



LDI Louisiana
Department of
Insurance

2015 - 2016 Annual Report

James J. Donelon, Commissioner of Insurance



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

February 1, 2017

Honorable Members of the Louisiana Legislature:

I respectfully submit the Louisiana Department of Insurance (LDI) Annual Report for your review. I am pleased to have the opportunity to share with the Legislature and the public a description of the operations performed by the LDI and the quantification of our performance in the 2015-2016 annual report as required by statute.

The LDI continues to work towards meeting the two basic responsibilities with which state regulators are charged – making sure insurers are solvent and financially able to deliver on their promises while ensuring insurers abide by the law and treat policyholders fairly. By making certain that insurers in Louisiana are financially sound, producers are knowledgeable and all regulated entities are responsive to their policyholders, the LDI performs an essential role in residents' everyday lives and the state economy as a whole.

This competitive homeowners market can be observed in the rate changes for 2016. At year end, the market impact of approved homeowners rate changes statewide was the lowest it's been in a decade at +1.0 percent over the previous year. This follows a +1.2 percent increase in 2015. At the same time, we have witnessed the continued shrinking of the state's market of last resort, Louisiana Citizens Property Insurance Corporation. Between 2008 and 2016, Citizens' total policy count has dropped by more than 100,000 policyholders - from 174,000 to below 60,000 personal and commercial policies which benefits all the state's property insurance policyholders by reducing the risk of future assessments.

I also want to take this opportunity to acknowledge the dedicated community spirit of the LDI staff who raised and pledged \$12,750 to the 2016 State Combined Charitable Campaign and donated seven full barrels of nonperishables to the Baton Rouge Food Bank in its 2016 holiday drive.

Thank you for your interest in and support of the LDI's regulatory responsibilities and be assured that I look forward to working with you to continue to strengthen Louisiana's insurance market for the benefit of our state's citizens and businesses.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James J. Donelon".

James J. Donelon
Commissioner of Insurance



2015 – 2016

Annual Report of the Commissioner of Insurance State of Louisiana

Data compiled from Department of Insurance records and annual statements of insurers transacting business in the state of Louisiana.

**FISCAL YEAR BEGINNING JULY 1, 2015
ENDING JUNE 30, 2016**

James J. Donelon
Commissioner of Insurance

www.lidi.la.gov
1-800-259-5300

**This report is available on the
Louisiana Department of Insurance website,
www.lidi.la.gov/consumers/resources-publications/reports-to-the-legislature.**



Mission Statement

The mission of the Department of Insurance is to enforce the insurance laws and regulations of the state impartially, honestly and expeditiously. To this end, the highest ethical, professional and work quality standards will be exercised in all formal and informal relationships with individuals, agencies and companies affected by the policies and actions of the Department. It is the Department's commitment to be the best insurance regulatory agency in the United States.

**AGENCY ORGANIZATION CHART
AS OF THE 2015 - 2016 FISCAL YEAR**

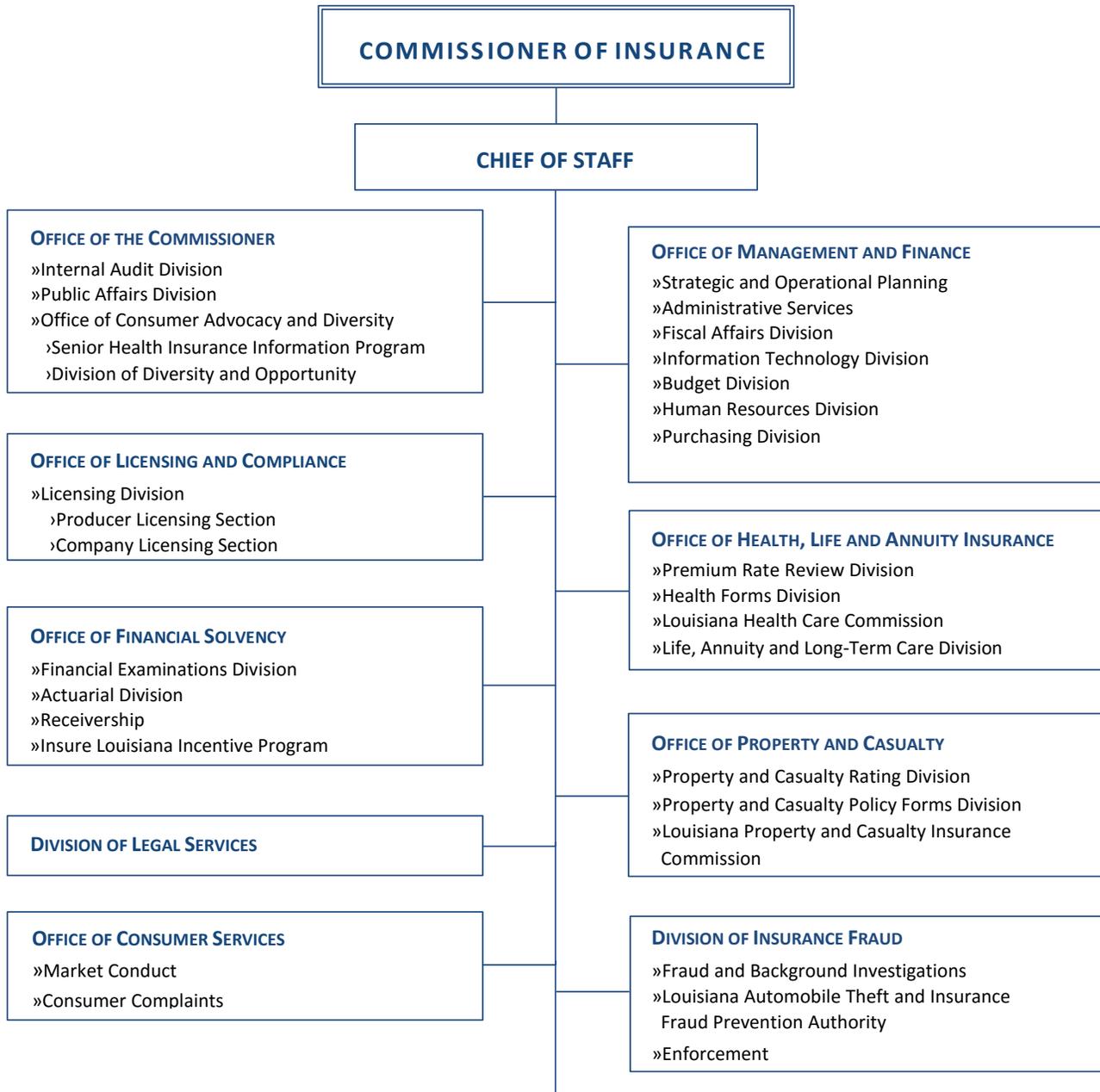


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Executive Summary

EXECUTIVE SUMMARY

During the Fiscal Year 2015-2016, the Louisiana Department of Insurance made significant and noteworthy organizational changes as defined by ACT 274 of the 2015 Louisiana Regular Legislative Session. ACT 274 set the reorganization of the LDI due to budgetary changes. These changes necessitated the realignment and consolidation of existing LDI program activities, objectives and performance measures. Many divisions or offices within the LDI were moved or combined with existing divisions or offices. The Office of Consumer Advocacy changed to the Office of Consumer Advocacy and Diversity, the Division of Minority Affairs changed to the Division of Diversity and Opportunity and was relocated to the Office of Consumer Advocacy and Diversity (previously was under the Office of the Commissioner). The reorganization also made changes to the Office of Licensing and Compliance and the Office of Health Insurance and created the Office of Consumer Services.

The Office of Licensing now consists of producer licensing, company licensing, licensing call center and statutory deposits. The Life, Annuity and Long-Term Care Compliance Section that was in the Office of Licensing was relocated to the new Office of Consumer Services. The Life, Annuity and Long-Term Care Forms Section that was previously located under the Office of Licensing was relocated to the renamed Office of Health, Life and Annuity.

The reorganization created the new Office of Health, Life and Annuity with the responsibility for the development and administration of health insurance pilot programs, research and development of rules and regulations to implement health insurance reform legislation, liaison activities for the LDI with other state and national agencies for policy on health insurance, and preparation of proposed health insurance reform legislation by the department. The office also is responsible for general research and implementation issues concerning health insurance policy, approval of life and annuity form filings, and additional duties and functions as assigned by the commissioner.

The legislation created the Office of Consumer Services under the direction of the deputy commissioner of Consumer Services. The former compliance divisions of health, life and annuity and property and casualty were relocated to the Office of Consumer Services. Market conduct which was previously located under the Office of Financial Solvency was relocated to the Office of Consumer Services.

The Office of Consumer Services combines all of the complaint sections (health, life and annuity and property and casualty) of the department into one office. All complaints are now accepted in this office. In prior years complaints were received within each office of specialization based on type of insurance involved in the complaint.

The relocation of Market Conduct from the Office of Financial Solvency to the Office of Consumer Services avoids duplication of effort. Market conduct pertains to the investigation to determine whether an insurer is in compliance with laws relating to the distribution of products to consumers and settlement of claims. Market conduct regulation attempts to ensure consumers are charged fair and reasonable insurance prices, strives to ensure consumers have access to beneficial and compliant insurance products and are protected against insurers that fail to operate in ways that are legal and fair to consumers.

EXECUTIVE SUMMARY

The LDI operated on a budget of \$30.1 million, including \$1.3 million in federal funds. This reflects a reduction of more than \$420,000 from the appropriated budget of \$30.6 million at the beginning of the fiscal year. There were 225 positions authorized by HB 1 of the 2015 Regular Session, reflecting a reduction of 18 positions from the prior fiscal year.

The Annual Report includes historical comparisons in most tables, including three-year histories in the activities tables and recommended links on the LDI website which provide frequently accessed information to the public and to regulated entities.

This document and prior Annual Reports will remain accessible on the Department's website, www.lidi.ca.gov/consumers/resources-publications/reports-to-the-legislature.

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Office of the Commissioner

OFFICE OF THE COMMISSIONER

The Louisiana Department of Insurance was reaccredited by the National Association of Insurance Commissioners in August 2014.

INTERNAL AUDIT DIVISION

The Internal Audit Division, established in 1992, reports administratively to the commissioner of insurance through the chief deputy commissioner. Its main purpose is to assist management by providing independent assessments that identify deficiencies in departmental operations and by making recommendations for corrective actions and potential process improvements. In order to fulfill this purpose, the internal auditor has full and unrestricted access to all departmental activities, records, property and personnel.

This division's goals are to conduct effective and timely audits of department offices and divisions; to produce objective audit reports with appropriate constructive criticism; to assist management in determining changes that may need to be addressed; to eliminate repeat findings in audit reports received from the Louisiana legislative auditor; and to ensure the continuing education and professional training of its staff. As part of the annual audit schedule, the internal auditor conducts follow-up visits to areas previously audited to ensure that corrective actions have been implemented.

The internal auditor also performs special projects and reviews as assigned by the commissioner or requested by other division managers.

PUBLIC AFFAIRS DIVISION

The Department of Insurance Public Affairs Division reports to the commissioner. The division's primary function is to communicate timely, accurate and relevant information to consumers, industry and the press. This is accomplished through the dissemination of material such as press releases, handouts, newsletters, columns and social media.

Each year the Public Affairs Division creates and manages public awareness projects, including campaigns to encourage preparedness for storm season, to raise awareness of Medicare services available to seniors through the Senior Health Insurance Information Program and to prevent insurance fraud and vehicle theft. The Public Affairs Division also conducts annual public relations campaigns on topics such as distracted driving and storm mitigation and preparation. This division creates and maintains content on the LDI website, manages the public email system, prepares public presentations, coordinates public information requests, and arranges media interviews and speaking engagements for the commissioner.

This division produces and maintains more than a dozen consumer guides which include information on purchasing homeowners, health, automobile and life insurance, preparing for disasters and spotting insurance fraud.

