

OHIO DEPARTMENT OF INSURANCE

MARKET CONDUCT EXAMINATION OF

**HOMESITE INSURANCE COMPANY OF THE
MIDWEST**

NAIC #13927

As Of

MARCH 31, 2012





ODI

Ohio Department
of Insurance

John R. Kasich, Governor
Mary Taylor, Lt. Governor/Director

50 West Town Street
Third Floor – Suite 300
Columbus, OH 43215-4186
(614) 644-2658
www.insurance.ohio.gov

Honorable Mary Taylor
Lt. Governor/Director
Ohio Department of Insurance
50 W. Town St. Ste. 300
Columbus, OH 43215

Lt. Governor/Director:

Pursuant to your instructions and in accordance with the powers vested under Title 39 of the Ohio Revised and Administrative Codes, a target market conduct examination was conducted on the Ohio business of:

Homesite Insurance Company of the Midwest
NAIC Company Code 13927

The examination was conducted at the Company's home office located at:
99 Bedford Street, Boston, Massachusetts 02111-2217

and at the offices of the Ohio Department of Insurance located at:
50 W. Town St. Ste. 300
Columbus, OH 43215

Respectively submitted,

July 17, 2013

Angela Dingus, AIC, MCM, AINS
Acting Chief
Market Conduct Division

Date

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COMPANY HISTORY and OPERATIONS

Homesite Insurance Company of the Midwest (the “Company”) is a North Dakota domestic insurer with its statutory administrative offices located at 99 Bedford Street, Boston, MA 02111. The Company is wholly owned by Homesite Securities Company LLC, a Delaware limited liability company which is wholly owned by Homesite Group Incorporated (“HGI”).

The Company was incorporated under the name Dawson Hail Insurance Company on October 9, 1969 in the state of North Dakota and was licensed to write multiple line property and casualty insurance. On July 14, 1995, Crop Growers Corporation, an indirect subsidiary of Fireman’s Fund Insurance Company, acquired all of the outstanding common stock. On May 5, 1999, Crop Growers Corporation sold the common stock of Dawson Hail Insurance Company to Homesite Group Incorporated (f/k/a Homeowners Direct Corporation), an insurance holding company incorporated in Delaware. Dawson Hail Insurance Company was subsequently named Homesite Insurance Company of the Midwest.

Other subsidiaries in the HGI holding company system include Homesite Insurance Company, a Connecticut Company; Homesite Indemnity Company, a Kansas company; Homesite Insurance Company of California; Homesite Insurance Company of Georgia (f/k/a Homesite Insurance Company of Pennsylvania); Homesite Insurance Company of New York; Homesite Insurance Company of Illinois; Homesite Insurance Company of Florida; and Homesite Lloyd’s of Texas which are also in the business of offering homeowner’s insurance and related lines to consumers.

The Company holds 25 certificates of authority and currently is writing in 19 states and the District of Columbia (ND, WA, OR, MT, SD, MN, IA, AR, MI, IN, OH, WV, MD, TN, AL, SC, VT, ME, MA and DC). Additionally, it is an accredited reinsurer in 5 states (FL, IL, NC, TX and NY).

The Company writes personal lines homeowners, mobile home, and renter’s property damage coverage policies in Ohio.

The Company distributes and sells full service homeowners insurance products through its call center, its website and, most significantly, its partnerships with large financial institutions (“partner(s)”). The partners through whom the Company sells its products utilize varied distribution channels including exclusive agencies, independent agents, and the internet.

As of December 31, 2011, the Company had over 50,860 policyholders and reported direct written Ohio premiums of \$27,485,860.

As of 2011 the Company officers were:

Fabian Fondriest	Chief Executive Officer
Douglas Batting	President
Michael Lorion	Chief Financial Officer, Treasurer and Vice President
Anthony Scavongelli	General Counsel, Secretary and Vice President

SCOPE OF EXAMINATION

The examination of the Company covered the period from April 1, 2011 through March 31, 2012. The examiners conducted file reviews and interviews of company management.

The examination was conducted in accordance with the standards and procedures established by the National Association of Insurance Commissioners (“NAIC”) and Ohio’s applicable statutes and regulations. The examination included the following areas of the Company’s operations:

- Paid Claims
- Denied Claims
- Consumer Complaints
- New Business Underwriting
- Policy Cancellations

This report is a report by test.

METHODOLOGY

The examination was conducted through reviews of the claim and underwriting files for the Company’s property insurance products. The examiners also interviewed company officers, and made requests for additional information.

