



Illinois Department of Insurance

Bruce Rauner
Governor

Anne Melissa Dowling
Acting Director

May 5, 2016

Barbara S. Stewart, President
Washington National Insurance Company
11825 N. Pennsylvania Street
Carmel, IN 46032

Re: Washington National Insurance Company, NAIC #70319
Market Conduct Examination Report Closing Letter

Dear Ms. Stewart:

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

Washington National Insurance Company

Examination Report

MARKET CONDUCT EXAMINATION REPORT

DATE OF EXAMINATION: July 27, 2015 through December 11, 2015

EXAMINATION OF: Washington National Insurance Company
NAIC Number: 70319

LOCATION: 11825 N Pennsylvania Street
Carmel, IN 46032

PERIOD COVERED
BY EXAMINATION: April 1, 2014 through March 31, 2015 – Claims
October 1, 2013 through March 31, 2015 – Appeals
and Complaints

EXAMINERS: Max Weaver
Tiffany Jones
Chris Heisler, Examiner-in-Charge

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I. SUMMARY

A comprehensive market conduct examination of Washington National Insurance Company (“WNIC or 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.

<u>TABLE OF TOTAL VIOLATIONS</u>						
Crit #	Statute/Rule	Description of Violation	Population	Files Reviewed	Number of Violations	Error %
24	215 ILCS 5/143c	Policy Forms - The Company failed to give a written notice with the correct address of the Consumer Division of the Department of Insurance.	202	202	1	0.5%
41	215 ILCS 5/500-80	Unlicensed Producer - The Company violated the statute by paying commission to an unlicensed person.	463	463	1	0.2%
43	215 ILCS 5/229.2(1)(iii)	Non-forfeiture option - The Company failed to enact the non-forfeiture option within 60 days.	18	18	4	22.2%
38	215 ILCS 5/234.1	Non-forfeiture option - The Company failed to provide policy owners with a Notice of Non-Forfeiture Option prior to enactment of a non-forfeiture option.	18	18	18	100.0%
9	215 ILCS 5/224(1)(l)	Paid Individual Life Claims - The Company failed to pay interest due to beneficiary because of delayed payment of claim. Interest of \$18.49 was paid during the exam.	178	58	1	1.7%
27	50 Ill. Adm. Code 919.50(a)(1)	Denied Long Term Care - The Company failed to provide insured "Notice of Availability of the Department of Insurance" on denied claims.	104	45	9	20%
30	50 Ill. Adm. Code 919.70(a)(2)	Denied Individual A&H Intensive Care - The Company failed to provide the insured with a reasonable explanation for delay beyond 45 days.	3	3	1	33.3%
31	50 Ill. Adm. Code 919.50(a)(1)	Denied Individual A&H Accident Claims - The Company failed to provide insured "Notice of Availability of the Department of Insurance" on denied claims.	275	81	7	8.6%

32	50 Ill. Adm. Code 919.30(c)	Denied Individual A&H Accident Claims - The Company failed to provide date on the denial letter and/or Explanation of Benefits (EOB) form.	275	81	7	8.6%
33	50 Ill. Adm. Code 919.50(a)(1)	Denied Individual A&H Active Care Claims - The Company failed to provide insured "Notice of Availability of the Department of Insurance" on denied claims.	8	8	7	87.5%
34	50 Ill. Adm. Code 919.30(c)	Denied Individual A&H Active Care Claims - The Company failed to provide date on the denial letter and/or Explanation of Benefits (EOB) form.	8	8	7	87.5%
36	50 Ill. Adm. Code 919.50(a)(1)	Denied Individual A&H Specified Disease - The Company failed to provide insured "Notice of Availability of the Department of Insurance" on denied claims.	1,645	109	11	10.1%
37	50 Ill. Adm. Code 919.30(c)	Denied Individual A&H Specified Disease - The Company failed to provide date on the denial letter and/or Explanation of Benefits (EOB) form.	1,645	109	7	6.4%
39	50 Ill. Adm. Code 919.50(a)(1)	Denied Medicare Supplement - The Company failed to provide insured "Notice of Availability of the Department of Insurance" on denied claims.	7,357	109	3	2.7%

