

**IN THE DEPARTMENT OF COMMERCE AND INSURANCE  
STATE OF MISSOURI**

<i>In Re:</i>	)	
	)	
<b>GOLDEN RULE INSURANCE COMPANY (NAIC #62286)</b>	)	<b>Market Conduct Examination #1408-22-TGT NAIC Exam Tracking # MOSKEMPKER-M17</b>

**ORDER OF THE DIRECTOR**

NOW, on this 16th day of November, 2020, Director, Chlora Lindley-Myers, after consideration and review of the market conduct examination report of Golden Rule Insurance Company (NAIC #62286) (hereinafter “GRIC”), examination report number 1408-22-TGT, prepared and submitted by the Division of Insurance Market Regulation (hereinafter “Division”) pursuant to §374.205.3(3)(a)<sup>1</sup>, does hereby adopt such report as filed. After consideration and review of the Stipulation of Settlement (“Stipulation”), relating to the market conduct examination no. 1408-22-TGT, the examination report, relevant work papers, and any written submissions or rebuttals, the findings and conclusions of such report are deemed to be the Director’s findings and conclusions accompanying this order pursuant to §374.205.3(4). The Director does hereby issue the following orders:

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

**IT IS THEREFORE ORDERED** that GRIC and the Division having agreed to the Stipulation, the Director does hereby approve and agree to the Stipulation.

**IT IS FURTHER ORDERED** that GRIC shall not engage in any of the violations of law and regulations set forth in the Stipulation, shall implement procedures to place it 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, and shall fully comply with all terms of the Stipulation.

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<sup>1</sup> All references, unless otherwise noted, are to Missouri Revised Statutes 2016 as amended.

**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 16th day of November, 2020.



*Chlora Lindley-Myers*  
Chlora Lindley-Myers  
Director

**IN THE DEPARTMENT OF COMMERCE AND INSURANCE  
STATE OF MISSOURI**

**In Re:** )  
 )  
**GOLDEN RULE INSURANCE** ) **Market Conduct Examination #1408-22-TGT**  
**COMPANY (NAIC #62286)** ) **NAIC Exam Tracking #MOSKEMPKER-M17**

**STIPULATION OF SETTLEMENT**

It is hereby stipulated and agreed by the Division of Insurance Market Regulation (hereinafter, the “Division”), and Golden Rule Insurance Company (NAIC #62286) (hereinafter “GRIC”), as follows:

**WHEREAS**, the Division is a unit of the Missouri Department of Commerce and Insurance (hereinafter, 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 of Missouri; and

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

**WHEREAS**, the Division conducted a market conduct examination of GRIC, examination #1408-22-TGT;

**WHEREAS**, the Division prepared a final market conduct examination report; and

**WHEREAS**, based on the market conduct examination of GRIC, the Division alleges that:

1. In six instances, GRIC failed to provide a statutorily mandated benefit by denying claims for colorectal cancer screening services as not covered under the insureds’ plans in violation of §375.1005(2) <sup>1</sup>, §375.1007(4), and §376.1250.1(3).

2. In 14 instances, GRIC inappropriately required insureds to pay copayments and/or deductibles on claims for childhood immunizations contrary to statute and inconsistent with its

policy and certificate language in violation of §375.1005(2), §375.1007(1), and §376.1215.2.

3. In three instances, GRIC improperly denied claims for childhood immunizations as not covered under the insureds' plans contrary to statute and inconsistent with its policy and certificate language in violation of §375.1005(2), §375.1007(1), and §376.1215.1.

4. In six instances, GRIC improperly denied claims of insureds for "emergency services" for an "emergency medical condition" as defined in §376.1350(12) and (13) in violation of §375.1005(2), §375.1007(4), and §376.1367.

5. GRIC issued group policy and certificate forms covering Missouri residents that failed to fully comply with certain mandated benefit requirements of Chapter 376.

**WHEREAS**, the Division and GRIC have agreed to resolve the issues raised in the market conduct examination as follows:

A. **Scope of Agreement.** This Stipulation of Settlement (hereinafter, "Stipulation") embodies the entire agreement and understanding of the signatories with respect to the subject matter contained herein. The signatories hereby declare and represent that no promise, inducement or agreement not herein expressed has been made, and acknowledge that the terms and conditions of this agreement are contractual and not a mere recital.

