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DIRECTOR OF INSURANCE, FINANCIAL INSTITUTIONS & PROFESSIONAL REGISTRATION

REPORT OF

FINANCIAL EXAMINATION

Essence Healthcare, Inc.

As of:

DECEMBER 31, 2011

STATE OF MISSOURI

DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

JEFFERSON CITY, MISSOURI

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September 17, 2012

Honorable John M. Huff, Director
Missouri Department of Insurance, Financial
Institutions and Professional Registration
301 West High Street, Room 530
Jefferson City, Missouri 65101

Director Huff:

In accordance with your financial examination warrant, a comprehensive financial examination has been made of the records, affairs and financial condition of

Essence Healthcare, Inc.

hereinafter referred to as such or as "Essence" or as the "Company." The Company's main administrative office is located at 13900 Riverport Drive, St. Louis, MO 63043, telephone number (314) 209-2780. This examination began on March 26, 2012 and concluded on the above date.

SCOPE OF EXAMINATION

Period Covered

We have performed a single-state examination of Essence. The last examination was completed as of December 31, 2008. This examination covers the period of January 1, 2009 through December 31, 2011. This examination also included material transactions or events occurring subsequent to December 31, 2011.

Procedures

This examination was conducted using guidelines set forth in the Financial Condition Examiners Handbook of the NAIC, except where practices, procedures and applicable regulations of the Department of Insurance, Financial Institutions and Professional Registration ("DIFP") or statutes of the state of Missouri prevailed. The Handbook requires that we plan and perform the examination to evaluate the financial condition and identify prospective risks of the Company by obtaining information about the Company including corporate governance, identifying and assessing inherent risks within the Company, and evaluating systems controls and procedures used to mitigate those risks. An examination also includes assessing the principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation, management's compliance with Statutory Accounting Principles and annual statement instructions when applicable to domestic state regulations.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. The following key activities were identified: Investments, Treasury, Reserves, Claims Handling, Premiums, Taxes, and Intercompany Activity.

The examiners relied upon information and workpapers provided by the Company's independent auditor, Ernst & Young LLP, for its audit covering the period from January 1, 2011, through December 31, 2011. Such reliance included fraud risk analysis, internal control narratives and tests of internal controls.

SUMMARY OF SIGNIFICANT FINDINGS

There are no significant findings.

SUBSEQUENT EVENTS

The DIFP approved the Company's repayment of surplus note principal and interest to Essence Group Holding Corporation (EGHC) in the amount of $5 million and $4.5 million on January 16, 2012 and March 19, 2012, respectively.

The Company voluntarily discontinued all Medicare Advantage health plan operations carried out through its wholly-owned subsidiary, Essence Healthcare of New York, Inc., (EHNY) effective January 1, 2012. The Board passed a resolution on April 3, 2012, authorizing and approving the disposition of EHNY's Certificate of Authority from the New York State Department of Health after all required actions are taken to fulfill contractual and statutory obligations with regard to the health plan's operations.

COMPANY HISTORY

General

The Company, Essence Inc., d/b/a Essence Healthcare, was organized by American Multispecialty Group, Inc., a Missouri corporation that does business as Esse Health ("Esse") on January 30, 2003. The Company received its Certificate of Authority on May 30, 2003, to operate as a health maintenance organization under Chapter 354.400 RSMo (Health Services Corporations--Health Maintenance Section).

On March 5, 2007, Esse transferred 93% of its ownership in the Company to a newly formed company Essence Holding Company, LLC. The Company reorganized from a corporation to a partnership, becoming Essence LLP, owned 93% by Essence Holding Company LLC, and 7% by Esse.

On November 30, 2007, the partners, Essence Holding Company, LLC (now known as 12655 Olive Blvd., LLC) and Esse, contributed their ownership in Essence LLP to EGHC, resulting in Essence LLP being fully owned by EGHC.

EGHC had been formed in anticipation of the transaction and was majority owned by JDlinx, LLC, which remained the majority owner and a significant owner after the transaction along with 12655 Olive Blvd., LLC.

On January 1, 2009, the Company reorganized into a stock corporation becoming Essence Healthcare, Inc., still fully owned by EGHC.

