

OHIO DEPARTMENT OF INSURANCE

**A
MARKET REGULATION DESK AUDIT
OF
CONTINENTAL ASSURANCE COMPANY**

NAIC #62413

As Of

December 31, 2004





Ted Strickland, Governor

Mary Jo Hudson, Director

2100 Stella Court, Columbus, OH 43215-1067

(614) 644-2658

www.ohioinsurance.gov

Honorable Mary Jo Hudson
Director
Ohio Department of Insurance
2100 Stella Court
Columbus, Ohio 43215-1067

Director:

Pursuant to your instructions and in accordance with the powers vested under Title 39 of the Ohio Revised Code, a market regulation desk audit was conducted on the Ohio business of:

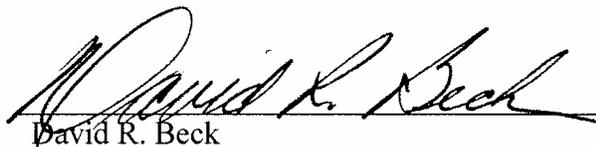
Continental Assurance Company
CNA Center
Chicago IL 60685
NAIC Company Code 62413.

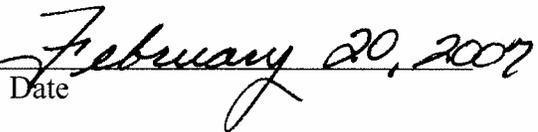
The desk audit was conducted at the Ohio Department of Insurance office located at:

2100 Stella Court
Columbus OH 43215.

A report of the desk audit is enclosed.

Respectfully submitted,


David R. Beck
Chief, Market Regulation Division


Date



Accredited by the National Association of Insurance Commissioners (NAIC)

Consumer Hotline: 1-800-686-1526

Fraud Hotline: 1-800-686-1527

OSHIIP Hotline: 1-800-686-1578

TABLE OF CONTENTS

FOREWORD.....	1
SCOPE OF EXAMINATION	1
METHODOLOGY	1
SAMPLING.....	2
COMPANY HISTORY.....	2
COMPANY OPERATIONS	3
CERTIFICATE OF AUTHORITY	3
PAID CLAIMS.....	3
DENIED DEATH CLAIMS.....	7
COMPLAINT HANDLING.....	7
SUMMARY OF NON-COMPLIANCE	8

FOREWORD

This desk audit was conducted under authority provided under Ohio Revised Code (“R.C.”) 3901.011.

SCOPE OF EXAMINATION

On September 23, 2005, the Market Regulation Division, Ohio Department of Insurance (“Department”), opened a desk audit into the non-financial business practices of Continental Assurance Company (“Company”) by sending the Company a call letter and initial request for information.

The desk audit was restricted to a review of Company activities for Ohio life insurance claims for the period of January 1, 2003 through December 31, 2004. The desk audit is reported by test and was conducted in accordance with the standards and procedures established by the National Association of Insurance Commissioners (“NAIC”) and the state of Ohio’s applicable statutes and rules.

Accordingly, the desk audit included the following areas of the Company’s operations:

- Company History
- Company Operations
- Certificate of Authority
- Paid Death Claims
- Denied Death Claims
- Complaint Handling

METHODOLOGY

As part of the desk audit, the Department’s examiners reviewed the Company’s life insurance claim files and the Company’s corresponding procedures. This information was supplemented by interviewing Company managers, with written inquiries requesting clarification, and/or additional information.

Only Ohio policyholders’ files were reviewed. A series of tests were designed and applied to these files to determine the Company’s level of compliance with Ohio insurance statutes and rules. These tests are described and the results noted in this report.

The examiners used the National Association of Insurance Commissioners’ standard of:

7% error ratio on claim files (93% compliance rate)

to determine whether or not an apparent pattern or practice of non-compliance existed for any given test. The results of each test applied to a sample are reported separately. Each test is expressed as a “yes/no” question. A “yes” response indicates compliance and a “no” response

indicates a failure to comply. A “no” response may be referred to in this report as an “exception.”

In any instance where errors were noted, the examiners described the apparent error and asked the Company for an explanation. The Company responded to the examiners and either:

- Concurred with the findings,
- Had additional information for the examiners to consider, and/or
- Proposed remedial action(s) to correct the apparent deficiency.

If applicable, the examiners’ recommendations are included in this report.

SAMPLING

Upon request, the Company supplied reports of policy and claim data in file formats, which could be used on IBM compatible personal computers. Except as otherwise noted, all tests were conducted on a sample of files randomly selected from a given report. The samples were pulled from populations consisting of Ohio policies and were selected using a standard business database application that provides a true random sample given that it supplies a random starting point from which to select the sample.

