# DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

P.O. Box 690, Jefferson City, Mo. 65102-0690

| | | |
|---|---|---|
| In re: | ) | |
| | ) | Examination No. 0906-23-TGT |
| Sentry Insurance a Mutual Company (NAIC #24988) | ) | |

## ORDER OF THE DIRECTOR

NOW, on this 30th day of JUNE, 2011, Director John M. Huff, after consideration and review of the market conduct examination report of Sentry Insurance a Mutual Company (NAIC #24988), (hereafter referred to as "the Company") report numbered 0906-23-TGT, prepared and submitted by the Division of Insurance Market Regulation pursuant to §374.205.3(3)(a), RSMo, and the Stipulation of Settlement ("Stipulation"), does hereby adopt such report as filed. After consideration and review of the Stipulation, report, relevant workpapers, and any written submissions or rebuttals, the findings and conclusions of such report is deemed to be the Director's findings and conclusions accompanying this order pursuant to §374.205.3(4), RSMo.

This order, issued pursuant to §§374.205.3(4) and 374.280, RSMo and §374.046.15. RSMo (Cum. Supp. 2010), is in the public interest.

IT IS THEREFORE ORDERED that, the Company and the Division of Insurance Market Regulation having agreed to the Stipulation, the Director does hereby approve and agree to the Stipulation.

IT IS FURTHER ORDERED that the Company shall not engage in any of the violations of law and regulations set forth in the Stipulation and shall implement procedures to place the Company in full compliance with the requirements in the Stipulation and the statutes and regulations of the State of Missouri and to maintain those corrective actions at all times.

IT IS FURTHER ORDERED that the Company shall pay, and the Department of Insurance, Financial Institutions and Professional Registration, State of Missouri, shall accept, the Voluntary Forfeiture of $5,200, payable to the Missouri State School Fund.

IT IS SO ORDERED.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of my office in Jefferson City, Missouri, this 30TH day of JUNE, 2011.

John M. Huff
Director

# DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

P.O. Box 690, Jefferson City, Mo. 65102-0690

TO: Sentry Insurance a Mutual Company
1800 North Point Drive
Stevens Point, WI 54481-1283

RE: Sentry Insurance a Mutual Company (NAIC #24988)
Missouri Market Conduct Examination #0906-23-TGT

## STIPULATION OF SETTLEMENT AND VOLUNTARY FORFEITURE

It is hereby stipulated and agreed by John M. Huff, Director of the Missouri Department of Insurance, Financial Institutions and Professional Registration, hereinafter referred to as "Director," and Sentry Insurance a Mutual Company (NAIC #24988), (hereafter referred to as "Sentry"), as follows:

WHEREAS, John M. Huff is the Director of the Missouri Department of Insurance, Financial Institutions and Professional Registration (hereafter referred to as "the Department"), an agency of the State of Missouri, created and established for administering and enforcing all laws in relation to insurance companies doing business in the State in Missouri; and

WHEREAS, Sentry has been granted a certificate of authority to transact the business of insurance in the State of Missouri; and

WHEREAS, the Department conducted a Market Conduct Examination of Sentry and prepared report number 0906-23-TGT; and

WHEREAS, the report of the Market Conduct Examination revealed that:

1. In some instances, Sentry used advertising materials that offered reward points in exchange for a policy quotation, in violation of §375.936(9), RSMo.

2. In some instances, Sentry filed rating schedule categories that were not in compliance with Missouri Missouri law, in violation of §§287.945, 287.947, 287.955, RSMo, 20 CSR 500-6.950, and DIFP Bulletin 97-03.

3. In one instance, Sentry accepted an application that included an answer to the prohibited question regarding the applicant's prior coverage being declined, cancelled, or non-renewed, in violation of §375.936(11)(f), RSMo, 20 CSR 500-9.100, and DIFP Bulletin 94-04.

4. In one instance, Sentry cancelled a private passenger automobile policy for an improper reason, in violation of §379.114, RSMo.

5. In one instance, Sentry failed to maintain evidence of the proof of mailing for the declination of another policy, in violation of §379.120, RSMo.

6. In one instance, Sentry failed to provide the examiners with documentation that a notice of non-renewal was sent to the Missouri Department of Revenue, in violation of §§374.205.2(2), 379.321.6 and 379.336, RSMo, 20 CSR 100-8.040(2) and (3), and 20 CSR 500-2.300(5)(A).

7. In some instances, Sentry failed to disclose all pertinent benefits and coverages that were available to the insured, in violation of §375.1007(1), RSMo, and 20 CSR 100-1.020(1).

8. In some instances, Sentry failed to indicate in the claim notes the reasons why its claims were not paid and were closed without payment, in violation of §§374.205 and 375.1007(4), RSMo, 20 CSR 100-1.050 and 20 CSR 300-2.200(3)(B) (as replaced by 20 CSR 100-8.040(3)(B), eff. 7/30/08).

WHEREAS, Sentry hereby agrees to take remedial action bringing it into compliance with the statutes and regulations of Missouri and agrees to maintain those corrective actions at all times, to reasonably assure that the errors noted in the above-referenced market conduct examination reports do not recur.

WHEREAS, Sentry is of the position that this Stipulation of Settlement and Voluntary Forfeiture is a compromise of disputed factual and legal allegations, and that payment of a forfeiture is merely to resolve the disputes and avoid litigation; and

WHEREAS, Sentry, after being advised by legal counsel, does hereby voluntarily and knowingly waive any and all rights for procedural requirements, including notice and an opportunity for a hearing, which may have otherwise applied to the above referenced Market Conduct Examination; and

WHEREAS, Sentry hereby agrees to the imposition of the ORDER of the Director and as a result of Market Conduct Examination #0906-23-TGT further agrees, voluntarily and knowingly to surrender and forfeit the sum of $5,200.