OFFICE OF THE COMMISSIONER

PUBLIC AFFAIRS DIVISION

During the 2015-2016 Fiscal Year, the division has supported several department events with planning assistance, event materials and photography. The division also planned and executed the State of Insurance Markets Ten Years Post-Hurricanes Katrina and Rita Summit, a day-long event in which Commissioner Donelon and leaders of the industry joined together to discuss what the insurance market looked like before and after the storms, how the market has changed and grown, and what steps Louisiana needs to take to continue to lead the way in creating healthy markets on the Gulf Coast. The division also assisted the National Association of Insurance Commissioners with the Spring 2016 National Meeting held in New Orleans in April.

This year the division managed a new Louisiana Automobile Theft and Insurance Fraud Prevention Authority (LATIFPA) public awareness campaign aimed at reminding consumers that automobile theft and burglary can happen in an instant and a key to prevention is to lock automobile doors. This campaign included commissioning 30-second radio and television advertisements that ran on stations across the state. The advertisement also aired on pre-show advertising that appears before movies in theaters statewide. The division also worked with the LATIFPA board to conduct the second annual "Protect My Ride Louisiana" high school video contest. The contest aims to educate and raise awareness among teenagers across the state of auto theft and burglaries.

The division manages the online presence of the department, including social media and online video accounts and newsletters. The division has worked to create interactive slide shows online with information about topics in health, property and casualty, how the department helps consumers and information for agents. These slide shows make it easy for consumers to find quick pieces of information to better their insurance protection and for media to create stories and graphics that reach a wide audience.

OFFICE OF CONSUMER ADVOCACY AND DIVERSITY

The Office of Consumer Advocacy was created by Act 222 of the 2007 Regular Session of the Louisiana Legislature to assist consumers with insurance inquiries and to enforce the Policyholder Bill of Rights (La. R.S. 22:41). From its inception, the Office of Consumer Advocacy has worked regularly with other LDI divisions to answer consumers' questions, to disseminate information to the public and to report violations of rules, regulations and laws.

This fiscal year during the reorganization of the Department of Insurance, the Division of Minority Affairs was renamed the Division of Diversity and Opportunity and moved under the Office of Consumer Advocacy to create the Office of Consumer Advocacy and Diversity.

During Fiscal Year 2015-2016, the Office of Consumer Advocacy and Diversity focused its activities on responding to consumer inquiries, performing quality management audits, and maintaining its role in community outreach. This office also remains available to assist the various divisions within the LDI and will perform a second review of a complaint file, upon request.

Table 1 summarizes the inquiries and file audits handled by the Office of Consumer Advocacy and Diversity. Table 2 summarizes the outreach activities of the Office of Consumer Advocacy and Diversity.

TABLE 1 **AUDITS BY COVERAGE TYPE**

<i>Category</i>	<i>Audits</i>	<i>Inquiries</i>	<i>Percent</i>
Property and Casualty	103	9	48.10%
Health	80	10	38.65%
Life, Annuity and Long-Term Care	31	0	13.25%
TOTALS	214	19	100.0%

OUTREACH ACTIVITIES

The Office of Consumer Advocacy and Diversity staff attended numerous speaking engagements throughout the state to educate consumers about insurance. This Office’s staff served as guest speakers for professional and civic organizations, senior centers, legislative forums and town hall meetings. At these meetings, Office of Consumer Advocacy and Diversity staff spoke on topics of a timely subject of the host organization’s choice and provided informational brochures and question and answer sessions. The Office’s staff explained the functions of the LDI, discussed the many divisions within the LDI and explained to consumers what programs are available to assist them. While educating consumers, the Office’s staff emphasized the need for policyholders to read and understand what is covered by their policies, to contact their producer with questions and to be aware of the rights afforded them through the Policyholder Bill of Rights.

ACTIVITIES OF THE OFFICE OF CONSUMER ADVOCACY AND DIVERSITY **TABLE 2**
THREE-YEAR HISTORY

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Speaking Engagements	46	49	69
Informational Packets Distributed	4,164	6,303	5,426

SENIOR HEALTH INSURANCE INFORMATION PROGRAM

The Senior Health Insurance Information Program is within the Office of Consumer Advocacy and Diversity. Its purpose is to broaden the educational services available to senior citizens, Medicare beneficiaries, Medicare eligibles and their families by providing information, counseling and assistance on Medicare as well as other health insurance. The Senior Health Insurance Information Program’s activities were entirely funded by federal grants.

The Senior Health Insurance Information Program staff communicates objective health information to seniors by conducting in-person and telephone counseling sessions, providing speakers for community events, participating in media activities and developing and distributing educational materials. In addition, the program recruits and trains counselors statewide on Medicare, Medicaid, Medicare supplement insurance, long-term care insurance, Medicare Advantage and Medicare prescription drug plans. The counselors are supported by local sponsoring organizations.

The Senior Health Insurance Information Program serves as the vital link between beneficiaries, other state and federal entities, and local and professional organizations. Such entities include the Social Security Administration, Federally Qualified Health Centers, the Governor’s Office of Elderly Affairs, Medicaid, E Health Solutions, congressional and state legislative offices, parish and local councils as well as area agencies on aging, social service agencies, hospital senior programs, local support groups and churches.

**TABLE 3 ASSISTANCE PROVIDED TO SENIOR CITIZENS BY THE SENIOR HEALTH INSURANCE INFORMATION PROGRAM AND COUNSELORS*
 THREE-YEAR HISTORY**

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Number of Hours Logged by Counselors	15,792	9,865	9,536
Number of Seniors Receiving Services (provided via telephone, email, postal mail and face-to-face contact)	45,361	20,863	21,657
Estimated Savings to Counseled Senior Health Clients	\$1,183,532	\$1,503,681	\$2,887,954
Number of Publications Disseminated	75,355	76,189	564,520
Number of Senior Health Group Presentations Provided (health fairs, senior fairs and enrollment events)	403	422	657
Number of Individuals in Attendance at Presentations	12,464	12,868	17,500
Number of Senior Health Counselor Training Sessions Conducted	6	7	316
Number of Persons Provided Enrollment Assistance	7,252	1,567	1,704

* This summary includes reports from Senior Health Insurance Information Program partners received subsequent to the LaPAS deadline.

DIVISION OF DIVERSITY AND OPPORTUNITY

La. R.S. 22:31(5) Report by the Division of Diversity & Opportunity

To submit an annual report by April first of each year to the House and Senate insurance committees relative to educational and informational services made available to minorities, the number and types of inquiries, and all available relevant information from applicants and producers.

Legislative Background

In 1984, the governor signed Act 850 into law creating the Division of Minority Affairs now known as the Division of Diversity & Opportunity. This Act provides the regulatory umbrella to assure “equal opportunity in insurance” for the citizens of Louisiana.

The Advisory Committee on Equal Opportunity advises and assists the division in carrying out its duties. Originally comprised of 16 members representing insurers, producers and minorities, the 2013 Legislature expanded membership to 25.

Purpose

The purpose of the Division of Diversity & Opportunity is to assist individuals and small, minority and disadvantaged insurance agencies and producers by providing educational and informational services which foster a greater understanding of the career and business opportunities available in the insurance industry, and greater awareness of the skills and training necessary to prepare for opportunities in employment, appointment as producers and contracting for services with insurance companies. To accomplish this purpose, the Division of Diversity & Opportunity:

- Surveys insurance companies to obtain statistical information on the number of minorities employed in industry-related career positions, then uses this information to expand the number of minority and disadvantaged persons in the insurance industry.
- Offers training programs for individuals as well as small, minority and disadvantaged agencies and producers.
- Strives to increase the number of standard contracts for small, minority and disadvantaged producers with standard insurers.
- Provides insurance information services to groups of minority and disadvantaged consumers, churches and small businesses.
- Recruits minority producers, underwriters and insurance industry employees through the LDI website.
- Develops working relationships with university personnel to promote academic concentrations in insurance.
- Adopted the InVest Program to teach high school and college students about insurance and opportunities in the insurance industry.

Membership of the Advisory Committee on Equal Opportunity

The members of the Advisory Committee on Equal Opportunity are responsible for assisting the Division of Diversity & Opportunity in its purpose.

The Advisory Committee on Equal Opportunity is composed of 25 members. Twenty-four members represent the insurance industry, universities and trade and professional associations, both state and national. The assistant commissioner of the Division of Diversity & Opportunity serves as the twenty-fifth member.

Highlights

- The Division of Diversity & Opportunity responded to 79 inquiries, 5 of which were requests for assistance with obtaining standard contracts with standard insurers.
- The Division of Diversity & Opportunity worked with the Eighth Episcopal District of African Methodist Episcopal Church (which consists of approximately 115 churches in Louisiana and their congregations) to distribute information created by the Division of Diversity & Opportunity and to assist them in obtaining proper insurance coverage for the church and for the underinsured and uninsured congregations.
- Twenty-seven companies and agencies have agreed to post vacancies to the LDI's Division of Diversity & Opportunity's website.
- The Division of Diversity & Opportunity participated in five career workshops and seminars throughout Louisiana. These seminars and workshops provided students and consumers with information on educational and employment opportunities within the insurance industry.
- Consumer guides were distributed at a variety of events including legislative town hall meetings, community events and church conferences. The division also participated in business workshops and seminars with presentations entitled "Managing Risks for Your Business" and "Managing Risk for Your Place of Worship."
- The Division of Diversity & Opportunity continued to work with the Baton Rouge, New Orleans and Shreveport campuses of the Southern University System with their academic programs in insurance.
- The Louisiana Municipal Association Black Caucus, the Police Jury Association of Louisiana Black Caucus and the Louisiana Legislative Black Caucus worked with the division to develop awareness about opportunities in the insurance industry.
- The Division of Diversity & Opportunity continued to work with a minority cluster group to provide technical assistance with obtaining contracts with insurance companies and to compete for local, state and federal insurance contracts.
- The Division of Diversity & Opportunity will continue to work with insurance programs at the University of Louisiana Lafayette, University of Louisiana Monroe, and Southern University System to promote their insurance programs.
- The Division of Diversity & Opportunity worked closely with the National Chapter of the National African American Insurance Association to develop opportunities for minorities in insurance and to increase minority participation in Louisiana.
- The Division of Diversity & Opportunity will continue to work with the National African American Insurance Association's local chapter to increase minority participation in the insurance industry.
- The Division of Diversity & Opportunity established the InVest Program at Zachary High School in Zachary, Broadmoor High School in Baton Rouge, St. Augustine High School in New Orleans, and River Oaks High School in Monroe.
- The Division of Diversity & Opportunity also established collegiate InVest Programs at Southern University, Baton Rouge and the University of Louisiana at Monroe.

ACTIVITIES OF THE DIVISION OF DIVERSITY & OPPORTUNITY TABLE 4
THREE-YEAR HISTORY

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Producers/Agencies Assisted	29	52	36
Consumer/Producer Complaints/General Information Cases Handled	79	92	79
Complaints Referred to Advisory Committee	0	0	0
Training/Seminars Conducted	3	2	3
Training/Seminar Attendees	674	759	105
Business Plan Assistance	2	1	1
Company Positions Posted	2	0	4
Industry Jobs Obtained from Postings	2	0	0
Producers Assisted with Obtaining Contracts	5	9	16
Students Who Completed InVest Program	160	42	*

* The InVest Program was established during Fiscal Year 2014-2015.

Helpful Links

Sign up for Updates from the LDI, www.ldi.la.gov/subscriptions/email-notification-request

Interactive Homeowner and Auto Insurance Rate Comparison Guide, www.ldi.la.gov/online-services/shop-your-rates. The interactive Homeowner and Auto Insurance Rate Comparison Guide allows consumers to view sample rates for different areas of the state.

LDI videos on YouTube, www.youtube.com/LAInsuranceDept. Viewers can watch informational videos on insurance topics.

The Consumer Advocacy and Medicare Update monthly newsletter, www.ldi.la.gov/consumers/resources-publications/consumer-advocacy/newsletters.

A listing of upcoming LDI meetings, including Office of Consumer Advocacy and Diversity and Senior Health Insurance Information Program presentations across the state of Louisiana, www.ldi.la.gov/events. This page also contains a link to regulatory public hearings.

