that you appreciate. As such, IRES would like to give thanks to our State Chairs. These unsung heroes work relentlessly in the background to ensure the members in their state are kept informed on happenings on a local and nationwide level. They are constantly looking for ways to enhance membership for their state members and to ensure that IRES is consistently evolving to meet our member's needs. IRES would not be the great organization it is today without our wonderful State Chairs.

For a list of the current State Chairs in each state, [please click here](#).

The State Chairs met at the 2017 IRES CDS in Providence, RI to determine and prioritize our tasks for the year. The following objectives were identified:

- **Mission Statement:** The state chairs will create a specific mission statement outlining the duties of the state chairs. This mission statement will guide the state chairs in their objectives for our membership.
- **Marketing Materials:** The state chairs will review current marketing materials for IRES and will edit and enhance those materials, as well as create new materials where needed. The materials will be updated in both hard copy and electronic versions. These materials will inform member of the many benefits of belonging to IRES.
- **Creating a Blog for IRES** members allowing them to discuss questions, comments or issues, as well as current events and state undertakings. This will allow our members a forum to get expert feedback on current issues affecting the insurance marketplace.
- **Library:** IRES members are a wealth of information. We have published articles, assisted with NAIC initiatives, presented on various

topics, and are closely monitoring everything that is happening in the insurance market. Wouldn't it be great to have a repository for this information? IRES state chairs will create an online reference library where our members can easily access information regarding their insurance topics of interest.

- **Network listing for subject matter experts (Nationally/Regionally/ Locally):** We are lucky to have a strong network of experts within our IRES family. To ensure our IRES members have access to the same network, the state chairs will create a listing of topics and subject matter experts for those topics, allowing our members the opportunity to discuss issues with people who understand the issues best. This also provides access to presenters when you need information on specific topics.
- **Mentoring program:** The state chairs will create a mentoring program for new members and regulators partnering them with experienced individuals who can help them navigate the tricky waters of regulation, and also to understand all of the benefits IRES has to offer.

Want more? If you have other ideas for enhancement, please reach out to your local state chair to share your thoughts.

The State Chairs will continue to keep our members updated on changes and expectations. This information will be presented in the Regulator, but will also be available on the IRES website at <https://www.go-ires.org/state-chapters#events>. Be sure to check the website regularly, as updates will frequently be added for your information.



Holly Blanchard

Here are some noteworthy things happening in our states:

West Virginia-New State Chair Desiree Mauller

IRES would like to welcome Desiree Mauller as the new state chair for West Virginia. Desiree succeeds Mark Hooker as the state chair. Des is a seasoned Market Conduct Examiner in

West Virginia. We look forward to working with Des in the state chair capacity.

Texas- Jacqueline Butler, AIRC, CIE, MCM, State Chair

Governor Greg Abbott has appointed Kent Sullivan of Austin as Commissioner of Insurance. Commissioner Sullivan began his new role October 9.

The state chair subcommittee will hold their next meeting on November 27th. The subcommittee will continue efforts previously explored, such as potential webinars, and discussion boards for the state chairs.

If you would like to be involved with the state chairs, or have suggestions or ideas to assist the state chairs spread the word about IRES, please reach out to hblanchard@riaconsulting.net.

Advertising Space Available!

If you're interested in advertising in *The Regulator*®, contact the editor at TheRegulator@go-ires.org.

IRES Member of the Month

This Issue: Jo Fameree

Q1: Who do you work for? What is your job title? And in a very short description what are your daily duties?

A1: I am a Regulatory Compliance Specialist and for the past 11 years I have worked as a virtual employee with Risk and Regulatory Consulting, LLC. (RRC)

Q2: How long have you been an IRES Member & what made you decide to join?

A2: I have been an IRES member since 2003. In September of 2001, I accepted my first job as a Market Conduct Examiner with the state of Colorado. I worked with Stephen King, one of the founding members of IRES who educated me on the professional benefits of being an IRES member and obtaining my AIE/CIE designations. At that time I had all of the course requirements for my CIE, the only thing I was missing was my 2 years of experience; therefore, immediately upon completing 2 years of Market Conduct work with the state of Colorado I joined IRES and started attending CDS on a regular basis.

Q3: What committees have you served on and what roles did you hold?