B. **Remedial Action.** GRIC agrees to take remedial action demonstrating compliance with the statutes and regulations of Missouri and agrees to maintain those remedial actions at all times, to reasonably ensure that the errors noted in the market conduct examination do not recur. Such remedial actions shall include, but are not limited to, the following:

1. GRIC agrees to readjudicate and pay the emergency claims identified in the report including interest pursuant to §376.383 from the date the claim was denied up to June 1, 2016. A letter should be included with the payment indicating that as a result of a Missouri market conduct

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<sup>1</sup> All references, unless otherwise noted, are to Revised Statutes of Missouri 2016, as amended.

examination, it was discovered that a claims payment is due to the claimant.

2. GRIC agrees to amend its policies and certificates to reflect coverage for emergency room fees for an insured who received treatment in an emergency room for an “emergency medical condition” as defined in §376.1350(12) regardless of whether the insured was admitted. GRIC agrees to apply this new procedure to claims going forward.

3. GRIC agrees to modify its claims system and manual claims procedures to ensure that claims for colon cancer screening involving fecal occult blood tests required to be covered pursuant to §376.1250.1(3) are not improperly denied.

4. GRIC agrees for its group policies written outside the State of Missouri but insuring Missouri residents, it will file or demonstrate it has filed amendatory riders with the Department amending coverage for the mandated benefits listed below in subparagraphs a-f. Any new filings shall be submitted through the System for Electronic Rate and Form Filing and include the statement that “as a result of a Missouri market conduct examination, the attached amendatory rider is being filed with the director.” Upon satisfaction of Missouri filing requirements as to the amendatory riders, GRIC agrees to issue the amendatory riders to Missouri certificate holders actively insured under its policy.

a. GRIC has filed a rider with the Department for its individually underwritten short-term medical plans amending coverage for adopted children pursuant to §376.816. If it has not already done so, GRIC agrees to file a rider with the Department for all other group policy and certificate forms cited as errors in the examination report. GRIC further agrees to maintain its procedures on the handling of adopted child coverage consistent with §376.816 going forward.

b. If it has not already done so, GRIC agrees to file a rider with the Department for all group policy and certificate forms cited as errors in the examination report to provide coverage for the treatment of alcoholism in a non-residential facility consistent with §376.790.

c. If it has not already done so, GRIC agrees to file a rider for the group policy and certificate forms cited as errors in the examination report to amend the contract language to include coverage for human leukocyte antigen testing of individuals that provide donor bone

marrow for transplantation purposes and coverage for individuals that are tested but the donor bone marrow is deemed incompatible for transplantation pursuant to §376.1275.

d. If it has not already done so, GRIC agrees to file a rider to the individually underwritten short-term group policy and certificate forms cited as errors in the examination report to amend the definition of "emergency" to comply with the definition of "emergency medical condition" in §376.1350(12). GRIC further agrees to implement a change to its claim handling procedures utilizing the compliant definition of "emergency" and to maintain its procedures on the handling of emergency claims going forward.

e. If it has not already done so, GRIC agrees to file a rider to the individually underwritten short-term group policy and certificate forms cited as errors in the examination report to amend the benefits provided for dental anesthesia to comply with §376.1225. GRIC agrees to maintain its procedures on the handling of general anesthesia and hospital charges for dental care for someone who is severely disabled or has a behavioral condition pursuant to §376.1225.

f. If it has not already done so, GRIC agrees to file a rider for the group policy and certificate forms cited as errors in the examination report providing coverage for newborns and adopted children that clarifies an insured may notify GRIC either orally or in writing of the birth of a newborn as provided by §376.406.

5. GRIC agrees to provide coverage for mammography that meets at a minimum the requirements of §376.782.

C. **Compliance.** GRIC agrees to file documentation with the Division, in a format acceptable to the Division, within 90 days of the later of completion of any form filing requirements or entry of a final order of any remedial action taken pursuant to Paragraph B to implement compliance with the terms of this Stipulation and to document the payment of any restitution required by this Stipulation. Such documentation is provided pursuant to §374.205.

D. **Examination Fees.** GRIC agrees to pay any reasonable examination fees expended by the Division in conducting its review of the documentation provided by the Company pursuant to Paragraphs B and C of this Stipulation.

E. **No Penalties.** The Division agrees that it will not seek penalties against GRIC in connection with market conduct examination #1408-22-TGT.

