



# Illinois Department of Insurance

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BRUCE RAUNER  
Governor

JENNIFER HAMMER  
Director

VIA ELECTRONIC MAIL

April 23, 2018

Mr. Gerardo Monroy  
President  
Colonial Penn Life Insurance Company  
399 Market Street, 5<sup>th</sup> Floor  
Philadelphia, PA 19181

**Re: Colonial Penn Life Insurance Company, NAIC 62065**  
***Market Conduct Examination Report Closing Letter***

Dear Mr. Monroy:

The Department has reviewed your Company's proof of compliance and deems it adequate and sufficient. Therefore, the Department is closing its file on this exam.

I intend to ask the Director to make the Examination Report and Stipulation and Consent Order available for public inspection as authorized by 215 ILCS 5/132. At the Department's discretion, specific content of the report may be subject to redaction for private, personal, or trade secret information prior to making the report public. However, any redacted information will be made available to other regulators upon request.

Please contact me if you have any questions.

Sincerely,

Michael P. Rohan  
Deputy Director  
Consumer Education and Protection  
Illinois Department of Insurance  
122 S. Michigan Avenue, 19th Floor  
Chicago, IL 60603  
Phone: 312-814-8206  
E-mail: Michael.Rohan@Illinois.gov

**Illinois Department of Insurance  
Market Conduct Examination of**

**Colonial Penn Life Insurance Company**

## **MARKET CONDUCT EXAMINATION REPORT**

**DATE OF EXAMINATION:** August 14, 2017 through December 28, 2017

**EXAMINATION OF:** Colonial Penn Life Insurance Company  
NAIC Number: 62065

**LOCATION:** 11825 N. Pennsylvania Street  
Carmel, IN 46032

**PERIOD COVERED  
BY EXAMINATION:** March 1, 2016 through February 28, 2017

**COMPLAINTS:** September 1, 2015 through February 28, 2017

**EXAMINERS:** John Drake, ChFC, CLU, RHU, FLMI, HIA  
Chris Heisler, MCM, ALMI, ARe, Examiner-in-Charge

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## **I. FOREWORD**

This is a comprehensive market conduct examination report of the Colonial Penn Life Insurance Company (NAIC Code 62065). This examination was conducted at the offices of Colonial Penn Life Insurance Company (“Company or CPLIC”), located at 11825 N. Pennsylvania Street, Carmel, Indiana 46032.

This examination report is generally a report by exception. However, failure to criticize specific practices, procedures or files does not constitute approval thereof by the Illinois Department of Insurance (“Department”).

During this examination, examiners cited errors made by the Company. Statutory citations were as of the examination period unless otherwise noted.

## **II. SCOPE OF EXAMINATION**

The Department has the authority to conduct this examination pursuant to, but not limited to, 215 ILCS 5/132.

The purpose of the examination was to determine if the Company complied with Illinois statutes and the Illinois Administrative Code and to consider whether the Company’s operations are consistent with public interest. The primary period covered by this review is March 1, 2016 through February 28, 2017, for claims and September 1, 2015 through February 28, 2017, for complaints and appeals unless otherwise noted. Errors outside of this time period discovered during the course of the examination may also be included in the report.

The examination was a comprehensive examination involving the following business functions and lines of business: claims handling practices; policy forms and advertising in use; producer licensing; new business; and handling of consumer complaints, appeals and Department complaints for all lines of business.

In performing this examination, the examiners reviewed a sample of the Company’s practices, procedures, products, forms, advertising, extra-contractual claim adjudication guidelines, and files. Therefore, some noncompliant events may not have been discovered. As such, this report may not fully reflect all the practices and procedures of the Company. As indicated previously, failure to identify or criticize improper or noncompliant business practices in this state or other jurisdiction does not constitute acceptance of such practices.

### **III. COMPANY PROFILE**

Colonial Penn Life Insurance Company is a Pennsylvania domiciled stock life insurance company incorporated on December 3, 1957. The Company was licensed by the Department, and commenced business on September 2, 1959.

On September 30, 1997, Conseco, Inc. purchased the Company and its affiliate, Providential Life Insurance Company. Control was maintained by Conseco Incorporated Holding Company (“CIHC”, Inc”), an intermediate holding company. On July 2, 1998, the Company changed its name to Conseco Direct Life Insurance Company. On December 31, 1998, CIHC, Inc. transferred its 250,000 shares of the Company’s common stock to a subsidiary, Jefferson National Life Insurance Company of Texas (“JNX”). JNX became the Company’s immediate parent. On July 12, 1999, JNX’s corporate name was changed to Conseco Life Insurance Company of Texas (“CLTX”).

