

# STATE OF ILLINOIS

## DEPARTMENT OF INSURANCE



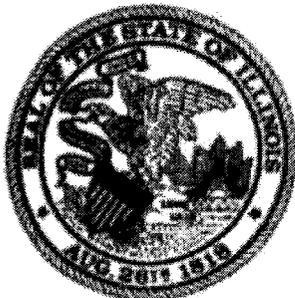
IN THE MATTER OF THE EXAMINATION OF

FIDELITY INVESTMENTS LIFE INSURANCE COMPANY  
ONE UTAH CTR  
201 S MAIN ST  
SALT LAKE CITY, UT 84111

### MARKET CONDUCT EXAMINATION WARRANT

I, the undersigned, Director of Insurance of the State of Illinois, pursuant to Sections 132, 401, 402, 403 and 425 of the Illinois Insurance Code (215 ILCS 5/132, 5/401, 5/402 and 5/425) do hereby appoint Examiner-In-Charge, Mike Hager and associates as the proper persons to examine the insurance business and affairs of Fidelity Investments Life Insurance Company, NAIC # 93696, and to make a full and true report to me of the examination made by them of Fidelity Investments Life Insurance Company, with a full statement of the condition and operation of the business and affairs of Fidelity Investments Life Insurance Company with any other information as shall in their opinion be requisite to furnish me a statement of the condition and operation of its business and affairs and the manner in which it conducts its business. The costs of this examination shall be borne by the company.

The persons so appointed shall also have the power to administer oaths and to examine any person concerning the business, conduct, or affairs of Fidelity Investments Life Insurance Company.



*IN TESTIMONY WHEREOF*, I hereto set my hand and cause to be affixed this Seal.

Done at the City of Springfield, this 24<sup>th</sup> day of August, 2011.

*Jack Messmore*  
\_\_\_\_\_  
Jack Messmore

\_\_\_\_\_  
Acting Director

This Market Conduct Examination was conducted pursuant to Sections 5/132, 5/402 and 5/425 of the Illinois Insurance Code (215 ILCS 5/132, 5/402 and 5/425). It was conducted in accordance with standard procedures of the Market Conduct Examination Section by duly qualified examiners of the Illinois Department of Insurance.

This report is divided into five parts. They are as follows: Summary, Background, Methodology, Findings and Technical Appendices. All files reviewed were reviewed on the basis of the files' contents at the time of the examination. Unless otherwise noted, all overcharges (underwriting) and/or underpayments (claims) were reimbursed during the course of the examination.

No company, corporation, or individual shall use this report or any statement, excerpt, portion, or section thereof for any advertising, marketing or solicitation purpose. Any company, corporation or individual action contrary to the above shall be deemed a violation of Section 149 of the Illinois Insurance Code (215 ILCS 5/149).

The Examiner-in-Charge was responsible for the conduct of this examination. The Examiner-in-Charge did approve of each criticism contained herein and has sworn to the accuracy of this report.

James J. Morris  
Assistant Deputy Director  
Market Conduct and Analysis Section

FIDELITY INVESTMENTS LIFE INSURANCE COMPANY

## MARKET CONDUCT EXAMINATION REPORT

DATE OF EXAMINATION: October 17 through December 16, 2011

EXAMINATION OF: Fidelity Investments Life Insurance Company  
NAIC # 93696

LOCATION OF EXAMINATION: 1 Spartan Way  
Merrimack, New Hampshire 03054

PERIOD COVERED BY EXAMINATION: July 1, 2010 through June 30, 2011  
Department of Insurance Complaints  
July 1, 2008 through October 14, 2011

EXAMINERS: Mike Hager – Examiner-in-Charge  
Pat Hahn

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## I. SUMMARY

The Company was criticized under 215 ILCS 5/224(1)(l) for failing to notify the beneficiary, at time of claim, that 9% interest would apply if the claim was delayed beyond 15 days. (This criticism arose from claims filed within the experience period 7/1/10 through 6/30/11. Effective 8-23-11, Insurance Code Section 224 was revised to require 10% interest after 31 days.)