Tests designed to measure the Company’s level of compliance with Ohio’s statutes and regulations, were applied to the files. All tests are described and the results displayed in this report.

All tests are expressed as a “yes/no” question. A “yes” response indicates compliance and a “no” response indicates a failure to comply. The results of each test applied to a sample are reported separately.

The examiners used the NAIC standards of:

7% error ratio on claim tests (93% compliance rate) and

10% error ratio on all other tests (90% compliance rate)

to determine whether or not an apparent pattern or practice of non-compliance existed for any given test. Except as otherwise noted, all tests were conducted on a random sample, taken from a given population of new business and claim records.

In instances where errors were noted, the examiners described the apparent error and asked the Company for a written response. The Company responded that it concurred with all of the examiner’s findings. The Company’s response and the examiner’s recommendations, as applicable, are included in this report.

PERSONAL LINES PAID CLAIMS

Timely Initial Contact

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

Test: Did the Company make timely contact (within 15 days of receipt of loss notice) with claimants following the report of a claim per Ohio Administrative Code (“OAC”) 3901-1-54(F)(2)?

Test Methodology:

- The definition of “initial contact” included telephone notice of the claim to the Company or its agent, from the insured, third party claimant, and/or legal representative.
- The examiners considered any initial contact to a first notice of loss where more than fifteen (15) days elapsed to be an exception.
- The examiners considered any instance where initial contact to a first notice of loss was not documented to be an exception.
- The sample consisted of personal lines paid homeowners and fire coverage claims.

Findings:

Population	Sample	Yes	No	Standard	Compliance
2,714	50	50	0	93%	100%

The standard of compliance is 93%. The Company’s handling practices were above this standard.

Timely Settlement

Standard: Claims are resolved in a timely manner.

Test: Did the Company make timely payments (10 days after acceptance) to first party claimants per OAC 3901-1-54(G)(6)?

Test Methodology:

- The examiners considered claim payments made more than ten (10) calendar days after the amount was known and agreed to be exceptions.
- The sample consisted of personal lines paid homeowners and fire coverage claims.

Findings:

Population	Sample	Yes	No	Standard	Compliance
2,714	50	50	0	93%	100%

The standard of compliance is 93%. The Company’s handling practices were above this standard.

Fair Settlement

Standard: Claims are properly handled in accordance with policy provisions and applicable statutes and rules.

Test: Did the claim files contain sufficient documentation to reconstruct the complete claim in a manner that conforms to OAC 3901-1-54 (D)(1-3), and did the Company's handling of the claim and calculation of the settlement amount conform to OAC 3901-1-54(E)(1)(5)(6), (F)(1-4), (G)(1)(3)(5)(6), (I)(1-2), and OAC 3901-1-07(C)(1-17)?

Test Methodology:

- Claim files where incomplete documentation precluded the examiners from being able to reconstruct the complete chronology of the claim, or to understand excessive delays in the investigation process were considered to be an exception.
- Claim files containing documentation demonstrating the depreciation of excluded items including basic cleanup and repair supplies were considered to be an exception.
- The sample consisted of personal lines paid homeowners and fire coverage claims.

Findings:

Population	Sample	Yes	No	Standard	Compliance
2,714	50	37	13	93%	74%

The standard of compliance is 93%. The Company's handling practices were below this standard.

Examiner Comments:

Eleven of the thirteen exception files noted above reveal substantial gaps in communication and/or undocumented delays involving loss inspections and submission of loss appraisal reports to the Company from the Company's independent adjusters. This level of performance of the independent adjusters fails to adhere to the Time and Service Standards outlined within the Company's Claims Handling Guidelines for Independent Adjusters. Additionally, these delays were reflected in the examiners' review of complaints throughout the examination period.

Two exception files failed to document the appropriate depreciation of cleanup and repair supplies.

The examiner's review of the Company's procedures found that the Company does not provide the required 60-day notice to unrepresented claimants prior to the expiration of a statute of limitation or contractual limit. This practice does not conform to the requirements of OAC 3901-1-54(G)(5).

Examiner Recommendation:

1. The Company should develop and implement an enhanced audit program of their independent adjusters to more closely monitor the timeliness of loss inspections and reporting to improve the efficiency of the claims investigation and adjudication process.
2. The Company should implement tighter controls over claim file documentation to ensure a complete chronological reconstruction of the claim.
3. The Company should implement a standardized process to notify unrepresented claimants 60-days prior to the expiration of a statute of limitation or contractual limit to ensure compliance with OAC 3901-1-54(G)(5).