NOW, THEREFORE, in lieu of the institution by the Director of any action for the SUSPENSION or REVOCATION of the Certificate(s) of Authority of Sentry to transact the business of insurance in the State of Missouri or the imposition of other sanctions, Sentry does hereby voluntarily and knowingly waive all rights to any hearing, does consent to the ORDER of the Director and does surrender and forfeit the sum of $5,2000, such sum payable to the Missouri State School Fund, in accordance with §374.280, RSMo.

DATED: 5-5-11

President
Sentry Insurance a Mutual Company

**STATE OF MISSOURI**
**DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION**

# FINAL MARKET CONDUCT EXAMINATION REPORT
**Of the Property and Casualty Business of**

**Sentry Insurance a Mutual Company**
**NAIC # 24988**

**MISSOURI EXAMINATION # 0906-23-TGT**

NAIC EXAM TRACKING SYSTEM # MO268-M113

**May 23, 2011**

**Home Office**
**1800 North Point Drive**
**Stevens Point, WI 54481-1283**

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## FOREWORD

This is a targeted market conduct examination report of Sentry Insurance a Mutual Company (the "Company"), (NAIC Code # 24988). This examination was conducted at the DIFP offices located in St. Louis, Missouri.

This examination report is generally a report by exception. However, failure to criticize specific practices, procedures, products, or files does not constitute approval thereof by the DIFP.

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

When used in this report:

- "Company" or "Sentry" refers to Sentry Insurance a Mutual Company;
- "CSR" refers to the Missouri Code of State Regulation;
- "DIFP" refers to the Missouri Department of Insurance, Financial Institutions and Professional Registration;
- "Director" refers to the Director of the Missouri Department of Insurance, Financial Institutions and Professional Registration;
- "Division" refers to the Department of Labor, Division of Workers' Compensation;
- "NAIC" refers to the National Association of Insurance Commissioners;
- "NCCI" refers to the National Council on Compensation Insurance; and
- "RSMo" refers to the Revised Statutes of Missouri.

## SCOPE OF EXAMINATION

The DIFP has authority to conduct this examination pursuant to, but not limited to, §§374.110, 374.190, 374.205, 375.445, 375.938, and 375.1009, RSMo.

The purpose of this examination was to determine if the Company complied with Missouri statutes and DIFP regulations and to consider whether the Company's operations are consistent with the public interest. The primary period covered by this review is January 1, 2006, through February 6, 2009, unless otherwise noted. However, errors outside of this time period discovered during the course of the examination may also be included in the report.

The examination was a targeted examination involving the following business functions and lines of business: claims, complaints, underwriting, and terminations for private passenger automobile, commercial automobile, business owners, and workers compensation policies.

The examination was conducted in accordance with the standards in the NAIC's *Market Regulation Handbook*. As such, the examiners utilized the benchmark error rate guidelines from the *Market Regulation Handbook* when conducting reviews that applied a general business practice standard. The NAIC benchmark for underwriting and trade practices is ten percent (10%). The NAIC benchmark error rate for claims practices is seven percent (7%). Error rates exceeding these benchmarks are presumed to indicate a general business practice. The benchmark error rates were not utilized, however, for reviews not applying the general business practice standard.

In performing this examination, the examiners only reviewed a sample of the Company's practices, procedures, products and files. Therefore, some noncompliant practices, procedures, products and files may not have been discovered. As such, this report may not fully reflect all of the practices and procedures of the Company. As indicated previously, failure to identify or criticize improper or noncompliant business practices in this state or other jurisdictions does not constitute acceptance of such practices.

## COMPANY PROFILE

The Company provided the following company profile to the examiners.

Hardware Dealers Mutual Fire Insurance Company of Wisconsin was incorporated on June 10, 1903.

The Company commenced business on April 8, 1904.

In response to a Wisconsin licensing restriction against a company writing both property and casualty, Wisconsin Hardware Limited Mutual Liability Insurance Company was incorporated on December 19, 1913 and commenced business on August 15, 1914.

At a meeting of policyholders in 1920, the name of Wisconsin Hardware Limited Mutual Liability Insurance Company was changed to Wisconsin Hardware Casualty Company.

The Hardware companies adopted the trade name of "Sentry Insurance" with the Captain John Parker corporate logo in 1962.

In 1966, The Hardware companies acquired the stock of Dairyland Insurance Company.

Hardware Dealers Mutual Fire Insurance Company of Wisconsin and Wisconsin Hardware Casualty Company were merged into Hardware Mutual Casualty Company of Wisconsin in 1970. The name of the Company was changed to Sentry Insurance a Mutual Company in 1971.

With the approval of the Massachusetts Insurance Division in 1974, Middlesex Mutual Insurance Company and its subsidiary, Patriot General Insurance Company, was acquired by Sentry. Middlesex Mutual was subsequently converted to a stock company.

In 1999, the Company acquired 100% of John Deere Insurance Group and its subsidiary and affiliated insurance companies and agencies.

The Company acquired 100% of Viking Insurance Company and Peak Property and Casualty Insurance Corporation from Orion Auto, Inc., a subsidiary of Royal & SunAlliance USA, Inc. in 2005.

The Company is licensed in all 50 states, the District of Columbia, Canada, Puerto Rico, Guam, the U.S. Virgin Islands and American Samoa. Its products are distributed primarily through direct writer sales representatives.

The Company is licensed by the DIFP under Chapter 379, RSMo, to write property and casualty insurance in Missouri as set forth in its Certificate of Authority.

## EXECUTIVE SUMMARY

The DIFP conducted a targeted market conduct examination of Sentry a Mutual Insurance Company. The examiners found the following principal areas of concern:

- The examiners found 21 violations in the Company's handling of its sales and marketing practices as they relate to the quoting of policies.
- The examiners found one violation in the Company's handling of its forms and filing of policies.
- The examiners found two violations in the Company's handling of its underwriting and rating of workers' compensation policies.
- The examiners found three violations in the Company's handling of its cancellations, non-renewals and declinations of private passenger auto policies.
- The examiners found four violations in the Company's handling of its private passenger auto claims.

