



Illinois Department of Insurance

BRUCE RAUNER
Governor

JENNIFER HAMMER
Director

VIA ELECTRONIC MAIL
VIA USPS MAIL

October 24, 2018

Mr. Richard S. Holson III
President
Guarantee Trust Life Insurance Company
1275 Milwaukee Ave
Glenview, IL 60025

**Re: Guarantee Trust Life Insurance Company, NAIC 64211
Market Conduct Examination Report Closing Letter**

Dear Mr. Holson:

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,

A handwritten signature in black ink that reads "Erica Weyhenmeyer".

Erica Weyhenmeyer
Assistant Deputy Director - Market Conduct
Illinois Department of Insurance
320 West Washington St., 5th Floor
Springfield, IL 62767
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E-mail: Erica.Weyhenmeyer@Illinois.gov

**ILLINOIS DEPARTMENT OF INSURANCE
MARKET CONDUCT EXAMINATION OF
GUARANTEE TRUST LIFE INSURANCE COMPANY**

MARKET CONDUCT EXAMINATION REPORT

DATE OF EXAMINATION: November 13, 2017 through March 31, 2018

EXAMINATION OF: Guarantee Trust Life Insurance Company
NAIC Number: 64211

LOCATION: 1275 Milwaukee Avenue
Glenview, Illinois 60025

PERIOD COVERED: July 1, 2016 through June 30, 2017 – Claims
January 1, 2016 through June 30, 2017 – Complaints

EXAMINERS: David Bradbury MCM, Examiner-in-Charge
Patricia Hahn MCM

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I. FOREWORD

This is a market conduct examination report of Guarantee Trust Life Insurance Company (the “Company”), NAIC Code 64211. This examination was conducted at the offices of the Company at 1275 Milwaukee Avenue in Glenview, Illinois.

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 (IDOI).

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

II. SCOPE OF THE 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 the Illinois Insurance Code (IIC), the Illinois Administrative Code (IAC), and to consider whether the Company’s operations are consistent with the public interest. The primary period covered by this review is July 1, 2016 through June 30, 2017 for claims, and January 1, 2016 through June 30, 2017 for complaints and appeals unless otherwise noted. Errors outside of this time period discovered during the course of the examination, however, may also be included in the report.

The examination involved the following business functions: claims handling practices, policy forms and advertising in use, producer licensing and the 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 of 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 jurisdictions does not constitute acceptance of such practices.

III. SUMMARY

The following represent general findings, however specific details are found in each section of the report.

TABLE OF TOTAL VIOLATIONS							
Criticism	Crit #	Statute/Rule	Description of Violation	Population	Sample	# of Violations	Error %
Paid Term Life	29	215 ILCS 5/224(1)(1)	Failed to notify beneficiary of the availability of interest at time of claim.	9	9	9	100%
Paid Term Life	30	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide beneficiary with the "Notice of Availability of the Department of Insurance" when a claim is delayed beyond 45 days.	9	9	1	11%
Paid Whole Life	27	215 ILCS 5/224(1)(1)	Failed to notify beneficiary of the availability of interest at time of claim.	82	82	77	94%
Paid Whole Life	28	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide beneficiary with the "Notice of Availability of the Department of Insurance" when a claim is delayed beyond 45 days.	82	82	2	2%
Paid Group Specified Disease	56	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide the insured with a reasonable written explanation of delay beyond 45 days.	634	105	2	2%
Denied Group Specified Disease	42	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide the insured with a reasonable written explanation of delay beyond 45 days.	82	82	1	1%
Paid Individual Specified Disease	63	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide the insured with a reasonable written explanation of delay beyond 45 days.	135	76	1	1%
Paid Individual Specified Disease	64 & 76	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide insured with the "Notice of Availability of the Department of Insurance" when a claim is delayed beyond 45 days.	135	76	5	7%
Denied Individual Specified Disease	18	50 Ill. Admin. Code 919.50(a)(1)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on a denial letter.	40	40	5	13%
Denied Individual Specified Disease	24	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide insured with the "Notice of Availability of the Department of Insurance" when a claim is delayed beyond 45 days.	40	40	3	8%
Closed Without Payment Individual Specified Disease	26	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide insured with the "Notice of Availability of the Department of Insurance" when a claim is delayed beyond 45 days.	5	5	3	60%
Denied Long Term Care	3	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide insured with the "Notice of Availability of the Department of Insurance" when a claim is delayed beyond 45 days.	10	10	1	10%
Closed Without Payment Long Term Care	23	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide the insured with a reasonable written explanation of delay beyond 45 days.	1	1	1	100%