II. BACKGROUND

Washington National Insurance Company was incorporated in 1911, and was known as Washington Health and Accident Association (“WHAA”). WHAA was formed as a fraternal insurance society and subsequently incorporated as Washington Life and Accident Insurance Company. In 1926, that company merged with Fidelity Life and Accident Insurance Company and United States National Life and Casualty Company to become Washington Fidelity National Insurance Company, which changed its name to Washington National Insurance Company in 1931. The Company was acquired by CNO Financial Group in 1997.

CNO Financial Group, Inc. (CNO), a Delaware corporation, is a publicly-traded holding company for a group of insurance companies operating throughout the United States that are organized under CDOC, Inc. CNO is headquartered in Carmel, Indiana. CDOC directly owns Consec Life Insurance Company of Texas (CLTX) and Washington National Insurance Company. CLTX directly owns Bankers Life and Casualty Company, Bankers Consec Life Insurance Company and Colonial Penn Life Insurance Company.

The Company was re-domesticated from Illinois to Indiana when it merged with Consec Health Insurance Company and Consec Insurance Company during the latter half of 2010. Washington National, the surviving entity, markets supplemental health (primarily specified disease, accident and hospital indemnity), in addition to life insurance products to the middle-income market at the worksite or at home. Effective October 1, 2013, the company entered coinsurance agreements to cede substantially all of its existing block of long term care with Beechwood Re Limited. The company's insurance products are sold by Performance Matters Associates, Inc. (PMA), a wholly-owned subsidiary, as well as through independent insurance and marketing agencies.

Total Direct Premiums Written in Illinois for Life, Annuities, Accident and Health insurance are as follows:

Year	Total Written Premium In Illinois	Individual Accident and Health	Current Market Share	Group Accident and Health	Current Market Share
2012	\$70,099,514	\$22,208,005	0.911%	\$31,618,973	0.325%
2013	\$71,318,739	\$21,984,876	0.910%	\$35,434,918	0.258%
2014	\$70,401,754	\$13,262,649	0.414%	\$45,606,208	0.242%

Year	Medicare Supplement	Current Market Share	Long Term Care	Current Market Share
2012	\$12,153,653	0.798%	\$1,002,950	0.214%
2013	\$9,965,417	0.630%	\$982,350	0.206%
2014	\$8,310,647	0.504%	\$839,816	0.174%

Year	Individual Life	Current Market Share	Group Life	Current Market Share
2012	\$2,335,129	0.047%	\$13,505	0.001%
2013	\$2,118,398	0.042%	\$13,850	0.001%
2014	\$1,947,624	0.038%	\$13,257	0.001%

Year	Individual Annuities	Current Market Share	Group Annuities	Current Market Share
2012	\$593,850	0.008%	\$173,449	0.008%
2013	\$723,844	0.010%	\$95,086	0.004%
2014	\$391,572	0.005%	\$29,981	0.001%

III. METHODOLOGY

The Market Conduct Examination covered the business written for the period of April 1, 2014 through March 31, 2015. Appeals and Complaints covered the period of October 1, 2013 through March 31, 2015. 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, insurance department and consumer complaint files, policy forms and advertising material. Each of these categories is 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 found violations were cited in the 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 determined by whether or not the producers were duly licensed in Illinois. New business listings were retrieved from company records selecting newly solicited insurance applications, which reflected Illinois addresses for the applicants.

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 Title 50 of the Illinois Administrative Code.

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 April 1, 2014 through March 31, 2015.

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 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 October 1, 2013 through March 31, 2015.

IV. FINDINGS

A. Claims Analysis

1. Paid Individual Life

The median for payment was twelve days.