Continuing Investigation Notification

Standard: Claims are properly handled in accordance with policy provisions and applicable statutes and rules.

Test: Was the payment determined within twenty-one (21) days of receipt of properly executed proof of loss, and if not, was notice sent to the insured within the 21 day period and was claimant notified of status of investigation and the estimated time required for continuing the investigation at least every forty-five (45) days thereafter as required by OAC 3901-1-54(G)(1)?

Test Methodology:

- The examiners considered claim files without documentation of written or verbal communication of the need for additional time to investigate, from the Company to the claimant, dated or logged within twenty-one (21) days of receipt of the proof of loss, to be exceptions.
- The examiners considered claim files without notice of continuing investigation letters from the Company to the claimant, stating the need for further time to investigate the claim, every forty-five (45) days, to be exceptions.

Findings:

Population	Sample	Yes	No	Standard	Compliance
2,714	50	39	11	93%	78%

The standard of compliance is 93%. The Company's handling practices were below this standard.

Examiner Comments:

Eight of the eleven exceptions resulted both from the Company's failure to issue payment and request additional documentation within the initial 21 days of receipt of the claim and its failure to provide written notice to the claimant of the need for further time to investigate the claim every forty-five (45) days. Two of the eleven exceptions resulted from failing to provide written notice to the claimant of the need for further time to investigate the claim every forty-five (45) days. One of the eleven exceptions resulted from the Company failing to issue payment or request additional documentation within the initial 21 days of receipt of the claim.

Examiner Recommendations:

The Company should develop and implement tighter controls and procedures to ensure that payment or a request for additional documentation is issued within 21 days of receipt of the claim and provide written notice to the claimant stating the need for further time to investigate the claim every 45 days as required by OAC 3901-1-54(G)(1).

Treasurer Certificate and Demolition Fund

Standard: Claims are properly handled in accordance with policy provisions and applicable statutes and rules.

Test 1: If the loss exceeds five thousand dollars, did the company claim settlement practices conform to Ohio Revised Code ("ORC") 3929.86(A)?

Test 2: If the loss exceeds sixty percent of the aggregate limits, did the Company make an escrow payment as required by ORC 3929.86(B)(2)(a)?

Test Methodology:

- The examiners considered applicable claim files without documentation of Company research into the need for, or evidence of, a county treasurer certificate or payment to a demolition fund to be exceptions.
- The sample consisted of personal lines paid homeowners and fire coverage claims.

Test 1 Findings:

Population	Sample	Yes	No	Standard	Compliance
68	68	0	68	93%	0%

The standard of compliance is 93%. The Company’s handling practices were below this standard.

Examiner Comments: The Company acknowledged non-compliance with the requirements of ORC 3929.86(A) following the examiner’s review of this sample wherein each file was found to be an exception.

Examiner Recommendation:

The Company should develop and implement a procedure to ensure that a county treasurer certificate is obtained by the Company prior to the payment of structure fire loss claims under all losses that exceed five thousand dollars. This certificate will document the existence of delinquent taxes, assessments, penalties, or charges against the property. If there are delinquent taxes, assessments, penalties or charges against the property, the Company shall transfer to the county treasurer an amount from the insurance proceeds necessary to pay such taxes, assessments, penalties charges, and costs prior to issuing payment to the insured for the fire structure loss.

Test 2 Findings:

Population	Sample	Yes	No	Standard	Compliance
25	12	0	12	93%	0%

The standard of compliance is 93%. The Company’s handling practices were below this standard.

Examiner Comments: The Company acknowledged non-compliance with the requirements of ORC 3929.86(B)(2)(a) following the examiner’s review of this sample wherein each file was found to be an exception.

Examiner Recommendations:

The Company should develop and implement a procedure to ensure that the appropriate amount of insurance proceeds are transferred to the designated officer of the municipal corporation or township when settling structure fire loss claims where the loss amount equals or exceeds sixty percent of the aggregate limits of the policy. These proceeds are used for the demolition and disposal of the lost structure and are to be calculated in accordance with ORC 3929.86(B)(2)(a).

DENIED CLAIMS

Sampling Methodology:

- The sample included personal lines denied structure claims.

- The examiners removed and replaced sample claims that were closed without payment, and not formally denied, until a sample of fifty (50) was identified and reviewed. One hundred forty (140) records were removed and replaced for this reason.