A3: I served on the IRES Accreditation & Ethics Committee 2006-2010, I was a contributing author to the original MCM program text book, co-chair of the Market Regulation section of the 2013 IRES CDS and was co-editor of the Regulator (the IRES quarterly newsletter) for one year.

Q4: How many IRES CDSs' have you attended?

A4: I have attended 11 CDSs'

Q5: Is there one session at a CDS that stands out in your mind and why?

A5: There have been so many good sessions over the years, I couldn't just pick one.

Q6: What is a personal or career goal that you would like to accomplish in the next 5 years?

A6: Strive for continued life work balance without compromising my professional integrity and dedication to the RRC team.

Q7: When you aren't working what are your hobbies?

A7: When I am not working, I enjoy playing deep water volleyball, making homemade cards and mosaics, traveling with my sisters and great nieces, and thinking of creative ways to spend time with my 9, soon to be 11, great nieces and nephews.



Jo Fameree

Q8: What is your biggest personal or professional accomplishment?

A8: My biggest personal accomplishment was "kicking cancer's ass", spoken as a 1 year cancer survivor! I have had many professional accomplishments throughout the years, but probably the two most impactful have been creating the Colorado specific Long Term Care Handbook along with standardized form templates and report language which the Department adopted for use by all of the market conduct examination teams and co-developing Company training material related to MLR.■

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And the CDS Survey said...

by CDS Committee

Every year during the CDS you hear appeals to fill out the post-event survey because the CDS Committee uses the information in planning the next event. You never hear anything more about the survey, until the next year when pleas begin again. You start to wonder; did anyone even read my comments or consider my suggestions? Was it even worth my time to respond to the survey? Should I even bother to respond next year?

The answers to these questions are - without a doubt - YES, YES and YES!

Each year the CDS Committee reviews the responses and reads all the comments. Where ever possible, the Committee retains things you've told us are working, incorporates your suggestions for improvement into the next CDS, and works on doing a better job where the survey shows improvement is warranted.

This year the CDS Committee will follow the same survey review process, with one exception. This year we are also going to give you feedback on your thoughts about the CDS and what we need to work on to make the CDS even better next year.

The survey results from the 2017 CDS are in and have been compiled. We received 109 survey responses. That is an increase of 40% over last year. Of those that responded to the survey, 80% were regulators, 19% were from the industry, and 1% were retired members.

The responses indicate overall you were:

- 97% very satisfied or satisfied with the overall CDS program.
- 97% very satisfied or satisfied with the overall schedule of the CDS.
- 98% very satisfied or satisfied with the length of the individual sessions.
- 93% very satisfied or satisfied with the time of year the CDS is held.

- 96% very satisfied or satisfied with the quality of the speakers.
- 94% very satisfied or satisfied with the quality of content presented during CDS.
- 95% very satisfied or satisfied with the quality of the speakers and content of the Regulatory Skills Workshop.

You had a lot of great things to say about the sessions and the presenters. The responses for the breakout tracks and individual sessions generally mirrored the overall results. While not every session hit a home run, overall the feedback for individual sessions was very positive.

However, there were some areas where we fell short and you let us know exactly where we need to do a better job. For example, we need to do a better job at...

- providing a more complete advance copy of the agenda sooner.
- making the presentation slides/handouts available in advance of the CDS and letting you know where they can be found.
- communicating how to locate, download, and use the event app – including information on how to refresh the contents of the event app so you are seeing the most current information.
- make sure that the actual content of individual sessions is as described in agenda.
- Including in the description the target educational level of the content to be presented (i.e. introductory, intermediate, advanced) for each session.
- communicating information about any free WiFi connections available to attendees during the CDS.
- aligning the amount of content presented with the time allotted for the session
- balancing the number, length, and content of sessions.

While we have control over the items listed above, we also received some very

thoughtful feedback about things we have limited or no control over.

For example, one of the suggestions was to make the presentation slides and handouts available within the event app itself. In order to keep the costs of the CDS as low as possible, IRES uses a free event app. As with any free app, there are certain drawbacks and limitations. Unfortunately, a limitation of the free app is that we cannot add the presentation materials inside the app itself.

Several survey respondents also suggested that we include a list of all attendees in the event app. A drawback of the free version is that we are not able to restrict access to the event to only registered attendees of the CDS. Since we have no way to limit access to the information, IRES made a conscious decision not to list all attendees inside the event app in an effort to respect individual attendee privacy.