## II. BACKGROUND

The Company was incorporated under the laws of the state of Pennsylvania on May 13, 1981 as Independence Square Pension Life Insurance Company. The Company's name was changed to Provident Mutual Variable Life Insurance Company on June 16, 1983. The Company was acquired by FMR Corp. on December 30, 1986, after ceding all in force policies to Provident Mutual Life Insurance Company of Philadelphia. The Company's name was subsequently changed to Fidelity Investments Life Insurance Company ("FILIC") and was re-domesticated from Pennsylvania to Utah effective November 10, 1992. Effective October 1, 2007, FMR Corp. was merged with and into FMR LLC the Company's ultimate parent.

FILIC's management consists of a President, a Chief Financial Officer, an Executive Vice President of Actuarial and Risk, a Treasurer, a Senior Vice President of Sales and Operations, a Senior Vice President of Marketing, a Vice President of Systems and Technology, a Vice President of Human Resources, a Chief Compliance Officer and a General Counsel.

Fidelity Investments Life Insurance Company has been licensed in Illinois since 12/13/83 as a foreign stock insurance company. Its 2007 through 2010 NAIC Annual Statements reflect the following business in Illinois:

SCHEDULE T - 048  
93696 - Fidelity Investments Life Ins Co

	<b>Life Insurance Premiums Direct</b>	<b>Annuity Considerations Direct</b>	<b>Accident and Health Insurance Premiums Direct</b>	<b>Other Considerations Direct</b>	<b>Total Columns 2 through 5</b>	<b>Deposit type Contracts Direct</b>
2010	806,531	68,637,964	0	0	69,444,495	0
2009	804,077	42,137,256			42,941,333	
2008	1,151,803	115,370,672			116,522,475	378,800
2007	769,013	108,960,143			109,729,156	5,310,742

### III. METHODOLOGY

The Market Conduct Examination places emphasis on evaluating an insurer's systems and procedures used in dealings with insureds and claimants.

The Market Conduct Examination did not examine all systems and procedures used in dealing with insureds and claimants. The following categories are the general areas examined:

1. Producer Licensing and Production Analysis
2. Non-Forfeiture Analysis
3. Claims analysis
4. Policy Forms and Advertising Material Analysis
5. Replacement Policy Analysis
6. Underwriting Analysis
7. Complaint Analysis

The review of these categories is accomplished through examination of producer files, claim files, Insurance Department complaint files, consumer complaints, policy forms, endorsements and advertising materials. Each of these categories is examined for compliance with selected Department of Insurance Rules and Regulations and applicable State laws. . The Market Conduct Examination did not examine compliance with the Uniform Disposition of Unclaimed Property Act, 765 ILCS 1025/1.

The report concerns itself with improper practices performed with such frequency as to indicate general business practices. Individual criticisms are identified and communicated to the insurer but are not cited in the report if not indicative of a general trend, except if there were underpayments and/or overpayments in claims surveys or undercharges and/or overcharges in underwriting surveys. The following methods were used to obtain the required samples to assure a methodical selection.

#### Producer Licensing and Production Analysis

Populations for the producer file reviews were determined by whether or not the producers were licensed by the State of Illinois. New business listings were retrieved from Company records selecting newly solicited insurance applications which reflected Illinois addresses for the applicants.

#### Non-Forfeiture Analysis

Listings were requested of all life policies that were cash surrendered, placed on extended term insurance status or converted to reduced paid-up insurance during the examination period. These listings were retrieved by a search of Illinois policies either lapsed for nonpayment of premium or were requested non-forfeiture option conversions made by policyholders.

### Claims Analysis

Claim surveys were selected using the following criteria:

1. Paid Claims – Payments for coverage made during the examination period.
2. Denied Claims – Denial of benefits for losses not covered by policy provisions during the survey period.
3. Individual or Franchise Claims – Determine whether the contracts were issued to an individual or on a franchise basis.

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

### Policy Forms and Advertising Material Analysis

The Company was requested to provide specimen copies of all policy forms and samples of all advertising material in use during the survey period.