TABLE OF TOTAL VIOLATIONS

Criticism	Crit #	Statute/Rule	Description of Violation	Population	Sample	# of Violations	Error %
Paid Individual Hospital Indemnity	49	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide the insured with a reasonable written explanation of delay beyond 45 days.	544	105	6	6%
Paid Individual Hospital Indemnity	50	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide insured with the "Notice of Availability of the Department of Insurance" when a claim is delayed beyond 45 days.	544	105	2	2%
Denied Individual Hospital Indemnity	8	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide insured with the "Notice of Availability of the Department of Insurance" when a claim is delayed beyond 45 days.	1769	107	3	3%
Closed Without Payment Individual Hospital Indemnity	38	50 Ill. Admin. Code 919.70(a)(2)	Failed to provide the insured with a reasonable written explanation of delay beyond 45 days.	25	25	3	12%
Closed Without Payment Individual Hospital Indemnity	39	215 ILCS 5/154.6(o)	Failed to provide claim forms within 15 working days.	25	25	2	8%
Life Replacements	87	50 Ill. Admin. Code 917.70(c)	Exhibit B was not provided.	4	4	1	25%
Non-Forfeiture Extended Term / Reduced Paid-up	70 & 85	215 ILCS 5/234.1	Failure to provide a "Notice of Enactment of Non-Forfeiture Options".	631	149	88	59%
Non-Forfeiture Extended Term / Reduced Paid-up	93	215 ILCS 5/229.2(1)(i)	Failure to place the policy under the non-forfeiture option called for in the insured's insurance plan no later than 60 days after the due date of the premium in default.	631	149	4	3%
Non-Forfeiture Extended Term / Reduced Paid-up	94	215 ILCS 5/229.2(1)(iii)	Failure to place the policy under the non-forfeiture option called for in the insured's insurance plan.	631	149	1	1%

IV. BACKGROUND

Guarantee Trust Life Insurance Company (GTL) is a mutual legal reserve life and health insurance company founded in 1936 by the R.S. Holson family. It is domiciled in the state of Illinois and licensed to do business in 49 states, the District of Columbia and Puerto Rico.

The Company markets, underwrites and services a complete portfolio of life, accident and health products. Primary lines are Agency Accident and Health, Individual Life, and Special Risk.

V. METHODOLOGY

The Market Conduct Examination covered the business for the period of July 1, 2016 through June 30, 2017 for claims, and January 1, 2016 through June 30, 2017 for the complaint/appeal file review. Specifically, the examination focused on a review of the following areas:

1. Producer Licensing
2. Claims
3. Department Complaints and Consumer Appeals

The review of the categories was accomplished through examination of appointed and terminated producer files, claim files, and complaint files. Each of the 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 violations were cited in the report. The following methods were used to obtain the required samples and to assure a methodical selection:

Producer Licensing

New business during the examination period was reviewed to determine if solicitations had been made by duly licensed persons.

Claims

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 certificate of coverage provisions.

All claims were reviewed for compliance with policy contracts and applicable sections of the Illinois Insurance Code (215 ILCS 5/1 *et seq.*), the Managed Care Reform and Patient Rights Act (215 ILCS 134/1 *et seq.*) and the Illinois Administrative Code (50 Ill. Admin. Code 101 *et. seq.*).