The examiners requested that the Company make refunds concerning underwriting premium overcharges and claim underpayments for amounts greater than $5.00 during the examination.

Various non-compliant practices were identified, some of which may extend to other jurisdictions. The Company is directed to take immediate corrective action to demonstrate its ability and intention to conduct business according to the Missouri insurance laws and regulations. When applicable, corrective action for other jurisdictions should be addressed.

## EXAMINATION FINDINGS

### I. SALES AND MARKETING

In this section of the report, the examiners report their findings regarding how the Company complied with the laws that monitor sales and marketing practices. Due to time and cost restraints, examiners reviewed a sample of the Company's licensing records and marketing materials.

#### A. Licensing of Producers and Agencies

Missouri law requires the company to sell insurance products through individuals and entities that hold a current license from the DIFP. The purpose of a license is to protect the public by providing competent and trustworthy agents, brokers, and agencies.

During underwriting and rating reviews, examiners documented agencies, and producers, involved in producing the business. The examiners randomly verified that the entities were properly licensed.

The examiners discovered no errors during this review.

#### B. Marketing Practices

Sentry markets its products through an independent agency system, direct response system, and affinity group distribution. Missouri law requires producers to be truthful and provide adequate disclosure while selling the insurance products.

The examiners discovered no errors during this review.

The Company also provides information about its products over the Internet where the Company maintains a web site at Sentry.com. The examiners discovered no discrepancies when they reviewed the site.

However, the Company's sales and marketing practices utilized advertising materials that included the prohibited practice of rebating by offering reward points in exchange for a policy quotation in 21 instances. This offer was not detailed in the Company's policy contract.

Reference: §375.936(9), RSMo

| Priority Club Number | Quote Date | Priority Club Number | Quote Date |
|---|---|---|---|
| 205720840 | 12/17/07 | 240446167 | 11/10/08 |
| 865452208 | 6/1/07 | 732695783 | 12/3/08 |
| 411544626 | 5/31/07 | 351041680 | 8/27/08 |
| 712607928 | 7/7/08 | 922695957 | 11/11/08 |
| 585025965 | 9/8/08 | 641306325 | 11/7/08 |
| 769619975 | 8/26/08 | 510273572 | 9/23/08 |
| 770225142 | 11/7/07 | 430217320 | 10/1/08 |
| 161322676 | 12/6/07 | 436660909 | 9/8/18 |
| 103027619 | 9/14/07 | 385554868 | 9/10/08 |
| 510224377 | 11/12/09 | 453819866 | 8/26/08 |
| 916095080 | 10/31/07 | | |

## II. UNDERWRITING AND RATING PRACTICES

This section of the report is designed to provide a review of the Company's underwriting and rating practices. These practices included the use of policy forms, adherence to underwriting guidelines, assessment of premium, and procedures to decline or terminate coverage. Examiners reviewed how the Company handled new and renewal policies to ensure that the Company underwrote and rated risks according to their own underwriting guidelines, filed rates, and Missouri statutes and regulations.

Because of the time and cost involved in reviewing each policy/underwriting file, the examiners utilize sampling techniques in conducting compliance testing. A policy/underwriting file is reviewed in accordance with 20 CSR 100-8.040 and the NAIC Market Regulation Handbook. Error rates are established when testing for compliance with laws that apply a general business practice standard (e.g., §§375.930 – 375.948 and §375.445) and compared with the NAIC benchmark error rate of ten percent (10%). Error rates in excess of the NAIC benchmark error rate are presumed to indicate a general practice contrary to the law. Error rates indicating a failure to comply with laws that do not apply the general business practice standard are separately noted as errors and are not included in the error rates.

The examiners requested the Company's underwriting and rating manuals for the line of business under review. This included all rates, guidelines, and rules that were in effect on the first day of the examination period and at any point during that period to ensure that the examiners could properly rate each policy reviewed.

The examiners also reviewed the Company's procedures, rules, and forms filed by or on behalf of the Company with the DIFP. The examiners randomly selected the policies for review from a listing furnished by the Company.

The examiners also requested a written description of significant underwriting and rating changes that occurred during the examination period for underwriting files that were maintained in an electronic format.

An error can include, but is not limited to, any miscalculation of the premium based on the information in the file, an improper acceptance or rejection of an application, the misapplication of the Company's underwriting guidelines, incomplete file information preventing the examiners from readily ascertaining the Company's rating and underwriting practices, and any other activity indicating a failure to comply with Missouri statutes and regulations.

## A. Forms and Filings

The examiners reviewed the Company's policy and contract forms to determine its compliance with filing, approval, and content requirements to ensure that the contract language is not ambiguous or misleading and is adequate to protect the insured.

The following are the results of the reviews:

### Workers' Compensation

Two filed schedule rating categories were not in compliance with Missouri requirements. "Class Peculiarities" category has been disallowed for both Missouri and NCCI filings. "Medical Facilities" category was not sufficiently detailed in the schedule rating plan.

References: §§ 287.945, 287.947, 287.955, RSMo, 20 CSR 500-6.950 and Bulletin 97-03.

## B. Underwriting and Rating

The examiners reviewed applications for coverage that were issued, modified, or declined by the Company to determine the accuracy of rating and adherence to prescribed and acceptable underwriting criteria.

