

**THE COMMONWEALTH OF MASSACHUSETTS**  
**OFFICE OF CONSUMER AFFAIRS AND BUSINESS REGULATION**  
**DIVISION OF INSURANCE**

*Report on the Comprehensive Market Conduct Examination of*

*Electric Insurance Company*

*Beverly, Massachusetts*

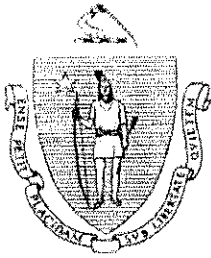
*For the Period January 1, 2011 through December 31, 2011*

**NAIC COMPANY CODE: 21261**

**EMPLOYER ID NUMBER: 04-2422119**

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**COMMONWEALTH OF MASSACHUSETTS**  
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**DIVISION OF INSURANCE**

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COMMISSIONER OF INSURANCE

July 3, 2012

Honorable Joseph G. Murphy  
Commissioner of Insurance  
Commonwealth of Massachusetts  
Division of Insurance  
1000 Washington Street, Suite 810  
Boston, Massachusetts 02118-6200

Dear Commissioner Murphy:

Pursuant to your instructions and in accordance with Massachusetts General Laws, Chapter 175, § 4, a comprehensive examination has been made of the market conduct affairs of

**ELECTRIC INSURANCE COMPANY**

at their home offices located at:

75 Sam Fonzo Drive  
Beverly, MA 01915

The following report thereon is respectfully submitted.

REPORT OF THE COMPREHENSIVE MARKET CONDUCT EXAMINATION OF  
ELECTRIC INSURANCE COMPANY

## SCOPE OF EXAMINATION

The Massachusetts Division of Insurance (the "Division") conducted a comprehensive market conduct examination ("examination") of Electric Insurance Company (the "Company") for the period January 1, 2011 to December 31, 2011. The examination also reviewed compliance with two regulatory settlement agreements ("RSA") between the Company and the Division that were the result of a limited-scope examination of the Company. An RSA was executed October 2010 related to the Company's reporting of Board of Appeal reversals of at-fault accident determinations. A second RSA was executed April 2011 related to the Company's motorcycle rating procedures. The examination was called pursuant to authority in Massachusetts General Laws Chapter ("M.G.L. c.") 175, § 4. The examination was conducted under the direction, management and control of the market conduct examination staff of the Division. Representatives from the firm of Rudmose & Noller Advisors, LLC ("RNA") were engaged to complete the examination.

## EXAMINATION APPROACH

A tailored examination approach was developed using the guidance and standards of the *2011 NAIC Market Regulation Handbook*, ("the Handbook") the examination standards of the Division, the Commonwealth of Massachusetts' insurance laws, regulations and bulletins, and selected Federal laws and regulations. All procedures were performed under the supervision of the market conduct examination staff of the Division, including procedures more efficiently addressed in the Division's separate financial examination of the Company. For those objectives, RNA and the market conduct examination staff used procedures performed by the Division's financial examination staff to the extent deemed appropriate to ensure that the market conduct objective was adequately addressed. The operational areas that were reviewed under this examination include company operations/management, complaint handling, marketing and sales, producer licensing, policyholder service, underwriting and rating and claims. This examination report describes the procedures performed in these operational areas and the results of those procedures.

In addition to the processes and procedures guidance in the Handbook, the examination included an assessment of the Company's related internal controls. While the Handbook approach is designed to detect incidents of deficiency through transaction testing, the internal control assessment provides an understanding of the key controls that the Company's management uses to operate their business and to meet key business objectives, including complying with applicable laws and regulations related to market conduct activities.

The internal control assessment is comprised of three significant steps: (a) identifying controls; (b) determining whether the control has been reasonably designed to accomplish its intended purpose in mitigating the risk; and (c) verifying that the control is functioning as intended (i.e., review or testing of the controls). The effectiveness of the internal controls was considered when determining sample sizes for transaction testing. The form of this examination report is "Report by Test," as described in Chapter 15, Section A of the Handbook.

The Division considers a "finding" to be a violation of Massachusetts insurance laws, regulations or bulletins. An "observation" is defined as a departure from an industry best practice. The Division recommends that Company management evaluate any "finding" or "observation" for applicability to other jurisdictions. All unacceptable or non-compliant practices may not have been discovered or noted in this report. Failure to identify unacceptable or non-compliant business practices does not constitute acceptance of such practices. When applicable, corrective actions should be taken in all jurisdictions. The Company shall report to the Division any such corrective actions taken.

REPORT OF THE COMPREHENSIVE MARKET CONDUCT EXAMINATION OF  
LIBERTY MUTUAL INSURANCE COMPANY

## EXECUTIVE SUMMARY

This summary of the examination of the Company is intended to provide a high-level overview of the examination results highlighting where recommendations were made or required actions were noted. The body of the report provides details of the scope of the examination, the examination approach, internal controls for each standard, review and test procedures conducted, findings and observations, recommendations and required actions, and if applicable, subsequent Company actions. Company managerial and supervisory personnel from each operational area should review the examination report for results relating to their specific area.

The following is a summary of all findings and observations, along with related recommendations and required actions and, if applicable, subsequent Company actions noted in this examination report. All Massachusetts laws, regulations and bulletins cited in this report may be viewed on the Division's website at [www.mass.gov/doi](http://www.mass.gov/doi).

The examination resulted in no recommendations or required actions with regard to company operations/management, complaint handling, marketing and sales, producer licensing, or policyholder service. The examination indicated that the Company is in compliance with all tested Company policies, procedures and statutory requirements addressed in the examination. Further, the tested Company practices appear to meet industry best practices in these areas.

## SECTION VI-UNDERWRITING AND RATING

### STANDARD VI-6

Findings: RNA noted one private passenger automobile policy where the vehicle was not inspected after an inspection notice was provided to the policyholder. When the vehicle was not inspected or where an appropriate waiver was not available, the physical damage coverage should have been removed from the policy in accordance with 211 CMR 94.09.

Observations: Based upon testing, the Company issues new and renewal policies and endorsements timely, accurately and completely. In addition, private passenger automobile policies generally were issued in compliance with pre-insurance inspection requirements.

Required Actions: The Company shall provide guidance or training to Company personnel reminding them to timely monitor vehicle inspection requirements and ensure that the requirements of 211 CMR 94.09 are fully followed.

Subsequent Company Actions: Effective August 6, 2012, the Company adopted a procedure for tracking and monitoring required vehicle inspections and removing physical damage coverage when such required inspections are not conducted.

#### STANDARD VI-7

Findings: None.

Observations: Based upon testing, private passenger automobile declination decisions were made in accordance with statutory requirements and the Company's underwriting plan, except in one instance where the applicant was declined in error due to miscommunication. Further, no written notice of declination was provided to this applicant. For five additional private passenger applicants declined, no written declination notices were provided. The remaining declined private passenger automobile applicants were provided proper written declination notices. Five homeowners' applicants were declined based on insurance scores, and each applicant received a proper written declination notice in accordance with the FCRA. The remaining homeowners' and umbrella applicants declined for other underwriting reasons received oral declination notices. Based upon testing and review of the information available, the Company's declinations were not unfairly discriminatory.

Required Actions: The Company shall provide guidance or training to Company personnel reminding them to provide proper written declination notices to declined private passenger automobile applicants. Also, the Company shall maintain such written declination notices and any other supporting documentation for a five-year period. Finally, the Company's internal audit department shall complete an independent assessment of the effectiveness of these new procedures by June 30, 2013 and report the results of the assessment to the Division.

Recommendations: The Company should consider providing homeowners' and umbrella applicants written declination notices when they are declined for general underwriting reasons.

Subsequent Company Actions: The Company agrees with the required actions. The Company's internal audit department will conduct an independent assessment of the effectiveness of these new procedures by June 30, 2013 and report the results of the assessment to the Division.

#### STANDARD VI-8

Findings: Based on testing, five private passenger non-renewal notices did not include the specific reason or proper specific reason for the non-renewal in violation of 211 CMR 97.06.

Observations: For the 30 transactions coded as company-initiated cancellations, only 17 were actually company-initiated cancellations with the remaining 13 being insured-requested cancellations. For each of the 17 company-initiated cancellations, the Company provided timely and adequate notice to the policyholders with the specific reasons for the cancellations properly disclosed. The specific reasons were reasonable and in compliance with statutory requirements. For the two additional company-initiated cancellations for non-payment of premium, the Company provided timely and adequate written notice of cancellation.

Five private passenger automobile and 10 homeowners non-renewals evidenced timely notice with the specific reasons for the non-renewals on the notices. The specific reasons were reasonable and in compliance with statutory requirements. For 19 additional private passenger non-renewal notices, the reason stated was that the producers were no longer affiliated with the Company, which is correct, but an additional reason is that the insureds were surcharged and/or had claims during the past three years. Finally, 10 umbrella conditional renewals or non-renewals appeared to be properly processed and reasonable.

REPORT OF THE COMPREHENSIVE MARKET CONDUCT EXAMINATION OF  
ELECTRIC INSURANCE COMPANY

*Required Actions:* The Company shall provide guidance or training to Company personnel reminding them to provide complete, accurate and specific reasons on all private passenger automobile non-renewal notices. Finally, the Company's internal audit department shall complete an independent assessment of the effectiveness of these new procedures by June 30, 2013 and report the results of the assessment to the Division.

*Recommendations:* The Company should ensure that all company-initiated and insured-requested cancellations are properly coded and classified in the Company's policy administration systems to allow for accurate and complete regulatory and management reporting.

*Subsequent Company Actions:* The Company agrees with the required actions. The Company's internal audit department will conduct an independent assessment of the effectiveness of these new procedures by June 30, 2013 and report the results of the assessment to the Division.

## SECTION VII-CLAIMS

### STANDARD VII-6

*Findings:* One homeowners claim over \$1,000 was not properly and timely reported to local building and health authorities to disclose a dangerous condition in according with M.G.L. c. 139, § 3B.

*Observations:* RNA noted each of the tested claims was handled according to the Company's policies and procedures except as noted above. Based upon testing, it appears that the Company's processes for handling claims are functioning in accordance with its policies, procedures and statutory requirements. Further, upon evaluation of the claims-related complaint, such claims generally appeared to be properly handled.

*Required Actions:* The Company shall adopt a specific policy and procedures to address the requirements of M.G.L. c. 139, § 3B and provide training to claims adjusters on proper and timely implementation of the policy and procedures.

*Subsequent Company Actions:* The Company agrees with the required actions. The Company has adopted new procedures to require notification of all property losses to local building and health authorities when claims are reported. A weekly monitoring procedure has been established to ensure that such reporting timely occurs.

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ELECTRIC INSURANCE COMPANY

**COMPANY BACKGROUND**

The Company was incorporated in 1966, as a wholly-owned subsidiary of Electric Mutual Liability Insurance Company, to provide personal lines insurance to the employees of General Electric ("GE"). Since that time, the Company has expanded its service to offering personal lines products to the general public. Nearly half of personal lines business is sold today to non-GE employees. As of July 1, 1995, Wilmington Trust Company acquired all of the issued and outstanding shares of the Company. In June 1995, the Company began writing commercial lines coverage for GE and its affiliates. In Massachusetts, the Company offers only private passenger automobile, homeowners and umbrella coverage to individuals. The Company ceased writing motorcycle coverage in Massachusetts May 1, 2012. In addition, the Company offers dwelling fire and yacht coverage to existing customers but is not soliciting new customers for those coverages. Company has issued one product liability insurance policy to GE for manufactured products in Massachusetts, one workers' compensation policy to GE covering GE employees located in Massachusetts and one commercial automobile policy to GE covering such risks in Massachusetts.

The Company's statutory surplus as of December 31, 2011 is \$460.1 million with statutory admitted assets of \$1,445.0 million. The Company maintains an A.M. Best financial strength rating of A (Excellent) with a stable outlook.