The Department defines due proof of loss as medical records, investigation materials, written proofs, claim forms, authorizations, or other reasonable evidence of claim that is ordinarily required of insureds or beneficiaries. The Department's position is that the 30 days to pay (31 day delay for interest) starts when the last proof required from the claimant (beneficiary), medical record or investigation documentation is received by the Company.

Median payment periods were measured from the date all necessary proofs of loss were received to the date of payment or denial to the claimant. The period under review was July 1, 2016 through June 30, 2017.

Department Complaints and Consumer Appeals

The Department requested the Company provide all files relating to complaints received via the Department of Insurance and those received directly from consumers. The Department also requested the Company provide files of all external independent reviews handled during the survey period.

Median periods were measured from the date of notification by the complainants to the date of responses by the Company. The period under review was January 1, 2016 through June 30, 2017.

VI. SAMPLE SELECTION

<u>Survey</u>	<u>Population</u>	<u>Reviewed</u>	<u>% Reviewed</u>
CLAIMS ANALYSIS			
Paid Term Life	9	9	100.00%
Paid Whole Life	72	72	100.00%
Paid Whole Life (Sagicor TPA)	10	10	100.00%
Paid Group Specified Disease	634	105	17.00%
Denied Group Specified Disease	82	82	100.00%
Closed Without Payment Group Specified Disease	12	12	100.00%
Paid Individual Specified Disease	135	76	56.00%
Denied Individual Specified Disease	40	40	100.00%
Closed Without Payment Individual Specified Disease	5	5	100.00%
Paid Short Term Care	3	3	100.00%
Denied Short Term Care	2	2	100.00%
Paid Long Term Care	19	19	100.00%
Denied Long Term Care	10	10	100.00%
Closed Without Payment Long Term Care	1	1	100.00%
Paid Individual Hospital Indemnity	544	105	19.00%
Denied Individual Hospital Indemnity	1769	107	6.00%
Closed Without Payment Ind Hosp Indemnity	25	25	100.00%
Paid Group Hospital Indemnity	150	77	51.00%
Denied Group Hospital Indemnity	438	83	19.00%
Closed Without Payment Hospital Indemnity	20	20	100.00%
Paid Individual Medicare Supplement	1275	107	8.00%
Denied Individual Medicare Supplement	128	76	59.00%
PRODUCER LICENSING			
Agents	598	598	100.00%
Applications	3498	3498	100.00%
COMPLAINTS			
Department of Insurance Complaints	12	12	100.00%
Consumer Complaints	0	0	N/A
POLICYHOLDER SERVICES			
Life Replacements	4	4	100.00%
Non-Forfeiture Review	624	84	13.00%
Non-Forfeiture Review (Sagicor TPA)	7	7	100.00%
Life Cash Surrender	284	84	30.00%
Life Cash Surrender (Sagicor TPA)	1	1	100.00%
POLICY FORMS AND ADVERTISING			
Policy Forms	175	175	100.00%
Advertising	280	280	100.00%

VII. FINDINGS

A. Claims

1. Paid Term Life

- In nine (9) instances out of nine (9) files reviewed for an error percentage of 100%, the Company failed to notify the beneficiary at the time of the claim of the availability of interest if a claim remained unpaid for 31 days. This is a violation of 215 ILCS 5/224(1)(1).
- In one (1) instance out of nine (9) files reviewed for an error percentage of 11%, the Company failed to provide the “Notice of Availability of the Department of Insurance” on the delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for payment was four (4) days.

2. Paid Whole Life

- In 77 instances out of 82 files reviewed for an error percentage of 94%, the Company failed to notify the beneficiary at the time of the claim of the availability of interest if a claim remained unpaid for 31 days. This is a violation of 215 ILCS 5/224(1)(1).
- In two (2) instances out of 82 files reviewed for an error percentage of 2%, the Company failed to provide the “Notice of Availability of the Department of Insurance” on the delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for payment was seven (7) days.