The Company’s sole shareholder, CLTX, on August 7, 2002, approved a resolution changing the name of the Company to Colonial Penn Life Insurance Company. The changes were appropriately reflected in the Charter and By-Laws. The amendment to the Articles of Incorporation was approved by Pennsylvania on August 12, 2002.

On December 17, 2002, CIHC, Inc. the Company’s former direct parent, and Conseco, Inc., the Company’s ultimate parent, filed voluntary petitions for reorganization under Chapter 11 of the United States Bankruptcy Code. The Company is a separate legal entity and was not included in the petitions.

On September 10, 2003, upon consummation of the sixth amended plan of reorganization, Conseco, Inc. and CIHC, Inc. emerged from bankruptcy, with Conseco, Inc. as a Delaware corporation.

On September 12, 2003, CIHC, Inc. was merged into CIHC, Incorporated of Texas, which then converted to a Texas insurance company named CIHC Life Insurance Company of Texas (“CIHC Life”) and was granted a certificate of authority as a Texas domiciled insurance company. On the same day CLTX was merged into CIHC Life and CIHC Life adopted its current name, CLTX.

On May 11, 2010, the holding company board of directors officially approved changing the holding company name to CNO Financial Group, Inc. (“CNO”) from Conseco, Inc.

CNO is a holding company for a group of insurance companies operating throughout the United States that develop, market, and administer annuity, health insurance, individual life insurance, and other insurance products, focused on serving middle-income, pre-retiree and retired Americans. CNO and its wholly owned holding company, CDOC, Inc. (“CDOC”) are located in Carmel, Indiana.

The Company is licensed in all states and territories including the District of Columbia, Puerto Rico and the Virgin Islands. The Company offers graded benefit life insurance, term and whole life insurance through direct response marketing and field sales through Bankers Life agents. The

Company distributes their products primarily through direct mail, television, media, telemarketing and the internet. The Company primarily uses licensed salaried employees to complete the sales process. The Company also markets Medicare supplement products that are distributed through agents of their affiliate, Bankers Life and Casualty Company.

As of the Company's December 31, 2016, annual statement for Illinois, the Company reported direct premiums for ordinary individual life insurance in the amount of \$654,395, direct premiums for group life insurance in the amount of \$12,590,090, and direct premiums for accident and health insurance in the amount of \$7,761,817.

#### IV. SUMMARY

A comprehensive market conduct examination of Colonial Penn Life Insurance Company was performed to determine compliance with Illinois statutes and the Illinois Administrative Code.

The following represents a summary of findings, however specific details are found in each section of the report.

<b>TABLE OF TOTAL VIOLATIONS</b>						
<b>COLONIAL PENN LIFE INSURANCE COMPANY</b>						
<b>Crit #</b>	<b>Statute/Rule</b>	<b>Description of Violations</b>	<b>Population</b>	<b>Files Reviewed</b>	<b>Number of Violations</b>	<b>Error %</b>
5	50 Ill. Adm. Code 919.50(a)(1)	Denied Individual Life Claim – failed to provide Notice of Availability of the Department of Insurance with the denial of the claim.	2	2	1	50%
8,10	215 ILCS 5/224(1)(l)	Paid Group Life Claim – failed to pay interest due to beneficiary because of delayed payment of claim.	2,127	107	2	2%
9	50 Ill. Adm. Code 919.70(a)(2)	Paid Group Life Claim – failed to notify insured’s beneficiary for delay beyond 45 days.	2,127	107	2	2%
2	50 Ill. Adm. Code 919.40 and 919.50(a)(1)	Denied Group Life Claim – failed to provide the correct Chicago address on the Notice of Availability of the Department of Insurance.	17	17	2	12%
3	50 Ill. Adm. Code 919.50(a)(1)	Denied Group Life Claim – failed to provide Notice of Availability of the Department of Insurance with the denial of the claim.	17	17	5	29%
4	50 Ill. Adm. code 919.70(a)(2)	Denied Group Life Claim – failed to provide Notice of Availability of the Department of Insurance with the delay letter.	17	17	9	53%
11	215 ILCS 5/1011(A)(1)	Declined Group Life Applications – failed to provide applicant with specific reason for adverse underwriting decision in writing.	1,410	115	2	2%
12	50 Ill. Adm. Code 2008.90(c)(3)	New Business Medicare Supplement – failed to complete the entire policy checklist form prior to delivery of the policy.	1,429	113	22	19%
13	50 Ill. Adm. Code 2008.100(d)&(e) and 50 Ill. Adm. Code 2008.Appendix R	New Business Medicare Supplement – failure to deliver to applicant the notice regarding replacement in the form prescribed in Appendix R.	1,429	113	1	<1%
6	215 ILCS 5/234.1	Non-Forfeiture Option Individual Life – failure to maintain evidence that the Notice of Enactment of the Non-Forfeiture Options was sent to policyowner.	33	33	1	3%
7	215 ILCS 5/234.1	Non-Forfeiture Option Group Life – failure to maintain evidence that the Notice of Enactment of Non-Forfeiture Options was sent to policyowner.	2,140	114	1	<1%