EGHC obtained additional minority investors in 2011, resulting in JDlinx, LLC remaining the majority owner, and also becoming the only significant owner.

Capital Stock and Paid-In Surplus

The Company is authorized to issue 30,000 shares of common capital stock with a par value of $1.00 per share. As of December 31, 2011, 100 shares were issued and outstanding resulting in a balance in the common capital stock account of $100.

Dividends

The Company has paid no dividends since its inception.

Acquisitions, Mergers and Major Corporate Events

Essence Healthcare of New York, Inc. ("EHNY"), a wholly owned subsidiary of the Company, was formed in New York on February 27, 2009. EHNY provided health care services to members in the New York service area from January 1, 2010 through December 31, 2011. The corporation is still active to address claims payment run out.

Essence Health Insurance Company ("EHIC"), a wholly owned subsidiary of the Company, was incorporated on March 5, 2008, in the state of Oklahoma. EHIC was dissolved as of February 19, 2010. No health care services were provided by Essence in the State of Oklahoma.

Essence Healthcare of Ohio, Inc., a wholly owned subsidiary of the Company, was formed in the state of Ohio on March 25, 2009. The company was dissolved on February 24, 2012. No health care services were provided by Essence in the State of Ohio.

Essence Healthcare of Connecticut, Inc., a wholly owned subsidiary of the Company, was formed in the state of Connecticut on March 6, 2009. The company was dissolved on January 12, 2012. No health care services were provided by Essence in the state of Connecticut.

Surplus Debentures

Essence, with DIFP approval, issued three surplus debentures to its parent, EGHC, during the examination period totaling $19,900,000. In prior years the Company had issued surplus debentures to its former parent, American Multispecialty Group, Inc., totaling $4,350,000. No principal payments were made through December 31, 2011. All the outstanding surplus debentures, which total $24,250,000 in principle at December 31, 2011, are listed below:

Issuance Date	Interest Rate	Amount
December 31, 2003	4.00	$500,000
June 15, 2004	4.00	1,500,000
September 30, 2004	4.50	600,000
December 31, 2004	5.00	750,000
March 31, 2005	5.50	500,000
December 31, 2005	7.25	300,000
March 27, 2006	7.50	200,000
September 28, 2010	5.00	13,500,000
November 4, 2010	5.00	2,000,000
February 24, 2011	5.00	4,400,000
		$24,250,000

CORPORATE RECORDS

The Company's articles of incorporation and bylaws were reviewed. There were no amendments to the articles of incorporation or the bylaws during the examination period.

The minutes and written consents of the shareholder and the Board of Directors were reviewed for the period under examination. The minutes and written consents appear to properly reflect and approve the Company's major transactions and events for the period under examination and documented the Board's review of the prior Report of Financial Examination.

MANAGEMENT AND CONTROL

Board of Directors

The management of the Company is vested in a board of three (3) directors authorized by the Company's bylaws. The directors serving at December 31, 2011, were as follows:

Name and Address	Principal Occupation and Business Affiliation
Frank A. Ingari St. Louis, MO	President Essence Healthcare, Inc.
Thomas D. Doerr, MD St. Louis, MO	Physician American Multispecialty Group, Inc.
Richard H. Jones St. Louis, MO	Executive Vice President Lumeris, Inc.

Officers

The elected officers of the Company at December 31, 2011, were as follows:

Name	Position
Frank Ingari	President

Name	Position
Gail Halterman	General Counsel, Secretary
Herbert Olson	Chief Actuary

Committees

The Company does not have an Audit Committee. To comply with Sections 375.1025-1062 RSMo, the Company relies on the Audit Committee of its parent, Essence Group Holding Corporation. Members of the Audit Committee at December 31, 2011 were as follows:

Michael Long	Frank Ingari
L. John Doerr	Denis Cortese

The Company had the following committees r eporting to the Board of Directors at December 31, 2011:

Quality Committee:

Debbie Zimmerman	Martha Butler	Gail Halterman	Kathleen Brunts
Thomas Hastings	Michael Fusco	John Khoury	Catherine Linsin
Erin Venable	Lorna Pate	Jeff Dmochowski	
Mary Kay Keys (Sander)			