COMPANY HISTORY

As part of our desk audit, the Company was asked to provide a brief corporate history. The following is the text of their response:

CNA Financial Corporation (“CNAF”) was incorporated as a Delaware corporation in 1967. CNAF's principal subsidiaries are Continental Casualty Company (“CCC”), incorporated in 1897, Continental Assurance Company (“CAC”), incorporated in 1911, and The Continental Corporation (“Continental”), which is the holding company of The Continental Insurance Company (“CIC”), incorporated in 1853. All underwriting company subsidiaries are part of one of these pools.

The principal business of the CNA Companies is insurance. CCC, CIC, and each of their property and casualty insurance affiliates generally conduct the property and casualty insurance operations of the CNA Companies. CAC and CCC generally conduct the group health (CAC and CCC), and group and individual long term care insurance (CCC) operations of the CNA Companies. The principal market for insurance products offered by the CNA Companies is the United States. Effective January 1, 2004 CNA sold its group life, disability income, and AD&D business to The Hartford, along with one company, CNA Group Life Assurance Company. Effective April 30, 2004 CNA sold its individual life and annuity business to Swiss Re, along with Valley Forge Life Insurance Company. Both the group and individual life and health sales affected the business formerly written in CAC.

CNA insurance companies generate business through the American Independent Agency System. CNA operations are divided into Business Units (“BUs”). Each BU is a distinct segment of CNA’s business, consisting of a related set of products and services. These products

and services are delivered through a common distribution channel to a market segment by means of a set of business and technical expertise.

COMPANY OPERATIONS

The Company is licensed in all 50 states, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. Their statutory home office is in Chicago, Illinois.

The Company's 2003 and 2004 reported life direct written premiums and direct incurred losses paid during the desk audit period are as follows:

Life	Ohio		National	
	Direct Written Premiums	Incurred Losses	Direct Written Premiums	Incurred Losses
2003	\$833,360	\$831,470	\$65,160,728	\$49,701,763
2004	\$827,034	\$1,448,484	\$60,270,840	\$79,431,513

As of December 31, 2004, the officers of the Company were:

Chairman, Chief Executive Officer and President: Stephen Wright Lilienthal
Vice President and Treasurer: Dennis Richard Hemme
Executive Vice President, Secretary and General Counsel: Jonathan David Kantor

CERTIFICATE OF AUTHORITY

The Company operates under a Certificate of Authority issued in accordance with R.C. 3911.01, which permits it to transact appropriate business as defined by R.C. 3911.01. In the course of the desk audit, the examiners determined the Company's operations were in compliance with its Certificate of Authority.

PAID CLAIMS

Initial Contact

Standard: The initial contact by the Company with the claimant is within the required time frame.

Test: Upon receiving notification of claim, did the Company provide all items, statements and forms within the time frame required by Ohio Adm. Code 3901-1-07(C)(5)?

Methodology:

The Company supplied a listing of all paid death claims during the desk audit period. The examiners selected a sample of 50 files to test for compliance with Ohio Adm. Code 3901-1-07(C)(5).

- The claim files were reviewed to verify dates in the claim process.
- A claim was considered an exception if the Company did not contact the claimant within the prescribed number of days from the date of notification of the insured's death.

Findings:

Population	Sample	Yes	No	Standard	Compliance
282	50	50	0	93%	100%

The standard of compliance is 93%. The Company's performance met this standard.

Timely Investigation

Standard: Investigations are conducted in a timely manner.

Test: Did the Company begin investigating the claim within the time frame required by Ohio Adm. Code 3901-1-07(C)(4)?

Methodology:

The Company supplied a listing of all paid death claims during the desk audit period. The examiners selected a sample of 50 files to test for compliance with Ohio Adm. Code 3901-1-07(C)(4).

- The claim files were reviewed to verify dates in the claim process.
- A claim was considered an exception if the Company did not begin investigating the claim within the required time frame or could not document investigation of the claim with the required time frame.

Findings:

Population	Sample	Yes	No	Standard	Compliance
282	50	49	1	93%	98%

The standard of compliance is 93%. The Company's performance met this standard.

Timely Settlement

Standard: Claims are settled in a timely manner.

Test: Was the claim settled within the policy provisions required in R.C. 3915.05(K)?

Methodology:

The Company supplied a listing of all paid death claims during the desk audit period. The examiners selected a sample of 50 files to test for compliance with R.C. 3915.05(K).

- The claim files were reviewed to verify dates in the claim process.
- A claim was considered an exception if the Company did not provide settlement within the required time frame.

Findings:

Population	Sample	Yes	No	Standard	Compliance
282	50	49	1	93%	98%

The standard of compliance is 93%. The Company's performance met this standard.

Timely Response to Correspondence

Standard: The Company responds to claim correspondence in a timely manner.

Test: Did the Company respond to all claim correspondence within the time frames required within Ohio Adm. Code 3901-1-07(C)(2)?