### Replacement Policy Analysis

The Company was requested to provide listings of all annuity and life policies, both internal and external, transacted during the survey period. A sample of each category was compiled and the policy files were requested for review to determine compliance with Department of Insurance Rules and Regulations and applicable State Laws.

### Underwriting Analysis

Listings were requested of all life applications rejected by the company during the survey period. These listings were retrieved by a search of Illinois life applications submitted but denied issuance by the company.

### Department of Insurance Complaints

The Company was requested to provide all files relating to complaints which had been received via the 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 to the Department of Insurance.

The examination period for Department of Insurance and consumer complaints was July 1, 2008 through October 14, 2011.

**SELECTION OF SAMPLE**

SURVEY	POPULATION	# REVIEWED	% REVIEWED
<b>Producer Licensing and Production Analysis</b>			
Terminated Producers	55	55	100
Producer Production	129/1087	129/1087	100
<b>Non-Forfeiture Analysis</b>			
Life Cash Surrenders Individual	1	1	100
Annuity Cash Surrender	479	100	21
<b>Claims Analysis</b>			
Paid Individual Life	5	5	100
Annuity Death Settlements	107	107	100
<b>Underwriting</b>			
Declined Individual Life Applications	9	9	100
<b>Policy Forms and Advertising Material Analysis</b>			
Policy Forms and Advertising Review	249	249	100
<b>Replacement Policy Analysis</b>			
Replacements Life Internal & External	10	10	100
Replacements Annuity Internal	73	73	100
Replacements Annuity External	109	109	100
<b>Complaint Analysis</b>			
Consumer Complaints	3	3	100

#### IV. FINDINGS

##### A. Producer Licensing and Production Analysis

###### 1. Terminated Producer Review

A review of 55 terminated producer files revealed no producers terminated for cause.

###### 2. Producer Production

A review of all 1216 producer production files produced no criticisms.

##### B. Non-Forfeiture Analysis

###### 1. Life Cash Surrenders Individual

A review of one (1) individual life cash surrenders produced no criticisms.

No median for surrender could be established.

###### 2. Annuity Cash Surrenders

A review of 100 annuity cash surrender policy files produced no criticisms.

The median for surrender was one (1) day.

##### C. Claims Analysis.

###### 1. Paid Individual Life

The review of five (5) paid individual life claim files produced one (1) criticism. A general criticism was made under 215 ILCS 5/224(1)(1) for failure to notify the beneficiary at time of claim that 9% interest would apply if the claim was delayed beyond 15 days of due proof of loss. The company did pay interest on claims not paid within 15 days of loss.

The median for payment was 14 days.

###### 3. Annuity Death Settlements

A review of 107 annuity death settlement files produced no criticisms.

The median for payment was one (1) day.

##### D. Underwriting Analysis

1. Declined Individual Life Applications

A review of 9 declined individual life applications produced no criticisms.

A median for declination was 20 days.

E. Policy Forms and Advertising

1. Policy Forms and Advertising Review

A review of the 249 policy forms and advertising materials produced no criticisms.

F. Replacement Policy Analysis

1. Internal and External Life Replacement

A review of 10 internal and external life replacement files produced no criticisms.

2. Internal Annuity Replacement

A review of 73 internal annuity replacement policy files produced no criticisms.

3. External Annuity Replacements

A review of 109 external annuity replacements produced no criticisms.

G. Complaint Analysis

1. Consumer Complaints

A review of three (3) consumer complaint files produced no criticisms.

No median for response could be established.

V. TECHNICAL APPENDICES

None



# Illinois Department of Insurance

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PAT QUINN  
Governor

ANDREW BORON  
Director

March 27, 2012

Jeffrey Kenneth Cimini  
President  
Fidelity Investments Life Insurance Company  
NAIC # 93696  
82 Devonshire St (V5A)  
Boston, MA 02109

**sent via USPS certified mail  
return receipt requested**

Re: Market Conduct Examination Report

Dear Mr. Cimini,

A Market Conduct Examination of your companies was conducted by authorized examiners designated by the Director of Insurance pursuant to Illinois Insurance Code Sections 132, 401, 402, 403 and 425 of the Illinois Insurance Code. The examination covered the period 07-01-10 through 6-30-11 for Claims and 07-01-08 through 10-14-11 for Complaints.