Field Size	178
Sample Size	58
Files in Error	1
Error Rate	1.7%

FINDING: Criticism #9. In one (1) instance, the Company failed to pay interest of \$18.49 to beneficiary due to delayed payment of claim in violation of 215 ILCS 5/224(1)(l). The interest was paid during the exam.

2. Denied Individual Life

The median for denial was eleven days.

Field Size	3
Sample Size	3
Files in Error	0

FINDING: No violations were found in this review.

3. Paid Medicare Supplement

The median was six (6) days.

Field Size	65,234
Sample Size	109
Files in Error	0

FINDING: No violations were found in this review.

4. Denied Medicare Supplement

The median was one (1) day.

Field Size	7,357
Sample Size	109
Files in Error	3
Error Rate	2.7%

FINDING: Criticism #39. In three (3) instances, the Company failed to provide the insured "Notice of Availability of the Department of Insurance" on denied claims in violation of 50 Ill. Adm. Code 919.50(a)(1).

5. Paid Long Term Care
The median was fifteen days.

Field Size	649
Sample Size	77
Files in Error	0

FINDING: No violations were found in this review.

6. Denied Long Term Care
The median was twelve days.

Field Size	104
Sample Size	45
Files in Error	9
Error Rate	20.0%

FINDING: Criticism #27. In nine (9) instances, the Company failed to provide insured "Notice of Availability of the Department of Insurance" on denied claims in violation of 50 Ill. Adm. Code 919.50(a)(1).

7. Paid Waiver of Premium – Accident & Health
The median was nine (9) days.

Field Size	4
Sample Size	4
Files in Error	0

FINDING: No violations were found in this review.

8. Paid Waiver of Premium – Long Term Care
The median was eight (8) days.

Field Size	12
Sample Size	12
Files in Error	0

FINDING: No violations were found in this review.

9. Paid Annuity Death Settlements

The median was eleven days.

Field Size	44
Sample Size	44
Files in Error	0

FINDING: No violations were found in this review.

10. Paid Individual Accident & Health - Accident

The median was four (4) days.

Field Size	589
Sample Size	109
Files in Error	0

FINDING: No violations were found in this review.

11. Denied Individual Accident & Health – Accident

The median was five (5) days.

Field Size	275
Sample Size	81
Files in Error	7
Error Rate	8.6%

FINDING: Criticism #31. In seven (7) instances, the Company failed to provide insured “Notice of Availability of the Department of Insurance” on denied claims in violation of 50 Ill. Adm. Code 919.50(a)(1).

Field Size	275
Sample Size	81
Files in Error	7
Error Rate	8.6%

FINDING: Criticism #32. In seven (7) instances, the Company failed to provide the date on the denial letter and/or the Explanation of Benefits (EOB) form in violation of 50 Ill. Adm. Code 919.30(c).

12. Paid Individual Accident & Health – Specified Disease
The median was eight (8) days.

Field Size	8,771
Sample Size	109
Files in Error	0

FINDING: No violations were found in this review.

13. Denied Individual Accident & Health – Specified Disease
The median was nine (9) days.

Field Size	1,645
Sample Size	109
Files in Error	11
Error Rate	10.1%

FINDING: Criticism #36. In eleven instances, the Company failed to provide insured “Notice of Availability of the Department of Insurance” on denied claims in violation of 50 Ill. Adm. Code 919.50(a)(1).

Field Size	1,645
Sample Size	109
Files in Error	7
Error Rate	6.4%

FINDING: Criticism #37. In seven (7) instances, the Company failed to provide the date on the denial letter and/or the Explanation of Benefits (EOB) form in violation of 50 Ill. Adm. Code 919.30(c).

14. Paid Individual Accident & Health – Active Care
The median was five (5) days.

Field Size	2
Sample Size	2
Files in Error	0

FINDING: No violations were found in this review.

