



Illinois Department of Insurance

Bruce Rauner
Governor

Anne Melissa Dowling
Acting Director

June 13, 2016

Paul Michael James Brockman, President
Companion Property & Casualty Insurance Company
221 Dawson Road
Columbia, SC 29223

Re: Companion Property & Casualty Insurance Company, NAIC 12157
Market Conduct Examination Report Closing Letter

Dear Mr. Brockman:

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 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 cursive script that reads "Jack Engle".

Jack Engle, MCM
Assistant Deputy Director-Market Conduct and Analysis
Illinois Department of Insurance
320 West Washington- 5th Floor
Springfield, IL 62767
217-558-1058
E-mail: Jack.Engle@Illinois.gov

Companion Property and Casualty Insurance Company
Examination Report

MARKET CONDUCT EXAMINATION REPORT

DATE OF EXAMINATION: December 14, 2014 through September 18, 2015

EXAMINATION OF: Companion Property and Casualty Insurance Company
(P & C) NAIC #12157

LOCATION: 51 Clemson Road
Columbia, SC 29229

PERIOD COVERED BY
EXAMINATION: July 1, 2011 through June 30, 2014

EXAMINERS: Douglas J. Befort, Examiner-in-Charge
Wayne C. Stephens, Senior Examiner

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I. SUMMARY

A comprehensive market conduct examination of Companion Property and Casualty Insurance Company ("Company") was performed to determine compliance with Illinois statutes and the Illinois Administrative Code.

The following represent general findings, however, specific details are found in each section of the report. Criticisms were issued in numerical order regardless of the subject area. Criticisms that relate to Complaints contain a prefix of "C." Since many files contained numerous violations, criticisms were often issued at the individual file level.

TABLE OF TOTAL VIOLATIONS

Crit #	Statute/ Rule	Description of Violations	Population	Files Reviewed	# of Violations	Error %	Findings Section
1-77, 82-84, 87-88	215 ILCS 5/462b	Failure to apply correct classifications, payrolls and other factors of a rating system to compute premiums.	280	263	75	29%	B
1-77, 82-84, 87-88	215 ILCS 5/456(1)(e)	Failure to offer a deductible.	280	263	24	9%	B
1-77, 82-84, 87-88	215 ILCS 5/132(2)	Failure to provide all applicable records.	280	263	24	9%	B
80	215 ILCS 5/143.23	Failure to advise the insured of the right to appeal the cancellation.	17	17	1	6%	A1
82	215 ILCS 5/132(2)	Failure to provide adequate documentation to evaluate/review the nature and disposition of a nonrenewed policy.	34	34	1	3%	A2
83	215 ILCS 5/141.01	Refused to renew policy on the ground that the contract with the agent through whom such policy was obtained was terminated.	34	34	10	29%	A2
85	215 ILCS 5/462b and 215 ILCS 5/459(5)	Failure of the unit data to agree with underlying policy file documentation.	236	99	33	33%	E
86	215 ILCS 5/132(2)	Failure to provide adequate documentation to evaluate/review the nature and disposition of claims reported on the unit statistical report.	236	99	8	8%	E

89	820 ILCS 305/19(o)	Failure to provide evidence of monthly or annual reporting.	10,631	114	114	100%	C1
90	215 ILCS 5/132(2)	Failure to provide adequate documentation to evaluate/review the nature and disposition of denied claims.	15	15	3	20%	C2
91	215 ILCS 5/154.6(i)	Failure to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed.	15	15	9	60%	C2
93	215 ILCS 5/132(2)	Failure to provide files of terminated producers.	28	28	28	100%	D3
94	215 ILCS 5/132(2)	Failure to provide all evidence of its communications with producers.	Unknown	na	na	100%	F
95	215 ILCS 5/132(2)	Failure to provide advertising materials for the Dallas National (fronting) business.	Unknown	na	na	100%	F
96	215 ILCS 5/132(2)	Failure to provide documentation to identify the producers of policies.	236	236	25	11%	D4
97 and 99	215 ILCS 5/500-80(a)	Failure to ensure that producers are properly licensed.	236	236	113	48%	D4
98	50 Ill. Adm. Code 4003.90	Failure to ensure that outsourcing contracts contain provisions protecting the personal information of policyholders.	5	5	3	60%	G
100	820 ILCS 305/8.2(d)(1)	Failure to pay claims within 30 days.	10,631	114	22	19%	C1
100	820 ILCS 305/8.2(d)(3)	Failure to pay interest on late claim payments.	10,631	114	22	19%	C1
101	215 ILCS 5/132(2)	Failure to provide adequate documentation to evaluate/review the nature and disposition of claims.	10,631	114	3	3%	C1
102	215 ILCS 5/459(5)	Failure to properly classify access fees and repricing fees as loss adjustment expenses.	10,631	114	114	100%	C1
C1	50 Ill. Adm. Code 926.50	Failure to maintain complaint records containing the minimum information as required and failure to include consumer complaints on the complaint register.	na	na	na	100%	D2
C2	215 ILCS 5/143d(b)	Failure to provide a written response to written inquiries and complaints within 21 days.	8	8	3	38%	D1