As required by Illinois Insurance Code Section 132, please find attached a copy of the verified examination report. This Department is providing your company an opportunity to make a written submission or rebuttal with respect to any matters in the attached report. Please provide any such written submission or rebuttals to the undersigned by close of business, Friday, April 27, 2012.

Illinois Insurance Code Section 132 provides that the Director of Insurance must afford your company an opportunity to demand a hearing with reference to the facts and other evidence contained in this report. Section 132 further provides that your company may request a Hearing within ten (10) days after receipt of the above Report by giving the Director of Insurance written notice of such request together with a statement of your objections. The deadline to request a hearing is hereby extended until April 27, 2012.

Please contact me if you have any questions.

Yours Truly,

James J. Morris  
Assistant Deputy Director  
Market Conduct and Analysis  
Illinois Department of Insurance  
320 West Washington Street  
Springfield IL 62767  
312-833-5582 mobile  
217-557-8463 fax  
james.j.morris@illinois.gov



# Illinois Department of Insurance

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PAT QUINN  
Governor

ANDREW BORON  
Director

July 18, 2012

Jeffrey Kenneth Cimini  
President  
Fidelity Investments Life Insurance Company  
NAIC #93696  
82 Devonshire St (V5A)  
Boston, MA 02109

Re: ***Fidelity Investments Life Insurance Company  
Market Conduct Examination Report***

Dear Mr. Cimini,

This is in response to the June 19, 2012 e-mail from Christopher Shea on this subject.

Mr. Shea indicated that an officer of your company had signed both copies of the Stipulation and Consent Order. The Director of Insurance has also signed both copies one of which is attached for your records.

As required by Order #2 of the Stipulation and Consent Order, please provide me with a copy of the procedure implemented to comply with 215 ILCS 5/224(1)(1) as proof of compliance. Please provide the requested information by August 24, 2012.

Yours Truly,

A handwritten signature in cursive script that reads "James J. Morris".

James J. Morris  
Assistant Deputy Director  
Market Conduct and Analysis  
Illinois Department of Insurance  
320 West Washington Street  
Springfield IL 62767  
312-833-5582 mobile  
217-557-8494 fax  
james.j.morris@illinois.gov

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



IN THE MATTER OF:

Fidelity Investments Life Insurance Company

STIPULATION AND CONSENT ORDER

WHEREAS, the Director (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, Fidelity Investments Life Insurance Company, NAIC # 93696, (Company) is incorporated under the insurance laws of the State of Utah as a domestic stock insurance company and is authorized by the Director as a foreign stock insurance company, to engage in the business of soliciting, selling and issuing insurance policies; and

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

WHEREAS, the Department examiners have filed an examination report as an official document of the Department as a result of the Market Conduct Examination; and

WHEREAS, said report cited one area 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 or 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.

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 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. That the Market Conduct Examination cited one area in which the Company was not in compliance with provisions of the Illinois Insurance Code and/or Department Regulations; and
2. That the Director and the Company consent to this Order requiring the Company to take action to come into compliance with 215 ILCS 5/224(1)(1).

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

1. Institute and maintain procedures to comply with 215 ILCS 5/224(1)(1) by notifying the insured's beneficiary at the time of claim that interest shall accrue from the date of death at the rate specified in such section until total payment or payment of the first installment is made within the time period specified in such section.
2. Submit to the Director proof of compliance with Order # 1 within thirty (30) days of the date 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 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:

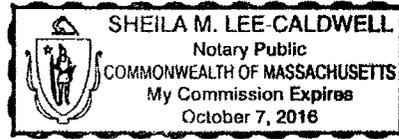
Fidelity Investments Life Insurance Company

  
\_\_\_\_\_  
Signature

Brian Leary  
\_\_\_\_\_  
Name

VP Chief Compliance Officer  
\_\_\_\_\_  
Title

Subscribed and sworn to before me this  
28 day of June A.D. 2012.