F. **Non-Admission.** Nothing in this Stipulation shall be construed as an admission by

GRIC, this Stipulation being part of a compromise settlement to resolve disputed factual and legal allegations arising out of the above-referenced market conduct examination.

G. **Waivers.** GRIC, 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, and review or appeal by any trial or appellate court, which may have otherwise applied to the market conduct examination #1408-22-TGT.

H. **Changes.** No changes to this Stipulation shall be effective unless made in writing and agreed to by representatives of the Division and GRIC.

I. **Governing Law.** This Stipulation shall be governed and construed in accordance with the laws of the State of Missouri.

J. **Authority.** The signatories below represent, acknowledge and warrant that they are authorized to sign this Stipulation, on behalf of the Division and GRIC respectively.

K. **Counterparts.** This Stipulation may be executed in multiple counterparts, each of which shall be deemed an original and all of which taken together shall constitute a single document. Execution by facsimile or by electronically transmitted signature shall be fully and legally effective and binding.

L. **Effect of Stipulation.** This Stipulation shall not become effective until entry of a Final Order by the Director of the Department (hereinafter the "Director") approving this Stipulation and the Report.

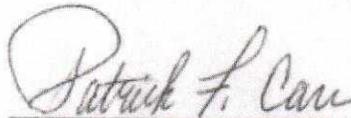
M. **Request for an Order.** The signatories below request that the Director issue an Order approving this Stipulation and ordering the relief agreed to in the Stipulation, and consent to the issuance of such Order.

DATED: 11-10-2020

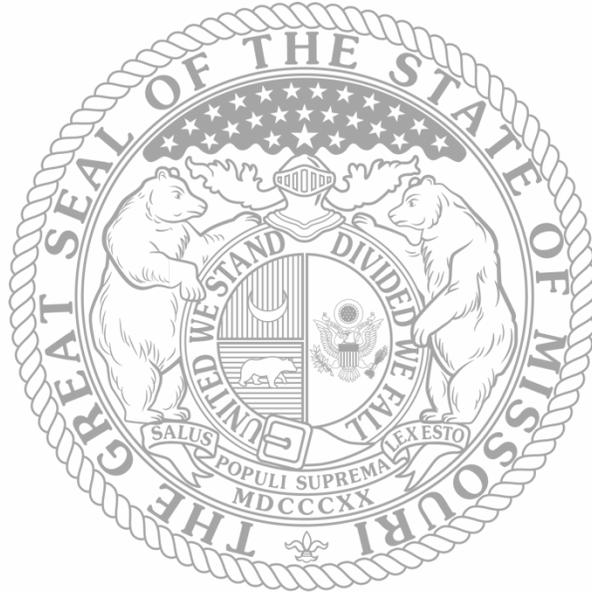


Stewart Freilich  
Chief Market Conduct Examiner and Senior Counsel  
Division of Insurance Market Regulation

DATED: 11/6/2020



Patrick Carr  
President and CEO  
Golden Rule Insurance Company



**FINAL MARKET CONDUCT EXAMINATION REPORT  
Health Business of**

**Golden Rule Insurance Company  
NAIC #62286**

**MISSOURI EXAMINATION #1408-22-TGT**

**NAIC MATS #MOSKEMPKER-M17**

**November 12, 2020**

**Home Office  
7440 Woodland Drive  
Indianapolis, IN 46278**

**STATE OF MISSOURI  
DEPARTMENT OF COMMERCE & INSURANCE**

**JEFFERSON CITY, MISSOURI**

## TABLE OF CONTENTS

<b>SALUTATION .....</b>	<b>2</b>
<b>FOREWORD.....</b>	<b>2</b>
<b>SCOPE OF EXAMINATION.....</b>	<b>2</b>
<b>COMPANY PROFILE.....</b>	<b>3</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
<b>EXAMINATION FINDINGS .....</b>	<b>4</b>
<b>I. COMPLAINT HANDLING.....</b>	<b>4</b>
<b>II. UNDERWRITING AND RATING.....</b>	<b>5</b>
<b>III. CLAIMS .....</b>	<b>7</b>
<b>IV. CRITICISMS AND FORMAL REQUESTS TIME STUDY .....</b>	<b>10</b>
<b>EXAMINATION REPORT SUBMISSION.....</b>	<b>11</b>

## **SALUTATION**

November 12, 2020

Honorable Chlora Lindley-Myers, Director  
Missouri Department of Commerce and Insurance  
301 West High Street, Room 530  
Jefferson City, Missouri 65101

Director Lindley-Myers:

In accordance with your market conduct examination warrant, a targeted market conduct examination has been conducted of the specified lines of business and business practices of

### **Golden Rule Insurance Company (NAIC #62286)**

hereinafter referred to as GRIC or as the Company. This examination was conducted as a desk examination at the offices of the Missouri Department of Commerce and Insurance (DCI).