II. BACKGROUND

Companion Property and Casualty Insurance Company

Companion Property and Casualty Insurance Company was incorporated February 13, 1984, and commenced business July 1, 1984, to engage in property and casualty insurance business in South Carolina. The Company was formed by Blue Cross and Blue Shield of South Carolina.

In 1997, the Company formed a subsidiary company, Companion Commercial Insurance Company (CCIC), to write a second tier workers' compensation line of business. CCIC is a multi-line, multi-state insurer. The Company assumes 100% of the business written by CCIC.

In 2007, the Company formed a separate subsidiary company, Companion Specialty Insurance Company (CSIC), which is domiciled in the District of Columbia and operates exclusively in the excess and surplus market. The Company assumes 100% of the business written by CCIC.

In 2008, the Company acquired AmFed Holding Company, Inc. of Ridgeland, Mississippi, the largest workers' compensation insurance writer and self-insurance administration company in Mississippi. The acquisition included AmFed National Insurance Company and AmFed Casualty Insurance Company, both domiciled in Mississippi.

The Company's 2011, 2012 and 2013 NAIC Annual Statements (Page 19 (Illinois)), reflect the following:

Year	Line	Direct premium written	Direct premium earned	Direct losses paid	Direct losses incurred
2011	Workers' compensation	\$11,174,907	\$14,984,690	\$7,969,105	\$11,866,140
2012	Workers' compensation	\$10,084,354	\$10,082,462	\$6,847,844	\$7,672,542
2013	Workers' compensation	\$8,554,556	\$9,337,043	\$6,927,086	\$2,585,160

III. METHODOLOGY

The market conduct examination places emphasis on an insurer's systems and procedures used in dealing with insureds and claimants. The scope of this market conduct examination was limited to the following general areas:

1. Risk Selection
2. Underwriting
3. Claims
4. Complaints and Producer Review
5. Unit Statistical Reports
6. Marketing
7. Outsourcing Contracts

The review of these categories was accomplished through examination of individual underwriting and claim files, written interrogatories and interviews with Company personnel. Each of these categories was examined for compliance with Department of Insurance rules and regulations and applicable state laws.

The following method was used to obtain the required samples and to assure a statistically sound selection. Surveys were developed from Company-generated Excel spreadsheets. Random statistical printout reports were generated by the examiners and presented to the Company for retrieval.

Risk Selection

Cancellations and nonrenewals of existing policyholders were requested on the basis of the effective date of the transaction falling within the period under examination. Cancellations and nonrenewals were reviewed for their compliance with statutory requirements, the accuracy and validity of reasons given and for any possible discrimination.

Underwriting

The underwriting sample of new applicants for coverage with the Company was selected based on the inception date of the policy falling within the period under examination. New policies were reviewed for rating accuracy, use of filed rates, use of filed forms, compliance with Company underwriting guidelines and to ensure that the coverage provided was as requested by the applicant.

Claims

Claims were requested based on the settlement occurring or the claim file being closed without payment within the period under examination. The sample of paid claims was selected from the population of claim payments posted to the general ledger during the examination period.

All claims were reviewed for compliance with policy contracts and endorsements and applicable sections of the Illinois Insurance Code (215 ILCS 5/1 *et seq.*) and the Workers' Compensation Act (820 ILCS 305/1 *et seq.*).

Complaints and Producer Review

Complaints were reviewed for completion, accuracy and validity of the complaint based on complaints received by the Department of Insurance during the examination experience period. Producer terminations and licensing were reviewed for their compliance with statutory requirements.

Unit Statistical Reports

The accuracy and completeness of the unit statistical information reported to the Company's advisory organization were tested.

Marketing

The Company's communications with its producers were reviewed in conjunction with the marketing materials.