However as a result of these suggestions and other feedback received about the event app, the CDS Committee will again re-evaluate the costs and benefits associated with using a paid event app that may allow IRES to incorporate some or all of the suggestions received.

Several people also told us that CDS was held too close to the NAIC meeting and/or during vacation months. There are many factors that go into scheduling the CDS, including but not limited to costs, location, conference space availability, and the NAIC meeting schedule. While the Committee makes every effort to avoid scheduling the CDS too close to the NAIC meeting, sometimes the proximity of the meeting dates cannot be avoided.

In order to obtain more favorable conference rates, IRES contracts with hotels approximately 3 years in advance.



□ And the CDS Survey Said – continued from page 11

At the time a contract is signed, the selected dates are always two or more weeks apart from the NAIC Summer meeting. However, sometimes the NAIC changes its summer meeting date. When this happens, IRES immediately contacts our conference hotel to see what, if any, options we have to move the CDS. Sometimes space is available and the hotel is able to accommodate a change in the CDS dates, and sometimes they cannot. Unfortunately, the later was what occurred this year. The NAIC changed the dates of its summer meeting and IRES was not able to move the CDS.

Several comments were also received about the distance needed to travel to attend the CDS. As you know, the IRES membership is comprised of individuals scattered throughout the country. In an effort to distribute the burdens of travel across the membership, the CDS moves around the country. By moving the CDS around, the long journeys and costs associated with them also shifts. While Providence was a long way to go for those on the West coast this year, in 2019 the travel burden will be reversed.

Finally, each year we receive comments that the meeting rooms are too cold or too warm or that it is hard to hear the speakers. This year was no exception. During the CDS we make every effort to ensure that the room temperatures are comfortable and that the speakers can be heard. However we need your help during the CDS to make sure these things happen. If a room is too cold or too warm, please let the room moderator or someone at the registration desk know. We can work with the hotel to adjust the room temperature accordingly. If you cannot hear a speaker, please raise your hand and ask them to speak up and/or use the microphones. They want to be heard as much as you want to hear them. The only way for them to know you can't hear them, is to let them know during the session.

Thank you for all of the wonderful feedback on the CDS. We truly do appreciate it. ■

'Zoning In'

By Kathy Donovan, MCM

Northeast Zone

Delaware

Universally Applicable Bulletin No. 3, dated Sept. 22, 2017, sets forth the Department of Insurance request that it be notified of a data breach or other disclosure of confidential consumer information. Additionally, the Department requests the following: (1) that it be informed within 24 hours of any suspected unauthorized data release, even if that release is inadvertent, and (2) that companies that mail information to their consumers do so in closed-faced envelopes.

New York

Circular Letter 2017-18, dated Oct. 20, 2017, provides guidance regarding benefits that may be covered in accident policies and disability income insurance policies in the individual or group markets. The Health Bureau of the Department of Financial Services provides a list of benefits that have been generally approved in accident policies and disability income insurance policies, along with a list of benefits that have not been approved with these lists being illustrative and not exhaustive. The Bureau further reminds insurers "that pursuant to 11 NYCRR § 52.1(c), the Department only will approve benefits for inclusion in accident policies and disability income insurance policies when they contain a rational nexus to accident insurance or disability income insurance, provide a real economic value, do not produce superficial differences or play upon people's fears of particular diseases, are not unduly complex or unduly limited, meaningfully expand consumer choice but do not serve to confuse and make intelligent choice more difficult, provide a substantial economic benefit, are not contrary to the health care needs of the public, and do not contain provisions that confuse or obfuscate."



Kathy Donovan

Vermont

Insurance Bulletin Number 196, issued Oct. 16, 2017, provided clarification on group health insurance coverage offered to part-time employees. The Department of Financial Regulation noted the applicable statutory provisions concerning the rate for part-time employees being

able to be set at the same rate as full-time employees, as well as flexibility in cost-sharing. The Department concluded its guidance with the following: "Therefore, health insurers, nonprofit hospital service corporations, and nonprofit medical service corporations should offer employers the option to cover all part-time employees working 17.5 hours or more."