The following are the results of the reviews:

### 1. Private Passenger Automobile

| | |
|---|---|
| Field Size: | 11,729 |
| Sample Size: | 100 total |
| Type of Sample: | Random |
| Number of Errors: | 0 |
| Error Ratio: | 0% |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**2. Commercial Automobile**

| | |
|---|---|
| Field Size: | 466 |
| Sample Size: | 50 total |
| Type of Sample: | Random |
| Number of Errors: | 0 |
| Error Ratio: | 0% |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**3. Business Owners**

| | |
|---|---|
| Field Size: | 279 |
| Sample Size: | 50 |
| Type of Sample: | Random |
| Number of Errors: | 0 |
| Error Ratio: | 0% |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**4. Workers' Compensation**

| | |
|---|---|
| Field Size: | 741 |
| Sample Size: | 100 |
| Type of Sample: | Random |
| Number of Errors: | 1 |
| Error Ratio: | 1% |
| Within DIFP Guidelines: | Yes |

In the following instance, the Company accepted an application that included an answer to the prohibited question concerning an applicant's prior coverage being declined, cancelled or non-renewed.

Policy Numbers: 2441476

References: §375.936(11)(f), RSMo, and DIFP Bulletin 94-04.

## C. Cancellations, Non-Renewals, Rescissions, and Declinations

The examiners reviewed policies that the carrier terminated at or before the scheduled expiration date of the policies and policies that were rescinded by the Company after the effective date of the policy.

The following are the results of the reviews:

### 1. Private Passenger Automobile – Cancellations, Non-Renewals, & Declinations

| | |
|---|---|
| Field Size: | 102 |
| Sample Size: | 102 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Error Ratio: | 0% |

Although not included in the error ratio listed above in this section of the report, the following cancellations were considered as individual violations, and did not qualify as a general business practice violation that would have been included in the error ratio.

The examiners noted the following exceptions during their review:

The Company canceled the following policy for reasons other than those allowed by §379.114.

**Policy Number:** 78-77728-60, effective 2/7/07

Reference: §379.114, RSMo.

The Company failed to maintain evidence of proof of mailing for the declination notice sent for the following policy.

**Policy Number:** 64-56273-52, effective 5/1/07

Reference: §379.120, RSMo

The Company failed to provide documentation to the examiners that a notice of nonrenewal for a certified policy was sent to the Missouri Department of Revenue.

**Policy Number:** 60-14181-53, effective 8/9/08

References: §374.205.2(2), RSMo, 20 CSR 100-8.040(2) & (3) and 20 CSR 500-2.300(5)(A).

**2. Commercial Automobile – Cancellations, Non-Renewals, & Declinations**

| | |
|---|---|
| Field Size: | 8 |
| Sample Size: | 8 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Error Ratio: | 0% |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**3. Business Owners – Cancellations, Non-Renewals, & Declinations**

| | |
|---|---|
| Field Size: | 5 |
| Sample Size: | 5 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Error Ratio: | 0% |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**4. Workers' Compensation – Cancellations, Non-Renewals, & Declinations**

| | |
|---|---|
| Field Size: | 12 |
| Sample Size: | 12 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Error Ratio: | 0% |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

## III. CLAIMS PRACTICES

This section of the report is designed to provide a review of the Company's claims handling practices. Examiners reviewed how the Company handled claims to determine the timeliness of handling, accuracy of payment, adherence to contract provisions, and compliance with Missouri statutes and regulations.

To minimize the duration of the examination, while still achieving an accurate evaluation of claim practices, the examiners reviewed a statistical sampling of the claims processed. The examiners requested a listing of claims paid and claims closed without payment during the examination period for the line of business under

review. The review consisted of Missouri claims selected from a listing furnished by the Company with a date of closing from January 1, 2008, through December 31, 2008.

A claim file is determined in accordance with 20 CSR 100-8.040 and the NAIC *Market Regulation Handbook*. Error rates are established when testing for compliance with laws that apply a general business practice standard (e.g., §§375.1000 – 375.1018 and §375.445, RSMo.) and compared with the NAIC benchmark error rate of seven percent (7%). Error rates in excess of the NAIC or statutory benchmark error rate[s] are presumed to indicate a general business practice contrary to the law. Errors indicating a failure to comply with laws that do not apply the general business practice standard are separately noted as errors and are not included in the error rates.

A claim error includes, but is not limited to, any of the following:

- An unreasonable delay in the acknowledgement of a claim.
- An unreasonable delay in the investigation of a claim.
- An unreasonable delay in the payment or denial of a claim.
- A failure to calculate claim benefits correctly.
- A failure to comply with Missouri law regarding claim settlement practices.

The examiners reviewed the claim files for timeliness. In determining timeliness, examiners looked at the duration of time the Company used to acknowledge the receipt of the claim, the time for investigation of the claim, and the time to make payment or provide a written denial.

Missouri statutes require the Company to disclose to first-party claimants all pertinent benefits, coverage or other provisions of an insurance policy under which a claim is presented. Claim denials must be given to the claimant in writing, and the Company must maintain a copy in its claim files.

### A. Claims Time Studies

To test for compliance with timeliness standards, the examiners reviewed claim records and calculated the amount of time taken by the Company for claims processing. They reviewed the Company's claims processing practices relating to (1) the acknowledgement of receipt of notification of claims; (2) the investigation of claims; and (3) the payment of claims or the providing of an explanation for the denial of claims.

DIFP regulations require companies to abide by the following parameters for claims processing:

- Acknowledgement of the notification of a claim must be made within 10 working days.
- Completion of the investigation of a claim must be made within 30 calendar days after notification of the claim. If more time is needed, the Company must notify the claimant and send follow-up letters every 45 days.
- Payment or denial of a claim must be made within 15 working days after investigation of the claim is complete.