Timely Initial Contact

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

Test: Did the Company make timely contact (within 15 days of receipt of loss notice) with claimants following the report of a claim per OAC 3901-1-54(F)(2)?

Test Methodology:

- “Initial contact” included telephone notice to the Company of a loss from the insured, third party claimant, and/or legal representative.
- The examiners considered failure to contact a claimant within fifteen (15) days from the date of notice of the claim, when the Company had sufficient information to contact that claimant, to be an exception.

Findings:

Population	Sample	Yes	No	Standard	Compliance
921	50	49	1	93%	98%

The standard of compliance is 93%. The Company’s handling practices were above this standard.

Provisions, Conditions, Exclusions, and Disclosures

Standard: Claims are properly handled in accordance with policy provisions and applicable statutes and rules.

Test: If the claim was denied on the grounds of a specific policy provision, condition, or exclusion, did the claim file include documentation that the denial notice contained reference to such provision, condition, or exclusion as required by OAC 3901-1-54(G)(2)?

Test Methodology:

- The examiners considered failure to include in its denial a specific reference to the provision, condition, or exclusion that was the basis for the claim denial, to be exceptions.

Findings:

Population	Sample	Yes	No	Standard	Compliance
921	50	46	4	93%	92%

The standard of compliance is 93%. The Company’s handling practices were below this standard.

Examiner Comments:

One of the exceptions resulted from the Company denial letter not specifying the policy provisions wherein the respective loss was excluded. The three remaining exceptions resulted from the denial letter not being found in the file.

Examiner Recommendations:

The Company should develop and employ an internal audit program to establish tighter controls over file documentation and to create a standardized denial letter format to comply with OAC 3901-1-54(G)(2).

Continuing Investigation Notification

Standard: Claims are properly handled in accordance with policy provisions and applicable statutes and rules.

Test: Was the denial determined with twenty-one (21) days of receipt of properly executed proof of loss, and if not, was notice sent to the insured within the 21 day period and was claimant notified of status of investigation and the estimated time required for continuing the investigation at least every forty-five (45) days thereafter as required by OAC 3901-1-54(G)(1)?

Test Methodology:

- The examiners considered claim files without documentation of written or verbal communication of the need for additional time to investigate, from the Company to the claimant, dated or logged within twenty-one (21) days of receipt of the proof of loss, to be exceptions.
- The examiners considered claim files without notice of continuing investigation letters from the Company to the claimant, stating the need for further time to investigate the claim, every forty-five (45) days, to be exceptions.

Findings:

Population	Sample	Yes	No	Standard	Compliance
921	50	49	1	93%	98%

The standard of compliance is 93%. The Company’s handling practices were above this standard.

UNDERWRITING

POLICY CANCELLATION AND NONRENEWAL—GENERAL METHODOLOGY

- The examiners reviewed all procedure manuals as part of the examination process.
- The Company supplied a file of all homeowner policies in force more than 60 days and subsequently terminated at the Company’s request for any reason during the examination period.
- The examiners identified two populations from the terminated policy file defined by termination reason:
 1. Policies cancelled for non-payment of premium;
 2. Policies cancelled for any reason other than the non-payment of premium;

- The examiners tested either the entire population or a sample from each population as indicated in the findings below.
- Multiple errors in a single record were counted as one exception.

HOMEOWNER POLICY CANCELLATION—NONPAYMENT OF PREMIUM

Standard: Cancellation notices comply with policy provisions and Company guidelines.

Test: Did the Company’s cancellation procedures for nonpayment of premium comply with its policy provisions and procedures as filed with the Superintendent of Insurance as specified by ORC 3935.04 or ORC 3937.03?

Test Methodology:

- The examiners considered the following to be an exception:
 1. Any cancellation notice that failed to comply with the Company’s policies and procedures.

Findings:

Population	Sample	Yes	No	Standard	Compliance
10,544	100	99	1	90%	99%

The standard of compliance is 90%. The Company’s practices were above this standard.

HOMEOWNER POLICY CANCELLATION—OTHER THAN NONPAYMENT OF PREMIUM

Standard: Cancellation notices comply with policy provisions and Company guidelines.

Test: Did the Company’s cancellation and non-renewal practices conform with its policy provisions and procedures as filed with the Superintendent of Insurance as specified by ORC 3935.04 and OAC 3901-1-18(C)?