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Office of Management and Finance

OFFICE OF MANAGEMENT AND FINANCE

The Office of Management and Finance has eight divisions that oversee the day-to-day operations of the department:

- Strategic and Operational Planning
- Administrative Services
- Fiscal Affairs Division
- Revenue Services Division
- Information Technology Division
- Budget Division
- Human Resources Division
- Purchasing Division

STRATEGIC AND OPERATIONAL PLANNING

Strategic and Operational Plans were legislatively mandated in 1997. Each year, this division drafts the LDI Operational Plan; collects, analyzes and reports quarterly performance results for the department's program activities; collects information for legislative fiscal notes; and writes economic and family impact statements for all LDI rules promulgated. During the 2016 Regular Legislative Session, the division provided information to the Legislative Fiscal Office for its development of 11 fiscal notes. In Fiscal Year 2015-2016, the department tracked and reported on 34 key (quarterly) performance indicators and 13 supporting (semi-annual) performance indicators and provided general performance data in 84 reportable areas. To view the department's performance information, in addition to the activity information contained in this annual report, visit www.doa.louisiana.gov/opb/lapas/lapas.htm.

ADMINISTRATIVE SERVICES

The Administrative Services Division was formed in 1997 to improve the provision of necessary support services to employees of the LDI. All services are performed or provided in accordance with state laws, rules, regulations and department procedures and policies. Following is a summary of the sections assigned to this division and a brief description of each.

MAIL ROOM

Handles all mail and messenger services, manages maintenance of the department's automobiles and oversees document storage and shredding.

OFFICE OF MANAGEMENT AND FINANCE

ADMINISTRATIVE SERVICES

BUILDING SERVICES

Coordinates routine maintenance and repair of the Poydras Building (Department of Insurance) with an on-site employee of State Buildings and Grounds. Items requiring special skills or outside vendors are coordinated with State Buildings and Grounds personnel or outside vendors.

TELECOMMUNICATION SERVICES

Manages and processes all telephone services including local and long distance, voicemail, department and individual requests in conjunction with the Office of Telecommunications Management and a private vendor; provides wiring and repair services when needed.

PROPERTY CONTROL AND PHYSICAL INVENTORY

Manages the records of items purchased by the department and tagging of items as required by law, and prepares and submits monthly reports of acquisitions and items sent to surplus. An annual physical inventory certification report is completed in June and submitted to the Louisiana Property Assistance Agency.

VEHICLE SERVICES

Coordinates the use and maintenance of the department's fleet automobiles.

FILE ROOM

Processes requests for copies of public information; gives consumers the ratings, financial status, addresses, telephone numbers and agent for service on insurance companies; receives and enters information from insurers' quarterly and annual statements; files all correspondence or information that pertains to insurance companies licensed to do business in Louisiana; processes requests for certified copies; and prepares invoices for all copy requests.

FISCAL AFFAIRS DIVISION

The Fiscal Affairs Division manages and protects the Department of Insurance’s real and monetary assets and is responsible for statutory deposits, travel, accounts payable and accounts receivable.

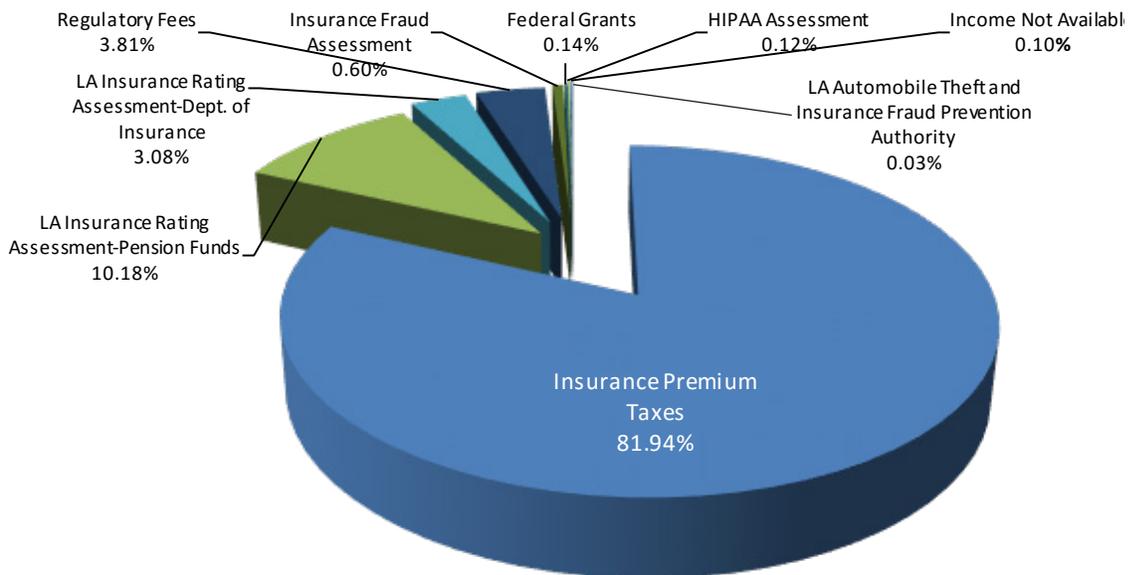
TOTAL DEPARTMENT FUND SOURCES

For Fiscal Year 2015-2016, the Department of Insurance receipts totaled \$646.5 million. Insurance Premium Tax represents the largest portion at 81.94 percent, or \$529.7 million. In addition to the Insurance Premium Taxes, the department collections include Pension Fund Assessments (Louisiana Insurance Rating) at 10.18 percent, or \$65.8 million; Regulatory Fees and Louisiana Insurance Rating Assessment at 6.9 percent, or \$44.6 million; and the Insurance Fraud Assessment at 0.60 percent, or \$3.9 million (excludes \$187,000 transferred to the Louisiana Automobile Theft and Insurance Fraud Prevention Authority Fund).

Insurance Premium Taxes, Pension Fund Assessments, Insurance Fraud Assessment (excluding the LDI portion – \$491,269.29) and Income Not Available represent the bulk of collections at 92.7 percent, or \$599.6 million, and are not used to finance the department’s operations.

The remaining 7.3 percent, or \$46.9 million, represents a combination of regulatory fees and the Louisiana Insurance Rating Assessment, the Health Insurance Portability and Accountability Act Assessment (HIPAA), Federal Grants (Senior Health Insurance Information Program and Premium Rate Review), Insurance Fraud Assessment (LDI portion only – \$491,269.29) and Louisiana Automobile Theft and Insurance Fraud Prevention Authority funds, which may be used to finance the operations of the LDI.

CHART 1 TOTAL DEPARTMENT FUND SOURCES



TOTAL DEPARTMENT FUND SOURCES **TABLE 5**
TWO-YEAR HISTORY

	<i>Fiscal Year 2015-2016</i>		<i>Fiscal Year 2014-2015</i>	
Insurance Premium Taxes	81.94%	\$529,736,891.35	79.45%	\$454,081,223.02
Louisiana Insurance Rating Assessment - Pension Funds	10.18%	65,804,779.53	11.02%	63,005,045.64
Louisiana Insurance Rating - Department of Insurance	3.08%	19,967,513.92	4.18%	23,898,465.14
Regulatory Fees and Licenses	3.81%	24,611,910.20	4.26%	24,348,733.41
Insurance Fraud Assessment	0.60%	3,894,972.81	0.66%	3,777,990.32
Federal Grants	0.14%	916,516.00	0.19%	1,080,019.00
Health Information Portability and Accountability Act Assessment (HIPAA)	0.12%	746,519.12	0.14%	785,019.08
Income Not Available*	0.10%	653,283.52	0.07%	397,307.98
Louisiana Automobile Theft and Insurance Fraud Prevention Authority	0.03%	192,409.00	0.03%	195,131.00
TOTALS		\$646,524,795.45	100.00%	\$571,568,934.59

*Income Not Available consists of collections by the Department which cannot be expended. These state general fund collections include the sale of surplus property, prior year accounts receivable collections, etc.

TOTAL DEPARTMENT COLLECTION OF FUNDS

The majority of funds collected by the department were deposited to the State of Louisiana Department of Treasury for use as general funds.

Of the \$646.6 million collected in Fiscal Year 2015-2016, \$530.4 million was classified as State General Funds and \$116.2 million was used to finance programs. Among the dedicated programs receiving funding were various law enforcement and firefighter retirement programs, which received \$63.5 million, and Municipal Fire and Police Civil Service, which received \$2.2 million of the funds collected.

The collection of \$46.9 million is a combination of Regulatory Fees and Louisiana Insurance Rating Assessment, Federal Grant and Statutory Dedicated funds used by the department as its operating source.

The total collection for the Insurance Fraud Assessment is divided between the Department of Public Safety (75 percent), the Department of Justice (15 percent) and the Department of Insurance (10 percent). Prior to making the allocations specified, the commissioner of insurance is authorized to withhold the sum of \$30,000 to defray the cost of collecting the assessment and withhold \$187,000 to fund the Louisiana Automobile Theft and Insurance Fraud Prevention Authority, in accordance with La. R.S. 40:1428(A)(4)(a).

OFFICE OF MANAGEMENT AND FINANCE

FISCAL AFFAIRS DIVISION

CHART 2 TOTAL DEPARTMENT COLLECTION OF FUNDS

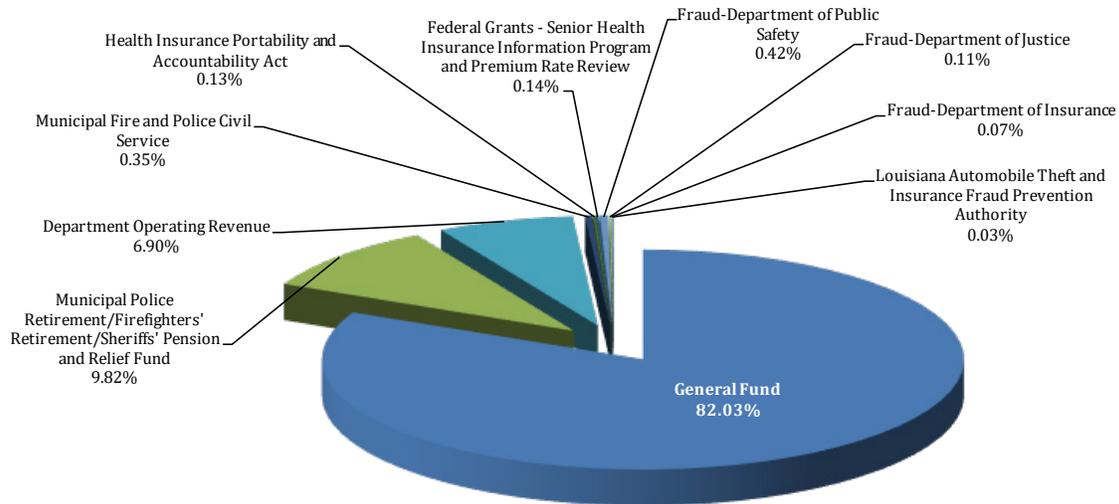


TABLE 6 TOTAL DEPARTMENT COLLECTION OF FUNDS TWO-YEAR HISTORY

	<i>Fiscal Year 2015-2016</i>		<i>Fiscal Year 2014-2015</i>	
General Fund	82.03%	\$530,390,174.87	79.50%	\$454,478,531.00
Municipal Police Retirement/Firefighters' Retirement/Sheriffs' Pension and Relief Fund	9.82%	63,535,649.18	10.64%	60,832,457.82
Department Operating Revenue	6.90%	44,579,424.12	8.44%	48,247,198.55
Municipal Fire and Police Civil Service	0.35%	2,269,130.35	0.38%	2,172,587.82
Health Insurance Portability and Accountability Act	0.13%	816,588.60	0.15%	822,692.63
Federal Grants (Senior Health Insurance Information Program and Premium Rate Review)	0.14%	916,516.00	0.19%	1,080,019.00
Fraud Assessment: Department of Public Safety	0.42%	2,712,090.33	0.47%	2,698,168.56
Fraud Assessment: Department of Justice	0.11%	691,613.19	0.11%	653,575.86
Fraud Assessment: Department of Insurance	0.07%	491,273.00	0.08%	461,689.71
Louisiana Automobile Theft and Insurance Fraud Prevention Authority	0.03%	199,594.86	0.04%	224,218.61
TOTALS*	100.0%	\$646,602,054.50	100.0%	\$571,671,139.56

*Total includes \$77,259.05 of carry forward funds from Fiscal Year 2014-2015. (\$3.71 of Fraud - Carry Forward and \$7,185.86 of Louisiana Automobile Theft and Insurance Fraud Prevention Authority - Carry Forward and \$70,069.48 of Health Information Portability and Accountability Act.)