EHI Compliance Committee

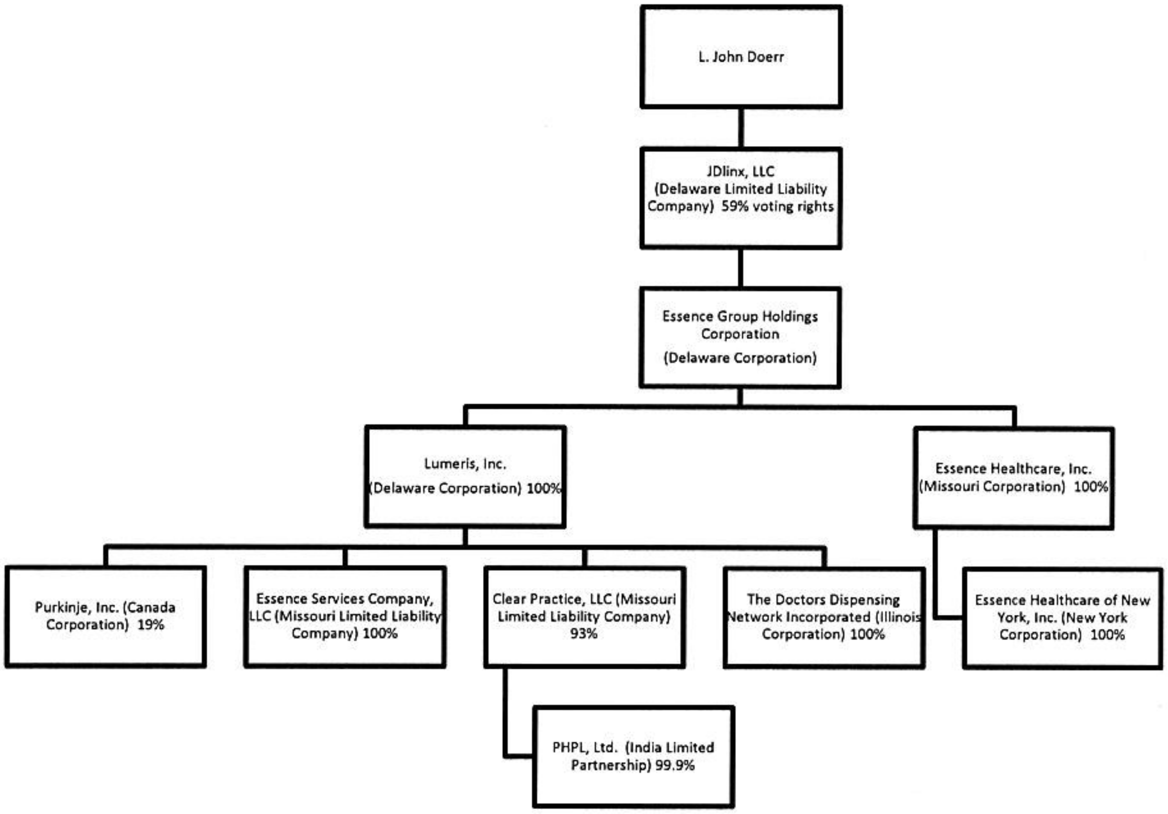
Erin Venable	Frank Ingari	Lorna Pate	Gail Halterman
Martha Butler	Debbie Zimmerman	Richard Jones	Catherine Linsin
Eric Miller	Dawn Walter	Lisa McGinnis	Gregory Wade
Susan Wilson	Mary Staudenmayer	John Khoury	Keith Bell
Tom Edgeton			

Holding Company, Subsidiaries and Affiliates

The Company is part of an Insurance Holding Company System as defined by Section 382.010 RSMo (Definitions). The Company is a wholly owned subsidiary of Essence Group Holding Company (EGHC). EGHC is controlled by JDlinx, LLC which holds 59% of the voting rights. JDlinx, LLC is controlled by L. John Doerr, which makes Mr. Doerr the ultimate controlling person of the holding company system.