Outsourcing Contracts

Contracts through which the Company outsources policy servicing functions were reviewed.

IV. SELECTION OF SAMPLES

Separate underwriting sample selections were made for voluntary and assigned risk markets. In addition, since the Company's distribution methods use different underwriters, examiners selected separate underwriting, cancellation, nonrenewal and producer samples from each of the following distribution methods: (1) Companion's in-house direct service business; (2) managing general agent business, and (3) business the Company fronted for Dallas National Insurance Company (now known as Freestone Insurance Company).

Survey

Risk Selection:

	Population	Number Reviewed	Percent Reviewed
Workers' Compensation Cancellations	17	17	100%
Workers' Compensation Nonrenewals	34	34	100%
Department Complaints	8	8	100%
Consumer Complaints	Unknown*	0	0%
Producer Terminations	28	28	100%
Producer Licensing	236	236	100%

Underwriting:

Workers' Compensation	280	263	94%
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Claims:

Workers' Compensation Paid Claims	10,631	114	.01%
Workers' Compensation Denied Claims	15	15	100%

* The Company did not maintain a register of consumer complaints.

V. FINDINGS

A. Risk Selection

1. Workers' Compensation Cancellations

A review of 17 cancelled policy files produced one (1) criticism for failing to advise the insured of the right to appeal the cancellation. Criticism number 80 was issued reflecting the Company's violation of 215 ILCS 5/143.23.

2. Workers' Compensation Nonrenewals

A review of 34 nonrenewed policy files produced one (1) criticism for failing to provide adequate documentation to evaluate/review the nature and disposition of a nonrenewed policy. Criticism number 82 was issued reflecting the Company's violation of 215 ILCS 5/132(2).

A review of 34 nonrenewed policy files produced ten criticisms for failing to renew the policy on the ground that the contract with the agent through whom such policy was obtained was terminated. Criticism number 83 was issued reflecting the Company's violation of 215 ILCS 5/141.01.

B. Underwriting

1. Workers' Compensation New Business and Renewals

A review of 263 underwriting files produced 75 criticisms for failing to apply correct classifications, payrolls or other factors to compute correct premium in violation of 215 ILCS 5/462b. Criticisms 1 through 77, 82 through 84, 87 and 88 were issued.

A review of 263 underwriting files produced 24 criticisms for failing to offer a deductible in violation of 215 ILCS 5/456(1)(e). Criticisms 1 through 77, 82 through 84, 87 and 88 were issued.

A review of 263 underwriting files produced 24 criticisms for failing to provide all applicable underwriting records as required by 215 ILCS 5/132(2). Criticisms 1 through 77, 82 through 84, 87 and 88 were issued.

C. Claims

1. Workers' Compensation Paid Claims

The Company is criticized for failing to make timely claim payments as required by 820 ILCS 305/8.2(d)(1). The review of 114 paid claim files indicated 22 files contained late payments to providers. Criticism number 100 was issued.

The Company is criticized for failing to make interest payments as required by 820 ILCS 305/8.2(d)(3). The review of 114 paid claim files indicated 22 files contained late payments requiring interest payments. Criticism number 100 was issued.

The Company is criticized for failing to provide evidence of monthly or annual claims reporting required by 820 ILCS 305/19(o). Criticism number 89 was issued, which applies not just to the 114 claims sampled, but also applies to all claims processed by the Company.

The review of 114 claim files produced three (3) criticisms for failing to provide adequate documentation to evaluate/review the nature and disposition of claims in violation of 215 ILCS 5/132(2). Criticism number 101 was issued to the Company.

The Company is criticized for failing to properly classify access fees and repricing fees as loss adjustment expenses as required by 215 ILCS 5/459(5). The review of 114 claim files indicated that all claim files with medical payments reflect this misclassification. The Company is an affiliate of NCCI and thus, in accordance with 215 ILCS 5/459, must follow NCCI's rules and procedures. During the review of claim payments, it was noted that the Company incorrectly reported access fees and repricing fees as medical losses when reporting unit statistical data to NCCI instead of treating/classifying these fees as loss adjustment expenses per NCCI guidance. As such, criticism 102 was issued to the Company. It is noted that this violation would also apply to all medical claim payments processed, not just those payments sampled.

2. Workers' Compensation Closed without Payment Claims

The review of fifteen claim files produced three (3) criticisms for failing to provide adequate documentation to evaluate/review the nature and disposition of denied claims in violation of 215 ILCS 5/132(2). Criticism number 90 was issued to the Company.