The key objectives of this examination were determined by the Division with emphasis on the following areas.



## I. COMPANY OPERATIONS/MANAGEMENT

Evaluation of the Standards in this business area is based on (a) an assessment of the Company's internal control environment, policies and procedures, (b) the Company's response to various information requests, and (c) a review of several types of files at the Company.

<b>Standard I-1. The regulated entity has an up-to-date, valid internal, or external, audit program.</b>
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*Objective:* This Standard addresses the audit function and its responsibilities. See Appendix A for applicable statutes, regulations and bulletins. See Standard VII-14 for additional discussion with regard to Commonwealth Automobile Reinsurers ("CAR") claim audit results.

*Controls Assessment:* The following controls were noted in review of this Standard:

- The Company's statutory financial statements are audited annually by an independent auditor.
- The Company's Board of Directors and Audit Committee are ultimately responsible for compliance matters. The Audit Committee's membership consists of two independent directors and the Company's President – Chief Executive Officer. The Company's Chief Legal Officer has compliance responsibilities and frequently communicates with the internal audit function. Finally, the Company's internal audit function reports to the Audit Committee.
- The Company has three management committees (not committees of the Board of Directors) including the Policy Compliance Review Board, Strategic Advisory Board and the Risk Management Committee. The Risk Management Committee reports annually to the Audit Committee and is charged with evaluating enterprise risk management including underwriting, catastrophe, regulatory compliance, financial and operational risks.
- The Company's internal audit department staff conducts financial, operational and compliance audits. The Company's internal audit plan is presented to, the Audit Committee, which monitors the progress of the audit plan. A summary of audit results is quarterly presented to the Audit Committee.
- The Company's underwriting department performs a quality assurance review of all approved applications to ensure the accuracy of applications and to verify that all required forms have been received.
- The Company monitors call center service levels for individual sales agents as well as for sales teams. Further, all service calls are recorded, and quality assurance audits are performed on five calls per month per employee-agent.
- The Company has established a quality assurance review process to review and evaluate claims for adherence to Company policies and procedures. Both open and closed claims for each claims adjuster are audited monthly by a team leader or manager.
- The Company is subject to periodic premium and loss data audits by CAR for compliance with statutes and CAR Rules of Operation. CAR is the industry-operated residual market and statistical agent for automobile insurance in Massachusetts. Participation in CAR is mandatory for all insurers writing automobile insurance in Massachusetts.
- The Workers' Compensation Rating and Inspection Bureau ("WCRIB") serves as a rating organization and statistical agent for Massachusetts-licensed insurers. The WCRIB has the authority to conduct periodic audits of the Company's workers' compensation premium and claims statistical data. The WCRIB has not conducted any recent audits of the Company's premium or claim statistical data.
- The Department of Industrial Accidents ("DIA") has the authority to conduct periodic audits of the Company's quarterly assessment calculations for determining payments to the Workers

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Compensation Trust Fund. The DIA has not conducted any recent audits of the Company's quarterly assessment calculations.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA reviewed selected internal audit reports, evidence of underwriting and claim quality assurance audits, and the recent CAR audit to evaluate procedures performed and results obtained. Issues noted in such reports were further investigated and discussed with management.

Transaction Testing Results:

Findings: None.

Observations: The internal audit reports, evidence of underwriting and claim quality assurance audits, and the recent CAR audit reviewed by RNA provided detailed information on the procedures performed, audit findings and recommendations. The review of these audits indicated that the Company is generally in compliance with policies, procedures and regulatory requirements. Any deficiencies noted showed follow up actions by the Company to address them.

Recommendations: None.

**Standard I-2. The regulated entity has appropriate controls, safeguards and procedures for protecting the integrity of computer information.**

No work performed. All required activity for this Standard is included in the scope of the ongoing statutory financial examination of the Company.

**Standard I-3. The regulated entity has antifraud initiatives in place that are reasonably calculated to detect, prosecute, and prevent fraudulent insurance acts.**

Objective: This Standard addresses the effectiveness of the Company's antifraud plan. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company's Special Investigative Unit ("SIU") has adopted antifraud claims and underwriting procedures, which require management and employees to take reasonable precautions to prevent, detect and thoroughly investigate potential insurance fraud, and to report potential fraud to the Massachusetts Insurance Fraud Bureau ("IFB").
- Company policy is to comply with CAR's SIU performance standards. All auto thefts are reported to the National Insurance Crime Bureau ("NICB").
- All Company directors and employees are annually required to attest that they are in compliance with the Code of Ethics including the conflict of interest policy.
- Prospective employees are asked about their criminal backgrounds on employment applications and must attest to not having been convicted of a felony.

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- The Company has implemented Office of Foreign Asset Control compliance initiatives including searches of the Specially Designated Nationals ("SDN") database for any payees, customers or vendors that might be included in the SDN database.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA reviewed Company policies and procedures to address antifraud initiatives as part of claims and underwriting testing and supporting documentation.

Transaction Testing Results:

Findings: None.

Observations: Based upon underwriting and claims testing, it appears that the Company has antifraud initiatives in place that are reasonably designed to detect, prevent and fully investigate fraudulent insurance acts.

Recommendations: None.

**Standard I-4. The regulated entity has a valid disaster recovery plan.**

No work performed. All required activity for this Standard is included in the scope of the ongoing statutory financial examination of the Company.

**Standard I-5. Contracts between the regulated entity and entities assuming a business function or acting on behalf of the regulated entity, such as, but not limited to, MGAs, GAs, TPAs and management agreements must comply with applicable licensing requirements, statutes, rules and regulations.**

Objective: This Standard addresses the Company's contracts with entities assuming a business function and compliance with licensing and regulatory requirements. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard and Standard I-6:

- The Company's sales distribution is directly through an exclusive employee-agent sales force and one independent agency. The Company verifies that independent agents are properly licensed as Massachusetts producers prior to contracting with them. The Company's agency contract addresses agent authorities, premium accounting and remittance, contract termination, commissions, advertising, indemnification, underwriting policies, errors and omissions coverage and expirations ownership.
- Certain claims litigation defense duties are outsourced to various law firms and attorneys.
- The Company's workers' compensation claim processing is outsourced to an unaffiliated third party administrator. The related contract contains performance standards requiring timely and accurate claims processing and compliance with all applicable laws and regulations. The

REPORT OF THE COMPREHENSIVE MARKET CONDUCT EXAMINATION OF  
ELECTRIC INSURANCE COMPANY

Company monitors monthly activity reports to ensure compliance with Company policies and procedures.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed management about its use of third parties to perform Company functions, and the monitoring procedures conducted over these third parties. Further, RNA reviewed such documentation as part of new and renewal business testing and claims testing.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, it appears that the Company's contracts with entities assuming a business function on its behalf comply with statutory and regulatory requirements.

Recommendations: None.

**Standard I-6. The regulated entity is adequately monitoring the activities of any entity that contractually assumes a business function or is acting on behalf of the regulated entity.**

Objective: This Standard addresses the Company's efforts to adequately monitor the activities of the contracted entities that perform business functions on its behalf. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard I-5.

Controls Reliance: See Standard I-5.

Transaction Testing Procedure: RNA interviewed management about its monitoring of third parties that perform Company functions. As part of new and renewal business testing, RNA reviewed producer documentation that supports the new or renewal business sold. As part of claims testing, RNA reviewed work completed by outside defense counsel and its workers' compensation third party claims administrator.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, it appears that the Company is adequately monitoring the activities of third parties assuming a business function on the Company's behalf, in compliance with statutory and regulatory requirements.

Recommendations: None.

**Standard I-7. Records are adequate, accessible, consistent and orderly and comply with record retention requirements.**

*Objective:* This Standard addresses the adequacy and accessibility of the Company's records. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard:

- The Company has adopted record retention requirements, which are monitored by the Office of the General Counsel.
- The record retention requirements include guidelines for management, maintenance and disposal of records, and the length of time specific documents must be retained.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

*Transaction Testing Procedure:* RNA inquired about the Company's record retention policies and evaluated them for reasonableness.

*Transaction Testing Results:*

*Findings:* None.

*Observations:* The Company's record retention policies appear reasonable. Testing results relating to documentation evidence are also noted in the various examination standards.

*Recommendations:* None.

**Standard I-8. The regulated entity is licensed for the lines of business that are being written.**

*Objective:* This Standard addresses whether the lines of business written by the Company are in accordance with the lines of business authorized by the Division. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* Due to the nature of this Standard, no controls assessment was performed.

*Controls Reliance:* Not applicable.

*Transaction Testing Procedure:* RNA reviewed the Company's certificate of authority, and compared it to the lines of business which the Company writes in the Commonwealth.

*Transaction Testing Results:*

*Findings:* None.

*Observations:* The Company is licensed for the lines of business being written.

Recommendations: None.

**Standard I-9. The regulated entity cooperates on a timely basis with examiners performing the examinations.**

Objective: This Standard is concerned with the Company's cooperation during the course of the examination. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Due to the nature of this Standard, no controls assessment was performed.

Controls Reliance: Not applicable.

Transaction Testing Procedure: The Company's level of cooperation and responsiveness to examiner requests was assessed throughout the examination.

Transaction Testing Results:

Findings: None.

Observations: The Company's level of cooperation and responsiveness to examiner requests was very good.

Recommendations: None.

**Standard I-10. The regulated entity has procedures for the collection, use and disclosure of information gathered in connection with insurance transactions to minimize any improper intrusion into the privacy of applicants and policyholders.**

Objective: This Standard is concerned with the Company's policies and procedures to ensure it minimizes improper intrusion into the privacy of individuals. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in conjunction with the review of this Standard and Standards I-11 through I-16:

- Company policy requires that a consumer privacy notice be provided to applicants when a new personal lines policy is issued. The consumer privacy notice is also annually provided to customers with personal lines renewal notices. Finally, the Company also provides the consumer privacy notice and the internet privacy policy on its website.
- Company policy allows for the sharing of personal financial and health information with affiliates and non-affiliates who provide services to the Company. Company policy is to disclose information only as required or permitted by law to regulators, law enforcement agencies, antifraud organizations, and third parties who assist the Company in processing business transactions for its customers.
- The Company does not sell or share information with anyone for marketing purposes. As such, there is no need to provide policyholders with opt out rights.

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Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for privacy and information security compliance, reviewed documentation supporting its privacy and information security policies and procedures, and sought any evidence of improper privacy practices as part of personal lines underwriting testing, and all claims testing.

Transaction Testing Results:

Findings: None.

Observations: Based upon review and completion of underwriting and claims testing, the Company's privacy and information security practices appear to minimize any improper intrusion into individuals' privacy in accordance with the Company's policies and procedures.

Recommendations: None.

**Standard I-11. The regulated entity has developed and implemented written policies, standards and procedures for the management of insurance information.**

The objective of this Standard relates to privacy matters included elsewhere in this section.

**Standard I-12. The regulated entity has policies and procedures to protect the privacy of nonpublic personal information relating to its customers, former customers and consumers that are not customers.**

Objective: This Standard addresses policies and procedures to ensure privacy of nonpublic personal information. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard I-10.

Controls Reliance: See Standard I-10.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for privacy compliance, and reviewed documentation supporting its privacy policies and procedures. As part of personal lines underwriting testing and all claims testing, RNA reviewed underwriting documentation for any evidence that the Company improperly provided personal information to inappropriate parties.

Transaction Testing Results:

Findings: None.

Observations: Based upon RNA's review, the Company's policies and procedures adequately protect consumers' nonpublic personal information. RNA noted no instances where the Company improperly provided personal information to inappropriate parties in conjunction with underwriting and claims testing.

REPORT OF THE COMPREHENSIVE MARKET CONDUCT EXAMINATION OF  
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Recommendations: None.