## V. METHODOLOGY

The market conduct examination covered the business written for the period of March 1, 2016 through February 28, 2017. Complaints covered the period of September 1, 2015 through February 28, 2017. Specifically, the examination focused on a review of the following areas:

1. Producer Licensing and Production Analysis
2. Policy Forms and Advertising Material Analysis
3. Claims Analysis
4. Policy Application and Decline Analysis
5. External and Internal Policy Replacement Analysis
6. Consumer and Insurance Department Complaints

The review of these categories was accomplished through examination of appointed and terminated producer files, application files, cash surrendered policy files, extended term and reduced paid-up policy files, claim files, Illinois Department of Insurance and consumer complaint files, policy forms and advertising material. Each of these categories was examined for compliance with Department regulations and applicable state laws.

The report concerns itself with improper practices performed by the Company which resulted in failure to comply with Illinois statutes and/or administrative rules. Criticisms were prepared and communicated to the Company addressing violations discovered in the review process. All valid criticisms were incorporated in this report.

The following methods were used to obtain the required samples and to assure a methodical selection.

### Producer Licensing and Production Analysis

Populations for the producer file reviews were obtained by determining whether or not the producers were required to be duly licensed in Illinois. New business listings were retrieved from company records, and newly solicited insurance applications which reflected Illinois addresses for the applicants were selected for review.

### Policy Forms and Advertising Material Analysis

A list of all plans, form letters, riders and advertising materials used in Illinois during the examination period were requested. All were reviewed for compliance as to format, content and terminology as required by Illinois law.

### Claims Analysis

Claim surveys were selected using the following criteria:

1. Paid Claims – Payment for claims made during the examination period.

2. Denied Claims – Denial of benefits during the examination period for losses not covered by policy provisions.

All claims were reviewed for compliance with policy contracts and endorsements, applicable sections of the Illinois Insurance Code (215 ILCS 5/1 *et seq.*) and the Illinois Administrative Code (50 Ill. Adm. Code 101 *et seq.*).

All median payment periods were measured from the date necessary proofs of loss were received to the date of payment or denial to the insured or the beneficiary.

The examination period for the claims review was March 1, 2016 through February 28, 2017.

#### Policy Application and Decline Analysis

The Company provided a listing of all life and annuity application files relating to those applications that were declined during the survey period. The files were reviewed to determine validity of the reason for denial.

#### External and Internal Policy Replacement Analysis

The Company provided a listing of life and annuity files for policies that were either internal or external replacements of existing policies. The replacements were reviewed to determine compliance with 215 ILCS 5/224(2) and to determine if the required replacement forms were properly executed and or sent.

#### Consumer and Insurance Department Complaints

The Company provided all files relating to complaints which had been received via the Illinois Department of Insurance as well as those received directly by the Company from the insured or his/her representative. A copy of the Company's complaint register was also reviewed.

Median periods were measured from the date of notification of the complaint to the date of response by the Company. The period of review was September 1, 2015 through February 28, 2017.