## **FOREWORD**

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 DCI.

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

When used in this report:

- “Company” refers to the Golden Rule Insurance Company
- “CSR” refers to the Missouri Code of State Regulations
- “DCI” refers to the Missouri Department of Commerce and Insurance
- “Director” refers to the Director of the Missouri Department of Commerce and Insurance
- “NAIC” refers to the National Association of Insurance Commissioners
- “RSMo” refers to the Revised Statutes of Missouri

## **SCOPE OF EXAMINATION**

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

The purpose of this examination was to determine if the Company complied with Missouri statutes and DCI regulations. The primary period covered by this review is January 1, 2011 through December 31, 2013, unless otherwise noted. Errors found outside of this time period may also be included in the report.

The examination was a targeted examination involving the following lines of business and business functions: health insurance in the areas of complaint handling, underwriting and rating, and claims.

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 error rate for claims practices is seven percent (7%) and for other trade practices it is ten percent (10%). 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 found. As such, this report may not fully reflect all of the practices and procedures of the Company.

## **COMPANY PROFILE**

The Company was incorporated as St. Anthony Life Insurance Company on June 17, 1959, and commenced operations on June 23, 1961, as a life, accident, and health insurer. In 1962, the Company assumed the name of Congressional Life Insurance Company, and the present name was adopted in June 1977. The Company is a wholly owned subsidiary of Golden Rule Financial Corporation (GRFC). Effective November 13, 2003, 100% of GRFC and its subsidiaries were acquired by UnitedHealth Group Incorporated. The Company redomiciled, with state approval, from Illinois to Indiana effective October 2006.

The Company is licensed to sell life, accident, and health insurance in all states except New York. The Company's accident and health revenues are primarily derived from the sale of individual major medical policies, short-term medical policies, fixed indemnity policies, and ancillary products. Effective October 1, 2005, GRIC entered into an indemnity reinsurance agreement to reinsure all life and annuity business, excluding group life and term life rider business, to The State Life Insurance Company.

## **EXECUTIVE SUMMARY**

The DCI conducted a targeted market conduct examination of Golden Rule Insurance Company. The examiners found the following areas of concern:

### **UNDERWRITING AND RATING**

- In many cases, group policy and certificate forms failed to include language complying with various benefit coverage requirements of Missouri law. Reference: §§376.406.3, 376.779.1, 376.782, 376.816, 376.1225(2) and (3), 376.1275, 376.1350(12), 376.1550.1(4), RSMo.

## CLAIMS

- In many cases, the Company inappropriately applied deductibles or copayments to claims for childhood immunization benefits. Reference: §§375.1007(1) and 376.1215.2, RSMo.
- In some cases, the Company denied claims for benefits required to be covered by Missouri law. Reference: §§375.1007(1) and (4), 376.1215.1, 376.1250.1(3), 376.1350(12) and (13), and 376.1367, RSMo.

## EXAMINATION FINDINGS

### I. COMPLAINT HANDLING

The complaint handling portion of the examination provides a review of the Company's complaint handling practices. The examiners reviewed how the Company handled complaints to ensure it was performing according to its own guidelines and Missouri statutes and regulations.

#### **A. NAIC Complaint Handling Standard 1: All complaints are recorded in the required format on the regulated entity's complaint register.**

Pursuant to §375.936(3), RSMo, and 20 CSR 100-8.040(3)(D), insurance companies are required to maintain a log or register of all written complaints received for the last three years. The log or register must include all Missouri complaints, including those sent to the DCI and those sent directly to the company. Health insurance companies are also required to maintain a register of complaints that constitute "grievances" pursuant to §376.1375, RSMo. The examiners requested and reviewed the Company's complaint log as to content and format. The examiners also checked to see that all DCI complaints were listed in the log.

The examiners found no errors in this review.