3. Paid Group Specified Disease

- In two (2) instances out of 105 files reviewed for an error percentage of 2%, the Company failed to provide a delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for payment was nine (9) days.

4. Denied Group Specified Disease

- In one (1) instance out of 82 files reviewed for an error percentage of 1%, the Company failed to provide a delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for denial was 10 days.

5. Closed Without Payment Group Specified Disease

No exceptions were noted.

The median for payment was 54 days.

6. Paid Individual Specified Disease

- In one (1) instance out of 76 files reviewed for an error percentage of 1%, the Company failed to provide a delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).
- In five (5) instances out of 76 files reviewed for an error percentage of 7%, the Company failed to provide the “Notice of Availability of the Department of Insurance” on the delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for payment was six (6) days.

7. Denied Individual Specified Disease

- In three (3) instances out of 40 files reviewed for an error percentage of 8%, the Company failed to provide the “Notice of Availability of the Department of Insurance” on the delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).
- In five (5) instances out of 40 files reviewed for an error percentage of 13%, the Company failed to provide the insured’s beneficiary with the “Notice of Availability of the Department of Insurance” on denied claims. This is a violation of 50 Ill. Admin. Code 919.50(a)(1).

The median for denial was 10 days.

8. Closed Without Payment Individual Specified Disease

- In three (3) instances out of five (5) files reviewed for an error percentage of 60%, the Company failed to provide the “Notice of Availability of the Department of Insurance” on the delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for denial was 50 days.

9. Paid Short Term Care

No exceptions were noted.

The median for payment was five (5) days.

10. Denied Short Term Care

No exceptions were noted.

A median could not be established.

11. Paid Long Term Care

No exceptions were noted.

The median for payment was nine (9) days.

12. Denied Long Term Care

- In one (1) instance out of 10 files reviewed for an error percentage of 10%, the Company failed to provide the “Notice of Availability of the Department of Insurance” on the delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for denial was two (2) days.

13. Closed Without Payment Long Term Care

- In one (1) instance out of one (1) file reviewed for an error percentage of 100%, the Company failed to provide a delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

A median could not be established.

14. Paid Individual Hospital Indemnity

- In six (6) instances out of 105 files reviewed for an error percentage of 6%, the Company failed to provide a delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

- In two (2) instances out of 105 files reviewed for an error percentage of 2%, the Company failed to provide the “Notice of Availability of the Department of Insurance” on the delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for payment was 10 days.

15. Denied Individual Hospital Indemnity

- In three (3) instances out of 107 files reviewed for an error percentage of 3%, the Company failed to provide the “Notice of Availability of the Department of Insurance” on the delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).

The median for denial was seven (7) days.

16. Closed Without Payment Individual Hospital Indemnity

- In three (3) instances out of 25 files reviewed for an error percentage of 12%, the Company failed to provide a delay letter when a claim was delayed beyond 45 days. This is a violation of 50 Ill. Admin. Code 919.70(a)(2).
- In two (2) instances out of 25 files reviewed for an error percentage of 8%, the Company failed to provide claims forms within 15 working days. This is a violation of 215 ILCS 5/154.6(o).

The median for denial was 56 days.

17. Paid Group Hospital Indemnity

No exceptions were noted.

The median for payment was 12 days.

18. Denied Group Hospital Indemnity

No exceptions were noted.

The median for denial was 10 days.

19. Closed Without Payment Group Hospital Indemnity

No exceptions were noted.

The median for denial was 57 days.

20. Paid Individual Medicare Supplement

No exceptions were noted.

The median for payment was 12 days.

21. Denied Individual Medicare Supplement

No exceptions were noted.

The median for denial was 12 days.

B. Complaints

No exceptions were noted.

The median for response to the Department was six (6) days.