Organization Chart

The following organizational chart depicts the holding company system at December 31, 2011, including the Company.



<u>Affiliated Transactions</u>

The Company enters into various agreements with affiliates. Active agreements are discussed below:

Intercompany Services Agreement

Affiliates: Lumeris, Inc. (formerly known as Wellinx, Inc.)

Effective: April 1, 2009.

Terms: Lumeris, Inc. provides to the Company various services including telecommunications, data entry, database maintenance, electronic data processing, and computer hardware/software support.

Rate(s): Essence pays a monthly fee adjusted quarterly based on medical acuity of Essence enrollees, but not to exceed Essence's direct cost of the services.

Business Associate Agreement

Affiliates: Lumeris, Inc. (formerly known as Wellinx, Inc.)

Effective: April 1, 2009.

Terms: This agreement was entered into in conjunction with the intercompany services agreement noted above, and is required by Centers for Medicare & Medicaid Services ("CMS") to safeguard patient health information.

Rate: No funds are exchanged under the agreement.

Intercompany Services Agreement

Affiliates: Essence Services Company ("ESC")

Effective: April 1, 2009.

Terms: Essence Services Company provides to the Company various executive leadership and administrative services, on a cost basis. Services include actuarial, administrative, business development, claims and customer services, clinical decision support, compliance, credentialing, enrollment, finance, human resources, medical management, network administration, quality of care, and sales and marketing services.

Rate(s): Essence pays ESC a monthly fee adjusted quarterly based on medical acuity of Essence enrollees, but not to exceed Essence's direct cost of the services.

Business Associate Agreement

Affiliates: Essence Services Company

Effective: April 1, 2009.

Terms: The agreement was entered into in conjunction with the intercompany services agreement noted above, and is required by CMS to safeguard patient health information.

Rate: No funds are exchanged under the agreement.

Intercompany Administrative Services and Management Agreement

Affiliates: Essence Healthcare of New York, Inc.

Effective: Effective on November 29, 2010.

Terms: The Company provides various administrative services on a cost basis for Essence Healthcare of New York.

Rate: Essence Healthcare of New York paid Essence a monthly fee, which was adjusted periodically to reflect the actual cost for services rendered.

Business Associate Agreement

Affiliates: Essence Healthcare of New York, Inc.

Effective: November 29, 2010.

Terms: This agreement was entered into in conjunction with the intercompany services agreement noted above, and is required by CMS to safeguard patient health information.

Rate: No funds are exchanged under the agreement.

Tax Allocation Agreement

Affiliates: Essence Health Insurance Company, Essence Group Holdings Corporation ("EGHC"), Lumeris, Inc. (formerly known as Wellinx, Inc.), Essence Services Company, LLC, and Essence Healthcare of New York, Inc.

Effective: December 2, 2007. The third amendment was effective April 1, 2009.

Terms: For each consolidated tax year, each subsidiary pays EGHC an estimated quarterly tax payment determined by the chief financial officer of EGHC based on each subsidiary's tax liability as if filing separately.

Guaranty and Capital Contribution Agreement

Affiliates: Essence Group Holdings Corporation

Effective: November 30, 2007. First amendment was September 30, 2010.

Terms: EGHC guarantees to maintain the Company's capital and surplus at the greater of a 250% RBC ratio or 2% of annual premiums as of the end of each calendar year. The amendment ensures that the minimum capital and surplus will not be less than 250% of RBC as of each calendar quarter.

FIDELITY BOND AND OTHER INSURANCE

The Company is a named insured on a financial institution bond which provides $2 million in coverage. This coverage meets the minimum amount of fidelity insurance recommended by the NAIC.

The Company also maintains the following insurance coverage: commercial auto; property; commercial general liability; workers' compensation; errors and omissions; cyber liability; directors and officers; and umbrella liability. The Company's insurance coverage appears adequate.

PENSIONS, STOCK OWNERSHIP AND INSURANCE PLANS

Employees are provided a benefit package, which includes paid sick leave, holidays, vacation, medical, dental and vision plans, health care and dependent reimbursement account (cafeteria plan), short-term and long-term disability insurance, life insurance and accidental death and dismemberment, and tuition reimbursement.