A review of fifteen files produced nine (9) criticisms for failing to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed. Criticism number 91 was issued to the Company for violating the provisions of 215 ILCS 5/154.6(i).

D. Complaints and Producer Review

1. Department Complaints

A review of eight (8) Department complaint files produced three (3) violations of 215 ILCS 5/143d(b) for failing to provide a written response to written inquiries and complaints within 21 days. Criticism number C2 was issued to the Company.

2. Consumer Complaints

The Company is criticized for failing to maintain all of the required information on complaint records and for failing to maintain a register of consumer complaints as required by provision 50 Ill. Adm. Code 926.50. Criticism C1 was issued to the Company.

3. Producer Terminations

Criticism number 93 was issued to the Company for violating the provisions of 215 ILCS 5/132(2). A review of 28 producer terminations produced 28 criticisms of the Company for failing to provide the files of terminated producers.

4. Producer Licensing

Criticism number 96 was issued to the Company for violating the provisions of 215 ILCS 5/132(2). A review of 236 policy files resulted in 25 criticisms of the Company for failing to provide documentation identifying the producers.

A review of 236 producer licenses produced 113 criticisms for failing to ensure that producers are properly licensed. As such, criticism numbers 97 and 99 were issued to the Company for violating the requirements of 215 ILCS 5/500-80(a). (Note: Some policies may have more than one producer that was not licensed resulting in 128 individual violations.)

E. Unit Statistical Reports

A review of 99 unit statistical reports produced 33 criticisms. The unit data did not agree with underlying policy file documentation in violation of 215 ILCS 5/462b and 215 ILCS 5/459(5). The Company is an affiliate of NCCI and thus, in accordance with 215 ILCS 5/459, must follow NCCI's rules and procedures. The accuracy and completeness of a sample of Unit Statistical Reports (SDR) were tested by comparing the elements reported on the SDR to the underlying documentation contained in the Company's files. Criticism number 85 was issued to the Company. This criticism identifies those instances in which the elements reported to NCCI via the Unit Statistical Reports did not agree with the underlying documentation.

A review of 99 unit statistical reports produced eight (8) criticisms for failing to provide adequate documentation to evaluate/review the nature and disposition of claims reported on the unit statistical report in violation of 215 ILCS 5/132(2). Criticism number 86 was issued to the Company.

F. Marketing

The Company is criticized for failing to provide all evidence of its communications with producers in violation of 215 ILCS 5/132(2). Criticism number 94 was issued to the Company.

The Company is criticized for failing to provide advertising materials for the Dallas National (fronting) business in violation of 215 ILCS 5/132(2). Criticism number 95 was issued to the Company.

G. Outsourcing Contracts

The Company is criticized for failing to audit/monitor third party actions to ensure that personal information of policyholders and claimants is adequately protected as required by 50 Ill. Adm. Code 4003.90. Of the five (5) contracts reviewed, three (3) did not adequately protect the personal information of policyholders. Criticism number 98 was issued to the Company.

VI. SUBSEQUENT EVENTS

Enstar Group Ltd., a Bermuda based insurance holding company, acquired the Company from Blue Cross Blue Shield of South Carolina on January 27, 2015.

Enstar is a publicly traded company established to acquire and manage insurance and reinsurance companies in run-off and to provide management, consulting and other services to the insurance and reinsurance industry.

Effective July 13, 2015, Companion Property and Casualty Insurance Company changed its name to Sussex Insurance Company.

STATE OF Florida)
) ss
COUNTY OF Broward)

Douglas Befort, being first duly sworn upon his 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 Companion Property and Casualty Insurance Company, (the "Company"), NAIC #12157;

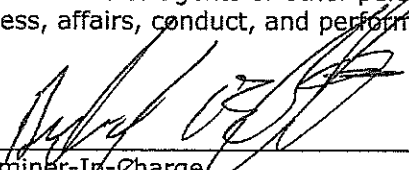
That the Examiner-In-Charge was directed to make a full and true report to the Director of the examination with a full statement of the condition and operation of the business and affairs of the Company with any other information as shall in the opinion of the Examiner-In-Charge be requisite to furnish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

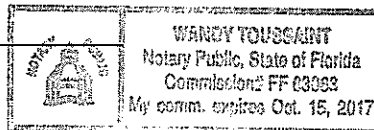


Examiner-In-Charge

Subscribed and sworn to before me
this 5 day of November, 2014.