**Standard I-13. The regulated entity provides privacy notices to its customers and, if applicable, to its consumers who are not customers regarding treatment of nonpublic personal financial information.**

Objective: This Standard addresses the Company's practice of providing privacy notices to customers and consumers. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard I-10.

Controls Reliance: See Standard I-10.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for privacy compliance, reviewed documentation supporting privacy policies and procedures, and examined whether the privacy notice provided sufficient information and disclosures. RNA selected 50 private passenger automobile and 50 homeowners policies issued and renewed during the examination period, to test whether a consumer privacy notice was provided.

Transaction Testing Results:

Findings: None.

Observations: Based upon review and testing, the Company provides a sufficient consumer privacy notice to customers that discloses its treatment of non-public personal financial information.

Recommendations: None.

**Standard I-14. If the regulated entity discloses information subject to an opt out right, the company has policies and procedures in place so that nonpublic personal financial information will not be disclosed when a consumer who is not a customer has opted out, and the company provides opt out notices to its customers and other affected consumers.**

Objective: This Standard addresses policies and procedures with regard to opt out rights. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard I-10.

Controls Reliance: See Standard I-10.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for privacy compliance, and reviewed documentation supporting its privacy policies and procedures.

Transaction Testing Results:

Findings: None.



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Observations: The Company does not share nonpublic personal financial information with anyone for marketing purposes. Thus, the Company is not required to offer an opt out for such information sharing.

Recommendations: None.

**Standard I-15. The regulated entity's collection, use and disclosure of nonpublic personal financial information are in compliance with applicable statutes, rules and regulations.**

Objective: This Standard is concerned with the Company's collection and use of nonpublic personal financial information. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard I-10.

Controls Reliance: See Standard I-10.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for privacy compliance, and reviewed documentation supporting its privacy policies and procedures. RNA also reviewed underwriting and claims documentation for any evidence that the Company improperly collected, used or disclosed nonpublic personal financial information in conjunction with testing of underwriting and claims.

Transaction Testing Results:

Findings: None.

Observations: Based upon RNA's review and testing in conjunction with underwriting and claims, the Company's policies and procedures provide reasonable assurance that the Company properly collects, uses and discloses nonpublic personal financial information.

Recommendations: None.

**Standard I-16. In states promulgating the health information provisions of the NAIC model regulation, or providing equivalent protection through other substantially similar laws under the jurisdiction of the insurance department, the regulated entity has policies and procedures in place so that nonpublic personal health information will not be disclosed except as permitted by law, unless a customer or a consumer who is not a customer has authorized the disclosure.**

Objective: This Standard addresses efforts to maintain privacy of nonpublic personal health information. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard I-10.

Controls Reliance: See Standard I-10.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for privacy compliance, and reviewed supporting documentation. RNA also sought any evidence that the Company

REPORT OF THE COMPREHENSIVE MARKET CONDUCT EXAMINATION OF  
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improperly disclosed nonpublic personal health information in conjunction with testing of underwriting and claims.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, RNA noted no instances where the Company improperly disclosed nonpublic personal health information in conjunction with testing of underwriting and claims.

Recommendations: None.

**Standard I-17. Each licensee shall implement a comprehensive written information security program for the protection of nonpublic customer information.**

Objective: This Standard is concerned with the Company's information security efforts to ensure that nonpublic consumer information is protected. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company has developed and implemented information technology security policies and practices to safeguard nonpublic personal and health information. The Company annually conducts information systems risk assessments to consider, document and review information security threats and controls, and to continually improve information systems security.
- The Company's internal audit function conducts information technology audits, which address information security and access controls.
- Only individuals approved by Company management are granted access to the Company's electronic and operational areas where non-public personal financial and health information is located. Access is frequently and strictly monitored.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for information security compliance, and reviewed documentation supporting its information security policies and procedures. Review of information technology access and authorization controls is also included in the scope of the ongoing statutory financial examination of the Company.

Transaction Testing Results:

Findings: None.

Observations: Based upon RNA's review of the Company's information security policies and procedures, it appears that the Company has implemented an information security program, which appears to provide reasonable assurance that its information systems protect nonpublic customer information.

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Recommendations: None.

**Standard I-18. All data required to be reported to departments of insurance is complete and accurate.**

Objective: This Standard is concerned with the Company's annual reporting of statutorily-required homeowners underwriting and claims data and the NAIC Market Conduct Annual Statement personal lines data. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company's policy administration and claims systems compile and retain underwriting and claims data for inclusion in the NAIC Market Conduct Annual Statement.
- The Company's policy administration and claims systems compile and retain homeowners underwriting and claims data for inclusion in the annual homeowners data submission to the Division when required.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for personal markets underwriting and claims processing. RNA also reviewed the 2011 NAIC Market Conduct Annual Statement for Massachusetts data for unusual results and concerns. Finally, the Company was not required to file homeowners underwriting and claims data with the Division in 2011, since it was not one of the 25 largest Massachusetts homeowners insurers.

Transaction Testing Results:

Findings: None.

Observations: RNA's review of the Company's 2011 NAIC Market Conduct Annual Statement Massachusetts data indicated no unusual underwriting or claims data.

Recommendations: None.

## II. COMPLAINT HANDLING

Evaluation of the Standards in this business area is based on (a) an assessment of the Company's internal control environment, policies and procedures, (b) the Company's response to various information requests, and (c) a review of several types of files at the Company.

**Standard II-1. All complaints are recorded in the required format on the regulated entity's complaint register.**

Objective: This Standard addresses whether the Company formally tracks complaints or grievances as required by statute. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of all complaint Standards:

- The Company considers a complaint to be any written grievance received and includes any written posting by a complainant on the Company's social networking site.
- All regulatory complaints are written and directed to the Company's Chief Underwriting Officer, who is the primary executive responsible for complaint handling. An administrative assistant records the complaint in the complaint register and forwards the complaint to the appropriate business unit for response. A response is prepared by the business unit and reviewed by a Vice-President or higher level executive before the response is returned to the administrative assistant for distribution to the insurance regulator or the complainant.
- The Company's policy is to respond to regulatory complaints within 10 days when possible.
- The Company provides a telephone number and address in its written responses to regulatory complaints and consumer inquiries and on its web-site.
- The complaint register includes each complaint, the origin of the complaint, the classification of the complaint by line of business, the nature of the complaint, the disposition of the complaint, the date of receipt and the date of response.
- Complaint statistics are compiled from complaint register and reviewed by management and the Audit Committee of the Board of Directors.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed management and staff responsible for complaint handling, and examined evidence of the Company's related processes and controls. RNA reviewed the Company's complaint registers for 2011-2012 to evaluate the Company's compliance with statutory complaint requirements. RNA also reviewed the Company's complaint registers for 2011-2012 to determine whether they properly contained all Division complaints. Finally, RNA reviewed claims complaint statistics compiled from complaint registers for reasonableness and consistency.

Transaction Testing Results:

Findings: None.

Observations: RNA noted that the Company's complaint register includes all statutorily-required database elements and that the complaint register was complete. Finally, the Company's claims complaint statistics appear reasonable and consistent.

Recommendations: None.

**Standard II-2. The regulated entity has adequate complaint handling procedures in place and communicates such procedures to policyholders.**

Objective: This Standard addresses whether the Company has adequate complaint handling procedures, and communicates those procedures to policyholders and consumers. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard II-1.

Controls Reliance: See Standard II-1.

Transaction Testing Procedure: RNA interviewed management and staff responsible for complaint handling, and examined evidence of the Company's related processes and controls. RNA reviewed the sole regulatory complaint from the 2011-2012 period, to evaluate the Company's compliance with statutory complaint requirements. RNA reviewed the complaint handling for the regulatory complaint, including the adequacy of documentation supporting the facts and resolution of the complaint. In addition, RNA reviewed the Company's website and communications to consumers, to determine whether the Company provides contact information for consumer inquiries.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, RNA noted that the Company has adequate procedures in place to address complaints, and adequately communicates such procedures to consumers.

Recommendations: None.

**Standard II-3. The regulated entity takes adequate steps to finalize and dispose of the complaint in accordance with applicable statutes, rules and regulations, and contract language.**

Objective: This Standard addresses whether the Company's response to the complaint fully addresses the issues raised, and whether policyholders or consumers with similar fact patterns are treated consistently and fairly. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard II-1.

Controls Reliance: See Standard II-1.

Transaction Testing Procedure: RNA interviewed management and staff responsible for complaint handling, and examined evidence of the Company's related processes and controls. RNA reviewed the sole regulatory complaint from the 2011-2012 period, to evaluate the Company's efforts to properly dispose of complaints.

Transaction Testing Results:

Findings: None.

Observations: RNA noted that the Company fully addressed the issues raised in the complaint tested. Documentation for the complaint appeared complete, including the original complaint and related correspondence.

Recommendations: None.

**Standard II-4. The time frame within which the regulated entity responds to complaints is in accordance with applicable statutes, rules and regulations.**

Objective: This Standard addresses the time required for the Company to process each complaint. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard II-1.

Controls Reliance: See Standard II-1.

Transaction Testing Procedure: RNA interviewed management and staff responsible for complaint handling, and examined evidence of the Company's related processes and controls. RNA reviewed the sole regulatory complaint from the 2011-2012 period, to evaluate the Company's complaint response times.

Transaction Testing Results:

Findings: None.

Observations: The Company appeared to address timely the tested Division complaint within 14 days. The Company appears to respond to complaints in a timely manner in accordance with its policies, procedures, and regulatory requirements.

Recommendations: None.

### III. MARKETING AND SALES

Evaluation of the Standards in this business area is based on (a) an assessment of the Company's internal control environment, policies and procedures, (b) the Company's response to various information requests, and (c) a review of several types of files at the Company.

**Standard III-1. All advertising and sales materials are in compliance with applicable statutes, rules and regulations.**

*Objective:* This Standard is concerned with whether the Company maintains a system of control over the content, form and method of dissemination for all advertising materials. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted as part of this Standard:

- The Company creates print and mail advertising for general use by its employee-agents to market its products to GE employees, employer groups, and the public.
- The Company does not use television, radio or media advertising.
- The Company has one contracted independent agency that does not produce any advertising material where the Company's name is mentioned.
- Product brochures are developed by teams, which include subject matter experts in product design, underwriting, actuarial, legal, and operations.
- The Company maintains a sales materials and advertising log to track all such materials.
- The Company has policies and procedures for review and use of advertising and sales materials, including approval of all materials by the Office of General Counsel prior to use.
- The Company discloses its name and address on its website.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

*Transaction Testing Procedure:* RNA interviewed Company personnel with responsibility for reviewing, approving and maintaining sales and advertising materials, and obtained supporting documentation. RNA selected five advertising and sales materials utilized during the examination period and reviewed them for accuracy and reasonableness, and for evidence of Office of General Counsel approval prior to use. Further, RNA reviewed the Company's website for disclosure of its name and address. Finally, RNA reviewed any sales and marketing materials noted as part of new and renewal business testing for any evidence of use of unapproved sales and marketing materials.

*Transaction Testing Results:*

*Findings:* None.

*Observations:* RNA noted that the five selected materials had evidence of Office of General Counsel approval prior to use. All sales materials reviewed appeared accurate and reasonable, and the Company's website disclosure complies with Division requirements. Finally, RNA noted no evidence of the use of unapproved sales materials as part of new and renewal business testing.

*Recommendations:* None.