Employees are eligible to participate in the Essence Healthcare Inc., Retirement Savings 401K plan. The Company also has an equity incentive plan that enables qualifying executives and other employees, officers, directors, consultants and other persons who provide services to the Company or its related entities to acquire or increase a proprietary interest in the Company by purchasing stock; and the Company has a Bonus Plan for full time Director and Officer level employees, which is awarded based on Company and individual performance.

TERRITORY AND PLAN OF OPERATION

Essence is an individual practice association ("IPA") model health plan licensed as a health maintenance organization ("HMO") in Missouri under Chapter 354 (Health service corporations, health maintenance organizations and prepaid dental plans). The Company is also licensed in Illinois, Indiana, Kentucky, and Washington. As of 2011, the Company has discontinued operations in Indiana, Kentucky, and Snohomish County, Washington by not renewing its contract with the Centers for Medicare and Medicaid Services.

The Company offers Medicare Advantage and Medicare Part D prescription drug coverage under a contract with CMS.

As of December 31, 2011, the Company provided health care services to approximately 39,000 members with approximately 25,000 in Missouri, 6,000 in Illinois, and 7,000 in Washington.

GROWTH OF COMPANY

The Company continued to expand during the examination period experiencing increases in membership in the Illinois and Missouri markets. The Company also expanded into the states of Indiana, Kentucky, and Washington in 2008, and experienced substantial increases in membership through 2010. After determining that operations in Indiana, Kentucky and Snohomish County, Washington were unprofitable, the Company exited the Snohomish County, Washington market, and did not renew the contracts with CMS in the Indiana, and Kentucky markets in 2011, leading to an overall membership decrease from 2010 to 2011.

Year	Health Premiums Earned in (000's)	Capital & Surplus in (000's)	Health Premiums Written to Capital & Surplus
2011	$ 409,499	$ 53,151	770.44%
2010	461,462	38,049	1212.81%
2009	317,538	24,538	1294.07%
2008	196,246	19,756	993.35%

LOSS EXPERIENCE

The following exhibit reflects the Company's claims unpaid and medical expense experience over the examination period. Claims unpaid were higher in 2009 as a result of an increase in amounts due to the participating medical groups at year-end. The spike in medical benefits in 2010 was the result of growth in membership, and the increase in the medical loss ratio was largely due to underperformance in the Kentucky and Snohomish County, Washington markets. Excluding these markets, the medical loss ratio would have been 84.7%. Performance normalized in 2011, as the Company exited unprofitable markets and focused on its core Saint Louis market.

Year	Claims Liabilities	Medical Benefits	Medical Loss Ratio
2011	$ 69,468,158	$ 339,736,265	83.00%
2010	69,308,894	417,540,537	90.50%
2009	73,457,487	271,997,478	85.70%
2008	38,034,971	156,501,640	79.70%

REINSURANCE

General

Direct written, assumed and ceded premium for the current examination period was as follows:

	2011	2010	2009	2008
Direct Business	$412,886,546	$466,403,059	$318,753,901	$197,126,687
Reinsurance Assumed	-	-	-	-
Reinsurance Ceded	3,387,077	4,940,748	1,215,822	880,752
Net Premiums	$409,499,469	$461,462,311	$317,538,079	$196,245,935

Assumed

The Company did not assume any reinsurance during the period under examination.

Ceded

The Company reinsures losses under an Excess Risk Reinsurance Agreement, effective January 1, 2011, with Munich Reinsurance America, Inc. The maximum reinsurance coverage payable under the agreement for eligible charges as to any one member for the agreement year is $2,000,000. Ninety percent of the eligible charges in excess of a $175,000 deductible are reinsured.

The reinsurance agreement was renewed for 2012 with similar terms; however, coverage pertaining to members of certain provider groups applies after a deductible of $75,000.

ACCOUNTS AND RECORDS

General

The Company's financial statements were prepared using Microsoft Dynamics NAV (formerly Navision) financial accounting software.