#### **B. NAIC Complaint Handling Standard 3: The regulated entity takes adequate steps to finalize and dispose of the complaint in accordance with applicable statutes, rules and regulations and contract language.**

The register contained a total of 103 complaints submitted to the DCI and 1,765 Company complaints that it received directly from insureds or other interested parties. To test for this standard, the examiners requested and reviewed 34 of the DCI complaint files and 194 of the direct complaint files. The results of this review are summarized below.

##### **1. DCI Complaints**

The examiners found no errors in this review.

##### **2. Direct Complaints**

The examiners found no errors in this review.

## II. UNDERWRITING AND RATING

The underwriting and rating portion of the examination provides a review of the Company's compliance with Missouri statutes and regulations regarding underwriting and rating practices such as the use of policy forms, adherence to underwriting guidelines, assessment of premium, and procedures to decline or terminate coverage.

### A. NAIC Underwriting and Rating Standard 5: All forms, including policies, contracts, riders, amendments, endorsement forms and certificates are filed with the insurance department, if applicable.

To test for this standard, the examiners requested copies of all forms used during the scope of the examination and reviewed them for compliance with the following mandated benefits.

#### 1. Required Coverage for Adopted Children

Field Size	50
Type of Sample	Census
Number of Errors	11

The examiners found the following errors in this review.

Finding 1: The Company issued 11 group policy and certificate forms for medical coverage that failed to comply with requirements for enrolling adopted children.

Reference: §376.816, RSMo.

#### 2. Required Coverage for Alcoholism Treatment

Field Size	50
Type of Sample	Census
Number of Errors	11

The examiners found the following errors in this review.

Finding 2: The Company issued 11 group policy and certificate forms for medical coverage that failed to comply with requirements for alcoholism treatment coverage.

Reference: §§376.779.1 and 376.1550.1(4), RSMo.

#### 3. Required Coverage for Bone Marrow Transplant Testing

Field Size	50
Type of Sample	Census
Number of Errors	4

The examiners found the following errors in this review.

Finding 3: The Company issued four group policy and certificate forms that failed to include language providing coverage for human leukocyte antigen testing for utilization in bone marrow transplants.

Reference: §376.1275, RSMo.

**4. Required Definition of “Emergency Medical Condition”**

Field Size	50
Type of Sample	Census
Number of Errors	3

The examiners found the following errors in this review.

Finding 4: The Company issued three group policy and certificate forms that failed to comply with the required definition of “emergency medical condition.”

Reference: §376.1350(12), RSMo.

**5. Required Coverage for General Anesthesia and Hospital Charges for Dental Care**

Field Size	50
Type of Sample	Census
Number of Errors	3

The examiners found the following errors in this review.

Finding 5: The Company issued three group policy and certificate forms that failed to fully comply with requirements for coverage of general anesthesia and hospital charges for dental care.

Reference: §376.1225(2) and (3), RSMo.

**6. Required Coverage for Mammography**

Field Size	50
Type of Sample	Census
Number of Errors	4

The examiners found the following errors in this review.

Finding 6: The Company issued four group policy and certificate forms that failed to contain any language specifically providing required coverage for mammography benefits.

Reference: §376.782, RSMo.

## 7. Required Coverage for Newborns

Field Size	50
Type of Sample	Census
Number of Errors	8

The examiners found the following errors in this review.

Finding 7: The Company issued eight group policy and certificate forms that failed to comply with requirements for notification of birth when adding coverage for newborn children.

Reference: §376.406.3, RSMo.

## III. CLAIMS

The claims portion of the examination provides a review of the Company's compliance with Missouri statutes and regulations regarding claims handling practices such as the timeliness of handling, accuracy of payment, adherence to contract provisions, and compliance with Missouri statutes and regulations.

### A. NAIC Claims Examination Standard 6: Claims are properly handled in accordance with policy provisions and applicable statutes (including HIPAA), rules and regulations.

To test for this standard, the examiners focused on claims for childhood immunization benefits under §376.1215, RSMo, and extracted 185 paid childhood immunization claims with copayments or deductibles from the claims data provided by the Company. From this set, the examiners chose a random sample of 25 claims to review. The results of this review are summarized below.

Field Size	185
Sample Size	25
Type of Sample	Random
Number of Errors	14
Error Ratio	56%

The examiners found the following errors.

Finding 1: The Company improperly required fourteen claimants to pay a copayment, deductible or both when children received immunizations.