**Standard III-2. Regulated entity internal producer training materials are in compliance with applicable statutes, rules and regulations.**

*Objective:* This Standard is concerned with whether the Company's producer training materials are in compliance with state statutes, rules and regulations. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted as part of this Standard:

- Newly hired employee-agents receive on-site training regarding the Company's products and compliance matters.
- The Company monitors employee-agent continuing education compliance. All continuing education costs for employee-agents are paid by the Company.
- The Company's marketing representatives periodically visit its only independent agency to provide training and guidance regarding underwriting guidelines, new products, use of the Company's agent portal, and general policies and procedures. The Company's independent agency is contractually required to maintain Massachusetts continuing education and producer licensing requirements.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

*Transaction Testing Procedure:* RNA interviewed Company personnel with responsibility for developing and distributing employee-agent and independent agency training materials to understand the nature and breadth of the Company's producer training. As part of new and renewal business testing, RNA reviewed evidence for 13 private passenger automobile and homeowners policies that employee-agents met Massachusetts continuing education requirements.

*Transaction Testing Results:*

*Findings:* None.

*Observations:* Based upon review, the Company's agent training processes appear adequate and agent training materials appear accurate and reasonable.

*Recommendations:* None.

**Standard III-3. Regulated entity communications to producers are in compliance with applicable statutes, rules and regulations.**

*Objective:* This Standard is concerned with whether the written and electronic communication between the Company and its producers is in accordance with Company policies and procedures. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* See Standard III-2.

*Controls Reliance:* See Standard III-2.



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Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for developing and distributing employee-agent and independent agency communications to understand the nature and breadth of such communications. RNA reviewed employee-agent and independent agency communications as part of new and renewal business testing for reasonableness.

Transaction Testing Results:

Findings: None.

Observations: Based on review and testing, procedures for agent communications appear appropriate and reasonable. RNA noted no evidence of unreasonable agent communications as part of new and renewal business testing.

Recommendations: None.

**Standard III-4. The regulated entity's mass marketing of property/casualty insurance is in compliance with applicable statutes, rules and regulations.**

Objective: This Standard is concerned with whether marketing to groups by the Company and its producers is in accordance with Company policies and procedures. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard III-1.

Controls Reliance: See Standard III-1.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for developing and distributing group marketing communications to understand the nature and breadth of such communications. RNA reviewed group marketing communications as part of new and renewal business testing for reasonableness.

Transaction Testing Results:

Findings: None.

Observations: Based on review and testing, procedures for group marketing communications appear appropriate and reasonable. RNA noted no evidence of unreasonable group marketing communications as part of new and renewal business testing.

Recommendations: None.

#### IV. PRODUCER LICENSING

Evaluation of the Standards in this business area is based on (a) an assessment of the Company's internal control environment, policies and procedures, (b) the Company's response to various information requests, and (c) a review of several types of files at the Company.

**Standard IV-1. Regulated entity records of licensed and appointed (if applicable) producers and in jurisdictions where applicable, licensed company or contracted independent adjusters agree with insurance department records.**

*Objective:* The Standard addresses licensing and appointment of the Company's producers. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard:

- The Company uses approximately 135 exclusive employee-agents and one independent agency to produce Massachusetts business.
- The Company recruits entry level and experienced sales representatives, who wish to sell the Company's products as employee-agents. A written application must be completed by any producer seeking employment with the Company. The applications are reviewed by the Company, and the Company conducts criminal, financial and license background checks on the applicants. All new hires must attend a two-month training program to understand the Company's policies, products and sales guidelines and obtain or verify a producer license prior to soliciting sales.
- The Company's standard agency contract's terms and conditions address agent authorities, premium accounting and remittance, contract termination, commissions, advertising, indemnification, underwriting policies, errors and omissions coverage and expirations ownership.
- All employee-agents and independent agents are appointed through the Division's On-Line Producer Appointment ("OPRA") System.
- Employee-agents are compensated with a base salary with potential for incentive compensation based on productivity, accuracy, timeliness, and other metrics.
- Independent agency commissions are paid monthly based on prior month activity.
- The Company completes an annual reconciliation of its agent appointment and termination records with the OPRA System, and makes corrections to the records as necessary.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

*Transaction Testing Procedure:* RNA interviewed individuals with responsibility for employee-agent supervision, producer contracting and processing of agent appointments. As part of new and renewal business testing, RNA selected seven private passenger automobile and seven homeowners policies issued or renewed during the examination period, to determine whether the agent for each policy was included on the Division's list of the Company's appointed agents.

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Transaction Testing Results:

Findings: None.

Observations: Based upon testing, the Company's employee-agents and independent agency were properly licensed and appointed at the time of the sale.

Recommendations: None.

**Standard IV-2. The producers are properly licensed and appointed and have appropriate continuing education (if required by state law) in the jurisdiction where the application was taken.**

Refer to Standard IV-1.

**Standard IV-3. Termination of producers complies with applicable standards, rules and regulations regarding notification to the producer and notification to the state, if applicable.**

Objective: This Standard addresses the Company's termination of agents in accordance with applicable statutes requiring notification to the state and the agent. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company's policy is to give written notice to all agents whose appointments are terminated and notice to the Division through the OPRA system.
- The Company's policy is to give additional information to the Division about agents whose appointments are terminated "for cause" including the reason for the termination.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed individuals with responsibility for employee-agent supervision, producer contracting and appointment termination processing. RNA selected 15 appointment terminations from the Company's appointment termination listing and compared those to information on the Division's appointment termination records. Finally, RNA reviewed evidence that notice to the Division and the agents complied with statutory requirements.

Transaction Testing Results:

Findings: None.

Observations: For each of the 15 appointment terminations tested, the Company properly notified the Division through the OPRA system in compliance with statutory requirements, and the notice to the agents was in compliance with statutory requirements.

Recommendations: None.

**Standard IV-4. The regulated entity's policy of producer appointments and terminations does not result in unfair discrimination against policyholders.**

Objective: The Standard addresses the Company's policy for ensuring that agent appointments and terminations do not unfairly discriminate against policyholders. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standards IV-1 and IV-3.

Controls Reliance: See Standards IV-1 and IV-3.

Transaction Testing Procedure: RNA interviewed individuals with responsibility for employee-agent supervision, producer contracting and processing of agent appointments. In conjunction with testing of 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period, RNA reviewed documentation for any evidence of unfair discrimination against policyholders resulting from the Company's agent appointment and termination policies.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, no evidence of unfair discrimination against policyholders was noted as a result of the Company's agent appointment and termination policies.

Recommendations: None.

**Standard IV-5. Records of terminated producers adequately document the reasons for terminations.**

Objective: The Standard addresses the Company's documentation of the reasons for agent terminations. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard IV-3.

Controls Reliance: See Standard IV-3.

Transaction Testing Procedure: RNA interviewed individuals with responsibility for agent contracting and appointment termination processing. RNA selected 15 appointment terminations during the examination period, and reviewed the reasons for each appointment termination. RNA also inquired about any agent that was terminated "for cause" during the examination period.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, the Company's internal records adequately document reasons for appointment terminations. The Company has not terminated any agent "for cause" as defined by statute during the examination period.

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Recommendations: None.

**Standard IV-6. Producer account balances are in accordance with the producer's contract with the insurer.**

No work performed. This Standard is not covered in the scope of examination because the Company direct bills most premium. Thus, excessive debit account balances are not a significant issue. If material debit account balances existed, they would be evaluated in the scope of the on-going statutory financial examination of the Company.

## V. POLICYHOLDER SERVICE

Evaluation of the Standards in this business area is based on (a) an assessment of the Company's internal control environment, policies and procedures, (b) the Company's response to various information requests, and (c) a review of several types of files at the Company.

<b>Standard V-1. Premium notices and billing notices are sent out with an adequate amount of advance notice.</b>
--

*Objective:* This Standard is concerned with whether the Company provides policyholders with sufficient advance notice of premiums due. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard:

- Policyholders may pay premium in full at coverage inception; select direct bill in monthly, quarterly, semi-annual or annual installments; pay using a credit card; select monthly electronic funds transfer; or select monthly payroll deduction. For new business, a down payment of 20% to 25% is generally required, depending on policy type and the policyholder's payment history.
- The initial installment bill is mailed approximately 20 days prior to the due date. If not paid, a second notice is sent approximately 10 days after the due date, noting that the premium is past due and disclosing the Company's cancellation policy. If not paid in the next 23 days, a cancellation notice is sent to the policyholder. For electronic funds transfer transactions, an insufficient funds notice will trigger a second attempt, and if the funds are still insufficient, the Company will contact the policyholder to establish a different billing method.
- For lapsed accounts where no unearned premium equity is available in the policy, past due amounts over \$50 will be sent to a collection agency for further action. In accordance with Massachusetts regulations, the customer cannot obtain auto coverage with any other carrier until the customer's past due balance is satisfied.
- If a customer previously lapsed coverage for non-payment and requests new coverage, for at least one year, the customer must either pay the annual premium in full or finance the premium with a premium finance company. In these cases, the Company receives a copy of the premium finance agreement and notes the agreement in the policy administrative system. The agreement generally requires the customer to pay 30% of the premium in advance to the premium finance company with the remainder financed. If the customer does not make the required payments, the premium finance company will notify the Company, and the Company will cancel the customer's coverage with the unearned premium returned to the premium finance company.
- Customer service representatives answer general questions about the policyholder's policy or billing and can make billing, address or name changes.
- The Company has developed standards for billing and collections, and monitors compliance with those standards.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

*Transaction Testing Procedure:* RNA interviewed Company personnel with responsibility for policyholder service and reviewed billing notice dates in conjunction with new and renewal business testing. RNA reviewed evidence of monitoring of billing and collections service standards.

Transaction Testing Results:

Findings: None.

Observations: Based upon review, billing notices appeared to be mailed with an adequate amount of advance notice.

Recommendations: None.

<b>Standard V-2. Policy issuance and insured-requested cancellations are timely.</b>
--

Objective: This Standard is concerned with whether the Company has procedures to ensure that policyholder cancellation requests are processed timely. Policy issuance testing is included in Standard VI-6. Return of premium testing is included in Standard V-7. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- Company policy is to cancel policies upon request from the policyholder and to process premium refunds in a timely manner.
- The Company refunds unearned premium to policyholders on a pro-rata or short rate basis, pursuant to statutory and regulatory guidelines.
- Automobile policyholders may cancel their policy only after filing a Form 2A-Notice of Transfer of Coverage, proof that the vehicle has been taken out of service or evidence that they have moved out of Massachusetts.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for policyholder service and tested 21 private passenger automobile, homeowners, and umbrella insured-requested cancellations from the examination period, to ensure that the cancellation requests were processed accurately and timely.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, the insured-requested cancellations were processed accurately and timely.

Recommendations: None.

**Standard V-3. All correspondence directed to the regulated entity is answered in a timely and responsive manner by the appropriate department.**

*Objective:* This Standard addresses the Company's procedures for providing timely and responsive information to customers by the appropriate department. Complaints are covered in the Complaint Handling section, and claims are covered in the Claims section. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard:

- Customer service representatives and employee-agents answer general questions or correspondence about the policyholder's policy or premium billing and can make policy changes or billing changes. Written correspondence is to be answered within two business days.
- The Company has developed performance, work flow standards and goals for customer service requests and policy changes.
- The Company monitors call center service levels for individual employee-agents. 100% of service calls are recorded, and quality assurance audits are performed on five calls per month per employee-agent. Call center service metrics and results are reported daily and weekly to supervisors. Compliance and quality assurance audit results are reported monthly to management.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

*Transaction Testing Procedure:* RNA discussed procedures with Company personnel and reviewed correspondence in conjunction with underwriting, rating and policyholder service standards. Additionally, RNA obtained documentation showing customer service correspondence in conjunction with new and renewal business and claims testing.

*Transaction Testing Results:*

*Findings:* None.

*Observations:* Based upon the review of the above information and review of general correspondence between policyholders and the Company regarding underwriting, rating, and policyholder service matters, it appears that the Company has adequate resources and procedures to handle customer inquiries. Correspondence directed to the Company appears to be answered in a timely and responsive manner.