STATEMENT OF REVENUES AND EXPENDITURES **TABLE 7**

<i>Revenues</i>	
Insurance Premium Taxes	\$529,736,891.35
Louisiana Insurance Rating Assessment - Pension Fund	65,804,779.53
Regulatory Fees	24,611,910.20
Louisiana Insurance Rating Assessment - LDI	19,967,513.92
Insurance Fraud Assessment	3,894,972.81
Fraud - Carry Forward from Fiscal Year 2014-2015	3.71
Health Insurance Portability and Accountability Act Assessment	746,519.12
Health Insurance Portability and Accountability Act - Carry Forward from Fiscal Year 2014-2015	70,069.48
Louisiana Automobile Theft and Insurance Fraud Prevention Authority	192,409.00
Louisiana Automobile Theft and Insurance Fraud Prevention Authority - Carry Forward from Fiscal Year 2014-2015	7,185.86
Federal Grant - Senior Health Insurance Information Program	659,488.00
Federal Grant - Affordable Care Act - Premium Rate Review	257,028.00
Income Not Available	653,283.52
Total Revenues	\$646,602,054.50
<i>Expenditures</i>	
Personal Services	\$21,626,448.83
Travel	167,030.78
Operating Services	1,924,041.52
Supplies	112,989.79
Professional Services	2,112,898.73
Other Charges	131,024.27
Capital Outlay	458,335.05
Interagency Transfers	1,735,935.47
Total Expenditures	\$28,268,704.44
<i>Transfer Out</i>	
General Fund	\$530,390,174.87
Reversion to General Fund	18,155,681.95
Municipal Police Retirement/Firefighters' Retirement/Sheriffs' Pension and Relief Fund	63,535,649.18
Municipal Fire and Police Civil Service	2,269,130.35
Insurance Fraud Assessment: Department of Public Safety Department of Justice	2,712,090.33 691,613.19
Budget Reductions: Insurance Fraud Assessment	187,441.00
Total Transfer Out	\$617,941,780.87
<i>Funds Carried Forward Into Fiscal Year 2016-2017</i>	
Insurance Fraud Assessment	0
Health Insurance Portability and Accountability Act	107,361.60
Louisiana Automobile Theft and Insurance Fraud Prevention Authority	68,570.59
Total Funds Carried Forward	\$175,932.19

REVENUE SERVICES DIVISION

The Revenue Services Division is responsible for the enforcement of all tax-related statutes of Title 22, the Louisiana Insurance Code, and receipting and imaging all revenues received by the LDI through fees, fines, premium taxes, penalties and assessments. A major function of this division is the collection and classification of taxes and penalties from licensed insurance companies and surplus lines producers. In addition, this division is responsible for the collection and classification of annual fees for admitted and approved unauthorized insurers.

For the calendar year ending December 31, 2015, this division collected \$399,491,176 in taxes from licensed insurers and \$68,346,399 in taxes from surplus lines producers.

This division is also responsible for compiling, sorting and distributing premium data to parishes and municipalities for tax reconciliation purposes.

The Revenue Services Division is responsible for the allocation of all revenue with the exception of producer licensing and for classifying all statutory deposits, receipts and fines. The division also invoices, collects and classifies the annual Louisiana Insurance Rating Assessment, Insurance Fraud Assessment and Health Insurance Portability and Accountability Act Assessment.

All revenue is received in accordance with state laws and regulations in conjunction with department policies and procedures. It is the responsibility of this division to process and collect all revenue timely, process any associated documentation, and audit all forms related to assessments for accuracy and invoice notification.

The Louisiana Legislature, insurance companies, brokers, producers, and the Office of Property and Casualty use the data collected and reports prepared by this division. Data collected by the Revenue Services Division form the basis for assessments made by the commissioner of insurance.

Each year, this division collects the Louisiana Insurance Rating and Insurance Fraud Assessments. The Louisiana Insurance Rating Assessment is based on the premium written by each admitted property and casualty company. Only premiums for rate regulated lines of business are included in this assessment. The Insurance Fraud Assessment is based on premium written by each admitted property and casualty company and 50 percent of premium written by each accident and health company to pay the cost of investigation, enforcement and prosecution of insurance fraud and anti-fraud education in this state.

The Louisiana Insurance Rating Assessment in 2015 was .00945 percent of 2014 premiums. As such, the Louisiana Insurance Rating Assessment was \$87,676,454 based on \$9,255,133,382 of premiums, with no credits allowed to domestic or foreign insurers.

The Insurance Fraud Assessment in 2015 was 0.000375 of 2014 premiums. As such, the Insurance Fraud Assessment was \$5,322,841 based on \$9,525,746,694 of property and casualty premiums and \$6,710,846,592 of accident and health premiums.

HISTORICAL DATA

The following schedules indicate an aggregate three-year historical data category presented on a calendar-year basis.

**SURPLUS LINES AND INSURANCE PREMIUM TAX DIVISION
THREE-YEAR HISTORY BY CATEGORY BY CALENDAR YEAR**

TABLE 8

<i>Life, Accident and Health Companies (Including HDMI)</i>			
<i>Year</i>	<i>Gross Premiums</i>	<i>Gross Tax¹</i>	<i>Net Tax²</i>
2015	\$6,651,700,981	149,747,260	98,615,229
2014	6,384,980,693	143,748,805	91,368,877
2013	5,956,727,646	134,118,180	85,573,634
<i>Fire and Casualty Companies</i>			
2015	10,014,633,304	300,590,410	216,869,799
2014	10,029,851,516	299,658,400	212,727,760
2013	9,646,324,906	288,212,065	207,762,034
<i>Health Maintenance Organizations</i>			
2015	4,923,076,937	110,770,165	86,283,648
2014	2,565,466,610	57,724,445	32,687,537
2013	2,347,535,827	52,821,020	32,127,298
<i>Title Companies</i>			
2015	147,987,004	4,442,315	3,121,734
2014	141,796,254	4,257,215	3,052,059
2013	153,776,693	4,615,575	3,307,819
<i>Surplus Lines Producers</i>			
2015	1,375,874,400	68,346,399	68,346,399
2014	1,443,801,998	72,190,101	72,190,101
2013	1,374,450,950	68,840,907	68,840,907
TOTALS			
2015	23,113,272,626	633,896,549	473,236,809
2014	20,565,897,071	577,578,966	412,026,334
2013	19,478,816,022	548,607,115	397,611,693

¹Gross Tax is before statutorily authorized credits.

²Net Tax is after credits and represents actual collections.

INFORMATION TECHNOLOGY DIVISION

The Information Technology Division provides mission critical and non-mission critical levels of support to all offices in the Department of Insurance. Mission critical support involves computer application system development, application system maintenance, network access and traffic addressing, network data storage, data transport between the internal network and the web server, web services maintenance and development, and coordination with the department's Business Continuity Plan and Disaster Recovery of computer resources.

Other critical support involves computer resource allocation, resources deployment and maintenance, peripheral equipment deployment, remote services, operating system security updates, and software deployment and upgrades.

The Information Technology Division achieves effectiveness by matching its objectives with the overall goals and objectives of the department. This division continually works with senior management and users to accomplish these objectives, to upgrade electronic information processing within the LDI and to improve technology-based functions for consumers and industry.

The major project undertaking in Fiscal Year 2015-2016 was the integration of a stand-alone fraud desktop application into the Regulatory Management System that will allow all of the department's regulatory requirements to take place in one system instead of multiple systems.

Other projects realized during the fiscal year were:

- The expansion of the framework for the LDI employee portal to include workflows in the future from a single location instead of through multiple applications or even paper forms.
- The department received the Poydras' Network Infrastructure back from the Office of Technology Services and has undertaken the control and administration of the network within the Poydras Building until traffic reaches the outside service provider for Internet traffic.
- The department established a digital telephonic Private Branch Exchange (PBX) to handle the external and internal phone calls for LDI. The systems include Automatic Call Distribution (ACD) to handle the phone queue for persons calling on main numbers or into call centers and a call back option where the caller can request that the system returns the call when the next operator becomes available.

This division serves other offices as a technical consultant for improving work efficiency and productivity through the allocation and use of computer resources and new technology. The primary activities on the operational level are the collection, storage, processing and distribution of data. This division works toward the advancement of the planning, development and maintenance of applications and computer resources for other offices within the department based on operational and functional needs.

The Information Technology Division completed 5,728 service requests from users during Fiscal Year 2015-2016. These service requests range from minor problems with personal computers to new required functionality for a department-developed application system.

BUDGET DIVISION

The Budget Division is responsible for managing the department's appropriation by compiling the necessary information for budget development, budget projections and monitoring budget changes through expenditures, revenue collections, legislation and mid-year budget adjustments.

HUMAN RESOURCES DIVISION

The Human Resources Division is responsible for all personnel-related matters including:

- Operations/Benefits
- Staffing/Compensation
- Employee Relations
- Affirmative Action
- Continuity of Operations

In addition, the Human Resources Division is responsible for ensuring compliance with Civil Service Rules and Regulations as well as related state and federal laws such as the Fair Labor Standards Act, Family Medical Leave Act and Americans with Disabilities Act.

As of June 30, 2016, the LDI had 231 total employees. Of this total, there were 198 classified and 24 unclassified employees and 9 students. In Fiscal Year 2015-2016, 151 personnel actions were processed to include new hires, separations, promotions, reallocations, etc.

PURCHASING DIVISION

SUPPLIES AND MAINTENANCE

The Purchasing Division maintains office supply inventory and distributes supplies; procures and receives stock and special supplies, equipment, furniture and printing services by using LaGov, the La Carte Card, or by obtaining bids according to state law and purchasing rules and regulations; maintains portable devices for department personnel; maintains photocopiers and fax machines; maintains toner for all departmental printers; maintains IT's hardware and software maintenance; and processes all Requests for Proposals (RFPs) for services needed by the department.

PROFESSIONAL SERVICES CONTRACTS

The Purchasing Division also reviews and verifies all professional and consulting services contracts to assure they are processed in accordance with agency policies and procedures and within the laws, rules and regulations of the State.

HELPFUL LINKS

Requests for Proposals, www.ldi.la.gov. To access the LDI's current requests for proposals, see the Consumers tab at the top of the LDI home page.

Strategic Plan 2017-2022, <http://www.ldi.la.gov/consumers/resources-publications/reports-to-the-legislature>. The LDI updates its five-year strategic plan every three years.



Office of Licensing and Compliance

OFFICE OF LICENSING AND COMPLIANCE

Licensing Division

Producer Licensing

The Producer Licensing Division licenses all insurance producers, managing general agents, surplus lines brokers, professional employer organizations, motor vehicle rental companies, claims adjusters and public adjusters as Title 22, the Louisiana Insurance Code, mandates. This division issues initial and renewal licenses.

Activities of the Producer Licensing staff include:

- Examining applications to determine that applicants meet all requirements for being trustworthy and competent to serve the public. Recommendations to disapprove applications are based on such factors as criminal history, lawsuits, bankruptcy and disciplinary actions in Louisiana or other states.
- Distributing forms, giving instructions and providing guidance to applicants.
- Overseeing the producer testing program.
- Monitoring all producers who negotiate contracts of insurance to assure proper licensing and appointment by licensed insurers.
- Recording regulatory actions against producers and adjusters whose licenses have been revoked, suspended, fined or subject to other administrative action. This ensures that additional licenses and appointments will not be issued until the licensee is eligible for reinstatement or renewal.
- Reviewing examination questions, pre-licensing and continuing education provider applications and course content to assure that licensees are well prepared and knowledgeable in insurance.
- Tracking continuing education credits earned by licensees.
- Responding to inquiries from the public concerning the status of producers, managing general agents, surplus line brokers, professional employer organizations, motor vehicle rental companies, claims adjusters and public adjusters.
- Maintaining producer databases for use by other state insurance departments, courts and law enforcement agencies. The databases are public record.