15. Denied Individual Accident & Health – Active Care

The median was two (2) days.

Field Size	8
Sample Size	8
Files in Error	7
Error Rate	87.5%

FINDING: Criticism #33. In seven (7) instances, the Company failed to provide insured “Notice of Availability of the Department of Insurance” on denied claims in violation of 50 Ill. Adm. Code 919.50(a)(1).

Field Size	8
Sample Size	8
Files in Error	7
Error Rate	87.5%

FINDING: Criticism #34. In seven (7) instances, the Company failed to provide the date on the denial letter and/or the Explanation of Benefits (EOB) form in violation of 50 Ill. Adm. Code 919.30(c).

16. Paid Individual Accident & Health – Intensive Care

The median was ten days.

Field Size	7
Sample Size	7
Files in Error	0

FINDING: No violations were found in this review.

17. Denied Individual Accident & Health – Intensive Care

The median was nine (9) days.

Field Size	3
Sample Size	3
Files in Error	1
Error Rate	33.3%

FINDING: Criticism #30. In one (1) instance, the Company failed to provide the insured with a reasonable explanation for delay beyond 45 days in violation of 50 Ill. Adm. Code 919.70(a)(2).

18. Paid Individual Accident & Health – Champus

The median was twelve days.

Field Size	155
Sample Size	63
Files in Error	0

FINDING: No violations were found in this review.

19. Denied Individual Accident & Health – Champus

The median was thirteen days.

Field Size	20
Sample Size	20
Files in Error	0

FINDING: No violations were found in this review.

20. Paid Individual Accident & Health – Hospital

The median was two (2) days.

Field Size	27
Sample Size	27
Files in Error	0

FINDING: No violations were found in this review.

21. Denied Individual Accident & Health – Hospital

The median was four (4) days.

Field Size	6
Sample Size	6
Files in Error	0

FINDING: No violations were found in this review.

22. Paid Individual Disability

The median was one (1) day.

Field Size	18
Sample Size	18
Files in Error	0

FINDING: No violations were found in this review.

B. Policyholder Services

1. Extended Term / Reduced Paid-Up Non-Forfeiture

Field Size	18
Sample Size	18
Files in Error	18
Error Rate	100%

FINDING: Criticism #38. In eighteen instances, the Company failed to provide the policy owners with a Notice of Non-Forfeiture Option prior to enactment of a non-forfeiture option in violation of 215 ILCS 5/234.1. (It is noted that this criticism is a violation of the Director's Order to the Company dated October 14, 2009. This is the fourth consecutive examination of the Company to contain this violation. Immediate corrective action is required.)

Field Size	18
Sample Size	18
Files in Error	4
Error Rate	22.2%

FINDING: Criticism #43. In four (4) instances, the Company failed to enact the non-forfeiture option within 60 days in violation of 215 ILCS 5/229.2(1)(iii).

2. Replacements - Life

Field Size	2
Sample Size	2
Files in Error	0

FINDING: No violations were found in this review.

3. Individual Life Cash Surrender

Field Size	53
Sample Size	53
Files in Error	0

FINDING: No violations were found in this review.

4. Annuity Cash Surrender

Field Size	53
Sample Size	53
Files in Error	0

FINDING: No violations were found in this review.

5. Individual Life Applications – New Business

Field Size	96
Sample Size	48
Files in Error	0

FINDING: No violations were found in this review.

6. Individual Life Applications – Declined

Field Size	11
Sample Size	11
Files in Error	0

FINDING: No violations were found in this review.

7. Annuity Applications – New Business

Field Size	4
Sample Size	4
Files in Error	0

FINDING: No violations were found in this review.

8. Group Accident & Health Applications – New Business

Field Size	62
Sample Size	62
Files in Error	0

FINDING: No violations were found in this review.

9. Group Accident & Health Applications – Declined

Field Size	4
Sample Size	4
Files in Error	0

FINDING: No violations were found in this review.