*Recommendations:* None.

**Standard V-4. Whenever the regulated entity transfers the obligations of its contracts to another regulated entity pursuant to an assumption reinsurance agreement, the regulated entity has gained the prior approval of the insurance department and the regulated entity has sent the required notices to affected policyholders.**

No work performed. The Company does not enter into assumption reinsurance agreements.



**Standard V-5. Policy transactions are processed accurately and completely.**

*Objective:* This Standard addresses procedures for the accurate and complete processing of policy transactions. Objectives pertaining to policy issuance, renewals and endorsements are included in Standard VI-6. Billing transactions are reviewed in Standard V-1, and insured-requested cancellations are tested in Standard V-2. Return of premium testing is included in Standard V-7. Company-initiated cancellations and non-renewals are tested in Standard VI-8. See Appendix A for applicable statutes, regulations and bulletins.

**Standard V-6. Reasonable attempts to locate missing policyholders or beneficiaries are made.**

*Objective:* This Standard addresses efforts to locate missing policyholders or beneficiaries, and to comply with escheatment and reporting requirements. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard:

- The Company's premium billing and claims business units conduct research on returned mail using public databases and the internet to locate a better customer address. For example, the premium billing business unit searches policy records for other listed drivers on automobile policies to locate a policyholder, who has not cashed a premium refund check. Also, un-cashed claim checks are researched using the Insurance Services Office ("ISO") decision note tool, which is a database of claims history. If the business units are not successful, the returned mail is referred to the treasury department, which can access a subscription commercial database.
- The Company's treasury department periodically notifies and reports activity regarding un-cashed premium refund and claim checks to the various business units. Once a check is un-cashed for two years, the treasury department begins the escheatment process. Standardized letters are issued to the last known address 45 days prior to escheatment. Once these efforts are exhausted, the funds are deemed abandoned property and escheated.
- The Company annually reports escheatable funds to the Massachusetts State Treasurer by November 1st as required by statute.
- The Company's internal audit and enterprise risk management functions consider escheatment regulatory and compliance risks.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

*Transaction Testing Procedure:* RNA discussed with Company personnel the Company's procedures for locating missing policyholders and claimants, and for escheating funds, and reviewed supporting documentation. RNA compared the Company's policies and procedures to the Division's best practices in these areas.

***Transaction Testing Results:***

*Findings:* None.

*Observations:* Based upon review, the Company appears to have processes for locating missing

policyholders and claimants, and appears to make efforts to locate such individuals. Finally, the Company appears to report unclaimed items and escheat them as required by statute.

Recommendations: None.

**Standard V-7. Unearned premiums are correctly calculated and returned to the appropriate party in a timely manner and in accordance with applicable statutes, rules and regulations.**

Objective: This Standard addresses return of the correctly calculated unearned premium in a timely manner when policies are cancelled. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard V-2.

Controls Reliance: See Standard V-2.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for policyholder service and tested 21 private passenger automobile, homeowners, and umbrella insured-requested cancellations from the examination period, to test for proper premium refund calculation and timely payment, where appropriate.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, premium refunds appear to be calculated properly and returned timely.

Recommendations: None.

**Standard V-8. Claims history and loss information is provided to the insured in timely manner.**

Objective: This Standard addresses the Company's procedures to provide history and loss information to insureds in a timely manner. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company's claims personnel and employee-agents have access to policyholders' claims history and paid loss information.
- The Company's policy is to directly provide a policyholder with his or her claims history and paid loss information upon request.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA discussed with Company personnel its policies and procedures for responding to policyholder inquiries regarding claims history and paid loss information. Further, RNA reviewed claim documentation for any evidence of the Company being non-responsive to policyholder

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inquiries on claim history and paid loss information in testing of underwriting and rating, claims, complaints and policyholder service.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing in underwriting and rating, claims, complaints and policyholder service, RNA noted no evidence that the Company was non-responsive to any policyholder inquiries. Policies and procedures relating to how the Company responds to policyholder inquiries on claims history and paid loss information appear adequate and reasonable.

Recommendations: None.

## VI. UNDERWRITING AND RATING

Evaluation of the Standards in this business area is based on (a) an assessment of the Company's internal control environment, policies and procedures, (b) the Company's response to various information requests, and (c) a review of several types of files at the Company.

**Standard VI-1. The rates charged for the policy coverage are in accordance with filed rates (if applicable) or the regulated entity's rating plan.**

Objective: This Standard addresses whether the Company is charging premiums using properly filed rates. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard and Standards VI-4 and VI-10:

- The Company has written underwriting and rating policies and procedures designed to reasonably assure consistency in classification and rating.
- The Company requires written private passenger automobile, motorcycle and homeowners and umbrella applications to be mailed, faxed or emailed by the applicant. The Company's underwriting and policy administration systems are used for quoting, rating and underwriting policy applications.
- Company policy prohibits unfair discrimination in the application of premium discounts and surcharges, and in the application of its general rating methodology, in accordance with statutory and regulatory requirements.
- Private passenger automobile and underwriting criteria include license status, driving history, loss history, overdue balances with prior carriers, and youthful driver status. The Company does not use credit or insurance scores in private passenger automobile underwriting or rating. The Company is no longer providing motorcycle coverage effective May 1, 2012.
- The Company adheres to CAR standards of fault in determining at-fault accidents and ensures that drivers are appropriately surcharged for such accidents and any driving violations. Surcharged drivers are notified of the right to appeal the surcharge. If the surcharge is vacated, the Company reports the vacated decision to consumer reporting agencies.
- Private passenger automobile and motorcycle rates are based on Automobile Insurers Bureau of Massachusetts ("AIB") base rates with deviations using actuarial guidelines and principles.
- The Company is subject to periodic audits by CAR for compliance with statutes and CAR Rules.
- Homeowners rates are based on the Company's competitive analysis of market rates.
- Homeowners underwriting and rating criteria include territory, coverage amount and type, property age, protection class, structure type as well as discounts for home and automobile coverage, new construction, security features, safety features, policy tenure, and higher deductibles.
- Private passenger automobile, motorcycle, homeowners and umbrella rates are filed with the Division and approved prior to use.
- All of the Company's rates are maintained electronically. All approved rates are loaded in the Company's new business processing system and are tested prior to use. The Company's pricing actuaries test rate changes in coordination with the information technology department's quality assurance function.
- The Company's underwriting department performs a quality assurance review of all approved applications to ensure the accuracy of the applications and to verify that all required forms have been received.

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Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting and rating processes. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period, to test rate classifications and underlying policy information. From these test selections, RNA selected 13 private passenger automobile and 12 homeowners policies and verified that each policy's premium, discounts and surcharges complied with statutory and regulatory requirements and that premium charges were accurate. In addition, RNA selected an additional 19 motorcycle policies and verified that each policy's premium, discounts and surcharges complied with statutory and regulatory requirements, and that premium charges were accurate.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, the Company appears to calculate policy premiums, discounts and surcharges in compliance with its policies, procedures, and statutory requirements, and in compliance with rates filed with the Division.

Recommendations: None.

<b>Standard VI-2. All mandated disclosures are documented and in accordance with applicable statutes, rules and regulations.</b>
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Objective: This Standard addresses whether all mandated disclosures for rates and coverages are timely provided to insureds in accordance with statutes and regulations. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company has written policies and procedures for processing new and renewal business.
- The Company's supervisory procedures and system's controls are designed to ensure that new business submissions are accurate and complete, including the use of all Company-required forms and instructions.
- The Company's insurance policies provide disclosures as required by statutory and regulatory guidelines.
- The Company provides private passenger automobile information guides to consumers.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period, to test for timely disclosure of rates and coverages.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, the Company provides required coverage disclosures to insureds upon initial application and renewal, in accordance with its policies, procedures, and statutory requirements.

Recommendations: None.

**Standard VI-3. The regulated entity does not permit illegal rebating, commission cutting or inducements.**

Objective: This Standard addresses illegal rebating, commission cutting or inducements, and requires that broker commissions adhere to the commission schedule. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company's employee-agents are compensated with a base salary with potential for incentive compensation based on productivity, accuracy, timeliness, and other metrics.
- Performance monitoring and disciplinary actions for employee-agents are handled in accordance with the Company's human resource management processes.
- The Company has procedures for paying independent agent commissions in accordance with written contracts.
- The Company's independent agent contracts, policies and procedures are designed to comply with statutory underwriting and rating requirements, which prohibit special inducements and rebates.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed individuals with responsibility for producer licensing, agent appointment and agent compensation. In connection with the review of producer contracts, RNA inspected new business materials, advertising materials, producer training materials and manuals for indications of rebating, commission cutting or improper inducements. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period for indications of rebating, commission cutting or improper inducements.

Transaction Testing Results:

Findings: None.

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Observations: Based upon review and testing, the Company's processes for prohibiting illegal acts, including special inducements and rebates, are functioning in accordance with its policies, procedures and statutory requirements.

Recommendations: None.

**Standard VI-4. The regulated entity underwriting practices are not unfairly discriminatory. The company adheres to applicable statutes, rules and regulations and regulated entity guidelines in the selection of risks.**

Objective: This Standard addresses whether unfair discrimination is occurring in insurance underwriting, primarily related to rating. See Standard VI-7 for testing of declinations. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VI-1.

Controls Reliance: Refer to Standard VI-1.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period, to test rate classifications and underlying policy information. From these test selections, RNA selected 13 private passenger automobile and 12 homeowners policies and verified that each policy's premium, discounts and surcharges complied with statutory and regulatory requirements and that premium charges were accurate. During this testing, RNA sought evidence of any unfair discrimination in policy premium rating. In addition, RNA selected an additional 19 motorcycle policies and verified that each policy's premium, discounts and surcharges complied with statutory and regulatory requirements and that premium charges were accurate. Finally, during our testing of private passenger automobile underwriting and claims, in those instances where a driver was surcharged, RNA determined whether notice of the right to appeal the surcharge was given, whether the results of appeals were monitored, whether premium increases for vacated decisions were reversed, and whether consumer reporting agencies were notified of the vacated decisions.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, RNA noted no evidence that the Company's underwriting practices related to rating are unfairly discriminatory. For the 39 surcharge instances noted in our private passenger automobile underwriting and claims testing, the notice of the right to appeal was given, the results of appeals were monitored, premium increases for vacated decisions were reversed as appropriate, and consumer reporting agencies were notified of the vacated decisions.

Recommendations: None.

**Standard VI-5. All forms including contracts, riders, endorsement forms and certificates are filed with the insurance department, if applicable.**

Objective: This Standard addresses whether policy forms and endorsements are filed with the Division

for approval. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard and Standard VI-19:

- Company policy requires the use of the standard Massachusetts automobile policy forms and endorsements. The Company uses the AIB Massachusetts Private Passenger Automobile Form 8<sup>th</sup> Edition, which has been approved by the Division.
- Company policy requires that all homeowners and umbrella policy forms and endorsements be filed and approved by the Division prior to use.
- Approved forms and endorsements are required to be used when providing quotes to customers.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period, to test for the use of approved policy forms and endorsements in compliance with statutory requirements.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, the Company is using approved policy forms and endorsements in compliance with its policies, procedures, and statutory requirements.

Recommendations: None.

<b>Standard VI-6. Policies, riders and endorsements are issued or renewed accurately, timely and completely.</b>
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Objective: This Standard addresses whether the Company issues policies and endorsements timely and accurately. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company has written underwriting and rating policies and procedures designed to reasonably assure consistency in classification and rating.
- The Company's underwriting and policy administration systems are used for quoting, rating and underwriting policy applications.
- Pre-insurance inspections are generally required for new coverage of used private passenger automobiles, unless the applicant has been insured with the Company for three consecutive years. Waivers from pre-insurance inspections are allowed for hardship reasons, a lack of inspection facilities near the applicant, producer book of business transfers, and for automobiles ten years and older.
- The Company's underwriting department performs a quality assurance review of all approved applications to ensure the accuracy of the applications and to verify that all required forms have been received.



Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period, to test whether new and renewal policies and endorsements were issued timely, accurately and completely. Also, RNA verified that for the 50 private passenger automobile policies tested, the Company complied with pre-insurance inspection requirements when necessary.

Transaction Testing Results:

Findings: RNA noted one private passenger automobile policy where the vehicle was not inspected after an inspection notice was provided to the policyholder. When the vehicle was not inspected or where an appropriate waiver was not available, the physical damage coverage should have been removed from the policy in accordance with 211 CMR 94.09.

Observations: Based upon testing, the Company issues new and renewal policies and endorsements timely, accurately and completely. In addition, private passenger automobile policies generally were issued in compliance with pre-insurance inspection requirements.

Required Actions: The Company shall provide guidance or training to Company personnel reminding them to timely monitor vehicle inspection requirements and ensure that the requirements of 211 CMR 94.09 are fully followed.

Subsequent Company Actions: Effective August 6, 2012, the Company adopted a procedure for tracking and monitoring required vehicle inspections and removing physical damage coverage when such required inspections are not conducted.

<b>Standard VI-7. Rejections and declinations are not unfairly discriminatory.</b>
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Objective: This Standard addresses the fairness of application rejections and declinations including issuance of proper declination notices. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- Company policy prohibits unfair discrimination in underwriting in accordance with statutory requirements. Written Company underwriting guidelines are designed to reasonably assure appropriate acceptance and rejection of risks on a consistent and fair basis.
- Applications for private passenger automobile, motorcycle, homeowners and umbrella coverage may be declined by the underwriting department if the risks do not meet the Company's underwriting guidelines. In addition, homeowners' applicants may be declined for coverage if the applicants do not meet minimum insurance score thresholds set by the Company.
- The Company is to provide written declination notices to all private passenger automobile applicants, who do not meet the Company's minimum standards for coverage. Additionally, homeowners' applicants not meeting the minimum insurance score receive a written declination

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notice in accordance with the Fair Credit Reporting Act ("FCRA"). Homeowners' and umbrella applicants declined for other underwriting reasons are given oral declination notices.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 16 private passenger automobile and 25 homeowners/umbrella declinations processed during the examination period to ensure that declinations were not unfairly discriminatory and to ensure that proper declination notice was given to applicants.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, private passenger automobile declination decisions were made in accordance with statutory requirements and the Company's underwriting plan, except in one instance where the applicant was declined in error due to miscommunication. Further, no written notice of declination was provided to this applicant. For five additional private passenger applicants declined, no written declination notices were provided. The remaining declined private passenger automobile applicants were provided proper written declination notices. Five homeowners' applicants were declined based on insurance scores, and each applicant received a proper written declination notice in accordance with the FCRA. The remaining homeowners' and umbrella applicants declined for other underwriting reasons received oral declination notices. Based upon testing and review of the information available, the Company's declinations were not unfairly discriminatory.

Required Actions: The Company shall provide guidance or training to Company personnel reminding them to provide proper written declination notices to declined private passenger automobile applicants. Also, the Company shall maintain such written declination notices and any other supporting documentation for a five-year period. Finally, the Company's internal audit department shall complete an independent assessment of the effectiveness of these new procedures by June 30, 2013 and report the results of the assessment to the Division.

Recommendations: The Company should consider providing homeowners' and umbrella applicants written declination notices when they are declined for general underwriting reasons.

Subsequent Company Actions: The Company agrees with the required actions. The Company's internal audit department will conduct an independent assessment of the effectiveness of these new procedures by June 30, 2013 and report the results of the assessment to the Division.

<b>Standard VI-8. Cancellation/non-renewal, discontinuance and declination notices comply with policy provisions, state laws and regulated entity guidelines.</b>
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Objective: This Standard addresses notices to policyholders for company-initiated cancellations and non-renewals, including advance notice before expiration for cancellations and non-renewals. Declination notices are tested in Standard VI-7. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- Company-initiated cancellations of private passenger automobile policies are a result of nonpayment of premium, driver license suspension, or material misrepresentation, and most occur within the first 60 days of coverage. Written notice of cancellation with the specific reason for the cancellation is sent to the policyholder at least 20 days prior to the cancellation effective date.
- Company-initiated cancellations of homeowners and umbrella policies are generally a result of nonpayment of premium, changes in the risk, failure to return signed application documents or material misrepresentation, and most occur within the first 60 days of coverage. Written notice of cancellation with the specific reason for the cancellation is sent to the policyholder at least five days prior to the cancellation effective date.
- Written non-renewal notices for unacceptable private passenger automobile and homeowners risks are provided to policyholders at least 45 days prior to the non-renewal effective date. Written non-renewal notices to umbrella policyholders are provided approximately 30 days prior to the non-renewal effective date. The notices are to state the specific reason for the non-renewal.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA tested all 30 transactions coded as private passenger automobile, homeowners and umbrella company-initiated cancellations processed in 2011. Further, in our testing of insured-requested cancellations, we found two additional company-initiated cancellations for non-payment of premium. Finally, RNA selected 30 private passenger automobile, 10 homeowners and 10 umbrella non-renewal transactions for testing. All transactions were evaluated for compliance with statutory and Company policy requirements.

Transaction Testing Results:

Findings: Based on testing, five private passenger non-renewal notices did not include the specific reason or proper specific reason for the non-renewal in violation of 211 CMR 97.06.

Observations: For the 30 transactions coded as company-initiated cancellations, only 17 were actually company-initiated cancellations with the remaining 13 being insured-requested cancellations. For each of the 17 company-initiated cancellations, the Company provided timely and adequate notice to the policyholders with the specific reasons for the cancellations properly disclosed. The specific reasons were reasonable and in compliance with statutory requirements. For the two additional company-initiated cancellations for non-payment of premium, the Company provided timely and adequate written notice of cancellation.

Five private passenger automobile and 10 homeowners non-renewals evidenced timely notice with the specific reasons for the non-renewals on the notices. The specific reasons were reasonable and in compliance with statutory requirements. For 19 additional private passenger non-renewal notices, the reason stated was that the producers were no longer affiliated with the Company, which is correct, but an additional reason is that the insureds were surcharged and/or had claims during the past three years. Finally, 10 umbrella conditional renewals or non-renewals appeared to be properly processed and reasonable.

Required Actions: The Company shall provide guidance or training to Company personnel reminding them to provide complete, accurate and specific reasons on all private passenger automobile non-renewal

notices. Finally, the Company's internal audit department shall complete an independent assessment of the effectiveness of these new procedures by June 30, 2013 and report the results of the assessment to the Division.

Recommendations: The Company should ensure that all company-initiated and insured-requested cancellations are properly coded and classified in the Company's policy administration systems to allow for accurate and complete regulatory and management reporting.

Subsequent Company Actions: The Company agrees with the required actions. The Company's internal audit department will conduct an independent assessment of the effectiveness of these new procedures by June 30, 2013 and report the results of the assessment to the Division.

<b>Standard VI-9. Rescissions are not made for non-material misrepresentation.</b>
--

Objective: This Standard addresses whether decisions to rescind and cancel coverage are made appropriately. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- Company policy requires compliance with underwriting guidelines in accordance with statutory requirements.
- Written Company underwriting guidelines are designed to reasonably assure appropriate acceptance and rejection of risks.
- The Company states that although rare, rescissions may be given only for significant material misrepresentations or fraud. Generally, the Company would cancel coverage mid-term in such cases.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA inquired about any rescissions during the examination period.

Transaction Testing Results:

Findings: None.

Observations: Based upon review, policies and procedures for rescissions appear reasonable. The Company states that no rescissions were processed during the examination period.

Recommendations: None.

<b>Standard VI-10. Credits, debits and deviations are consistently applied on a non-discriminatory basis.</b>
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Objective: This Standard addresses whether unfair discrimination is occurring in the application of premium discounts and surcharges. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VI-1.

Controls Reliance: Refer to Standard VI-1.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period, to test rate classifications and underlying policy information. From these test selections, RNA selected 13 private passenger automobile and 12 homeowners policies and verified that each policy's premium, discounts and surcharges complied with statutory and regulatory requirements and that premium charges were accurate. During this testing, RNA sought evidence of any unfair discrimination in the application of policy credits and deviations. In addition, RNA selected an additional 19 motorcycle policies and verified that each policy's premium, discounts and surcharges complied with statutory and regulatory requirements and that premium charges were accurate. Finally, during our testing of private passenger automobile underwriting and claims, in those instances where a driver was surcharged, RNA determined whether notice of the right to appeal the surcharge was given, whether the results of appeals were monitored, whether premium increases for vacated decisions were reversed, and whether consumer reporting agencies were notified of the vacated decisions.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, RNA noted no evidence that the Company's application of policy credits and deviations are unfairly discriminatory. For the 39 surcharge instances noted in our private passenger automobile underwriting and claims testing, the notice of the right to appeal was given, the results of appeals were monitored, premium increases for vacated decisions were reversed as appropriate, and consumer reporting agencies were notified of the vacated decisions.

Recommendations: None.

**Standard VI-11. Schedule rating or individual risk premium modification plans, where permitted, are based on objective criteria with usage supported by appropriate documentation.**

No work performed. This Standard is not covered in the scope of examination because the Company does not generally offer commercial policies.

**Standard VI-12. Verification of use of the filed expense multipliers; the regulated entity should be using a combination of loss costs and expense multipliers filed with the insurance department.**

No work performed. This Standard is not covered in the scope of examination because the Company does not offer workers' compensation policies to anyone except GE.

**Standard VI-13. Verification of premium audit accuracy and the proper application of rating factors.**

No work performed. This Standard is not covered in the scope of examination because the Company does not generally offer commercial policies.

**Standard VI-14. Verification of experience modification factors.**

No work performed. This Standard is not covered in the scope of examination because the Company does not offer workers' compensation policies to anyone except GE.

**Standard VI-15. Verification of loss reporting.**

No work performed. This Standard is not covered in the scope of examination because the Company does not offer workers' compensation policies to anyone except GE.

**Standard VI-16. Verification of regulated entity data provided in response to the NCCI call on deductibles.**

No work performed. This Standard is not covered in the scope of examination because the Company is not subject to NCCI data calls for Massachusetts risks.

**Standard VI-17. Underwriting, rating and classification are based on adequate information developed at or near inception of the coverage rather than near expiration, or following a claim.**

*Objective:* This Standard addresses whether underwriting, rating and classification decisions are based on adequate information developed at or near inception of the coverage, rather than near expiration or following a claim. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard:

- Company policy and practice prohibits unfair discrimination in underwriting and rating in accordance with statutory requirements.
- Written Company policies and procedures are designed to reasonably assure consistency in the application of underwriting guidelines, rating classifications, premium discounts and surcharges determined at or near the inception of coverage.
- Written Company underwriting guidelines are designed to reasonably assure appropriate acceptance and rejection of risks on a proper, consistent and fair basis.
- The Company's underwriting department performs a quality assurance review of all approved applications to ensure the accuracy of the applications and to verify that all required forms have been received.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of

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transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period to test whether underwriting, rating and classification are based on adequate information developed at or near inception of coverage. RNA also sought evidence of complaints to ensure that underwriting is completed at or near inception of the coverage.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, the Company is using underwriting, rating and classification guidelines based on adequate information developed at or near inception of coverage.

Recommendation: None.

<b>Standard VI-18. Audits, when required, are conducted accurately and timely.</b>
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See Standard I-1 for audits by internal and external auditors.

<b>Standard VI-19. All forms and endorsements, forming a part of the contract are listed on the declaration page and should be filed with the insurance department (if applicable).</b>
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Objective: This Standard addresses whether policy forms and endorsements are filed with the Division for approval. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: See Standard VI-5.