At the end of Fiscal Year 2015-2016, Louisiana had 115,211 actively licensed producers and 63,304 actively licensed adjusters.

OFFICE OF LICENSING AND COMPLIANCE
LICENSING DIVISION - PRODUCER LICENSING

ACTIVITIES OF PRODUCER-LICENSING **TABLE 9**
THREE-YEAR HISTORY

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Resident Life, Health and Accident Licenses Issued	3,987	3,011	3,697
Nonresident Life, Health and Accident Licenses Issued	13,804	11,974	11,641
Resident Property and Casualty Licenses Issued	1,917	1,423	1,777
Nonresident Property and Casualty Licenses Issued	10,179	10,502	7,309
Claims Adjuster Licenses Issued	13,943	13,024	9,205
Public Adjuster Licenses Issued	33	36	40
Company Appointments Processed	585,158	572,705	543,695
Producer License Renewals Processed	63,984	63,842	59,774
Number of Insurance Exams Monitored	-	10,058	8,095
Continuing Education Course Applications Approved	1,371	1,555	1,417

Since 2003 when Louisiana adopted the National Insurance Producer Registry online licensing process for nonresident producer applications, the vast majority of applicants and licensees are choosing the convenience of electronic processes for applications, renewals and payment of fees.

PERCENTAGE OF PRODUCER AND ADJUSTER APPLICANTS SUBMITTING **TABLE 10**
ELECTRONIC APPLICATIONS

<i>Performance Indicator</i>	<i>Prior Year Actual Fiscal Year 2011-2012</i>	<i>Prior Year Actual Fiscal Year 2012-2013</i>	<i>Prior Year Actual Fiscal Year 2013-2014</i>	<i>Prior Year Actual Fiscal Year 2014-2015</i>	<i>Prior Year Actual Fiscal Year 2015-2016</i>
Percentage of first time applications submitted electronically	84.5%	86.8%	97.1%	98.5%	99.3%
Percentage of renewal applications submitted electronically	95.9%	97.4%	97.2%	97.5%	98.4%

LOUISIANA 1401 LIFE INSURANCE EXAM RESULTS REPORT CALENDAR YEAR 2016

LA. R.S. 22:1545(I) REPORT BY THE COMMISSIONER

l. (1) The commissioner of insurance shall prepare, publicly announce, and publish a report that summarizes statistical information relating to life insurance producer examinations administered during the preceding calendar year. Each report shall include the following information for all examinees combined and separately by gender, race or ethnicity, race or ethnicity within gender, education level, and native language:

(a) The total number of examinees.

(b) The percentage and number of examinees who passed the examination.

(c) Standard deviation of scaled scores on the examination.

(2) The commissioner of insurance shall prepare and make available upon request a report of summary statistical information relating to each life insurance test form administered during the preceding calendar year. The report shall show, for each test form, for all examinees combined and separately for African-American examinees, American Indian examinees, Hispanic examinees, white examinees, and other examinees, the correct-answer rate and correlations.

(3) The reports referred to in Paragraphs (1) and (2) of this Subsection shall be published no later than May first of the current year.

PURPOSE

The purpose of this report is to provide statistics on test takers of the 1401 Louisiana Life Insurance Exam during the period of January 1, 2016 to December 31, 2016, to meet reporting requirements of the La. R.S. 22:1545.

INFORMATION ABOUT THE DATA USED

Performance data from first-time test takers is generally more stable; therefore, data from repeat test takers is not included in this report. All demographics included in this report are as voluntarily self-reported by the test takers.

OFFICE OF LICENSING AND COMPLIANCE

LOUISIANA 1401 LIFE INSURANCE EXAM RESULTS REPORT

FIRST TIME TAKERS BY GENDER AND FAIL/PASS STATUS **TABLE 11**
CALENDAR YEAR 2016

<i>Gender</i>	<i>Fail</i>	<i>Pass</i>	<i>Total</i>	<i>Percent of Total</i>
Female	501	578	1,079	58.80%
Percent Female	46.43%	53.57%	100.00%	
Percent Fail or Pass	60.80%	57.17%		
Male	303	422	725	39.51%
Percent Male	41.79%	58.21%	100.00%	
Percent Fail or Pass	36.77%	41.74%		
Chose Not to Respond	16	9	25	1.36%
Percent Chose Not to Respond	64.00%	36.00%	100.00%	
Percent Fail or Pass	1.94%	0.89%		
Left Blank	4	2	6	0.33%
Percent Left Blank	66.67%	33.33%	100.00%	
Percent Fail or Pass	0.49%	0.20%		
Total	824	1,011	1,835	100.00%
Percent Fail or Pass	44.90%	55.10%	100.00%	
Percent of Total	100.00%	100.00%		

FIRST TIME TAKERS BY ETHNICITY AND FAIL/PASS STATUS **TABLE 12**
CALENDAR YEAR 2016

<i>Ethnicity</i>	<i>Fail</i>	<i>Pass</i>	<i>Total</i>	<i>Percent of Total</i>
Asian American/Pacific Islander	24	24	48	2.62%
Percent Asian Americans/Pacific Islanders	50.00%	50.00%	100.00%	
Percent Fail or Pass	2.91%	2.37%		
Black/African-American	538	428	966	52.64%
Percent Blacks/African-Americans	55.69%	44.31%	100.00%	
Percent Fail or Pass	65.29%	42.33%		
Hispanic/Latin American	28	30	58	3.16%
Percent Hispanics/Latin Americans	48.28%	51.72%	100.00%	
Percent Fail or Pass	3.40%	2.97%		
Native American	5	9	14	0.76%
Percent Native Americans	35.71%	64.29%	100.00%	
Percent Fail or Pass	0.61%	0.89%		
Caucasian/White (non-Hispanic)	202	494	696	37.93%
Percent Caucasians/Whites (non-Hispanic)	29.02%	70.98%	100.00%	
Percent Fail or Pass	24.51%	48.86%		
Chose Not to Respond	23	24	47	2.56%
Percent Chose Not to Respond	48.94%	51.06%	100.00%	
Percent Fail or Pass	2.79%	2.37%		
Left Blank	4	2	6	0.33%
Percent Left Blank	66.67%	33.33%	100.00%	
Percent Fail or Pass	0.49%	0.20%		
Total	824	1,011	1,835	100.00%
Percent Fail or Pass	44.90%	55.10%	100.00%	
Percent of Total	100.00%	100.00%		

OFFICE OF LICENSING AND COMPLIANCE
LOUISIANA 1401 LIFE INSURANCE EXAM RESULTS REPORT

**TABLE 13 FIRST TIME TAKERS BY EHTNICITY, GENDER AND FAIL/PASS STATUS
 CALENDAR YEAR 2016**

<i>Fail</i>	<i>Gender</i>				<i>Total</i>
	<i>Female</i>	<i>Male</i>	<i>Chose Not to Respond</i>	<i>Left Blank</i>	
<i>Ethnicity</i>					
Asian American/Pacific Islander	15	8	1	0	24
Percent Asian Americans/Pacific Islanders Who Failed	62.5%	33.3%	4.2%	0.0%	100.0%
Percent Gender Group Who Failed	2.99%	2.64%	6.25%	0.0%	
Black/African-American	352	183	3	0	538
Percent Blacks/African-Americans Who Failed	65.4%	34.0%	0.6%	0.0%	100.0%
Percent Gender Group Who Failed	70.26%	60.40%	18.75%	0.0%	
Hispanic/Latin American	17	11	0	0	28
Percent Hispanics/Latin Americans Who Failed	60.7%	39.3%	0.0%	0.0%	100.0%
Percent Gender Group Who Failed	3.39%	3.63%	0.0%	0.0%	
Native American	2	2	1	0	5
Percent Native Americans Who Failed	40.0%	40.0%	20.0%	0.0%	100.0%
Percent Gender Group Who Failed	0.40%	0.66%	6.25%	0.0%	
Caucasian/White (non-Hispanic)	107	95	0	0	202
Percent Caucasians/Whites (non-Hispanic) Who Failed	53.0%	47.0%	0.0%	0.0%	100.0%
Percent Gender Group Who Failed	21.36%	31.35%	0.0%	0.0%	
Chose Not to Respond	8	4	11	0	23
Percent Chose Not to Respond Who Failed	34.8%	17.4%	47.8%	0.0%	100.0%
Percent Gender Group Who Failed	1.60%	1.32%	68.75%	0.0%	
Left Blank	0	0	0	4	4
Percent Left Blank Who Failed	0.0%	0.0%	0.0%	100.0%	100.0%
Percent Gender Group Who Failed	0.0%	0.0%	0.0%	100.0%	
Totals	501	303	16	4	824

<i>Pass</i>	<i>Gender</i>				<i>Total</i>
	<i>Female</i>	<i>Male</i>	<i>Chose Not to Respond</i>	<i>Left Blank</i>	
<i>Ethnicity</i>					
Asian American/Pacific Islander	13	11	0	0	24
Percent Asian Americans/Pacific Islanders Who Passed	54.2%	45.8%	0.0%	0.0%	100.0%
Percent Gender Group Who Passed	2.25%	2.61%	0.0%	0.0%	
Black/African-American	300	127	1	0	428
Percent Blacks/African-Americans Who Passed	70.1%	29.7%	0.2%	0.0%	100.0%
Percent Gender Group Who Passed	51.90%	30.09%	11.11%	0.0%	
Hispanic/Latin American	18	12	0	0	30
Percent Hispanics/Latin Americans Who Passed	60.0%	40.0%	0.0%	0.0%	100.0%
Percent Gender Group Who Passed	3.11%	2.84%	0.0%	0.0%	
Native American	6	3	0	0	9
Percent Native Americans Who Passed	66.7%	33.3%	0.0%	0.0%	100.0%
Percent Gender Group Who Passed	1.04%	0.71%	0.0%	0.0%	
Caucasian/White (non-Hispanic)	231	262	1	0	494
Percent Caucasians/Whites (non-Hispanic) Who Passed	46.8%	53.0%	0.2%	0.0%	100.0%
Percent Gender Group Who Passed	39.97%	62.09%	11.11%	0.0%	
Chose Not to Respond	10	7	7	0	24
Percent Chose Not to Respond Who Passed	41.7%	29.2%	29.2%	0.0%	100.0%
Percent Gender Group Who Passed	1.73%	1.66%	77.78%	0.0%	
Left Blank	0	0	0	2	2
Percent Left Blank Who Passed	0.0%	0.0%	0.0%	100.0%	100.0%
Percent Gender Group Who Passed	0.0%	0.0%	0.0%	100.0%	
Totals	578	422	9	2	1,011

OFFICE OF LICENSING AND COMPLIANCE
LOUISIANA 1401 LIFE INSURANCE EXAM RESULTS REPORT

FIRST TIME TAKERS BY HIGHEST LEVEL OF EDUCATION AND FAIL/PASS STATUS **TABLE 14**
CALENDAR YEAR 2016

<i>Highest Level of Education</i>	<i>Fail</i>	<i>Pass</i>	<i>Total</i>	<i>Percent of Total</i>
High School Diploma or Equivalent Percent of this Education Level Percent of Fail or Pass	217 58.33% 26.33%	155 41.67% 15.33%	372 100.00%	20.27%
Some College Percent of this Education Level Percent of Fail or Pass	367 49.00% 44.54%	382 51.00% 37.78%	749 100.00%	40.82%
Two-Year College Degree (Associate Degree) Percent of this Education Level Percent of Fail or Pass	84 45.65% 10.19%	100 54.35% 9.89%	184 100.00%	10.03%
Four-Year College Degree (Bachelor's Degree) Percent of this Education Level Percent of Fail or Pass	101 27.37% 12.26%	268 72.63% 26.51%	369 100.00%	20.11%
Advanced Degree (Master's Degree or Doctorate) Percent of this Education Level Percent of Fail or Pass	25 23.81% 3.03%	80 76.19% 7.91%	105 100.00%	5.73%
Chose Not to Respond Percent Chose Not to Respond Percent of Fail or Pass	30 47.83% 3.65%	26 52.17% 2.58%	56 100.00%	3.04%
Totals	824	1,011	1,835	100.0%