The following are the results of the reviews:

**1. Private Passenger Automobile – Physical Damage - Paid**

| | |
|---|---|
| Field Size: | 419 |
| Sample Size: | 100 |
| Type of Sample: | Random |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**2. Private Passenger Automobile – Medical Payments - Paid**

| | |
|---|---|
| Field Size: | 48 |
| Sample Size: | 48 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**3. Private Passenger Automobile – UM / UIM - Paid**

| | |
|---|---|
| Field Size: | 28 |
| Sample Size: | 28 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**4. Commercial Automobile – Physical Damage - Paid**

| | |
|---|---|
| Field Size: | 107 |
| Sample Size: | 107 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**5. Commercial Automobile – Medical Payments - Paid**

| | |
|---|---|
| Field Size: | 1 |
| Sample Size: | 1 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**6. Business Owners - Paid**

| | |
|---|---|
| Field Size: | 27 |
| Sample Size: | 27 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**7. Workers' Compensation - Paid**

| | |
|---|---|
| Field Size: | 998 |
| Sample Size: | 50 |
| Type of Sample: | Random |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**8. Private Passenger Automobile – Physical Damage - CWP**

| | |
|---|---|
| Field Size: | 228 |
| Sample Size: | 100 |
| Type of Sample: | Random |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**9. Private Passenger Automobile – Medical Payments - CWP**

| | |
|---|---|
| Field Size: | 20 |
| Sample Size: | 20 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**10. Commercial Automobile – Physical Damage - CWP**

| | |
|---|---|
| Field Size: | 64 |
| Sample Size: | 64 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**11. Business Owners - CWP**

| | |
|---|---|
| Field Size: | 9 |
| Sample Size: | 9 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

### 12. Workers' Compensation - CWP

| | |
|---|---|
| Field Size: | 645 |
| Sample Size: | 50 |
| Type of Sample: | Random |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

## B. Unfair Settlement and General Handling Practices

In addition to the Claim Time Studies, examiners reviewed the Company's claim handling processes to determine compliance with contract provisions and adherence to unfair claims statutes and regulations. Whenever a claim file reflected that the Company failed to meet these standards, the examiners cited the Company for noncompliance.

Workers' compensation claims were reviewed for the timely payments outlined by the provisions of §§287.160 and 287.170, RSMo and for general handling.

The provisions of §287.160(2), RSMo, require payment of temporary total disability benefits at least every two weeks (14 days). The files were reviewed to determine compliance with this requirement. Time was measured from the date of notice to the employer/insurer until the date of the first payment of indemnity benefits. Error ratios are projected to the entire field to indicate the maximum or minimum error ratio at a 95% level of confidence. Some files may contain multiple errors, but are only counted once when determining the error ratio within a particular exam category.

The files were also reviewed to determine compliance with the provisions of §§ 287.160 (1), 287.170 (2), RSMo, and for general claims handling accuracy.

The following are the results of the reviews:

### 1. Private Passenger Automobile – Physical Damage - Paid

| | |
|---|---|
| Field Size: | 419 |
| Sample Size: | 100 |
| Type of Sample: | Random |
| Number of Errors: | 1 |
| Error Ratio: | 1% |
| Within DIFP Guidelines: | Yes |

In the following claim, the Company's claim's notes do not indicate the reason the claim was not paid. The Company failed to maintain the claim file as to show clearly the inception, handling, and disposition of the claim.

**Claim Number:** 74A119554 (date of loss 4/19/08)

References: §§374.205, 375.1007(4), RSMo, 20 CSR 300-2.200(3)(B) (as replaced by 20 CSR 100-8.040(3)(B), (eff.7/30/08) and 20 CSR 100-1.050

**2. Private Passenger Automobile – Medical Payments - Paid**

| | |
|---|---|
| Field Size: | 48 |
| Sample Size: | 48 |
| Type of Sample: | Census |
| Number of Errors: | 2 |
| Error Ratio: | 4.2% |
| Within DIFP Guidelines: | Yes |

The Company failed to disclose all pertinent benefits and coverages to the insured. The Company failed to disclose that medical payments were available in the following two claims.

**Claim Numbers:** 74A074548 (date of loss 6/30/05)
4734748520 (date of loss 4/14/07)

References: §375.1007(1), RSMo and 20 CSR 100-1.020(1).

**3. Private Passenger Automobile – UM / UIM - Paid**

| | |
|---|---|
| Field Size: | 28 |
| Sample Size: | 28 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**4. Commercial Automobile – Physical Damage - Paid**

| | |
|---|---|
| Field Size: | 107 |
| Sample Size: | 107 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

5. **Commercial Automobile – Medical Payments - Paid**

| | |
|---|---|
| Field Size: | 1 |
| Sample Size: | 1 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

6. **Business Owners - Paid**

| | |
|---|---|
| Field Size: | 27 |
| Sample Size: | 27 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

7. **Workers' Compensation - Paid**

| | |
|---|---|
| Field Size: | 998 |
| Sample Size: | 50 |
| Type of Sample: | Random |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

8. **Private Passenger Automobile – Physical Damage - CWP**

| | |
|---|---|
| Field Size: | 228 |
| Sample Size: | 100 |
| Type of Sample: | Random |
| Number of Errors: | 2 |
| Error Ratio: | 2% |
| Within DIFP Guidelines: | Yes |

In the following two claims, the Company's claim's notes do not indicate the reason each claim was not paid. The Company failed to maintain the claim file to show clearly the inception, handling, and disposition of each claim.

**Claim Numbers:** 74A119554 (date of loss 4/19/08)
74A092838 (date of loss 5/5/06)

References: § 375.1007(4), RSMo, 20 CSR 300-2.200(3)(B) (as replaced by 20 CSR 100-8.040(3)(B), eff. 7/30/08) and 20 CSR 100-1.050

**9. Private Passenger Automobile – Medical Payments - CWP**

| | |
|---|---|
| Field Size: | 20 |
| Sample Size: | 20 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**10. Commercial Automobile – Physical Damage - CWP**

| | |
|---|---|
| Field Size: | 64 |
| Sample Size: | 64 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**11. Business Owners - CWP**

| | |
|---|---|
| Field Size: | 9 |
| Sample Size: | 9 |
| Type of Sample: | Census |
| Number of Errors: | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

**12. Workers' Compensation - CWP**

| | |
|---|---|
| Field Size: | 645 |
| Sample Size: | 50 |
| Type of Sample: | Random |
| Number of Errors | 0 |
| Within DIFP Guidelines: | Yes |

The examiners discovered no errors during this review.