Reserves and related actuarial items as of December 31, 2011, were reviewed and certified by Herbert B. Olson, FSA, MAAA, and Chief Actuary for Essence Healthcare, Inc.

Independent Actuaries

Pursuant to a contract with the DIFP, Leon L. Langlitz, FSA, MAAA; and Karen E. Elsom, FSA, MAAA of Lewis & Ellis, Inc., reviewed the underlying actuarial assumptions and actuarial methods used in determining actuarial liabilities and related items.

They concluded that the actuarial liabilities and related items are fairly stated in the aggregate and meet the requirements of the insurance laws and regulations of the state of Missouri.

Independent Auditor

The Company's financial statements for the period January 1, 2009 to December 31, 2011, were audited by Ernst & Young LLP, Certified Public Accountants. The workpapers and reports of the independent audit for the year ended December 31, 2011, were reviewed for this examination. These workpapers and reports were used in the course of this examination as deemed appropriate.

Information Systems

In conjunction with this examination, Andrew Balas, AES, Information Systems Financial Examiner with the DIFP, conducted a review of the Company's information systems. His evaluation did not identify any significant weaknesses.

STATUTORY DEPOSITS

Deposits with the State of Missouri

The funds on deposit with the Missouri Department of Insurance, Financial Institutions and Professional Registration as of December 31, 2011, were sufficient in par and market value to meet the capital deposit requirements for the state of Missouri in accordance with Section 354.410 RSMo (Certificate issued, when--annual deposit, requirements--capital account, amount, contents):

Type of Security	Par Value	Fair Value	Statement Value
U.S. Treasury Bond	$625,000	$626,269	$625,000

Deposits with Other States

The Company also has funds on deposit with other states in which it is licensed. Those funds on deposit as of December 31, 2011, were as follows:

State	Type of Security	Par Value	Fair Value	Statement Value
Illinois	U.S. Treasury Bond	$ 330,000	$ 329,987	$ 329,925
Washington	U.S. Treasury Bond	149,000	149,286	148,888
Total		$ 479,000	$ 479,273	$ 478,813

FINANCIAL STATEMENTS

The following financial statements, with supporting exhibits, present the financial condition of the Company as of December 31, 2011, and the results of operations for the year then ended. Any examination adjustments to the amounts reported in the financial statements and/or comments regarding such are made in the "Comments on the Financial Statements," which follow the financial statements.

There may have been additional differences found in the course of this examination, which are not shown in the "Comments on the Financial Statements." These differences, if any, were determined to be immaterial in relation to the financial statements, and therefore were only communicated to the Company and noted in the workpapers for each individual annual statement item.

ASSETS

	Assets	Nonadmitted Assets	Net Admitted Assets
Bonds	$ 68,371,209	$	$ 68,371,209
Common Stocks	$ 1,912,829		$ 1,912,829
Cash, cash equivalents and short-term investments	58,059,846		58,059,846
Investment income due and accrued	420,083		420,083
Uncollected premiums	2,108,128	23,017	2,085,111
Amounts recoverable from reinsurers	204,803		204,803
Amounts receivable relating to uninsured plans	1,501,632		1,501,632
Net deferred tax asset	939,156		939,156
Receivables from parent, subsidiaries and affiliates	1,118,338		1,118,338
Healthcare receivables	4,502,511	1,311,431	3,191,080
Total assets	$ 139,138,535	$ 1,334,448	$ 137,804,087

LIABILITIES, CAPITAL, AND SURPLUS

Claims unpaid	$	33,836,785
Accrued medical incentive pool		35,631,373
Unpaid claim adjustment expenses		844,648
Aggregate health policy reserves		3,097,794
Premiums received in advance		61,715
General expenses due or accrued		1,257,297
Current federal and foreign income tax payable		3,161,843
Amounts due parents, subsidiaries, and affiliates		1,964,680
Liability for amounts held under uninsured plans		4,786,688
Abandoned property		10,508
Total liabilities	$	84,653,331
Common capital stock	$	100
Gross paid in and contributed surplus		18,424,787
Surplus Notes		26,875,315
Unassigned funds (surplus)		7,850,554
Total capital and surplus	$	53,150,756
Total liabilities, capital and surplus	$	137,804,087