FIRST TIME TAKERS BY PRIMARY LANGUAGE AND FAIL/PASS STATUS **TABLE 15**
CALENDAR YEAR 2016

<i>Primary Language</i>	<i>Fail</i>	<i>Pass</i>	<i>Total</i>	<i>Percent of Total</i>
English Percent of English Language Percent of Fail or Pass	756 43.80% 91.75%	970 56.20% 95.94%	1,726 100.0%	94.06%
Spanish Percent of Spanish Language Percent of Fail or Pass	11 55.0% 1.33%	9 45.0% 0.89%	20 100.0%	1.09%
Chinese Percent of Vietnamese Language Percent of Fail or Pass	11 61.11% 1.33%	7 38.89% 0.69%	18 100.0%	0.98%
Other Percent of Other Language Percent of Fail or Pass	7 53.85% .85%	6 46.15% 0.6%	13 100.0%	0.71%
Chose Not to Respond Percent of Chose Not to Respond Percent of Fail or Pass	39 67.24% 4.73%	19 32.76% 1.88%	58 100.0%	3.16%
Totals	824	1,011	1,835	100.0%

COMPANY LICENSING

The Company Licensing Division licenses foreign and domestic insurance companies, third party administrators, captive insurers, dental referral plans, discount medical plans, health maintenance organizations, risk purchasing groups, risk retention groups, vehicle mechanical breakdown insurers, viatical settlement brokers, providers, and investment agents. This division also processes applications for eligibility of surplus lines insurers, independent review organizations, property residual value insurers, security registrations, certificates of compliance for insurers, letters of good standing, dissolution of domestic insurance companies, domestic and foreign acquisitions, redomestications, withdrawal of insurance companies, exemptions and multiple employment welfare arrangements, recordation of articles of incorporation, accredited reinsurers, foreign and domestic acquisitions, foreign and domestic mergers, and change of control. The Company Licensing Division issues initial licenses and renewal licenses, and reviews annual reports and annual renewals for accuracy and compliance in accordance with Louisiana state statutes.

Activities of the Company Licensing staff include:

- Examining applications for completion and to determine that applicants meet all requirements as noted per applicable state statute.
- Providing various applications forms and other documents to applicants and providing assistance with completion of documents.
- Monitoring all licensed companies for compliance with state statutes.
- Reviewing and recording regulatory actions against licensed insurers whose license or certificate of authority has been revoked, suspended, fined or subject to other administrative actions.
- Responding to inquiries from the public regarding the status of pending applications or other type filings, state statutes and filing fees.
- Maintaining databases for use by other state insurance departments such as Regulatory Information Retrieval System of the National Association of Insurance Commissioners.
- Maintaining the Department database for changes in companies' addresses, phone numbers, officers, directors, agents for service of process and various company contacts.
- Reviewing third party administrator, viatical investment agent or broker and providing annual reports and renewal reports for risk purchasing groups.
- Distributing lawsuits to the proper agent for service of process.
- Issuing fines to entities that are not in compliance with state statutes.
- Reviewing and updating the department database with regulatory actions.
- Responding to questions from the public.

OFFICE OF LICENSING AND COMPLIANCE
LICENSING DIVISION - COMPANY LICENSING

ACTIVITIES OF COMPANY LICENSING TABLE 16

	<i>Number Received</i>	<i>Number Approved</i>	<i>Number Disapproved</i>	<i>Number Withdrawn</i>	<i>Number Pending</i>
Domestic					
Captives	1	0	0	1	0
Certificates of Authority (Initial)	5	4	0	0	1
Dissolutions	0	0	0	0	0
Acquisitions/Mergers	8	3	0	2	3
Form A Exemption Requests	8	3	0	0	5
Regulation 66 Requests	129	82	1	12	34
Letters of No Objection to Expansion	3	3	0	0	0
Health Maintenance Organization Service Area Expansions	1	1	0	0	0
Mutual Holding Company Conversions	0	0	0	0	0
Article Amendments	4	4	0	0	0
Subtotal	159	100	1	15	43
Foreign					
Certificates of Authority (Initial)	21	12	0	2	7
Surplus Lines Approvals (Initial)	5	5	0	0	0
Accredited Reinsurers	1	1	0	0	0
Mergers	18	18	0	0	0
Withdrawals	42	41	0	1	0
Acquisitions	38	32	2	0	4
Subtotal	125	109	2	3	11
Domestic, Foreign and Alien					
Third Party Administrator Exceptions	0	0	0	0	0
Third Party Administrator Applications	25	12	0	3	10
Risk Purchasing Groups	25	13	0	3	9
Risk Retention Groups	6	2	0	1	3
Medical Discounts Plans	15	11	0	1	3
Dental Referral Plans	1	0	0	1	0
Viatical Settlement Brokers	1	1	0	0	0
Viatical Settlement Providers	1	1	0	0	0
Security Registrations	1	1	0	0	0
Utilization Review Organizations Applications	32	19	0	1	12
Independent Review Organization Applications	3	1	0	0	2
Specialty Insurers - Vehicle Mechanical Breakdown Insurers	9	2	1	1	5
Amendments of Certificate of Authority/Article Amendments	84	77	0	4	3
Adding Lines to Certificate of Authority	32	27	0	1	4
Certificates of Compliance	70	65	3	2	0
Home Service Contract Providers	2	1	0	1	0
Viatical Investment Agents	0	0	0	0	0
Subtotal	307	233	4	19	51
TOTALS	591	442	7	37	105

OFFICE OF LICENSING AND COMPLIANCE
LICENSING DIVISION - COMPANY LICENSING

**TABLE 17 ENTITIES LICENSED OR REGISTERED AT FISCAL YEAR-END
 THREE-YEAR HISTORY**

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Risk Bearing			
Domestic			
Domestic Insurers	93	91	93
Domestic Health Maintenance Organizations	12	13	14
Captives	2	2	2
Total Domestics	107	106	109
Non-Domiciliary			
Foreign/Alien Insurers Admitted	1,302	1,314	1,312
Surplus Lines (estimated)	188	184	180
Total Non-Domiciliaries	1,490	1,498	1,492
Other			
Risk Retention Groups	81	82	80
Vehicle Mechanical Breakdowns	53	50	45
Accredited Reinsurers	13	13	12
Property Residual Values	2	2	3
Multiple Employer Welfare Arrangements	1	1	1
Total Other	150	148	141
TOTAL RISK BEARING	1,747	1,752	1,742
Non-Risk Bearing			
Third Party Administrators	362	364	353
Risk Purchasing Groups	213	319	241
Utilization Review Organizations	54	19	87
Discount Medical Plans	25	24	28
Viatical Settlement Providers	13	12	14
Independent Review Organizations	11	11	14
Home Service Contract Providers	10	15	12
Viatical Settlement Brokers	5	7	6
Security Registrations	1	3	4
Dental Referral Plans	4	4	2
Viatical Investment Agents	0	0	0
TOTAL NON-RISK BEARING	698	788	761
TOTALS	2,445	2,530	2,503

HELPFUL LINKS

Document Search, <https://www.lidi.la.gov/onlineservices/documentsearch/>. Retrieval system for specific forms and documents relevant to regulated entities, including advisory letters, bulletins and directives.

Product Filing Requirements, <http://ia.lidi.state.la.us/productmatrix/>. Includes a fee calculator, FAQs and additional help.

Agent and Adjuster Search. www.lidi.la.gov/onlineservices/ProducerAdjusterSearch/.

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Office of Health, Life and Annuity

OFFICE OF HEALTH, LIFE & ANNUITY

The Office of Health, Life and Annuity consolidates the regulation of state and federal requirements applicable to commercial and government-operated health benefit plans. This office provides protection to Louisiana consumers, oversees statutory and regulatory compliance of health benefit plans and recommends public policy changes to improve the competitive market and consumers' access to health insurance.

Pursuant to Act 275 of the 2015 Regular Legislative Session, the Office of Health Insurance was combined with the Life, Annuity and Long-Term Care Division. The Office of Health, Life and Annuity reviews all health, life and annuity product forms. The compliance divisions for health, life and annuity issues were placed under the Office of Consumer Services that was also established by Act 275.

PREMIUM RATE REVIEW DIVISION

The Premium Rate Review Division began the review of certain health insurance rates in the small group and individual markets on January 1, 2014. This division performs a detailed analysis and review of these rate filings. While the LDI does not have approval authority over health insurance rates, the department does have statutory authority to:

- Review rates for compliance with both federal and state law; disapprove rate filings that are not in compliance with state or federal law.
- Review proposed rate increases which are ten percent or more to determine whether the increase is reasonable and actuarially justified.
- Post on the department website any proposed rate increase which meets or exceeds the ten percent federal threshold and allow the public to submit comments.
- Post on the department website the final determination for the rate increases which meet or exceed the ten percent federal threshold and undertake any other actions necessary pursuant to Section 2794 of the Public Health Service Act.

OFFICE OF HEALTH, LIFE & ANNUITY
PREMIUM RATE REVIEW DIVISION

Table 18 includes rates that are not subject to review, rates found reasonable or unreasonable, as well as rate filings that were disapproved or withdrawn.

ACTIVITIES OF THE PREMIUM RATE REVIEW DIVISION		TABLE 18
Rates Received	77	
Rates Not Subject to Review	0	
Reasonable Findings	67	
Unreasonable Findings	0	
Rates Disapproved	0	
Filings Withdrawn	8	

Six filings were withdrawn when the Louisiana Health Cooperative, Inc. went into rehabilitation pursuant to the Louisiana Insurance Code, La. R.S. 22:2005. Two Aetna filings were withdrawn at the request of the company to be submitted at a later date.

HEALTH FORMS DIVISION

All health product forms, including both major medical and supplemental, limited or excepted benefit products, are reviewed by personnel in the Health Forms Division. The personnel in the Health Forms Division also conduct reviews of organizations responsible for internal claims and appeals and external reviews.

The Health Forms Division regulates Health Insurance Portability and Accountability Act forms and market compliance issues for major medical and health maintenance organization health plans, and Medicare supplement and limited benefit products.

The Health Forms Division performs detailed analysis and review of the policy forms and advertising of regulated entities. The forms and advertising review process emphasizes:

- Compliance with all applicable state and federal laws, rules and regulations.
- Avoidance of any inconsistent, ambiguous or misleading language, text or format.
- Assurance that exceptions and conditions affecting the risks are clearly stated and reasonable.
- Assurance of consumer protection to the extent authorized by law.

Additionally, the division examines health insurance issuer plans for replacing a particular health insurance product or discontinuing business altogether in the individual, small or large employer group markets, and reviews Medicare supplement health insurance issuers' advertising, rates and marketing plans.

This division implements its statutory authority by:

- Approving, disapproving and/or withdrawing prior approval of health benefit plan filings.
- Negotiating corrective action to assure that consumers negatively affected by outdated and improper policy forms are made whole.
- Pursuing administrative sanctions where necessary to protect the public.
- Providing information and technical assistance to health insurance issuers, health maintenance organizations and plan administrators, and improving procedures and requirements in order to expedite the filing, review and approval processes.

The forms approval process is aided by the Product Filing Matrix which houses over 300 specifically defined health insurance product codes linked to hundreds of legal requirements for policy form, rate, advertising content, marketing and administration. This matrix is available to all health insurance issuers in a manner that filters the legal requirements applicable to each product filing. Based on the requirements of the Affordable Care Act, new product codes have been added to the Product Filing Matrix for non-grandfathered products. Thus, there are separate product codes for grandfathered product filings and non-grandfathered product filings to distinguish the differing rules and regulations applicable to both.