### C. Practices Not in the Best Interest of Consumers

The examiners also looked for items that were not in the best interest of consumers. Not only could these practices be harmful to the insured, they may expose the Company to potential liability.

#### 1. Private Passenger Automobile

The examiners discovered no issues or concerns.

#### 2. Commercial Automobile

The examiners discovered no issues or concerns.

#### 3. Business Owners Automobile

The examiners discovered no issues or concerns.

#### 4. Workers' Compensation

The examiners discovered no issues or concerns.

## IV. COMPLAINTS

This section of the report is designed to provide a review of the Company's complaint handling practices. Examiners reviewed how the Company handled complaints to ensure it was performing according to its own guidelines and Missouri statutes and regulations.

Section 375.936(3), RSMo, requires companies to maintain a registry of all written complaints received for the last three years. The registry must include all Missouri complaints, including those sent to the DIFP and those sent directly to the Company.

The examiners verified the Company's complaint registry, dated January 1, 2006, through February 6, 2009. The registry contained a total of 17 complaints. They reviewed each one that went through the DIFP and six that went directly to the Company.

The review consisted of a review of the nature of each complaint, the disposition of the complaint, and the time taken to process the complaint as required by §375.936(3), RSMo, and 20 CSR 300-2.200(3)(D) (as replaced by 20 CSR 100-8.040(3)(D), effective 7/30/2008).

The examiners discovered no issues or concerns.

## V. CRITICISMS AND FORMAL REQUESTS TIME STUDY

This study is based upon the time required by the Company to provide the examiners with the requested material or to respond to criticisms. Missouri law requires companies to respond to criticisms and formal requests within 10 calendar days. Please note that in the event an extension was requested by the Company and granted by the examiners, the response was deemed timely if it was received within the time frame granted by the examiners. If the response was not received within that time period, the response was not considered timely.

### A. Criticism Time Study

| Calendar Days | Number of Criticisms | Percentage |
|---|---|---|
| Received w/in time-limit, incl. any extensions | 28 | 100% |
| Received outside time-limit, incl. any extensions | 0 | 0% |
| No Response | 0 | 0% |
| Total | 28 | 100 % |

Reference: §375.205, RSMo and 20 CSR 100-8.040.

### B. Formal Request Time Study

| Calendar Days | Number of Requests | Percentage |
|---|---|---|
| Received w/in time-limit, incl. any extensions | 10 | 100% |
| Received outside time-limit, incl. any extensions | 0 | 0% |
| No Response | 0 | 0% |
| Total | 10 | 100% |

Reference: §375.205, RSMo and 20 CSR 100-8.040.

## EXAMINATION REPORT SUBMISSION

Attached hereto is the Division of Insurance Market Regulation's Final Report of the examination of Sentry Insurance a Mutual Company (NAIC #24988), Examination Number 0906-23-TGT. This examination was conducted by Gary T. Meyer, Gary Bird, and John Pfaender. The findings in the Final Report were extracted from the Market Conduct Examiner's Draft Report, dated January 3, 2011. Any changes from the text of the Market Conduct Examiner's Draft Report reflected in this Final Report were made by the Chief Market Conduct Examiner or with the Chief Market Conduct Examiner's approval. This Final Report has been reviewed and approved by the undersigned.

6/28/2011

Jim Mealer — Date

Chief Market Conduct Examiner

STATE OF Missouri )
)
COUNTY OF Cole )

**VERIFICATION OF WRITTEN REPORT OF EXAMINATION**

I, Jim Mealer, on my oath swear that to the best of my knowledge and belief, the attached 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 reasonably warranted from the facts.

Jim Mealer

Jim Mealer, Chief Market Conduct Examiner
Department of Insurance, Financial Institutions &
Professional Registration,
State of Missouri

Sworn to and subscribed before me this 28th day of June, 2011.

Kimberly Landers
Notary

(Seal)

KIMBERLY LANDERS
MY COMMISSION EXPIRES
May 18, 2012
NOTARY SEAL
#08558402
CALLAWAY COUNTY
NOTARY PUBLIC, STATE OF MISSOURI

My commission expires:

May 18, 2012

**Sentry Insurance a Mutual Company**
1800 North Point Drive
P.O. Box 8020
Stevens Point, WI 54481-8020

**Sue Phillips**
Director of Privacy and Corporate Compliance

sue.phillips@sentry.com

715 346-6383
715 346-6038 Fax

SENTRY®
INSURANCE
A MUTUAL COMPANY

February 2, 2011

RECEIVED
FEB 08 2011
DEPT OF INSURANCE,
FINANCIAL INSTITUTIONS &
PROFESSIONAL REGISTRATION

Carolyn H. Kerr
Senior Counsel
Missouri Department of Insurance
Division of Market Regulation
P.O. Box 690
Jefferson City, MO 65102-0690

Re: Missouri Market Conduct Examination #0906-23-TGT
Sentry Insurance a Mutual Company (NAIC #24988)

Dear Ms. Kerr:

Enclosed is the response of Sentry Insurance a Mutual Company to the preliminary examination report dated January 3, 2011, that was sent to the Polsinelli & Shughart law firm. Please direct future correspondence to my attention.

If you have any questions or would like to discuss this matter further, please contact me directly.

Very truly yours,

Sue Phillips

Sue Phillips
Director of Privacy and Corporate Compliance

Enclosures

Sentry Insurance a Mutual Company - NAIC #24988
Missouri Examination #0906-23-TGT

Company Response to Preliminary Examination Report

Section I.B. - Sales and Marketing/Marketing Practices.

The Company disagrees that the Priority Club Rewards loyalty program is rebating. As stated in Insurance Department Bulletin 2010-07 (attached) under the heading "Consumer Gifts," if a gift "is unrelated to the purchase of insurance, a small item with low fair market value may generally be given."