Controls Reliance: See Standard VI-5.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period, to test for the use of policy forms and approved endorsements in compliance with statutory requirements.

Transaction Testing Results:

Findings: None.

Observations: Based on the results of testing, it appears that the Company is using approved policy forms and endorsements in compliance with statutory requirements.

Recommendations: None.

**Standard VI-20. The regulated entity verifies that the VIN number submitted with the application is valid and that the correct symbol is utilized.**

*Objective:* This Standard addresses whether the Company verifies that the VIN and vehicle symbol submitted with the application is valid and accurate. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard:

- The Company has written underwriting and rating policies and procedures, which are designed to reasonably assure consistency in classification and rating.
- The Company's agents are responsible for obtaining the VIN and vehicle symbol when the applications are completed.
- Company policy and procedures require that pre-insurance inspections of vehicles verify the VIN and vehicle symbol.
- The Company's underwriting system compares the VIN and vehicle symbol to electronic databases to ensure that both are accurate.

*Controls Reliance:* Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

*Transaction Testing Procedure:* RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile policies issued or renewed during the examination period, to determine whether the Company verifies the VIN and vehicle symbol at policy issuance.

*Transaction Testing Results:*

*Findings:* None.

*Observations:* Based upon testing, the Company verifies VIN and vehicle symbol at policy issuance in accordance with its policies, procedures, and statutory requirements.

*Recommendations:* None.

**Standard VI-21. The regulated entity does not engage in collusive or anti-competitive underwriting practices.**

*Objective:* This Standard addresses whether the Company has engaged in any collusive or anti-competitive underwriting practices. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard:

- Company policy requires that the underwriting department apply consistent underwriting practices, and that no underwriter or producer shall engage in collusive or anti-competitive practices.



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- Company policy and practice prohibits unfair discrimination in underwriting in accordance with statutory requirements.
- Written Company underwriting guidelines are designed to reasonably assure appropriate acceptance and rejection of risks on a proper, consistent and fair basis.
- Certain risks are referred to the underwriting department to determine whether they should be accepted or rejected.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period to determine whether any underwriting practices appeared collusive or anti-competitive.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, the Company's underwriting policies and practices do not appear to be collusive or anti-competitive.

Recommendations: None.

**Standard VI-22. The regulated entity underwriting practices are not unfairly discriminatory. The regulated entity adheres to applicable statutes, rules and regulations in application of mass marketing plans.**

Objective: This Standard addresses whether unfair discrimination is occurring in insurance underwriting for mass marketing plans offered to employer groups. See Standard VI-7 for testing of declinations. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company has written underwriting and rating policies and procedures designed to reasonably assure consistency in classification and rating for mass marketing plans offered to employer groups.
- The Company's mass marketing plans offered to employer groups are filed with the Division for approval.
- Company policy prohibits unfair discrimination in the application of premium discounts and surcharges, and in the application of its general rating methodology, in accordance with statutory and regulatory requirements for mass marketing plans offered to employer groups.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 50 private passenger automobile policies issued or renewed during the examination period, to ensure that underwriting practices for mass marketing plans offered to employer groups were not unfairly discriminatory. From these test selections, 22 private passenger automobile policies were mass marketed to employer groups and included affinity premium discounts. During this testing, RNA sought evidence of any unfair discrimination in underwriting these policies, examined evidence of the Division's approval of the affinity premium discounts and tested the application of affinity premium discounts for seven of these policies.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, RNA noted no evidence that the Company's underwriting practices for mass marketing plans offered to employer groups are unfairly discriminatory. All affinity premium discounts were approved by the Division, and the affinity premium discounts were properly applied.

Recommendations: None.

**Standard VI-23. All group personal lines property and casualty policies and programs meet minimum requirements.**

See Standard VI-22 for testing of this Standard.

**Standard VI-24. Cancellation/non-renewal notices comply with policy provisions and state laws, including the amount of advance notice provided to the insured and other parties to the contract.**

See Standard VI-8 for testing of this Standard.

**Standard VI-25. All policies are correctly coded.**

Objective: This Standard addresses the accuracy of statistical coding. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- The Company has written underwriting policies and procedures, which are designed to reasonably assure consistency in classification and rating.
- The Company's policies and procedures require that Company personnel confirm that certain coding elements reported by the agents are correct and current.
- The Company has a process to correct data coding errors and to make subsequent changes, as needed.
- The Company's policy is to report complete and accurate premium data timely in the required formats to rating bureaus such as the AIB, CAR and ISO.
- The Company is subject to periodic audits by CAR for compliance with statutes and CAR Rules, including statistical coding requirements related to premiums.

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- The Company's underwriting department performs a quality assurance review of all approved applications to ensure the accuracy of the applications and to verify that all required forms have been received.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process and the statistical reporting process. RNA selected 50 private passenger automobile and 50 homeowners policies issued or renewed during the examination period to test data coding for selected policy determinants.

Transaction Testing Results:

Findings: None.

Observations: Based upon testing, premium data determinants appear to be properly coded.

Recommendations: None.

**Standard VI-26. Application or enrollment forms are properly, accurately and fully completed, including any required signatures, and file documentation supports underwriting decisions made.**

Objective: This Standard addresses whether policy file documentation adequately supports decisions made in underwriting and rating. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- Company policy requires that the underwriting files support underwriting and rating decisions.
- The Company's agents are responsible for completing applications for new business and obtaining information needed to properly underwrite and rate the policies. Properly completed applications are to include applicant and producer signatures.
- The Company's underwriting department performs a quality assurance review of all approved applications to ensure the accuracy of the applications and to verify that all required forms have been received.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel with responsibility for the underwriting process. RNA selected 25 private passenger automobile and 25 homeowners policies issued during the examination period, to test whether the application information was properly submitted and whether policy files adequately support the Company's decisions. RNA also sought evidence of any complaints related to underwriting decisions.

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Transaction Testing Results:

Findings: None.

Observations: Based upon testing, application information was properly submitted, and policy files adequately supported the Company's decisions.

Recommendations: None.

## VII. CLAIMS

Evaluation of the Standards in this business area is based on (a) an assessment of the Company's internal control environment, policies and procedures (b) the Company's response to various information requests, and (c) a review of several types of files at the Company.

**Standard VII-1. The initial contact by the regulated entity with the claimant is within the required time frame.**

*Objective:* This Standard addresses the timeliness of the Company's initial contact with the claimant. See Appendix A for applicable statutes, regulations and bulletins.

*Controls Assessment:* The following controls were noted in review of this Standard and through Standard VII-13:

- The Company's personal lines claims function is organized by line of business and function. Functional teams include low-end automobile damage, complex automobile damage, fast track homeowners damage and appliance liability, full adjustment homeowners and umbrella liability, bodily injury, subrogation and no-fault, appraisals and SIU. The functional teams are organized within a supervisory structure. Individual claim settlement authority limits are assigned commensurate with adjusters' experience. In addition, the Company utilizes independent adjusters on larger auto and homeowners claims.
- Written policies and procedures govern claims handling processes. First notice of loss is typically reported through the Company's 800 telephone number, by a fax, or contact from an attorney. Key information such as the claimant's name, policyholder information, policy number, accident date, location, and extent of injuries is obtained and recorded in the electronic claims processing system, which includes a claim diary, financial history and repository for correspondence and scanned documents. A claim number is established and the service center assigns a claims representative immediately. The claims representative is to contact the claimant within 24 hours, but often contact is immediate or within two hours of assignment. Automatically a list of auto repair shops that accept the Company's auto repair plan is sent to auto claimants.
- Reserves are set manually throughout the claims handling process, and an Office of Foreign Asset Control SDN check is completed using ISO's database to identify a prohibited party or their residence in a prohibited country.
- Company policy is to investigate all claims in a timely manner in accordance with its policies, procedures, and regulatory requirements.
- Company policy is to comply with claim settlement performance standards established by CAR and those set forth in statute. CAR audits the Company for compliance with the standards, which specify time frames for assigning an appraiser, inspecting a vehicle, and paying a claim.
- The Company's SIU assists with claims where fraud indicators are present. The ISO Claims Director tool is used to obtain an auto claim fraud risk score, and claims with scores over a preset amount receive a review by SIU. Fraud triggers based upon claim facts have also been established and are reviewed for applicability by adjuster and SIU. These procedures are designed to identify auto thefts, potentially staged accidents, and premium fraud related to garaging location that is identified when a claim is filed. All homeowner fire and theft claims are referred to SIU. Premium fraud may result in a denied claim, or collection of the additional premium and payment of the claim as permitted in the automobile policy. The Company states that any fraud or significant potential fraud is reported to the IFB. All automobile thefts are reported to the NICB.
- Reservation of rights and excess of loss letters are issued when potential coverage issues arise. Department of Revenue checks are prompted in the claims system and are documented in the

claim files. Also, underwriting risk referrals are made to the underwriting department as necessary.

- Generally, no liability release is required from insureds, unless the claim involves uninsured or underinsured parties. Third party claimants are not required to sign a liability release unless there is a negotiated settlement. Any claim coverage denials or allegations of unfair trade practices involve legal department personnel, who review the claim facts and approve the denial.
- The Company has established a quality assurance review process to review and evaluate claims for adherence to Company policies and procedures. Both open and closed claims for each adjuster are audited monthly by the team leader or manager. Immediate feedback is provided, and monthly reports of the results are prepared and provided to management.
- First party claimants are surveyed when a claim payment is made, and any negative comments are responded to through a phone call. If the claim is still open, the claim may be reviewed for potential changes in handling. A monthly report of the survey responses is prepared.
- Workers' compensation claims, except for denied claims, are processed by a third party administrator, Sedgwick Claims Management Service, Inc. ("Sedgwick"). Claims are processed in the claims system, which includes a claims diary and repository for scanned documents. Medical bill review is provided by Coventry Workers' Compensation Services ("Coventry") to ensure that medical bills provide sufficient documentation and to consider applicable network provider contracts and discounts. Finally, Express Scripts provides pharmacy benefit management services for workers' compensation claims. The Company and these providers have implemented a supervisory structure within their claims handling processes. These providers have contracts that contain performance standards requiring timely and accurate claims processing and compliance with all applicable laws and regulations. The Company monitors monthly activity reports to ensure compliance with Company policies and procedures.
- Denied workers compensation medical claims are handled directly by the Company through a four-person special litigation unit within the Company's legal department.
- Workers' compensation claim first notices of loss are provided by GE, and those reports are documented in the claims system.
- Company policy requires the use of DIA workers' compensation claim forms and reporting notices.
- Company policy is to accept or reject all workers' compensation claims within 14 days of the claim filing, in compliance with DIA regulatory requirements.
- When a decision to terminate workers' compensation benefits is made, the Company provides notice in accordance with statutory requirements. If a claimant disagrees with the termination decision, the claimant may file a complaint with the Company. In addition, claimants may appeal termination decisions through the DIA.
- When fraud indicators are noted in workers' compensation claims, referrals are made to SIU for investigation. The ISO Claims Director tool is available for use to obtain a fraud risk score. The SIU unit is responsible for coordinating with the IFB, in cases where fraud is believed to have occurred to assist with criminal investigation.
- Periodic reporting, including a review of claims at 180 days, is provided within the claims system. In addition, the claims system summarizes weekly, monthly and annual measurement of key metrics.
- GE periodically surveys worker's compensation claimants about their claims experience.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger

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automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA verified the date each selected claim was recorded by the Company, and noted whether the initial contact with the claimant was timely acknowledged.

Transaction Testing Results:

Findings: None.

Observations: RNA noted each of the tested claims was processed according to the Company's policies and procedures, with timely initial contact from the Company. Based upon testing, it appears that the Company's processes for providing timely initial contact with claimants are functioning in accordance with its policies, procedures, and statutory requirements.