Midwest Zone

Illinois

Effective Aug. 25, 2017, SB 683 creates a new section in the Illinois insurance code concerning third parties providing certain claim services and is applicable to all contracts entered into after the effective date, with existing contracts being granted one year to come into compliance. New mandatory requirements specify that any contract with a third party to provide claim services for a property and casualty company must contain the following provisions: (1) Upon liquidation or rehabilitation of the insurer, the files and any data related thereto become the sole property of the estate. The administrator shall have reasonable access and right to copy files at the administrator's expense; and (2) In the event electronic files are used, the administrator must keep all data in such a format that it is easily separated from other data maintained by the administrator and timely transferred to the

liquidator upon the entry of an order or liquidation.

Kentucky

Bulletin 2017-4, dated Oct. 11, 2017, indicated that Synthetic Guaranteed Investment Contract filings have been submitted to the Department of Insurance for form approval in the past. However, the department has determined that these types of contracts are not “insurance.” However, these will be considered as an unregulated activity incidental to the business of insurance, that insurers may market Synthetic Guaranteed Investment Contracts without form approval, that these forms should not be submitted to the Department but if these are, the filing will be considered as informational only.

Southeast Zone

Mississippi

Bulletin 2017-8, issued Aug. 4, 2017, addresses the depreciation of labor expenses in the adjustment of property loss claims, which is a practice the Department of Insurance notes has no statutory prohibition. However, the department indicates that if “such a practice is used, the insurer should clearly provide for the depreciation of labor in the insurance policy. Likewise, if material and/or labor depreciation is applied, the insurer should clearly set out any such depreciation on the claim estimate furnished by the insurer.” As a further note, the department states that this Bulletin does not apply to automobile physical damage claims.

Puerto Rico

The Department of Insurance issued multiple bulletins in September and October relating to the disaster proclamations dealing with Hurricane Maria. Among the many regulatory topics addressed were the premium payment grace period and the temporary suspension of the cancellation of policies for the lack of payment, provisional process during the extension of the effective term of motor vehicle registrations and coverage of compulsory liability insurance, exclusion

from coverage due to property being unoccupied or vacant, and management of prescription medication coverage, out-of-network providers, pre-authorizations, provider referrals and claims.

Western Zone

Alaska

Bulletin B 17-08, issued Oct. 20, 2017, states that the Division of Insurance must “ensure that policies providing uninsured and underinsured motorists (UM/UIM) coverage clearly state that the UM/UIM coverage provides coverage for the insured for injuries sustained as a pedestrian or bicyclist by a motor vehicle. This requirement is effective January 1, 2019.” Given this pending required language requirement, all insurers writing automobile insurance in the State of Alaska must fill out a short survey available online, with the link available on the division’s website.

California

In a Notice dated Oct. 13, 2017, Insurance Commissioner Dave Jones requested that property insurance companies implement emergency voluntary claims reforms intended to assist in the recovery efforts from recent wildfires. The claims areas addressed were: Additional Living Expenses, Personal Property (Contents), Vehicle Claims; Billing, Debris Removal, Inventory Forms, and Inventory Itemization.

Montana

Advisory Memorandum, dated Sept. 21, 2017, reminded insurers that “any refusal to issue or renew, or any cancellation or limitation on the amount of property or casualty insurance based on the threat of wildfires and which involves property that does not have a substantially increased risk of loss due to wildfires will be evaluated as a potential violation of this law (33-18-210(7))” and that “insurers are expected to make decisions concerning the issuance, renewal, cancellation or changes in coverage of property and casualty insurance on a case-by-case basis and with reference to

the degree the property involved is actually threatened by wildfire.”

Montana

New administrative rules intended to provide for “an expedient and economical process for resolving billing disputes between insurers or health plans and air ambulance services” have been adopted. Effective Oct. 14, 2017, ARM 6.6.8601 through 6.6.8601 establish processes that include having an independent reviewer conduct all aspects of this dispute resolution process. These rules apply to disputes between health insurance issuers, government health plans or health plans established by the Montana university system and out-of-network air ambulance services, which are not owned or controlled by a Montana hospital system.