## VI. SELECTION OF SAMPLES

### Colonial Penn Life Insurance Company

<u>Survey</u>	<u>Population</u>	<u># Reviewed</u>	<u>% Reviewed</u>
<b>CLAIMS ANALYSIS</b>			
Paid Individual Life	190	76	40%
Denied Individual Life	2	2	100%
Paid Group Life	2,127	107	5%
Denied Group Life	17	17	100%
Paid Individual Medicare Supplement	91,143	109	<1%
Denied Individual Medicare Supplement	26,398	109	<1%
Closed Without Payment Medicare Supplement	17	17	100%
<b>CONSUMER COMPLAINTS</b>	33	33	100%
<b>DEPARTMENT OF INSURANCE COMPLAINTS</b>	11	11	100%
<b>POLICYHOLDER SERVICES</b>			
Individual Life New Business Issued	99	49	49%
Declined Individual Life Applications	8	8	100%
Group Life New Business Issued	6,884	115	2%
Declined Group Life Applications	1,410	115	8%
Medicare Supplement New Business Issued	1,429	113	8%
Declined Medicare Supplement Applications	271	79	30%
Non-Forfeiture Individual Life – (ETI and RPU)	33	33	100%
Non-Forfeiture Group Life – (ETI and RPU)	2,140	114	6%
Individual Life Cash Surrender	38	38	100%
Group Life Cash Surrender	957	86	9%
<b>PRODUCER LICENSING</b>			
Agent New Business Transactions	8,412	277	3%
Agent Terminations	361	25	7%
Agents Terminated for Cause	None	None	N/A
<b>POLICY FORMS AND ADVERTISING</b>			
Policy Forms	10	10	100%
Advertising	82	82	100%

## VII. FINDINGS

### A. Claims Practices

The examiners reviewed the Company's claims practices to determine its efficiency of handling, accuracy of payment, adherence to contract provisions and compliance with Illinois laws and regulations.

#### 1. Paid Individual Life

A review of 76 paid individual life claims produced no criticisms.

The median for payment was seven (7) days.

#### 2. Denied Individual Life

A review of two (2) denied individual life claims produced one (1) criticism.

Criticism 5 was issued to the Company. The Company failed to provide evidence they notified the insured's beneficiary of the availability of the Illinois Department of Insurance for one (1) claim as required by 50 Ill. Adm. Code 919.50(a)(1).

The median for denial was eight (8) days.

#### 3. Paid Group Life

A review of 107 paid group life claim files produced three (3) criticisms.

Criticisms 8 and 10 were issued to the Company. The Company failed to pay interest in the amount of \$541.71 to the beneficiaries because of delayed payment for two (2) claims as required by 215 ILCS 5/224(1)(l).

Criticism 9 was issued to the Company. The Company failed to notify the insured's beneficiary for a delay beyond 45 days for two (2) claims as required by 50 Ill. Adm. Code 919.70(a)(2).

The median for payment was six (6) days.

#### 4. Denied Group Life

A review of 17 denied group life claims produced three (3) criticisms.

Criticism 2 was issued to the Company. The Company failed to provide the correct Chicago address for the Illinois Department of Insurance on the Notice of

Availability of the Department of Insurance for two (2) claims as required by 50 Ill. Adm. Code 919.40 and 919.50(a)(1).

Criticism 3 was issued to the Company for failure to provide the Notice of Availability of the Department of Insurance for five (5) claims as required by 50 Ill. Adm. Code 919.50(a)(1).

Criticism 4 was issued to the Company for failure to provide a notice to the insured's beneficiary with a reasonable written explanation for delay beyond 45 days for nine (9) claims as required by 50 Ill. Adm. Code 919.70(a)(2).

The median for denial was two (2) days.

5. Paid Individual Medicare Supplement

A review of 109 paid individual Medicare supplement claims produced no criticisms.

The median for payment was eight (8) days.

6. Denied Individual Medicare Supplement

A review of 109 denied individual Medicare supplement claims produced no criticisms.

The median for denial was three (3) days.

7. Closed Without Payment Medicare Supplement

A review of 17 closed without payment Medicare supplement claims produced no criticisms.

The median for payment was 11 days.

B. Policyholder Services

1. Individual Life New Business Issued

A review of 49 individual life new business files issued produced no criticisms.

2. Declined Individual Life Applications

A review of eight (8) declined individual life applications produced no criticisms.

3. Group Life New Business Issued

A review of 115 group life new business issued files produced no criticisms.

4. Declined Group Life Applications

A review of 115 declined group life applications produced one (1) criticism.

Criticism 11 was issued to the Company. The Company failed to provide the applicant, policyholder or individual proposed for coverage with the specific reason for the adverse underwriting decision in writing, or to advise such person that upon written request he or she may receive the specific reason or reasons in writing for two (2) declined applications as required by 215 ILCS 5/1011(A)(1).