Sheila M. Lee-Caldwell  
Notary Public

DEPARTMENT OF INSURANCE of the  
State of Illinois;

DATE July 13, 2012

Andrew Brown  
Director



Chris Shea  
Compliance Director  
Fidelity Investments Life Insurance Co.  
82 Devonshire Street, V5A  
Boston, MA 02109

August 10, 2012

James J. Morris  
Assistant Deputy Director  
Illinois Department of Insurance  
320 West Washington St.  
Springfield, IL 62767

Re: Fidelity Investments Life Insurance Company Market Conduct Examination Report

Dear Mr. Morris,

I am writing on behalf of Fidelity Investments Life Insurance Company (the "Company") in response to your request for proof of compliance as required by Order #2 of the Stipulation and Consent Order.

In an effort to comply with the Department's request, the Company has enclosed 1) a copy of the claims form which includes the required disclosure; and 2) a screen print from the Company's state requirements database.

It is the Company's belief that no further action is required regarding your request however, please feel free to contact me if additional questions arise.

Sincerely,

A handwritten signature in cursive script that reads "Shea".

Chris Shea

Enclosures:

- Term Death Claim Letter.doc
- Claim\_Form-Disclosure\_Interest.docx



August 9, 2011

Beneficiary Name  
Address  
City, State Zip

Dear Mr . or Mrs. Beneficiary :

This letter confirms that we received your request to receive proceeds from a life insurance policy. Please accept our condolences for your loss and know that we will ensure that your claim is processed in a timely manner.

To begin the claim process, we have enclosed the following documents that you will need to complete and return in the postage-paid envelope provided:

- *Claimant's Statement: Part I*
- *Claimant's Statement: Part II* [authorization to obtain information]
- *Request for Payment of Proceeds*
- *Income Tax Identification Form*

If the life insurance policy is owned by someone other than the deceased, these documents will need to be signed by the owner. For example, if the policy is owned by a trust, the Trustee must sign the documents.

As the owner or primary beneficiary of the policy, you must also provide:

- Proof of birth of the deceased (i.e.: birth certificate or marriage license), and
- Certified death certificate

*For residents in the State of Illinois, please be advised that Interest shall accrue on the proceeds payable because of the death of the insured, from date of death, at the rate of 10% on the total amount payable or the face amount if payments are to be made in installments until the total payment or first installment is paid, unless payment is made within thirty-one (31) days from the date of receipt by the company of due proof of loss.*

If you need my assistance in completing any of the required documents or have any questions, please do not hesitate to contact me at 888-343-8376, option 2. I am available Monday to Friday, 8:00 a.m. to 5:00 p.m., Eastern time. I know this is a difficult time and I want to make this process as easy as possible for you.

Sincerely,

Dawn Hoag  
Client Service Representative

**Fidelity insurance products are issued by Fidelity Investments Life Insurance Company ("FILF"), and, in New York, by Empire Fidelity Investments Life Insurance Company, ® New York, N.Y. FILF is licensed in all states except New York. The contract's financial guarantees are solely the responsibility of the issuing insurance company.**

Fidelity Brokerage Services LLC  
376612.3

CLAIMANT STATEMENT

In order to process your claim as quickly as possible, we will need to obtain information about you and about the Insured. We will also need information regarding the insurance policy or policies, as well as an officially certified copy of the death certificate. Each claimant must submit his or her own claimant's statement. The claimant's statement and attached certified copy of the death certificate should be forwarded to the following address:

[Fidelity Investments Life Insurance Company  
Empire Fidelity Investments Life Insurance Company  
P.O. Box 770001  
Cincinnati, OH 45277-0050]  
Attention: Claims Department

**A. Information about you, the claimant:**

- 1) Name (please print): \_\_\_\_\_  
*First Middle Initial Last*
- 2) Social Security Number: \_\_\_\_\_
- 3) Date of Birth: \_\_\_\_\_ 4) Sex:  Male  Female  
*Month Day Year*
- 5) Phone Number: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_
- 6) Address : \_\_\_\_\_  
*Street Number Street Name Apt./Box # (if any)*  
\_\_\_\_\_  
*City State Zip Code*
- 7) Relationship to the Insured:  Spouse  Child  Other \_\_\_\_\_  
*Explain*