Test Methodology:

- The examiners considered the following to be an exception:
 1. Any cancellation effective with less than 30 days’ notice; and,
 2. Any cancellation notice that failed to contain procedures for making an application to the Ohio Fair Plan; and,
 3. A file was considered to be an exception if the cancellation did not comply with the Company’s policy provisions.

Findings:

Population	Sample	Yes	No	Standard	Compliance
1,737	50	50	0	90%	100%

The standard of compliance is 93%. The Company’s handling practices were above this standard.

CONSUMER COMPLAINTS

Standard: The Company shall adopt and implement reasonable standards for the proper handling of written communications, primarily expressing grievances, received by the Company from insureds and claimants.

Test: Has the Company adopted and implemented reasonable standards for handling written communications, primarily expressing grievances, including procedures to make a complete investigation of a complaint and respond as required by OAC 3901-1-07(C)(15)?

Test Methodology:

Prior to the on-site portion of the examination, the examiners reviewed Company complaints for the period April 1, 2011 through March 31, 2012.

Findings:

The Company does have formal written procedures for the handling of consumer complaints from the Department of Insurance (DOI) and consumers. All complaints are received by the Company's Complaint Group. Complaints received from the DOI are forwarded to the Company's Legal Department for review, investigation, and response within statutorily allowed timeframes. All consumer complaints are received by the Company's Complaint Group and forwarded to the appropriate business unit manager for review, investigation, and response within the statutorily allowed timeframes.

The Complaint Group issues an emerging issue and trend report to all business units as well as the Company's Senior Management. These issues are addressed at every level of the Company and tracked back to the claim representative or adjuster for review and correction. The examiners found the Company's complaint procedures and complaint handling practices to comply with OAC 3901-1-07(C)(15).

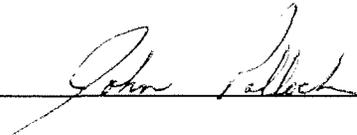
EXECUTIVE SUMMARY

PERSONAL LINES PAID CLAIMS		
Areas of Review	Compliance Standard	Compliance Rate
Timely initial contact	93%	100%
Timely request for additional information or written notice of need for continuing investigation	93%	78%
Timely settlement	93%	100%
Fair settlement	93%	74%
Treasurer certificate	93%	0%
Demolition Fund	93%	0%

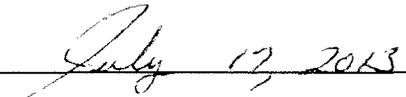
DENIED CLAIMS		
Areas of Review	Compliance Standard	Compliance Rate
Timely initial contact	93%	98%
Provisions, conditions, exclusions, and disclosures	93%	92%
Timely request for additional information or written notice of need for continuing investigation and timely denial of claim	93%	98%

NEW BUSINESS UNDERWRITING		
Areas of Review	Compliance Standard	Compliance Rate
Underwriting Non-pay Cancellation	90%	99%
Underwriting – other than Non-pay cancellation	90%	100%

This concludes the report of the Market Conduct Examination of Homesite Insurance Company of the Midwest. The examiners, John Pollock, Ben Hauck, Laura Price, and Molly Porto would like to acknowledge the assistance and cooperation provided by the management and the employees of the Company.



John Pollock
Examiner-in-Charge



Date

June 13, 2013

Mr. Rodney E. Beetch, MCM
Insurance Compliance Supervisor
Market Conduct Division
Ohio Department of Insurance
50 W. Town Street Suite 300
Columbus, OH 43215

RE: Draft report for the Market Conduct examination of Homesite Insurance Company
of the
Midwest

Dear Mr. Beetch,

We have reviewed the Report and accept it for final issuance as a public document. We
have no comments to include with the report. Also, we would like to thank the
Department for the diligence and professionalism exhibited by those involved with this
exam.

Respectfully



Maureen Fidler
Compliance Officer
617-832-1383
mfidler@homesite.com

October 30, 2013

Angela Dingus, MCM, AIC, AINS
Chief, Market Conduct Division
Ohio Department of Insurance
50 West Town Street, Suite 300
Columbus, Ohio 43215



RE: Targeted Market Conduct Examination of Homesite Insurance Company of the Midwest NAIC # 1392, Consent Order.

Dear Ms. Dingus,

We are in receipt of the final report of examination and consent order for the Ohio Department of Insurance's Market Conduct examination of Homesite Insurance Company of the Midwest. As requested, please find enclosed an executed copy of the consent order.

Also, we would like to thank the Department for the diligence and professionalism exhibited by those involved with this exam.