5. Individual Medicare Supplement New Business Issued

A review of 113 individual Medicare supplement new business applications produced two (2) criticisms.

Criticism 12 was issued to the Company. The Company failed to complete all information requested on the policy checklist prior to delivery of the Medicare supplement policy for 22 policies as required by 50 Ill. Adm. Code 2008.90(c)(3).

Criticism 13 was issued to the Company. The Company failed to deliver to the applicant the notice regarding replacement in the form prescribed in Appendix R for one (1) policy as required by 50 Ill. Adm. Code 2008.100(d)&(e) and 50 Ill. Adm. Code 2008.Appendix R.

6. Declined Individual Medicare Supplement Applications

A review of 79 declined individual Medicare supplement applications produced no criticisms.

7. Non-Forfeiture Individual Life (ETI & RPU)

A review of 33 non-forfeiture files produced one (1) criticism.

Criticism 6 was issued to the Company. The Company failed to maintain evidence that the Notice of Enactment of Non-Forfeiture Options was sent to one (1) policyowner as required by 215 ILCS 5/234.1.

8. Non-Forfeiture Group Life (ETI & RPU)

A review of 114 non-forfeiture files produced one (1) criticism.

Criticism 7 was issued to the Company. The Company failed to maintain evidence that the Notice of Enactment of Non-Forfeiture Options was sent to one (1) policyowner as required by 215 ILCS 5/234.1.

9. Individual Life Cash Surrender

A review of 38 individual life cash surrender files produced no criticisms.

The median for surrender was three (3) days.

10. Group Life Cash Surrender

A review of 86 group life cash surrender files produced no criticisms.

The median for surrender was three (3) days.

C. Producer Licensing

A review of 277 new business transactions found no criticisms.

A review of 25 producer terminations found no criticisms. There were no agents terminated for cause during the exam period.

D. Complaints

A review of 33 consumer complaints produced no criticisms.

A review of 11 Department complaints produced no criticisms.

E. Policy Forms and Advertising

1. Policy Forms

A review of 10 policy forms produced no criticisms.

2. Advertising

A review of 82 pieces of advertising material produced no criticisms.

STATE OF Indiana            )  
  ) SS  
COUNTY OF Hamilton        )

Christopher J. Heisler, being first duly sworn upon his/her oath, deposes and says:

That he was appointed by the Director of Insurance of the State of Illinois (the "Director") as Examiner-In Charge to examine the insurance business and affairs of Colonial Penn Life Insurance Company (the "Company"), NAIC #62065.


That the Examiner-In-Charge was directed to make a full and true report to the Director of the examination with a full statement of the condition and operation of the business and affairs of the Company with any other information as shall in the opinion of the Examiner-In-Charge be requisite to furnish the Director with a statement of the condition and operation of the Company's business and affairs and the manner in which the Company conducts its business;

That neither the Examiner-In-Charge nor any other persons so designated nor any members of their immediate families is an officer of, connected with, or financially interested in the Company nor any of the Company's affiliates other than as a policyholder or claimant under a policy or as an owner of shares in a regulated diversified investment company, and that neither the Examiner-In-Charge nor any other persons so designated nor any members of their immediate families is financially interested in any other corporation or person affected by the examination;

That an examination was made of the affairs of the Company pursuant to the authority vested in the Examiner-In-Charge by the Director of Insurance of the State of Illinois;


That she/he was the Examiner-in-Charge of said examination and the attached report of examination is a full and true statement of the condition and operation of the insurance business and affairs of the Company for the period covered by the Report as determined by the examiners;

That the report contains only facts ascertained from the books, papers, records, or documents, and other evidence obtained by investigation and examined or ascertained from the testimony of officers or agents or other persons examined under oath concerning the business, affairs, conduct, and performance of the Company.

  
Examiner-In-Charge

Subscribed and sworn to before me

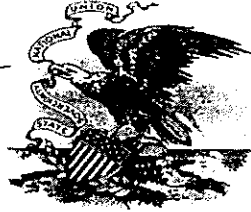
this 21 day of December, 2017.