Notary Public



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE



IN THE MATTER OF:

COMPANION PROPERTY & CASUALTY INSURANCE COMPANY
(N/K/A SUSSEX INSURANCE COMPANY)
221 DAWSON ROAD
COLUMBIA, SC 29223

STIPULATION AND CONSENT ORDER

WHEREAS, the Acting Director ("Acting 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, Companion Property & Casualty Insurance Company ("Company"), NAIC 12157, is authorized under the insurance laws of this State and by the Acting 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, 407, and 425 of the Illinois Insurance Code (215 ILCS 5/132, 5/401, 5/402, 5/403, 5/407, 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.*), Workers' Compensation Act (820 ILCS 305/1 *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 its 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, it waives any and all rights to notice and hearing; and

WHEREAS, the Company and the Acting 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 Acting 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 Acting 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 Acting Director that the Company shall:

1. Institute and maintain policies and procedures whereby the Company shall apply the correct classifications, payrolls and other factors of a rating system to compute premiums as required by 215 ILCS 5/462b.
2. Institute and maintain policies and procedures whereby the Company shall adhere to a rate classification system, rating rules, rating plans, policy forms, and underwriting rules or similar materials as required by 215 ILCS 5/459(5).
3. Institute and maintain policies and procedures whereby the Company shall not cancel, terminate or refuse to renew any policy on the grounds that the Company's contract with the agent has been terminated as required by 215 ILCS 5/141.01.
4. Institute and maintain policies and procedures whereby the Company shall notify each insured employer by the 15th day of each month of any compensable claim incurred during the preceding month and the amounts paid or reserved on the claim including a summary of the claim and a brief statement of the reasons for compensability, as well as, furnish to each insured employer a cumulative report of all claims incurred during the preceding calendar year or continued from the previous year by the 30th day of that calendar year as required by 820 ILCS 305/19(o).
5. Institute and maintain policies and procedures whereby the Company shall provide examiners adequate access to all books, records, documents, and any or all papers relating to the business, performance, operations, and affairs of the Company as required by 215 ILCS 5/132(2).
6. Institute and maintain policies and procedures whereby the Company shall either affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed as required by 215 ILCS 5/154.6(i).
7. Institute and maintain policies and procedures whereby the Company shall not pay a commission, service fee, brokerage, or other valuable consideration for selling, soliciting, or negotiating insurance by unlicensed individuals as required by 215 ILCS 5/500-80(a).

8. Institute and maintain procedures whereby the Company shall exercise appropriate due diligence in selecting its service providers by requiring them to implement appropriate measures designed to protect the security, confidentiality and integrity of customer personal information as required by 50 Ill. Adm. Code 4003.90.
9. Institute and maintain policies and procedures whereby the Company shall ensure claims submitted by providers are paid within thirty (30) days of receipt of the bill which contains substantially all of the required data elements necessary to adjudicate the bill as required by 820 ILCS 305/8.2(d)(1).
10. Institute and maintain policies and procedures whereby the Company shall ensure interest is paid at a rate of one percent (1%) per month on any bill or portion unpaid within such thirty (30) day period as required by 820 ILCS 305/8.2(d)(3).
11. Institute and maintain procedures whereby the Company shall maintain a complaint record with the required minimum information for complaints received from the Department, as well as those received directly from the consumer as required by 50 Ill. Adm. Code 926.50.
12. Institute and maintain policies and procedures whereby the Company shall provide a written response to written inquiries and complaints within twenty-one (21) days of receipt as required by 215 ILCS 5/143d(b).
13. Submit to the Acting Director of Insurance, State of Illinois, proof of compliance with the above twelve (12) orders within 30 days of execution of this Order.
14. Pay to the Acting Director of Insurance, State of Illinois, a civil forfeiture in the amount of \$76,100 to be paid within 30 days of execution of this Order.

NOTHING contained herein shall prohibit the Acting 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 COMPANION PROPERTY & CASUALTY INSURANCE COMPANY

[Handwritten Signature]
Signature

ROBERT ALPATA
Name

SENIOR VICE PRESIDENT
Title

Subscribed and sworn to before me this
16th day of May 2016.

[Handwritten Signature]
Notary Public

JESSICA M. MIELES
Notary Public, State of New York
No. 01MI6146044
Qualified in Queens County
Commission Expires May 15, 2018

DEPARTMENT OF INSURANCE of the
State of Illinois:

DATE 5-18-16

[Handwritten Signature]
Anne Melissa Dowling
Acting Director