Respectfully

A handwritten signature in blue ink, appearing to read "Maureen Fidler".

Maureen Fidler
Homesite Group Incorporated
Compliance Officer
617-832-1383
mfidler@homesite.com

STATE OF OHIO
DEPARTMENT OF INSURANCE
50 WEST TOWN STREET
3RD FLOOR, SUITE 300
COLUMBUS, OHIO 43215

IN THE MATTER OF: : MARY TAYLOR
: LT. GOVERNOR/DIRECTOR
TARGETED MARKET CONDUCT :
EXAMINATION OF HOMESITE :
INSURANCE COMPANY OF THE :
MIDWEST NAIC # 13927 : CONSENT ORDER

The Superintendent of the Ohio Department of Insurance (“Superintendent”) is responsible for administering Ohio insurance laws pursuant to Ohio Revised Code (“ORC”) Section 3901.011. Homesite Insurance Company of the Midwest (“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. The Superintendent conducted an examination of the Company’s non-financial business practices, procedures, oversight and compliance from April 1, 2011 through March 31, 2012 to ensure compliance with Ohio insurance statutes and regulations (“laws”).

Section I

As a result of this examination, the Superintendent alleges the following:

- A. The Company’s claim files failed to contain adequate documentation to explain substantial delays in property loss inspections. This lack of documentation resulted in a finding of delayed claim settlements in violation of Ohio Administrative Code (“OAC”) 3901-1-54 (E)(1), (5) and (6), (F), (G) (1), (2), (5) and (6) and (I), and OAC 3901-1-07(C).
- B. The Company’s claim files failed to contain adequate documentation to demonstrate the timely notification to unrepresented claimants 60 days prior to the expiration of a statute of limitation or contractual limit in violation of OAC 3901-1-54(G)(5).
- C. The Company’s claim files failed to contain adequate documentation to demonstrate the timely acceptance or denial of claims, the timely notice of the need for extensions of time to investigate claims, or the timely notice of the status of the investigation and the continued need for more time to investigate claims in violation of OAC 3901-1-54(G)(1).
- D. The Company’s claim files failed to contain adequate documentation to demonstrate the receipt of county treasurer certificates prior to the payment of structure fire loss claims for losses that exceed five thousand dollars in violation of ORC 3929.86.
- E. When settling structure fire claims exceeding sixty percent of the policy’s aggregate limits, the Company’s claim files failed to contain adequate documentation to demonstrate the transfer to the designated officer of the municipal corporation or township the appropriate amount of payments from insurance proceeds in violation of ORC 3929.86.
- F. The Company’s claim files failed to contain adequate documentation to demonstrate proper claim denial notification in violation of OAC 3901-1-54(G)(2).

Section II

In lieu of further proceedings and to resolve this matter, the Superintendent and the Company hereby agree as follows:

1. The Company admits that the above allegations are true and accurate and that it violated the above-referenced sections of the Ohio Revised Code and Ohio Administrative Code.
2. The Company shall comply with Ohio insurance laws and shall make revisions to its procedures, as necessary, to ensure the Company's compliance with Ohio insurance laws.
3. The Company shall devise and implement an internal audit program to ensure that the Company is in compliance with Ohio insurance laws.
4. The Company shall further implement changes to internal controls and processes which ensure that:
 - a) The Company shall monitor the performance of its claims representatives to improve the efficiency of the claims investigation and adjudication process; and
 - b) The Company shall inform claims personnel of all requirements under this Consent Order and ensure that they are following all claims settlement laws.

The Company has been advised that under ORC Chapter 119, it has a right to a hearing before the Superintendent may impose sanctions or penalties: that, at a hearing, it would be entitled to appear in person, to be represented by an attorney or other representative permitted to practice before the agency, 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.

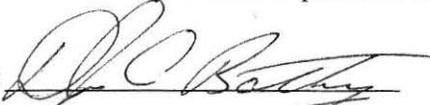
The Company waives any rights it may have under ORC 119.12 to appeal this Consent Order.

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 Department in their individual and official capacities, as a result of any acts or omissions on the part of such persons or firms.

The individual signing on behalf of the Company represents that he or she has the authority to execute this Consent Order on behalf of the Company.

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

Date: 10/30/2013

Signature: 

Name (printed): Douglas A. Battin

Title: President

Homesite Insurance Company of the Midwest

Date: 11/19/13



Mary Taylor
Lt. Governor/Director
Ohio Department of Insurance