Texas

The Department of Insurance issued multiple bulletins in August and September relating to the disaster proclamations dealing with Hurricane Harvey. Among the many regulatory topics addressed were the premium payments grace period, claims adjusting, prescription medication coverages, data calls vacancy provisions, prescription medication coverages, flood-damaged vehicles, workers’ comp issues, credit scoring and credit information and claim denials. ■



New Scholarship was awarded at the 2017 IRES CDS

by Tracy Beihn

IRES was excited to sponsor and award the Thomas L. Reents, CIE, CFE Memorial Scholarship

The Insurance Regulatory Examiners Society (IRES) sponsored the first Thomas L. Reents Memorial Scholarship for calendar year 2017.

During the August CDS in Providence, RI, Martha Long had the pleasure of welcoming the Reents family who were in attendance at the CDS to celebrate the first award of the Thomas L. Reents Memorial Scholarship.

The award honors the first President of IRES Tom Reents. Tom had a long, and successful career in insurance, primarily in a regulatory capacity. He was with the Nebraska Department of Insurance from 1974 to 1997, during which time he performed market conduct examinations, investigated consumer complaints, and developed an insurance counseling program for seniors.

Prior to joining the department, he worked in the private insurance industry in both personal and commercial lines. After leaving the Nebraska Department of Insurance, Tom continued his insurance career as a compliance consultant. He earned his Certified Insurance Examiner (CIE) designation in 1988.

In addition to being the first IRES President, Mr. Reents also served IRES as Treasurer. He was a board member of not only IRES, but also the IRES Foundation. In 1993, He received the President's Award for his outstanding service to IRES and the industry.

Most of us did not have the pleasure of knowing Tom Reents, but we have had the pleasure of getting to know him through the stories told by his friends and colleagues. This award honors his knowledge, warmth and wit and desire to help others succeed in the realm of Insurance regulation.

The first Tom Reents scholar is a State Regulator who has demonstrated exceptional promise, professionalism and a commitment to continual improvement. They 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.

This award will allow the recipient to attend more training and bring what he learns back to his department to share with fellow department employees so that they can all continue to work to protect insurance consumers.

The First Tom Reents Scholar was awarded to John Huh, from California.

We are excited that this Scholarship will be awarded on a yearly basis. Nominations forms will be due the end of February of each year. Be on the lookout for the website to be update and notifications about this new Scholarship opportunity.

Annual Al Gross/ Jim Long Rookie of the Year Scholarship Award

During the August CDS in Providence, RI, Martha Long had the pleasure of announcing the 6th Annual Al Gross/ Jim Long Rookie of the Year was awarded to four State Regulators who have demonstrated exceptional promise, professionalism, and commitment to continual improvement the recipient is not required to be an IRES member. This year's recipients demonstrate exceptional promise and professionalism in representing their states as regulators. They seek to develop skills through completion of training programs provided by recognized insurance industry institutional programs. This year's recipients of the Annual Al Gross/Jim Long Rookies of the Year Award winners were:

- Southeastern Zone recipient: Letha Tate

- Midwestern Zone recipient: Lori Carlson
- Northeastern Zone recipient: Maureen Belanger
- Western Zone recipient: Shuqian Guan

We are excited that this Scholarship will continue to be awarded on a yearly basis. Nominations forms will be due the end of February of each year.

Know a superstar who may not qualify for this award, but deserves recognition? IRES offers two other awards to recognize outstanding performance by seasoned IRES members--the Al Greer Award and The Chartrand Communications Award

Al Greer Achievement Award

During the August CDS in Providence, RI, Martha Long had the pleasure of presenting this year's Al Greer Achievement award.

Al Greer Helped fashion the mission of IRES, Namely to raise insurance regulation to a highly respected profession market by technical proficiency and ethical behavior. Since 1998 the Al Greer Achievement award has been presented annually to an insurance regulator and IRES member who not only embodies the dedication, knowledge and tenacity of professional regulator but who exceeds those standards.

Martha had the pleasure to serve with this year's winner on various projects and committees over the years as many of us have. She brings dedication and tenacity with her wherever puts her talents to work. Her blood sweat and perhaps a few tears can be found in the IRES By Laws, nice manual, MCM Text, Website, and pretty much any document our membership relies on. Her editing skills are legendary. This year the Al Greer Achievement Award was awarded to Andrea Baytop of Virginia.

Nominations forms will be due the end of April of each year.

The Chartrand Communications Award

During the August CDS in Providence, RI, Holly Blanchard had the pleasure of presenting this year's Chartrand Communications Award winner.

The Chartrand Communications Award is to honor that legacy of 20 years of work by Chartrand Communications on behalf of IRES.