  
Notary Public





**STATE OF ILLINOIS**  
**DEPARTMENT OF INSURANCE**



IN THE MATTER OF:

**COLONIAL PENN LIFE INSURANCE COMPANY**  
**399 MARKET STREET, 5<sup>TH</sup> FLOOR**  
**PHILADELPHIA, PA 19181**

STIPULATION AND CONSENT ORDER

WHEREAS, the Director of the Illinois Department of Insurance (“Department”) is a duly authorized and appointed official of the State of Illinois, having authority and responsibility for the enforcement of the insurance laws of this State; and

WHEREAS, Colonial Penn Life Insurance Company (“the Company”), NAIC 62065, is authorized under the insurance laws of this State and by the Director to engage in the business of soliciting, selling and issuing insurance policies; and

WHEREAS, a Market Conduct Examination of the Company was conducted by a duly qualified examiner of the Department pursuant to Sections 132, 401, 402, 403, and 425 of the Illinois Insurance Code (215 ILCS 5/132, 5/401, 5/402, 5/403, and 5/425); and

WHEREAS, as a result of the Market Conduct Examination, the Department examiner filed a Market Conduct Examination Report which is an official document of the Department; and

WHEREAS, the Market Conduct Examination Report cited various areas in which the Company was not in compliance with the Illinois Insurance Code (215 ILCS 5/1 *et seq.*) and Department Regulations (50 Ill. Adm. Code 101 *et seq.*); and

WHEREAS, nothing herein contained, nor any action taken by the Company in connection with this Stipulation and Consent Order, shall constitute, or be construed as, an admission of fault, liability or wrongdoing of any kind whatsoever by the Company; and

WHEREAS, the Company is aware of and understands their various rights in connection with the examination and report, including the right to counsel, notice, hearing and appeal under Sections 132, 401, 402, 407, and 407.2 of the Illinois Insurance Code and 50 Ill. Adm. Code 2402; and

WHEREAS, the Company understands and agrees that by entering into this Stipulation and Consent Order, they waive any and all rights to notice and hearing; and

WHEREAS, the Company and the Director, for the purpose of resolving all matters raised by the report and in order to avoid any further administrative action, hereby enter into this Stipulation and Consent Order.

NOW, THEREFORE, IT IS AGREED by and between the Company and the Director as follows:

1. The Market Conduct Examination indicated various areas in which the Company was not in compliance with provisions of the Illinois Insurance Code and Department Regulations; and
2. The Director and the Company consent to this Order requiring the Company to take certain actions to come into compliance with provisions of the Illinois Insurance Code and Department Regulations.

THEREFORE, IT IS HEREBY ORDERED by the undersigned Director that the Company shall:

1. Institute and maintain policies and procedures whereby the Company shall provide a "Notice of Availability of the Department of Insurance" and include the correct address of the Department on denied claims as required by 50 Ill. Adm. Code 919.50(a)(1) and defined in 50 Ill. Adm. Code 919.40.
2. Institute and maintain policies and procedures whereby the Company shall provide the beneficiary a reasonable written explanation for delay, accompanied by a "Notice of Availability of the Department of Insurance," when a claim remains unresolved for 45 days from the date it is reported as required by 50 Ill. Adm. Code 919.70(a)(2).
3. Institute and maintain policies and procedures whereby the Company shall not issue a Medicare supplement policy unless all information requested in the policy checklist is provided as required by 50 Ill. Adm. Code 2008.90(c)(3).
4. Submit to the Director of Insurance, State of Illinois, proof of compliance with the above three (3) orders within 30 days of execution of this Order.
5. Pay to the Director of Insurance, State of Illinois, a civil forfeiture in the amount of \$6,000.00 to be paid within 30 days of execution of this Order.

NOTHING contained herein shall prohibit the Director from taking any and all appropriate regulatory action as set forth in the Illinois Insurance Code including, but not limited to, levying additional forfeitures, should the Company violate any of the provisions of this Stipulation and Consent Order or any provisions of the Illinois Insurance Code or Department Regulations.

On behalf of COLONIAL PENN LIFE INSURANCE COMPANY

*William D. Fritts*

Signature

WILLIAM D FRITTS, JR

Name

SVP, Regulatory and Government Affairs

Title

Subscribed and sworn to before me this  
12<sup>th</sup> day of March 2018.

*Katie D. Robinson*

Notary Public



DEPARTMENT OF INSURANCE of the  
State of Illinois:

DATE 3/20/18

*Jennifer Hammer*

Jennifer Hammer  
Director