Under the Priority Club Rewards loyalty program, members of the program receive points for obtaining a quote from Sentry. Although points cannot be exchanged for cash, their monetary value would equate to a penny per point-clearly, a low fair market value. Also, an award does not depend on the purchase of a policy or on any further contact with the Company beyond the quote. In addition, the cost of the actual policy is the same whether or not points are awarded. In other words, receiving a quote and being awarded points has no affect on the cost of the policy, nor does it provide additional benefits or other considerations in the terms of the policy.

As defined in § 375.936(9), a rebate is a return of premiums payable *on the contract*, or any special favor or advantage in the dividends or other benefits *under the contract*, or purchasing or offering to give, sell, or purchase as an inducement *to the contract* anything of value not specified in the contract. Clearly, under this section, a rebate is contingent on a favorable benefit to the customer relating to the cost or conditions of the policy. This is not the case with the Priority Club Rewards program.

Section II. A. - Underwriting and Rating Practices/Forms and Filings.

The Company was not aware of the Department's position that "Classification Peculiarities" was no longer allowed until we were advised on January 15, 2010, via an objection letter to an application filing. The SERFF filing number for the application filing is SEPX-126443372. The objection letter is attached as Exhibit A. Attached as Exhibit B is correspondence that includes comments from the Department indicating that "classification peculiarity issues were handled on a filing level basis, as schedule rating plans were filed and reviewed." A revised plan removing "Classification Peculiarities" was filed under SERFF filing number SEPX-126540003, and approved on March 17, 2010, for an effective date of August 1, 2010. The filing description, revised manual page and Department disposition are in included in the attached Exhibit C.

The Company's schedule rating plan used during the exam period was filed with the Department. The plan included "Classification Peculiarities." A copy of the filing with the Director of Insurance "Filed" stamp is attached as Exhibit D.

The Department did not clearly state its position that use of "Classification Peculiarities" is in violation of section 287.955 of Missouri insurance laws prior to or during the time period covered by the exam. The lack of clarity can be supported by the approved schedule rating plan with "Classification Peculiarities," lack of formal communication documenting the Department's position, and Department correspondence indicating it was resolving concerns with schedule rating plans through filings in lieu of releasing a formal communication. As previously noted, the Company promptly responded to the Department's concerns once it was advised by

submitting a filing removing the "Classification Peculiarities" category from its schedule rating plan.

The "Medical Facilities" category was a category in the Company's filed schedule rating plan; however, it was uniformly not used in developing schedule rating credits and/or debits. This is supported by the "Commercial Lines Charts" pages previously provided during the exam. The "Medical Facilities" category was removed with the revised schedule rating plan filed under SERFF filing number SEPX-126540003 (same filing addressing the "Classification Peculiarities" issue).

Section II. B.4. - Underwriting and Rating Practices/Workers Compensation.

This section alleges that the Company accepted two applications that included an answer to the prohibited question concerning an applicant's prior coverage being declined, cancelled or non-renewed.

Attached as Exhibit E is the application for policy no. 2469956. The question regarding prior coverage is boxed-in near the bottom of the first page and clearly shows that it was not answered.

Following the 2005 exam, where this was also an issue, a project was commenced to re-program the system so that when the application was produced for a Missouri applicant, the question regarding prior coverage would not appear. The system change was finalized in October of 2006. The applications that are the subject of this finding are for effective dates June 26, 2006 and September 15, 2006, prior to completion of the system change.

Section III.B.1. - PPA - Physical Damage - Paid

This section should be deleted. The claim cited, #74A119554, was not paid and is also cited in Section III.B.8.

Section III.B.2. - PPA - Medical Payments - Paid

The finding alleges that the Company failed to disclose all pertinent benefits and coverages to the insured and that in two claims the Company failed to disclose that medical payments were available. The Company disagrees with this finding. The diary notes in the online system indicate the disclosures were made. The issue is an interpretation of the diary notes by an outside examiner versus an experienced Sentry claims handler. What is clear to the Sentry claims handler may not be understandable to the examiner.

Section III.B.8. - PPA - Physical Damage - CWP

The Company disagrees with this finding with respect to claim #74A119554. This claim involves damage to a windshield, which the Company refers to as glass claims. When a glass claim is reported to the call center, coverage is confirmed and the claimant is connected directly to the Company's national glass vendor to schedule an appointment to have the windshield repaired or replaced. If and when the repair or replacement takes place, the vendor bills the Company directly and payment is made directly to the vendor. In the case of claim #74A119554, a bill from the vendor was never received, which indicates that the claimant never had the windshield repair or replaced. In glass claims, receipt of a bill from the vendor is indicative of the disposition of the claim.

# BULLETIN 2010-07

MISSOURI INSURANCE BULLETINS AND RELATED MATERIALS
BULLETINS

Bulletin 2010-07
November 5, 2010

TO: All Licensed Insurers, All Licensed Producers, Agencies, Third-Party Administrators, Trade Associations, And The Public

FROM: John M. Huff

Director Of Insurance

DATE: November 5, 2010

RE: PATIENT PROTECTION AND AFFORDABLE CARE ACT POLICY FILING GUIDELINES REBATING, VALUE-ADDED SERVICES, CHARITABLE CONTRIBUTIONS AND CONSUMER GIFTS

Earlier this year, the Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) issued Bulletin 10-01 to provide guidance to individual insurance producers (producers) and business entity insurance producers (agencies) regarding the provision of wellness programs under the anti-rebating statutes. Since the release of that bulletin, the DIFP has received many additional inquiries about compliance with the anti-rebating statutes. The DIFP recognizes that the nature of services that an insurance producer may provide in connection with the sale or service of insurance continues to evolve and recognizes the importance of value-added services that producers and agencies provide. This bulletin is being issued in an effort to provide further guidance to producers and agencies concerning the application of the anti-rebating statutes to producers or agencies providing value-added services, making charitable contributions, or providing gifts to consumers.