C. Policy Holder Services

1. Life Replacements

- In one (1) instance out of four (4) files reviewed for an error percentage of 25%, the Company failed to maintain proof that Exhibit B was sent to the existing insurer in violation of 50 Ill. Admin. Code 917.70(c).

2. Non-Forfeiture Review

- In 88 instances out of 149 files reviewed for an error percentage of 59%, the Company failed to provide a “Notice of Enactment of Non-Forfeiture Option” in violation of 215 ILCS 5/234.1.
- In one (1) instance out of 149 files reviewed for an error percentage of 1%, the Company failed to place the policy under the correct non-forfeiture option in violation of 215 ILCS 5/229.2(1)(iii).
- In four (4) instances out of 149 files reviewed for an error percentage of 3%, the Company failed to place the policy on the non-forfeiture option within 60 days of lapse in violation of 215 ILCS 5/229.2(1)(i).

3. Life Cash Surrenders

No exceptions were noted.

The median for surrender was seven (7) days.

D. Producer Licensing

A review was performed on Company-provided data that included first year commissions. No exceptions were noted.

E. Policy Forms and Advertising

1. Policy Forms

Reviews of the policy forms filed produced no criticisms.

2. Advertising

Review of the advertising forms in use for the period under review produced no criticisms.

STATE OF Vermont)
) ss
COUNTY OF Washington)

David Bradbury, 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 Guarantee Trust Life Insurance Company, (the "Company"), NAIC #64211.


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;

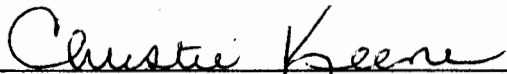
That the Report contains only facts ascertained from the books, papers, records, or documents, and other evidence obtained by investigation and examined or ascertained from the testimony of officers or agents or other persons examined under oath concerning the business, affairs, conduct, and performance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



Examiner-In-Charge

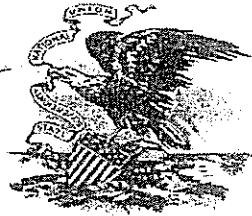
Subscribed and sworn to before me

this 9th day of May, 2018



Notary Public exp : 2-10-19

STIPULATION OF SETTLEMENT
DEPARTMENT OF INSURANCE



IN THE MATTER OF:

GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE
GLENVIEW, ILLINOIS 60025

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, Guarantee Trust Life Insurance Company ("the Company"), NAIC 64211, 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 notice at the time a claim is made of the availability of interest on life claims to the beneficiary(s) if payment is delayed beyond 31 days as required by 215 ILCS 5/224(1)(l).
2. Institute and maintain policies and procedures whereby the Company shall provide the insured with a Notice of Availability of the Department of Insurance on denied claims as required by 50 Ill. Adm. Code 919.50(a)(1).
3. Institute and maintain policies and procedures whereby the Company shall provide the insured or beneficiary, when applicable, 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).
4. Institute and maintain policies and procedures whereby the Company shall provide claim forms within 15 working days of request as required by 215 ILCS 5/154.6(o).
5. Institute and maintain policies and procedures whereby the Company shall provide policy owners with a Notice of Enactment of Non-Forfeiture Option prior to enactment of the non-forfeiture option, that notifies the policy owners of the other available options under the provisions of the policy as required by 215 ILCS 5/234.1.
6. Submit to the Director of Insurance, State of Illinois, proof of compliance with the above five (5) orders within 30 days of execution of this Order.
7. Pay to the Director of Insurance, State of Illinois, a civil forfeiture in the amount of \$18,650 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 GUARANTEE TRUST LIFE INSURANCE COMPANY

[Handwritten Signature]
Signature

Richard S. Holson, III
Name

President
Title

Subscribed and sworn to before me this
10 day of September 2018.

[Handwritten Signature]
Notary Public



DEPARTMENT OF INSURANCE of the
State of Illinois:

DATE 9/11/18

[Handwritten Signature]
Jennifer Hammer
Director