Methodology:

The Company supplied a listing of all paid death claims during the desk audit period. The examiners selected a sample of 50 files to test for compliance with Ohio Adm. Code 3901-1-07(C)(2).

- The claim files were reviewed to verify dates in the claim process.
- A claim was considered an exception if the file showed that the Company did not respond to claim correspondence subsequent to the initial contact within the required time frame.

Findings:

Population	Sample	Yes	No	Standard	Compliance
282	50	49	1	93%	98%

The standard of compliance is 93%. The Company’s performance met this standard.

Adequate Documentation

Standard: Claim files are adequately documented.

Test: Were the claim files adequately documented to determine the date of death, receipt date of notification of the death, receipt date of proof of death and the dates of all correspondence?

Methodology:

The Company supplied a listing of all paid death claims during the desk audit period. The examiners selected a population of 50 files to test for compliance.

- The claim files were reviewed to verify dates in the claim process.
- A claim was considered an exception if proper documentation could not be found within the claim file.

Findings:

Population	Sample	Yes	No	Standard	Compliance
282	50	49	1	93%	98%

The standard of compliance is 93%. The Company’s performance met this standard.

Claim Settlement

Standard: Claim files are handled in accordance with policy provisions and state law.

Test: Were the claims correctly paid with interest where required by policy provisions and R.C. 3915.052?

Methodology:

The Company supplied a listing of all paid death claims during the desk audit period. The examiners selected a sample of 50 files to test for compliance with R.C. 3915.052.

- The claim files were reviewed to verify dates in the claim process, the insured’s resident state at the time of death and at the time of policy issue.
- A claim file was considered an exception if the Company did not accurately calculate interest payments due.

Findings:

Population	Sample	Yes	No	Standard	Compliance
282	50	44	6	93%	88%

The standard of compliance is 93%. The Company’s performance was below the minimum standard.

- Six files did not comply because the interest computation was incorrect.

Examiners’ Recommendations:

1. It is recommended that the Company’s rules and regulations pertaining to paid claims comply with applicable statutes, rules and regulations.
2. It is recommended that the Company revise its procedures concerning methods used in computing interest on paid death claims.
3. The Company should review all Ohio claims for the desk audit period and pay any additional interest due to claimants, based on the corrected interest computations.

Company Response:

1. Claim procedures are in place to comply with applicable statutes, rules, and regulations.
2. Procedures concerning methods used in computing interest on paid death claims have been revised and are in compliance with Ohio R.C. 3915.052 (Interest on Life Insurance Proceeds).
3. The six claim files identified during the examination have been recalculated for interest, and as of June 2, 2006 additional interest payments were processed and mailed. The total amount paid is \$449.72. The remaining 232 claim files that were not included in the examination were reviewed for correct interest computations. Of these 232 claim files, five files were identified as having an incorrect interest computation. As of June 2, 2006, additional interest payments for these five claims were processed and mailed to the claimants. The total amount paid is \$190.66. Of the total population of 282 claims, these 11 errors constitute 4%, or an overall compliance rate of 96%. We respectfully request that this rate be reflected in the Summary of Non-Compliance at the end of the report.

Cancelled checks and drafts

Standard: Canceled benefit checks and drafts reflect appropriate claim handling practices.

Test: Do the cancelled checks and drafts show that the claim was paid according to Company policies, policy provisions, beneficiary requests and documentation within the claim file?

Methodology:

The Company supplied a listing of all paid death claims during the desk audit period. The examiners selected a sample of 50 files to test for compliance.

- Canceled benefit checks were reviewed and compared to claim files to verify correct payee, payment amounts, and payment dates.
- A claim was considered an exception if the Company did not follow Company procedures for claim payments or the provisions in the initial policy and if information on the canceled benefit check did not match information in the claim file itself.

Findings:

Population	Sample	Yes	No	Standard	Compliance
282	50	50	0	93%	100%

The standard of compliance is 93%. The Company’s performance met this standard.

DENIED DEATH CLAIMS

The examiners conducted a review of the death claims that had been denied by the Company during the desk audit period. It appears all claim denials were justified and in accordance with policy language and applicable rules and regulations.

COMPLAINT HANDLING

The examiners conducted a review of the complaints filed against the Company during the desk audit period. During this time, the Company received a total of 10 complaints, eight were filed with the Department and two were filed with the Company directly. The review was conducted to assure service issues are properly addressed. The audit findings were as follows:

- Seven of the complaints pertained to health insurance and were not included as a part of this life insurance examination.
- One of the complaints was regarding forms that the Company routinely mails with each Annual Statement.
- Two complaints pertained to the Company’s inability to properly identify and locate policies.

Examiners’ Recommendation:

It is recommended that the Company review and/or revise their policy identification and payment posting procedures to prevent unwarranted coverage lapses.