REBATING

While separate statutes prohibiting rebating exist for life and health insurance (§376.500) and property and casualty insurance (§379.356), the general statute regarding rebating for all lines of insurance is found in §375.936(9) of Missouri's version of the NAIC Model Unfair Trade Practices Act. Paragraph (a) of subdivision (9) defines what constitutes a 'rebate.' Since the paragraph is very long and complicated, it may be helpful to break it into its three primary clauses in order to better understand the meaning. Under §375.936(9)(a), a 'rebate' is:

1. knowingly permitting or offering to make or making any contract of life insurance, life annuity, accident and health insurance or other insurance, or agreement as to such contract other than as plainly expressed in the insurance contract issued thereon, or

2. paying or allowing, or giving or offering to pay, allow, or give (directly or indirectly) as inducement to such insurance or annuity,

• any rebate of premiums payable on the contract, or

• any special favor or advantage in the dividends or other benefits thereon, or

• any valuable consideration or inducement whatever not specified in the contract; or

3. giving, or selling, or purchasing or offering or to give, sell, or purchase as inducement to such insurance contract or annuity or in connection therewith,

• any stocks, bonds or other securities of any insurance company or other corporation, association, or

partnership, or

• any dividends or profits accrued thereon, or

• anything of value whatsoever not specified in the contract.

For the purposes of this bulletin, the criteria set forth in the above statutory provisions might be best summarized by answering the following two questions:

1. Is the item being provided to an insured or prospective insured outside the provisions of the insurance contract?

2. Is the item being provided to an insured or prospective insured intended to induce the purchase of an insurance contract?

If the answer to BOTH of these questions is 'yes,' the item being provided is likely a rebate.

VALUE-ADDED SERVICES

Following the release of Bulletin 10-01 regarding wellness programs, the DIFP received numerous questions as to what types of value-added services may be provided by producers and agencies. The discussion of value-added services in this bulletin is not intended to supersede Bulletin 10-01, but is to be considered a supplement to that bulletin.

The following non-exclusive list of services, if appropriate in scope, are directly related to the insurance product being sold, intended to reduce claims, and provided in a fair and nondiscriminatory way, would generally not be prohibited by Missouri's rebating statutes:

• Risk assessments, including identifying sources of risk and developing strategies for eliminating or limiting those risks

• Insurance consulting services such as examining, appraising, reviewing or evaluating the insurance provided

• Claim filing assistance, including the preparation of claim forms

• Certain services related to HIPAA, such as assistance in obtaining a certificate of creditable coverage from a prior carrier for an insured or applicant

• Certain services performed pursuant to COBRA such as billing former employees, collecting insurance premiums and forwarding the aggregate premiums to the employer policy or contract holder or to the insurer when offered in connection with the provision of accident and health insurance to all clients

• Insurance-related regulatory and legislative updates

• Providing information to group policy or contract holders and members under group insurance policies currently in place, as well as the forms needed for group insurance plan administration, enrollment in a group insurance plan, insurer Web links (including, for example, access through a website created by the insurance producer to an employee benefit portal that contains such information) and answers to frequently asked questions relating to insurance.

The following non-exclusive list of services, if provided for free or at a reduced cost and not specified in the insurance contract being sold, could be viewed by the DIFP as violations of Missouri's anti-rebating statutes:

• Services related to employee compensation, discipline, job descriptions, leaves of absence, organiza-

tional development, business policies and practices, safety, staffing and recruiting that are used as an inducement to the purchase of insurance and are unrelated to risk management.

• Risk management or loss control services (1) that are not routinely available to all agency clients or (2) that exceed the insurance-related risk evaluation and underwriting of an account or (3) that are frequently provided on a fee for service basis

• Payroll services, such as providing employers with check creation and distribution services for their employees

• Referrals to third-party service providers through which an insured or prospective insured may receive a discounted rate contingent upon the purchase or renewal of insurance

• COBRA administration that goes beyond billing and collecting the insurance premiums for former employees that are to be forwarded to the contract holder or insurer

• Establishment and administration of employer-sponsored cafeteria plans, flexible spending accounts, and health reimbursement accounts

• General tax preparation or accounting services

• Legal services.

Please be advised that the preceding lists are not exclusive and are instead intended for illustrative purposes. Complaints regarding inducements and rebates are extremely fact-sensitive, and the DIFP will consider each situation on a case by case basis.

CHARITABLE CONTRIBUTIONS

Insurance producers or agencies may contribute to charities, as long as such contribution is not made as an inducement to the purchase of insurance. The DIFP will investigate any questions or complaints that arise concerning charitable contributions on a case-by-case basis. Some of the factors that the DIFP will review in determining the acceptability of a charitable contribution are:

• The timing of the contribution

• The amount of contribution

• The producer/agency's history of giving

• The relationship between the producer/agency and the contribution recipient.

CONSUMER GIFTS

Gifts to a consumer of any value are prohibited if the gift is an inducement to, or conditioned upon, the purchase or renewal of an insurance policy. If it is unrelated to the purchase of insurance, a small item with a low fair market value may generally be given. Again, the DIFP will consider each complaint regarding gifts on a case-by-case basis. CHAPTERS 374, 375, 376 AND 379 ARE AVAILABLE IN THEIR ENTIRETY AT:

http://www.moga.mo.gov/STATUTES/C374.HTM,

http://www.moga.mo.gov/STATUTES/C375.HTM,

http://www.moga.mo.gov/STATUTES/C376.HTM, and

http://www.moga.mo.gov/STATUTES/C379.HTM.

APPLICABLE STATUTES: Sections 374.046 -374.049, 375.932, 375.934, 375.936, 376.940, 375.942, 376.500, and 379.356, RSMo.

**If you have any questions regarding this bulletin, please contact DIFP or call toll free at 800-726-7390.**