STATEMENT OF REVENUE AND EXPENSES

Net premium income	$	409,499,469		
Intercompany service revenue		11,489		
Total revenues			$	409,510,958
Hospital/medical benefits	$	219,247,411		
Other professional services		8,384,270		
Outside referrals		18,206,349		
Emergency room and out-of-area		11,166,268		
Prescription drugs		37,735,299		
Transportation		294,460		
Incentive pool withhold		47,499,459		
Net reinsurance recoveries		(2,797,251)		
Claims adjustment expenses		8,165,390		
General administrative expenses		39,506,387		
Total underwriting deductions				387,408,042
Net underwriting gain (loss)			$	22,102,916
Net investment income earned	$	504,234		
Net realized capital gain (loss) less capital gains tax		347,050		
Net investment gains				851,284
Net income (loss) after capital gains tax and before federal income tax			$	22,954,200
Federal income tax				3,161,843
Net income			$	19,792,357

RECONCILIATION OF CAPITAL AND SURPLUS
Changes from December 31, 2008 to December 31, 2011

	2008	2009	2010	2011
Capital and surplus, December 31 prior year	$10,837,678	$ 19,755,757	$ 24,537,651	$ 38,049,035
Net income	$ 8,394,030	1,133,735	(12,711,684)	$ 19,792,357
Change in unrealized capital gains (losses)		(1,794,988)	(1,170,993)	(1,755,325)
Change in net deferred income tax	(67,000)	(108,000)	4,874,329	(4,938,173)
Change in non-admitted assets	591,049	(14,811)	(2,430,269)	2,002,862
Change in surplus notes	208,754	208,750	20,298,478	1,171,204
Surplus not interest	(208,754)	(208,750)	(398,478)	(1,171,204)
Paid in Capital		100		
Paid in Surplus		4,999,900	5,050,000	
Accounting changes and corrections of errors		565,958		
Change in capital and surplus for the year	8,918,079	4,781,894	13,511,384	15,101,721
Capital and surplus, December 31 current year	$ 19,755,757	$ 24,537,651	$ 38,049,035	$ 53,150,756

COMMENTS ON THE FINANCIAL STATEMENTS

There are no comments on the Company's financial statements.

SUMMARY OF RECOMMENDATIONS

There are no recommendations.

ACKNOWLEDGEMENT

The assistance and cooperation extended by the officers and employees of Essence Healthcare, Inc. during the course of this examination is hereby acknowledged and appreciated. In addition to the undersigned; Andrew Coppedge, AFE; and Amy Snyder CFE, CPA, examiners for the DIFP; participated in this examination. Andrew Balas, DIFP Information Systems Financial Examiner reviewed the Company's Information Systems. Consulting actuary, Karen Elsom, FCAS, MAAA, of Lewis & Ellis, Inc. reviewed the adequacy of the Company's reserve methodologies.

VERIFICATION

State of Missouri)
) ss
County of St. Louis)

I, on my oath swear that to the best of my knowledge and belief the above examination report is true and accurate and is comprised of only facts appearing upon the books, records or other documents of the Company, its agents or other persons examined or as ascertained from the testimony of its officers or agents or other persons examined concerning its affairs and such conclusions and recommendations as the examiners find reasonably warranted from the facts.

Wyatt Sample

Wyatt Sample, CFE
Examiner-in-Charge
Missouri Department of Insurance,
Financial Institutions and
Professional Registration

Sworn to and subscribed before me this 9th day of August, 2012
My commission expires:
4/20/2013

Kelly A. Kirchoff
Notary Public

KELLY A. KIRCHOFF
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Charles County
My Commission Expires: April 20, 2013
Commission Number: 09773162

SUPERVISION

The examination process has been monitored and supervised by the undersigned. The examination report and supporting workpapers have been reviewed and approved. Compliance with NAIC procedures and guidelines as contained in the Financial Condition Examiners Handbook has been confirmed.

Michael R. Shadowens

Michael Shadowens, CFE
Audit Manager, St. Louis
Missouri Department of Insurance, Financial Institutions and Professional Registration