Reference: §§375.1007(1) and 376.1215.2, RSMo.

**B. NAIC Claims Examination Standard 9: Denied and closed without payment claims are handled in accordance with policy provisions and state law.**

To test for this standard, the examiners focused on denied claims for various mandated benefits as well denied claims for coverage that had been terminated and reinstated.

**1. Denied Claims for Childhood Immunizations**

The examiners extracted 568 denied claims for childhood immunization benefits under §376.1215, RSMo, from the claims data provided by the Company. From this set, the examiners chose a random sample of 25 claims to review. The results of this review are summarized below.

Field Size	568
Sample Size	25
Type of Sample	Random
Number of Errors	3
Error Ratio	12%

The examiners found the following errors in this review.

Finding 2: The Company improperly denied charges for childhood immunization benefits in three claims.

Reference: §§375.1007(1) and 376.1215.1, RSMo.

**2. Denied Claims for Alcoholism Treatment**

The examiners extracted from the claims data provided by the Company and reviewed 88 denied claims for alcoholism treatment benefits under §376.779.1, RSMo. The results of this review are summarized below.

Field Size	88
Type of Sample	Census
Number of Errors	0
Error Ratio	0%

No errors were found in this review.

**3. Denied Claims for Colon Cancer Screening and Testing**

The examiners extracted from the claims data provided by the Company and reviewed 66 denied claims for colon cancer screening and testing benefits under §376.1250(3), RSMo. The results of this review are summarized below.

Field Size	66
Type of Sample	Census
Number of Errors	6
Error Ratio	9.09%

The examiners found the following errors in this review.

Finding 3: The Company improperly denied coverage for colon cancer screening benefits in six claims.

Reference: §§375.1007(4) and 376.1250.1(3), RSMo.

#### 4. Denied Claims for Emergency Room and Ambulance Services

The examiners extracted 5,950 denied claims for emergency room and ambulance benefits under §§376.1350(12) and (13) and 376.1367, RSMo, from the data provided by the Company. From this set, the examiners selected a random sample of 108 claims to review. The results of this review are summarized below.

Field Size	5,950
Sample Size	108
Type of Sample	Random
Number of Errors	6
Error Ratio	5.56%

The examiners found the following errors in this review.

Finding 4: The Company improperly denied the portion of four emergency room claims that were charges for emergency room fees.

Reference: §§375.1007(4), 376.1350(12) and (13), and 376.1367, RSMo.

#### 5. Denied Claims for Newborn Coverage

The examiners extracted 265 denied claims for newborn coverage benefits under §376.406, RSMo. From this set, the examiners selected a random sample of 25 to review. The results of this review are summarized below.

Field Size	265
Sample Size	25
Type of Sample	Random
Number of Errors	0
Error Ratio	0%

No errors were found in this review.

#### IV. 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 statutes and regulations require companies to respond to criticisms and formal requests within 10 calendar days. In the event an extension of time was requested by the Company and granted by the examiners, the response was deemed timely if it was received within the subsequent time frame. If the response was not received within the allotted time, the response was not considered timely.

##### A. Criticism Time Study

<b>Number of Calendar Days to Respond</b>	<b>Number of Criticisms</b>	<b>Percentage of Total</b>
0 to 10 days	53	96%
Over 10 days with extension	2	4%
Over 10 days without extension or after extension due date	0	0%
<b>Totals</b>	<b>55</b>	<b>100%</b>

##### B. Formal Request Time Study

<b>Number of Calendar Days to Respond</b>	<b>Number of Requests</b>	<b>Percentage of Total</b>
0 to 10 days	20	71%
Over 10 days with extension	8	29%
Over 10 days without extension or after extension due date	0	0%
<b>Totals</b>	<b>28</b>	<b>100%</b>

## **EXAMINATION REPORT SUBMISSION**

Attached hereto is the Division of Insurance Market Regulation's Final Report of the examination of Golden Rule Insurance Company, Examination Number #1408-22-TGT, MATS #MOSKEMPKER-M17. This examination was conducted by Gary Bird, EIC; Bunlue Ushupun, CIE; Randy Kemp, CIE; Don Wilson, CIE; and John Club, CIE. The findings in the Final Report were extracted from the Market Conduct Examiner's Draft Report, dated January 15, 2020. 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.



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Stewart Freilich  
Chief Market Conduct Examiner

11-12-2020

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Date