The Executive Committee, and the Board of Directors, established the Chartrand Communications Award to recognize those who have made a difference to IRES, thorough their actions and who have worked to keep IRES moving toward the future. They helped increase

membership and promoted us outside the conference and in the insurance community. They are unsung heroes.

This year's Chartrand Communications Award was awarded to Pieter Williams.

Be on the lookout for notifications. Nominations forms will be due the end of April of each year.

Visit <https://www.go-ires.org/awards-recognition> for all Awards & Recognition

If you have any questions about available Awards & Recognition or the Scholarships offered, please contact IRES Membership and Benefits Chair, Tracy Biehn at 919-807-6889 or Tracy.Biehn@ncdoi.gov or Recognition and Awards Chair, Katie Dzurec-Dunton at 207-624-2666 or kate.dzurec@gmail.com. ■



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

- Christine Menard-O'Neil
- Spencer Peacock
- Jill Huiskens
- Susan Kalmus
- Shuqian Guan
- Deborah Wasson

FIRM SUSTAINING MEMBERS

- Genworth Financial
- Jeannie Green

New Designees

Congratulations!

The following members have received their Accredited Insurance Examiner (AIE®), Advanced Market Conduct Management (AMCM®), Certified Insurance Examiner (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®

- Mr. Tad Herin AIE, AIS, AINS, AU, CPCU
- Christine Menard-O'Neil AIE, CLU, CISR, APIR
- Isabelle Keiser; AIE, MCM
- Spencer Peacock, AIE

CIE®

- Shannon Lloyd, CIE

The Regulator®

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Parker Stevens, CIE, AMCM

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Jo LeDuc, CIE, MCM, CPCU, AIRC, AIC, API,

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Doug Ommen, MCM, Iowa

Paula Palozzi, Rhode Island

Mark Plesha, AIE, MCM, Unaffiliated

Lori Ruggiero, CIE, MCM, Unaffiliated

Editor's Corner

By Stephanie Duchene, MCM



Stephanie Duchene

As the air begins to cool down, our thoughts turn towards the close of another year. I am reminded by my children's (countless) holiday themed elementary school projects, to take a moment to reflect upon what, and whom, I am thankful for. As Editor of *The Regulator®*, I am immensely grateful for the IRES Publications Committee, the members of which make each issue of *The Regulator* possible through the contribution of their ideas, time and authorship. Thank you Jo LeDuc, Lisa Brandt, Rosemarie Halle, Michael Morrissey, Paula Palozzi, Ben Darnell, Stacy Rinehart, Kallie Somme and Parker Stevens!

In this, our last issue of 2017, we have the second part of Don Koch's wonderful article about the potential changes to the NAIC Market Regulation Handbook to focus on the quality of a company's management structure and its ability to drive effective compliance. We get to know our Featured Member, Jo Fameree, a Regulatory Compliance Specialist with Risk and Regulatory Consulting, LLC (RRC). Ken Allen, our IRES president, keeps us up-to-date on the changes happening with IRES's association management company (AMC). The CDS Committee provides insight into what happens to all of our helpful feedback on the CDS after the conference is over. Tim Mullen updates us on the many initiatives underway in the NAIC Market Regulation and Consumer Affairs (D) Committee. Holly Blanchard describes the hard work and ambitious objectives of the IRES State Chairs. Finally, Kathy Donovan keeps us Zoned In on changes in state law.

From all of us here at *The Regulator®* we would like to wish you and your families a wonderful holiday season!

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®*! ■

Stephanie Duchene is a partner in the Insurance Regulatory group of Dentons US, LLP. Stephanie consults and advises clients on a variety of insurance regulatory compliance issues, including market conduct examinations (multi-state examinations and investigations), sales practices compliance, defense of enforcement actions, licensing, regulatory approvals, receivership and liquidation, electronic commerce and online advertising, agent and broker issues and transactional matters (including acquisition, merger and demutualization), as well as product and market development issues. She represents national insurers, insurance-related service companies, brokers and state governments.

NEXT ISSUE

We encourage our readers to contribute to *The Regulator®*. In addition to completed articles, we welcome suggested topics and/or authors. Submit your content and suggestions at go-ires.org/news/the-regulator/submit-content.

– Your staff at *The Regulator®*