10. Individual Accident & Health Applications – New Business

Field Size	1,374
Sample Size	105
Files in Error	0

FINDING: No violations were found in this review.

11. Individual Accident & Health Applications – Declined

Field Size	27
Sample Size	27
Files in Error	0

FINDING: No violations were found in this review.

C. Producer Licensing

Field Size	463
Sample Size	463
Files in Error	1
Error Rate	0.2%

FINDING: Criticism #41. In one (1) instance, the Company violated 215 ILCS 5/500-80 by paying commission to an unlicensed person.

D. Consumer Complaints

Field Size	64
Sample Size	64
Files in Error	0

FINDING: No violations were found in this review.

E. Department of Insurance Complaints

Field Size	35
Sample Size	35
Files in Error	0

FINDING: No violations were found in this review.

F. Policy Forms and Advertising

1. Policy Forms

Field Size	202
Sample Size	202
Files in Error	1
Error Rate	0.5%

FINDING: Criticism #24. In 1 (one) instance, the Company provided a Notice to Policyholder (WNIC-CN-IL) with an incorrect address of the Department of Insurance in violation of 215 ILCS 5/143c.

2. Advertising

Field Size	399
Sample Size	399
Files in Error	0

FINDING: No violations were found in this review.

STATE OF ILLINOIS)
) ss
COUNTY OF Sangamon)

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 Washington National Insurance Company (the "Company"), NAIC #70319.

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;

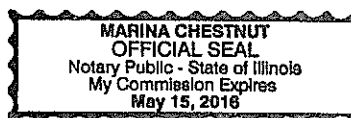
That the report contains only facts ascertained from the books, papers, records, or documents, and other evidence obtained by investigation and examined or ascertained from the testimony of officers or agents or other persons examined under oath concerning the business, affairs, conduct, and performance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


Examiner-In-Charge

Subscribed and sworn to before me

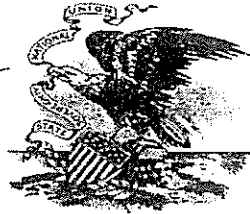
this 11th day of December, 2015.


Notary Public



STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



IN THE MATTER OF:

WASHINGTON NATIONAL INSURANCE COMPANY
11825 N. PENNSYLVANIA STREET
CARMEL, IN 46032

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, Washington National Insurance Company ("Company"), NAIC 70319, 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.*) 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 procedures whereby the Company ensures the enactment of non-forfeiture options within 60 days as required by 215 ILCS 5/229.2(1)(iii).
2. Institute and maintain procedures whereby the Company provides policy owners with a Notice of Non-Forfeiture Option prior to enactment of the non-forfeiture option as required by 215 ILCS 5/234.1.
3. Institute and maintain procedures whereby the Company provides the insured or insured's beneficiary with the "Notice of Availability of the Department of Insurance" on denied claims as required 50 Ill. Adm. Code 919.50(a)(1).
4. Institute and maintain procedures whereby the Company provides the insured with a reasonable explanation for a delay beyond 45 days as required by 50 Ill. Adm. Code 919.70(a)(2).
5. Institute and maintain procedures whereby the Company provides the date on denial letters and/or Explanation of Benefits (EOB) forms as required 50 Ill. Adm. Code 919.30(c).
6. Submit to the Acting 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 Acting Director of Insurance, State of Illinois, a civil forfeiture in the amount of \$11,000 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 WASHINGTON NATIONAL INSURANCE COMPANY

William D. Fritts Jr.
Signature

William D. Fritts, Jr.
Name

SVP, Regulatory - Gov't Affairs
Title

Subscribed and sworn to before me this
10th day of March 2016.

Katie Robinson
Notary Public



DATE 3/23/16

DEPARTMENT OF INSURANCE of the
State of Illinois:

[Signature]
Anne Melissa Dowling
Acting Director