Recommendations: None.

<b>Standard VII-2. Timely investigations are conducted.</b>
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Objective: The Standard addresses the timeliness and completeness of the Company's claim investigations. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA tested each selected claim noting whether the investigations were conducted in a timely manner and whether the investigations were complete.

Transaction Testing Results:

Findings: None.

Observations: RNA noted each of the tested claims was timely reported and investigated according to the Company's policies and procedures. Based upon testing, it appears that the Company's processes for timely investigating claims are functioning in accordance with its policies, procedures, and statutory requirements.

Recommendations: None.

**Standard VII-3. Claims are resolved in a timely manner.**

Objective: The Standard addresses the timeliness of the Company's claim settlements. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA tested each selected claim noting whether the claims were resolved in a timely manner.

Transaction Testing Results:

Findings: None.

Observations: RNA noted each of the tested claims was resolved in a timely manner. Based upon testing, it appears that the Company's processes for timely resolving claims are functioning in accordance with its policies, procedures, and statutory requirements.

Recommendations: None.

**Standard VII-4. The regulated entity responds to claim correspondence in a timely manner.**

Objective: The Standard addresses the timeliness of the Company's response to claim correspondence. See Standard VII-6 for testing of statutorily-required claim correspondence. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA tested each selected claim noting whether the Company timely responded to claim correspondence.



Transaction Testing Results:

Findings: None.

Observations: RNA noted that for each of the tested claims, the Company timely responded to claim correspondence. Based upon testing, it appears that the Company's processes for timely responding to claims correspondence are functioning in accordance with its policies, procedures and statutory requirements.

Recommendations: None.

**Standard VII-5. Claim files are adequately documented.**

Objective: The Standard addresses the adequacy of information maintained in the Company's claim files. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA reviewed the file for each selected claim, and noted whether its documentation was adequate.

Transaction Testing Results:

Findings: None.

Observations: RNA noted that for each of the tested claims, the Company's claim files adequately documented its claim handling. Based upon testing, it appears that the Company's claim handling processes for documenting claim files are functioning in accordance with its policies and procedures.

Recommendations: None.

**Standard VII-6. Claims are properly handled in accordance with policy provisions and applicable statutes (including HIPPA), rules and regulations.**

Objective: The Standard addresses whether the claim appears to have been paid for the appropriate amount to the appropriate claimant/payee. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA reviewed the file for each selected claim, and noted whether the claim was properly handled in accordance with policy provisions and statutory requirements.

Transaction Testing Results:

Findings: One homeowners claim over \$1,000 was not properly and timely reported to local building and health authorities to disclose a dangerous condition in accordance with M.G.L. c. 139, § 3B.

Observations: RNA noted each of the tested claims was handled according to the Company's policies and procedures except as noted above. Based upon testing, it appears that the Company's processes for handling claims are functioning in accordance with its policies, procedures and statutory requirements. Further, upon evaluation of the claims-related complaint, such claims generally appeared to be properly handled.

Required Actions: The Company shall adopt a specific policy and procedures to address the requirements of M.G.L. c. 139, § 3B and provide training to claims adjusters on proper and timely implementation of the policy and procedures.

Subsequent Company Actions: The Company agrees with the required actions. The Company has adopted new procedures to require notification of all property losses to local building and health authorities when claims are reported. A weekly monitoring procedure has been established to ensure that such reporting timely occurs.

<b>Standard VII-7. Regulated entity claim forms are appropriate for the type of product.</b>
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Objective: The Standard addresses the Company's use of claim forms that are proper for the type of product. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA reviewed the file for each selected claim, and verified that required claim

forms were appropriately used.

Transaction Testing Results:

Findings: None.

Observations: RNA noted each of the tested claims appropriately used the required claim forms in accordance with the Company's policies and regulatory requirements.

Recommendations: None.

<b>Standard VII-8. Claim files are reserved in accordance with the regulated entity's established procedures.</b>
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Objective: The Standard addresses the Company's process to establish and monitor claim reserves for reported losses. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA reviewed the file for each selected claim, and noted whether claim reserves were evaluated, established and adjusted in a reasonably timely manner. The Division's financial examiners and actuaries also test reserving in conjunction with the ongoing financial examination of the Company.

Transaction Testing Results:

Findings: None.

Observations: RNA noted that reserves for each of the tested claims were evaluated, established and adjusted according to the Company's policies and procedures. Based upon testing, it appears that the Company's processes for evaluating, establishing and adjusting reserves are functioning in accordance with its policies and procedures.

Recommendations: None.

**Standard VII-9. Denied and closed-without-payment claims are handled in accordance with policy provisions and state law.**

Objective: The Standard addresses the adequacy of the Company's decision making and documentation of denied and closed-without-payment claims. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected denied or closed-without-payment claims including four private passenger automobile claims, three homeowners claims, and two workers' compensation claims for testing. RNA evaluated whether the Company handled these claims timely and properly before closing or denying them.

Transaction Testing Results:

Findings: None.

Observations: RNA noted each of the tested claims was handled according to the Company's policies and procedures. Based upon testing, it appears that the Company's claim handling and denial practices are appropriate and are functioning in accordance with its policies, procedures, and statutory requirements.

Recommendations: None.

**Standard VII-10. Cancelled benefit checks and drafts reflect appropriate claim handling practices.**

Objective: The Standard addresses the Company's procedures for issuing claim checks as it relates to appropriate claim handling practices. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA reviewed procedures regarding the use of claim payment checks for the claimant to attest to full claim settlement by endorsing the claim check.

Transaction Testing Results:

Findings: None.

Observations: RNA noted that the Company does not use claim payment checks for the claimant to attest to full claim settlement by endorsing the claim check. Based upon review, it

appears that the Company's processes for issuing claim payment checks are appropriate and functioning in accordance with its policies and procedures.

Recommendations: None.

**Standard VII-11. Claim handling practices do not compel claimants to institute litigation, in cases of clear liability and coverage, to recover amounts due under policies by offering substantially less than is due under the policy.**

Objective: The Standard addresses whether the Company's claim handling practices force claimants to (a) institute litigation for the claim payment, or (b) accept a settlement that is substantially less than due under the policy. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA reviewed the file for each selected claim, and noted whether claim practices appeared to compel claimants to institute litigation to recover amounts due under the policies by offering substantially less than would be due under the policies, and whether the Company attempted to settle claims for less than reasonable amounts due under the policies.

Transaction Testing Results:

Findings: None.

Observations: Based upon review of procedures and testing, the Company did not appear to compel claimants to institute litigation to recover amounts due under the policies by offering substantially less than would be due under the policies, and the Company did not attempt to settle claims for less than reasonable amounts due under the policies.

Recommendations: None.

**Standard VII-12. Regulated entity uses the reservation of rights and excess of loss letters, when appropriate.**

Objective: The Standard addresses the Company's use of reservation of rights letters, and its procedures for notifying an insured when it is apparent that the amount of loss will exceed policy limits. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA reviewed the file for each selected claim, and noted whether reservation of rights or excess of loss letters were warranted and issued as appropriate.

Transaction Testing Results:

Findings: None.

Observations: RNA noted each of the tested claims was reported and investigated according to the Company's policies and procedures, and claim file documentation was adequate. Based upon testing, it appears that the Company's processes for utilizing reservation of rights and excess of loss letters for claims are functioning in accordance with its policies and procedures.

Recommendations: None.

<b>Standard VII-13. Deductible reimbursement to insureds upon subrogation recovery is made in a timely and accurate manner.</b>
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Objective: The Standard addresses whether the Company accurately and timely issues deductible reimbursements upon subrogation recovery. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: Refer to Standard VII-1.

Controls Reliance: Refer to Standard VII-1.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its claim handling processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA reviewed each selected claim file, and noted whether deductible reimbursement to insureds upon subrogation recoveries were reasonably timely and accurate.

Transaction Testing Results:

Findings: None.

Observations: RNA noted that deductible reimbursement to insureds upon subrogation recoveries for all applicable tested claims were timely and accurate according to the Company's policies and procedures. Based upon testing, it appears that the Company's processes for making

deductible reimbursement to insureds upon subrogation recoveries are functioning in accordance with its policies and procedures.

Recommendations: None.

**Standard VII-14. Loss statistical coding is complete and accurate.**

Objective: The Standard addresses the Company's complete and accurate reporting of loss statistical data to appropriate rating bureaus. See Appendix A for applicable statutes, regulations and bulletins.

Controls Assessment: The following controls were noted in review of this Standard:

- Company policy is to report complete and accurate loss data timely to appropriate rating bureaus.
- The Company reports private passenger automobile loss data to CAR in a format required by CAR. The Company is subject to periodic loss data audits by CAR for compliance with statutes and CAR Rules of Operation.
- The Company also reports loss data to the AIB, which is a rating bureau that represents the Massachusetts insurance industry.
- The Company reports homeowners loss data to ISO in a format required by ISO.
- The Company reports annual workers' compensation loss data to the WCRIB in the format required by the WCRIB. The WCRIB has the authority to conduct periodic audits of the Company's workers' compensation claims statistical data. The WCRIB has not conducted any recent audits of the Company's claim statistical data.
- The Company has processes to correct loss data coding errors and to make subsequent changes, as needed.

Controls Reliance: Controls tested via documentation inspection, procedure observation and/or corroborating inquiry appear to be sufficiently reliable to be considered in determining the extent of transaction testing procedures.

Transaction Testing Procedure: RNA interviewed Company personnel to understand its loss statistical reporting processes, and obtained documentation supporting such processes. RNA selected private passenger automobile claims including 12 paid claims, four denied or closed-without-payment claims and nine open claims for testing. Also, RNA selected homeowners claims including 16 paid claims, three denied or closed-without-payment claims and six open claims for testing. Finally, RNA selected workers' compensation claims including 10 paid claims, two denied or closed-without-payment claims, and three open claims for testing. RNA reviewed each selected claim file and noted whether selected loss data was accurate and complete. RNA reviewed the 2010 CAR private passenger automobile audit report on the Company's treatment and evaluation of SIU claims.

Transaction Testing Results:

Findings: None.

Observations: RNA noted that selected loss data appears to be accurate and complete for tested claims. The CAR audit report indicated the Company generally complies with SIU claim requirements. Based upon testing, the Company appears to have processes for timely and accurately reporting of loss statistical data to rating bureaus in accordance with its policies and statutory requirements.

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Recommendations: None.



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**SUMMARY**

Based upon the procedures performed in this examination, RNA has reviewed and tested Company Operations/Management, Complaint Handling, Marketing and Sales, Producer Licensing, Policyholder Service, Underwriting and Rating, and Claims as set forth in the 2011 *NAIC Market Regulation Handbook*, the examination standards of the Division, and the Commonwealth of Massachusetts' insurance laws, regulations and bulletins. RNA has provided recommendations and required actions to address standards in Underwriting and Rating, and Claims.

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**ACKNOWLEDGEMENT**

This is to certify that the undersigned is duly qualified and that, in conjunction with RNA applied certain agreed-upon procedures to the corporate records of the Company in order for the Division to perform a comprehensive market conduct examination of the Company.

The undersigned's participation in this comprehensive market conduct examination as the Examiner-In-Charge encompassed responsibility for the coordination and direction of the examination performed, which was in accordance with, and substantially complied with, those standards established by the NAIC and the Handbook. This participation consisted of involvement in the planning (development, supervision and review of agreed-upon procedures), communication and status reporting throughout the examination, administration and preparation of the examination report.

The cooperation and assistance of the officers and employees of the Company extended to all examiners during the course of the comprehensive market conduct examination is hereby acknowledged.

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Matthew C. Regan III  
Director of Market Conduct &  
Examiner-In-Charge  
Commonwealth of Massachusetts  
Division of Insurance  
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