**B. Information about the Insured:**

- 1) His/Her Name (please print): \_\_\_\_\_  
*First Middle Initial Last*
- 2) Date of Death: \_\_\_\_\_  
*Month Day Year*
- 3) Please list the Fidelity Life Insurance policy number(s) under which this claim is being made:  
\_\_\_\_\_

All policies listed above (except those where claim is being made under the applicant's Waiver of Premium Benefit) should be submitted with your claim. If policies are not attached, please state why: \_\_\_\_\_

- 4) His/Her Residence Address : \_\_\_\_\_  
*Street Number Street Name Apt./Box # (if any)*  
\_\_\_\_\_  
*City State Zip Code*
- 5) His/Her Marital Status:  Single  Married  Widow/Widower  Separated  Divorced
- 6) Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*Month Day Year City State*
- 7) His/Her Occupation: \_\_\_\_\_ Date Last Worked: \_\_\_\_\_  
*Month Day Year*

**C. Your Signature:** I certify, under penalty of perjury, that the information in Section A, question 2 is correct.

\_\_\_\_\_  
*Your Signature Date*



## Request for Payment of Proceeds of Contract

Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

I hereby request payment of the proceeds due to me as beneficiary of the above numbered Policy in accordance with its terms. I understand that any interest paid on the proceeds of this claim may be taxable. I understand that [Fidelity Investments Life Insurance Company ] is discharged from all other obligations under the Policy and that the Policy is of no further force or effect.

Make check payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signatures

[Fidelity Investments Life Insurance Company] may require additional signatures or information.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Beneficiary's Signature

\_\_\_\_\_  
Signature Guarantee Medallion\*

\*Please have your Medallion Signature Guaranteed by a national or state bank (or savings bank in NY or MA), a trust company, a federal savings and loan association, or a New York Stock Exchange member firm. A signature guarantee is a widely accepted way of verifying that your signature is authentic. **We cannot accept a notarization in lieu of a guarantee.**

## Income Tax Identification Form

### 1. Tax Identification Information:

Name of Claimant:

\_\_\_\_\_

Address:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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### 2. Agreement:

By signing below, I certify under penalties of perjury that:

- (i) The number shown above is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- (ii) I have not been notified by the Internal Revenue Service that I am subject to a Backup withholding Order on interest and dividends. (If you have so been notified, cross out and initial this paragraph.)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

**BELOW ARE STATE FRAUD NOTICES THAT APPLY ONLY IN CERTAIN STATES.  
PLEASE READ THE FOLLOWING NOTICES CAREFULLY TO SEE IF ANY APPLY IN YOUR STATE:**

- Alaska** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.
- Arizona** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is subject to criminal and civil penalties.
- Arkansas, Colorado, New Mexico and Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- California** - For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.
- Delaware, Florida and Indiana** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
- Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Louisiana, Maryland and Rhode Island** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Maine, Tennessee, Virginia and Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.
- Minnesota** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- New Hampshire** - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.
- New Jersey** - Any person who knowingly files a statement of claim or application containing any false or misleading information is subject to criminal and civil penalties.
- New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- Oklahoma** - WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Texas** - Any person who knowingly provides a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Washington, DC** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.





# Illinois Department of Insurance

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PAT QUINN  
Governor

ANDREW BORON  
Director

December 5, 2012

Christopher Shea  
Compliance Director  
Fidelity Investments Life Insurance Company  
NAIC # 93696  
87 Devonshire Street, V5A  
Boston MA 02109

Re: Market Conduct Examination

Dear Mr. Shea,

Re: Market Conduct Examination

Your email of this date contained satisfactory proof of compliance with the requirements of the Stipulation & Consent Order executed by the Director on July 13, 2012. Accordingly, this Department will be closing its file on this examination.

Please contact me if you have any questions.

Yours Truly,

A handwritten signature in cursive script that reads "James J. Morris".

James J. Morris  
Assistant Deputy Director  
Market Conduct and Analysis  
Illinois Department of Insurance  
320 West Washington Street  
Springfield IL 62767  
312-833-5582 mobile  
217-557-8463 fax  
james.j.morris@illinois.gov