The counts reported in Table 19 represent the number of forms included in health insurance filings that are received and processed. Each regulated entity's forms are counted separately. After the LDI receives health insurance filings, forms may be reclassified, such that multiple forms initially counted separately are combined into a single form. The most common reasons for reclassification are the erroneous classification of multiple parts of a single form as separate forms and the filing of supporting documents as forms. As an example, an initial filing of five forms at the time of receipt may be reclassified as, and processed as, two forms. Consequently, the numbers reported for forms received and forms processed in Table 19 may not reconcile. Moreover, the same circumstances may also impact forms that are reported as pending.

ACTIVITIES OF THE HEALTH FORMS DIVISION **TABLE 19**
THREE-YEAR HISTORY

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Policy Forms, Advertisements and Rates Received			
Forms Received	3,661	5,118	6,142
Advertisements Received	804	649	901
Rate Forms Received	1,262	1,464	1,386
TOTALS	5,727	7,231	8,429
Policy Forms, Advertisements and Rates Processed			
Approved	4,629	5,775	5,653
Accepted/Filed	191	331	201
Acknowledged/Informational	107	145	79
Disapproved	378	882	725
Withdrawn by Company	194	583	431
TOTAL PROCESSED	5,499	7,716	7,089
Policy Forms, Advertisements and Rates Pending			
All Health Policy Forms, Advertisements and Rate Filings Pending at End of Fiscal Year	964	910	700

OFFICE OF HEALTH, LIFE & ANNUITY
HEALTH FORMS DIVISION

**TABLE 20 HEALTH FORM FILINGS RECEIVED BY COVERAGE TYPE
 THREE-YEAR HISTORY**

Total Number of Forms, Medicare Supplement Insurance Advertisements and/or Rates

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Comprehensive Coverage Types			
Major Medical	579	1,378	1,604
Health Maintenance Organization	572	918	1,066
Short-Term Major Medical	39	60	33
Limited Benefit Coverage Types			
Medicare Supplement/Select	1,551	1,252	1,298
Disability	434	518	205
Dental	567	771	1,004
Hospital Indemnity	193	412	780
Accident Only	474	446	600
Cancer/Dread Disease	134	350	545
Miscellaneous	736	599	442
Accidental Death/Dismemberment	161	175	237
Critical Illness	158	231	402
Vision	129	121	102
TOTALS	5,727	7,231	8,318

This division implements its statutory authority over form discontinuations or any discontinuation of coverage by:

- Reviewing proposed notices of nonrenewal/discontinuation and the products to be nonrenewed/ discontinued to assure that proper notice is provided to the appropriate parties in accordance with the requirements of law, or the terms and provisions of existing contracts, whichever is more favorable to the policyholders.
- Monitoring all health insurance issuers (except short-term major medical and supplemental/limited benefit plan carriers) exiting a market or markets in order to prohibit re-entry for a period of five years from the date the last coverage is nonrenewed.

The Office of Health, Life and Annuity also has the authority to conduct retrospective reviews of previously approved filings to determine compliance with applicable law and take regulatory action where indicated.

The forms division’s functions related to determining compliance of major medical and health maintenance organization coverage with federal and state health laws and reforms are funded by an assessment on health insurance premiums, pursuant to La. R.S. 22:1071(D)(2)(b). Only the portion of health insurance business subject to Health Insurance Portability and Accountability Act regulation is assessable.

Health insurance premiums paid during the 2015 Calendar Year which were subject to assessment totaled \$4,672,825,945. These premiums were assessed at .00016 percent. A total of \$747,651 was collected from 58 health insurance issuers.

OFFICE OF HEALTH, LIFE & ANNUITY
HEALTH FORMS DIVISION

In addition to its detailed analyses and review of the policy forms and advertising of regulated entities, the Health Forms Division oversees the review and approval process for the licensure of independent review organizations and utilization review organizations. While the Licensing Division issues independent review organization and utilization review organization licenses, the Office of Health, Life and Annuity plays a pivotal role in the review of applications by examining the affairs of the independent review organization and utilization review organization.

INDEPENDENT REVIEW ORGANIZATIONS AND UTILIZATION REVIEW ORGANIZATIONS TABLE 21

Independent Review Organization Applications Received	3
Independent Review Organization Applications Approved	1
Independent Review Organization Applications Pending Final Action	2
Utilization Review Organization Applications Received	31
Utilization Review Organization Applications Approved	27
Utilization Review Organization Applications Pending Final Action	4

PATIENT'S BILL OF RIGHTS

La. R.S. 22:971 Report by the Commissioner

It is hereby declared by the Legislature of Louisiana that access to health care for the citizens of this state is a priority to promote well-being and strong state protections. The state has an obligation to ensure that every person enrolled in a health plan enjoys basic rights as a patient. Comprehensive care should guarantee patients greater access to information and care including access to needed specialists and emergency rooms, guarantee a fair appeals process when health plans deny care, expand choice, protect the doctor-patient relationship, and hold managed care organizations accountable for decisions that harm patients. Because many states have passed patient protection laws that are appropriate to their states, the Department of Insurance shall establish and maintain an information collection program to track and evaluate state and federal legislation to provide for a uniform patient bill of rights. The department shall compile the data on an annual basis and submit a written report to the Senate Committee on Insurance and the House Committee on Insurance of ongoing efforts to adopt or enact a uniform patient's bill of rights.

Purpose

The purpose of this report is for the LDI to provide an assessment of federal and state laws relative to a patient's bill of rights, pursuant to La. R.S. 22:971, which became law in 2003.

Federal Action

While federal action on the issue of a Patient Bill of Rights began formally in 2001, it accelerated in 2010 when President Obama signed the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, collectively referred to as the Affordable Care Act, into law. Over the past years, patient rights, some of which already existed in Louisiana law or the laws of other states, were implemented by federal law and through regulations promulgated by federal agencies including the U.S. Departments of Health and Human Services, Treasury and Labor.

Among other benefits, federal law helps patients with pre-existing conditions gain coverage and keep it, protects Americans' choice of doctors and ends lifetime limits on essential health benefits. Additional rights available to all citizens under the federal law are included on the following page.

OFFICE OF HEALTH, LIFE & ANNUITY

PATIENT'S BILL OF RIGHTS

- An internal and external appeals process.
- Guaranteed renewability of coverage.
- Guaranteed availability of coverage.
- Medical underwriting limited to age, tobacco use, geographic area and family size.
- Comprehensive health insurance (essential health benefits) such as ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services, chronic disease management and pediatric services, including oral and vision care.
- Coverage for an individual participating in approved clinical trials.
- Except for fraud or misrepresentation of material facts, health insurance issuers cannot rescind coverage.
- Elimination of annual limits on coverage.
- Direct access to obstetrics and gynecology, without referral from another primary care doctor.
- Preventive services and immunizations recommended by the U.S. Preventive Services Task Force and the Centers for Disease Control, certain childhood preventive services and women's preventive care and screening recommended by Health Resources and Services Administration.

Louisiana

Pursuant to Act 275 of the 2015 Regular Legislative Session, the Office of Health Insurance was combined with the Life, Annuity and Long-Term Care Division. The Office of Health, Life and Annuity reviews all health, life and annuity product forms. The compliance divisions for health, life and annuity issues were placed under the Office of Consumer Services that was also established by Act 275.

Other States

Complete implementation of the Affordable Care Act is a key activity for many states. Most reforms required by the Affordable Care Act were implemented and required of health policies offered on or after January 1, 2014.

Many states established rate review programs for oversight of health insurance premium rates. Many states also implemented appeal processes for reviews of decisions related to contested coverage and claims that meet or exceed the requirements of the federal requirements. The majority of states have selected to have a Federally Facilitated Marketplace while others have chosen to develop and operate State Based Marketplaces or State Partnership Marketplaces.

OFFICE OF HEALTH, LIFE & ANNUITY
PATIENT'S BILL OF RIGHTS REPORT

Rate review programs administered by state departments of insurance were ranked by the National Conference of State Legislatures in May 2013 as effective, partially effective or no rate review program. Initially, Louisiana was one of the states without an effective rate review program. However, as of January 1, 2014, Louisiana began collecting, reviewing and making determinations of reasonableness for rates and is deemed to have an effective rate review program. As of April 8, 2016, four states have been identified by the Centers for Medicare and Medicaid Services as not having an effective rate review program: Missouri, Oklahoma, Texas and Wyoming, meaning that the federal government is reviewing the rates in those states.

External appeals review processes were evaluated by the U.S. Department of Health and Human Services prior to the 2013 Regular Legislative Session. At that time, Louisiana was among ten states not meeting the U.S. Department of Health and Human Services standards for external appeals. During the 2013 Regular Legislative Session, the Legislature enacted La. R.S. 22:2391, et seq., which is termed the "Internal Claims and Appeals Process and External Review Act" that requires external reviews to be completed by Independent Review Organizations. The external review process required by the Internal Claims and Appeals Process and External Review Act became effective January 1, 2015. Therefore, as of January 1, 2015, external appeals of adverse determinations for Louisiana policyholders or enrollees were conducted as directed under the Act. The LDI is responsible for the random assignment of Independent Review Organizations to those issuers subject to the Act and for reviewing any consumer appeals of a health insurance issuers' determination that they are not eligible for an external review. According to the Centers for Medicare and Medicaid Services, as of March 18, 2016, six states remain below the U.S. Department of Health and Human Services standards, making them subject to the federal external review process established by the U.S. Department of Health and Human Services: Alabama, Alaska, Florida, Georgia, Pennsylvania, and Wisconsin.

SELECTED AFFORDABLE CARE ACT REFORMS IN SOUTHERN STATES TABLE 22

<i>State</i>	<i>Rate Review</i> ¹	<i>External Appeals</i> ²	<i>Marketplaces</i> ³
Alabama	Effective	U.S. Department of Health and Human Services Administered	Federal
Arkansas	Effective	National Association of Insurance Commissioners - Parallel	State Based
Florida	Effective	U.S. Department of Health and Human Services Administered	Federal
Georgia	Effective	U.S. Department of Health and Human Services Administered	Federal
Kentucky	Effective	National Association of Insurance Commissioners - Parallel	State Based
Louisiana	Effective	National Association of Insurance Commissioners - Parallel	Federal
Maryland	Effective	National Association of Insurance Commissioners - Parallel	State Based
Mississippi	Effective	National Association of Insurance Commissioners - Parallel	Federal ⁴
North Carolina	Effective	National Association of Insurance Commissioners - Parallel	Federal
Oklahoma	No Effective Program	National Association of Insurance Commissioners - Parallel	Federal
South Carolina	Effective	National Association of Insurance Commissioners - Parallel	Federal
Tennessee	Effective	National Association of Insurance Commissioners - Parallel	Federal
Texas	No Effective Program	National Association of Insurance Commissioners - Similar	Federal
Virginia	Effective	National Association of Insurance Commissioners - Parallel	Federal
West Virginia	Effective	National Association of Insurance Commissioners - Parallel	Partnership

1. Centers for Medicare and Medicaid Services, data as of June 15, 2015, www.cms.gov/ccio/resources/fact-sheets-and-faqs/state-marketplaces.html

2. Centers for Medicare and Medicaid Services, data as of August 15, 2015, www.cms.gov/ccio/resources/files/external_appeals.html.

3. Centers for Medicare and Medicaid Services, data as of September 22, 2014, www.cms.gov/ccio/resources/fact-sheets-and-faqs/rate_review_fact_sheet.html.

4. Mississippi operates their Small Business Health Options Program as a state based marketplace, but the individual market is a federally-facilitated marketplace.

HEALTH MAINTENANCE ORGANIZATION REPORT

LA. R.S. 22:268 REPORT BY THE COMMISSIONER

The secretary and the commissioner each shall report annually to the governor on the activities of his office with respect to health maintenance organizations and shall make such suggestions for change or improvement as may be in the best interest of the state and the industry.