Company Response:

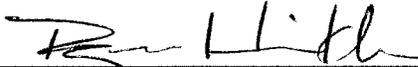
The Company agrees with the Department’s finding. The Company will review and revise policy identification and payment posting procedures to prevent unwarranted coverage lapses.

SUMMARY OF NON-COMPLIANCE

The desk audit found the Company to be out of compliance in the following area:

<u>Areas of Review</u>	<u>Compliance Standard</u>	<u>Compliance Rate</u>
<u>Paid Claims</u>		
Claim Settlement	93%	88%

This concludes the report of the Market Regulation desk audit of the Continental Assurance Company. The examiners would like to acknowledge the assistance and cooperation provided by the management and the employees of the Company.



Roger K. Hinkle
Examiner in Charge



Date

STATE OF OHIO
DEPARTMENT OF INSURANCE

IN THE MATTER OF : **CONSENT ORDER**
CONTINENTAL ASSURANCE COMPANY :
MARKET REGULATION DESK AUDIT :

The Superintendent of the Ohio Department of Insurance ("Department") is responsible for administering Ohio insurance laws pursuant to Ohio Revised Code ("R.C.") Section 3901.011. Continental Assurance Company ("Company") is authorized to engage in the business of insurance in the State of Ohio and as such is under the jurisdiction of the Superintendent and the Department. The Department conducted a desk audit of the Company's life insurance claims handling practices from January 1, 2003 through December 31, 2004 to ensure compliance with Ohio law.

SECTION I

As a result of the desk audit the Department alleges deficiencies in the following area:

In 6 of 50 files examined, the Company failed to pay appropriate interest on life insurance policy benefits in violation of R.C. Section 3915.052. In 1 of those 6 files, no interest was paid at all.

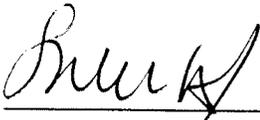
SECTION II

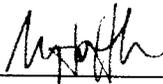
IT IS HEREBY AGREED AND CONSENTED TO BY THE PARTIES THAT:

- A) The Department and the Company enter into this Consent Order to resolve the allegations as set forth in Section I of this order. Further, the Company admits to the allegations set forth in Section I.
- B) The Company has been advised that it has a right to a hearing before the Superintendent pursuant to R.C. Chapter 119.; that, at a hearing, it would be entitled to appear in person, to be represented by an attorney or other representative who is permitted to practice before the agency; and that, at a hearing, it would be entitled to present its position, arguments or contentions in writing and to present evidence and examine witnesses appearing for and against it. The Company hereby waives all such rights.
- C) The Company consents to the jurisdiction of the Superintendent and the Department to determine the issues set forth herein. The Company expressly waives any prerequisites to jurisdiction that may exist.

- D) The Company has reviewed and modified its life insurance claim payment practices to ensure compliance with R.C. Section 3915.052. The Company has provided documentation that it has reviewed its rules and regulations pertaining to paid claims and the method by which the Company has brought these rules and regulations into compliance with R.C. Section 3915.052. The Company has provided documentation of how it has revised its procedures concerning methods used in computing interest on paid death claims in accordance with the requirements of R.C. Section 3915.052. The Company will continue to monitor all claim payments to ensure effectiveness.
- E) The Company has reviewed all claim payments during the desk audit period, has paid the appropriately calculated interest to beneficiaries whose claims were settled in violation of R.C. Section 3915.052 in the total amount of \$640.38, and has provided the Department with sufficient proof of said payments, including the total amount of interest paid.
- F) The Company shall review all life claims paid since the implementation date of the Company's automated [claims] system in 1997 through 2002, and shall determine what additional interest, if any, that is due the beneficiaries under those policies, and shall pay the interest due accordingly. The Company shall report their findings and the total amount of interest paid and shall report quarterly, starting with the first quarter beginning after the date the Company executes this Consent Order, and continue until the review is complete and all interest due under the terms of this Consent Order is paid. If the amount of underpaid interest totals one dollar (\$1.00) or less for any one beneficiary, the Company need not pay the affected beneficiary.
- G) The Company shall pay an administrative fine in the amount of \$15,000 by check or money order made payable to the Ohio Department of Insurance upon receipt of the Department's invoice.
- H) The Company has paid and agrees to pay by check or money order payable to the Ohio Department of Insurance any administrative costs incurred by the Department of Insurance to perform the Market Regulation desk audit.
- I) The Company waives any and all causes of action, claim or rights, known or unknown, which it may have against the Department, and any employees, agents, consultants, contractors or officials of the Ohio Department of Insurance, in their individual and official capacities, as a result of any acts or omissions on the part of such persons or firms.

J) This Consent Order is a public record and shall be entered into the Journal of the Ohio Department of Insurance.

Name: 
President & Chief Executive Officer
Continental Assurance Company

Date: 2/16/07 
Mary Jo Hudson
Superintendent of Insurance