The policy forms of all major medical insurance issuers, including those of health maintenance organizations, are subject to the forms approval process of the LDI. Health maintenance organization filings represented about 48 percent of all comprehensive coverage forms and about 9.9 percent of all filings reviewed by the Office of Health, Life and Annuity (see Table 20 on page 44).

All health insurance issuers, including health maintenance organizations, are subject to the provisions of the federal Affordable Care Act of 2010.

For additional information on premiums and losses for health maintenance organizations in Louisiana, see Appendix E.

LOUISIANA HEALTH CARE COMMISSION

LEGISLATIVE BACKGROUND

The Louisiana Health Care Commission was created by law in 1992; it is a 47-member advisory board that undertakes comprehensive review of complex health care issues facing Louisiana. In 1999, the commission was transferred to the Department of Insurance. Statutory authority and membership of the commission are contained in La. R.S. 22:2161. Since its inception, the commission's membership has changed from its original makeup through Acts of the Legislature in 1995, 1997, 1999, 2004, 2012 and 2014; the most recent changes went into effect August 1, 2014.

PURPOSE

Through a broad perspective, the commission studies the issues affecting the availability, affordability and delivery of quality health care in Louisiana. The commission is also tasked with examining national health care reform initiatives.

The commission conducted public meetings to receive information and testimony from regional and national experts on health care access issues. The commissioner of insurance submitted an annual report to the Legislature on the studies, actions and recommendations of the commission.

MEMBERSHIP

The Louisiana Health Care Commission is composed of health care experts and other interested parties, including health care insurers and providers, community leaders and representatives of various consumer interests. Membership also includes representatives from the governing boards of Louisiana's colleges and universities, the House and Senate Committees on Insurance and at-large appointments designated by the commissioner of insurance.

MEETINGS

August 28, 2015

The Louisiana Health Care Commission held its first meeting of the fiscal year on August 28, 2015. The deputy commissioner of the Office of Health, Life and Annuity at the LDI discussed La. R.S. 42:3:2 and the limitations it poses on years of service on the commission as well as other state boards and commissions. He also introduced the Pharmaceutical Working Group Draft Resolution and explained that the purpose of this working group is to review and study the costs of pharmaceutical drugs as well as current reports and studies taking place and to report back to the commission and make recommendations for possible changes to the Legislature.

The commissioner of insurance presented each of the outgoing members with Honorary Insurance Commissioner Certificates.

OFFICE OF HEALTH, LIFE & ANNUITY
LOUISIANA HEALTH CARE COMMISSION

January 29, 2016

The next meeting of the Louisiana Health Care Commission was held on January 29, 2016. The commission received an update on Marketplace enrollment figures from the state director of Navigators for a Healthy Louisiana, Southwest Louisiana Area Health Education Center. He reported the U.S. Department of Health & Hospitals allocated \$1.6 million in assistance to Navigators for a Healthy Louisiana. He also reported the number of individuals with 2016 plan elections through the Marketplace totaled 185,215 as of December 2015.

More information on State of Enrollment can be found at:

www.ldi.la.gov/consumers/boards-commissions/health-care-commission/lhcc-meetings

The commissioner of insurance gave an update on the LA Health Cooperative (LAHC). He stated that LAHC was placed in conservation by the Louisiana Department of Insurance, and with the approval of the court, a receiver was appointed to administer the Co-Op. He reported all enrollees were able to find new coverage and the Co-Op is currently in the process of winding down its operations and paying final claims. The deputy commissioner of the newly reorganized Office of Health, Life & Annuity discussed the rising costs of pharmaceutical prescription drugs by 13 percent within the last year. He stated that the formation of a resolution would create a work group to conduct a study on rising health care and pharmaceutical costs to analyze and determine the pattern of average increases in annual premiums from 12-14 percent, and according to CMS:

- Overall healthcare spending increased to 5.3 percent in 2014;
- Prescription drugs increased to 12.22 percent;
- Hospital care expenditures increased to 4.1 percent;
- Physicians and clinicals increased to 4.6 percent;
- Other services increased to 5.2 percent.

He also stated that the Agenda for the Annual Health Care Conference on April 12, 2016 would include a panel discussion on the issue of rising health care costs. With no objection, a resolution to form the work group was offered and a motion was made and seconded by a commission member to adopt the resolution and form the work group.

April 29, 2016

At the final meeting of the fiscal year, the commissioner of insurance acknowledged the success of the LDI's Annual Health Care Conference held on April 12. He also addressed the withdrawal of United Healthcare (UHC) from the individual market in Louisiana. As it stands, with the withdrawal of UHC, the individual marketplace in 59 of the 64 Louisiana parishes would have two remaining statewide insurers—Blue Cross and Vantage-- available on the exchange; the remaining five parishes would have three remaining insurers as a result of Humana's participation. He advised that insurers must notify regulators by mid-May as to whether they intend to operate on the individual exchange next year, and health forms and rate filings are due on May 11. He also stated that Vantage will again offer statewide coverage in the Individual Market in 2016.

The CEO of the Louisiana Association of Health Plans presented an overview of bills currently pending in the 2016 Louisiana Legislative Session that could have a positive impact on the state, if enacted.

OFFICE OF HEALTH, LIFE & ANNUITY

LOUISIANA HEALTH CARE COMMISSION

More information on Legislation in 2016 can be found at:

www.lidi.la.gov/consumers/boards-commissions/health-care-commission/lhcc-meetings

A representative of the Department of Health and Hospitals (DHH) provided an update on DHH's status with regard to Medicaid expansion for fiscal year 2016-2017. He reported that Governor Edwards signed an Executive Order to move forward with Medicaid expansion, with the approval of the federal government, effective July 1, 2016. Projected enrollment for the fiscal year is 200,000 people.

Additionally, anyone with a household income 138 percent below the federal poverty level will qualify for Medicaid expansion, as follows:

- Household of one, with an income of \$16,242/year.
- Family of four, with an income of \$33,465/year.
- Family of five with an income of \$44,946/year.

Finally, he addressed the budget for fiscal year 2015-2016, concluding on June 30, and also reported the following:

- DHH is projected to reach June 30 without any reductions and payment of claims; fees for services are projected to be made through June 30 without issue for the current fiscal year.
- \$23.6 million of the state's general fund reductions will come from DHH. Reductions include the Office of Public Health for reductions in restaurant inspections; Office of Behavioral Health for reductions of forensic patients at the Jackson, Louisiana facility; and the Office of Aging Services for Hospice.
- Expansion adjustments will result in \$176,000 in savings applied to FY 2016-2017.
- Additional savings would occur through expansion by refinancing the health care of pregnant women through Uncompensated Care Costs Disproportionate Share Hospital ("DSH") Program expenditures to the public private partners from within the expansion population from July through December 2016.
- Elimination of funding for in-home care services is an additional budget measure. Reduction in Prescribed Minimum Benefit payments to five Bayou Health plans.
- There will be no funding available to the four public private hospitals in Lake Charles, Bogalusa, Houma and Alexandria for FY 2016-2017.
- The DSH Program (disproportionate share payments) is the largest optional, remaining DHH program with currently no mandate from the federal government to proceed with this program that is reportedly an initiative entirely at the discretion of the state.
- There is an anticipated 20 percent reduction in DSH expenditures at the aforementioned hospitals.
- There is projected movement from DSH to Bayou Health, but even with these savings, DHH will still incur a shortfall.

OFFICE OF HEALTH INSURANCE
LOUISIANA HEALTH CARE COMMISSION

Christopher Vidrine, the director of external relations at the LSU Health Sciences Center, gave a presentation on the Louisiana Physician Workforce and reported the following:

- There will be a total physician shortfall between 61,700 and 94,700 by 2025 in Louisiana. However, according to the Institute of Medicine, there is no shortage of physicians but rather a maldistribution.
- Due to medical advances, utilization rates, available supply and other advances, Louisiana has a shortage of primary care physicians, as well as internal medicine and mental health providers, though the population is increasing and there is an increase in health care coverage as a result of the Affordable Care Act.
- The age percentage change between 2003-2014 with respect to Louisiana Direct Patient Care Physicians are as follows:
 - 34 years old and younger – 10 percent increase
 - 35-44 years old - two percent increase
 - 45-54 - nine percent decrease
 - 55-64 years old – 47 percent increase
- There is a 12 percent increase in urban populations and a 19 percent increase in rural populations.
- There is an 11 percent increase in primary care physicians; a 14 percent increase in non-primary care physicians; a three percent increase in males and a 54 percent increase in females.

Overall, Vidrine reported medical school and resident enrollments have increased as well as programs targeting primary care; public medical school retention of medical students and residents is among the top in the country; shortages exist in primary and specialty care; there is a projected increasing demand for primary care physicians and continued support for medical schools in order to have the requisite number of health care providers to care for our citizens.

More information on Louisiana Physician Workforce can be found at:

www.lhi.la.gov/consumers/boards-commissions/health-care-commission/lhcc-meetings

EXECUTIVE COMMITTEE

The executive committee for the Health Care Commission consists of the chair, vice chair and three commission members representing health care providers, insurers and consumers. The mission of the Louisiana Health Care Commission Executive Committee is to plan the agenda for Louisiana Health Care Commission meetings, schedule any emergency meetings necessary between regular meetings and to propose subcommittee assignments. The Louisiana Health Care Commission Executive Committee held two meetings during this reporting period.

ACCESS TO CARE BROCHURE SUBCOMMITTEE

The Louisiana Health Care Commission Access to Care Brochure Subcommittee was created in 2011 and began its work in 2012. When the subcommittee was formed, the members agreed to create regional brochures for the uninsured population throughout the state listing local health care resources. Approximately 10,000 brochures have been created and printed for each region and electronic copies of the brochures are available on the Department of Insurance website. Of the 105,000 resource brochures printed, more than 82,000 have been distributed.

**Note: The work of this subcommittee is on an ad hoc basis in an effort to assist the uninsured and underinsured populations with viable resources to access local health services as they become available through the continued work efforts of the Louisiana Health Care Commission.*

ANNUAL HEALTH CARE CONFERENCE

The Louisiana Department of Insurance held its Annual Health Care Conference on April 12, 2016 in Baton Rouge. There were approximately 500 consumers, health care providers, academics, government and business representatives from Louisiana and surrounding states in attendance. There were also 20 exhibitor booths at the conference.

Local and national speakers discussed health care issues that could affect many Louisiana policyholders, employers and providers. Conference panel topics included a status of Louisiana's public health care system, a federal health care reform update, a panel discussion on the federal marketplace, a legislative update, a panel discussion on "What's Driving the Cost of Health Care" and a panel on producers' issues within the Marketplace. The guest speaker was Kenny Cole, M.D., chief clinical transformation officer of Baton Rouge General, who spoke on a "Value Driven Health System."

LIFE, ANNUITY AND LONG-TERM CARE DIVISION

Pursuant to La. R.S. 22:861, the Life, Annuity and Long-Term Care Division reviews and approves or disapproves policy forms marketed and sold in Louisiana.

The Life, Annuity and Long-Term Care Division reviews life, annuity and long-term care contract forms submitted by insurers for compliance with applicable statutes, rules and regulations.

**TABLE 23 ACTIVITIES OF THE LIFE, ANNUITY AND LONG-TERM CARE DIVISION
 THREE-YEAR HISTORY**

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Policy Forms, Annual Certifications, Advertisements and Rates Received			
Forms Received	2,858	3,889	4,083
Advertisements Received	162	217	196
Rates Received	220	195	147
TOTALS	3,240	4,301	4,426
Policy Forms, Advertisements, Annual Certifications and Rates Processed			
Approved	3,706	3,717	3,953
Accepted/Filed	4	4	16
Acknowledged/Informational	632	401	652
Disapproved	147	166	206
Withdrawn by Company	217	128	85
Departmental Withdrawal of Approval	0	0	18
TOTAL PROCESSED	4,706	4,416	4,930

LIFE, ANNUITY AND LONG-TERM CARE FORMS RECEIVED BY COVERAGE TYPE TABLE 24
THREE-YEAR HISTORY

	<i>Fiscal Year</i> 2015-2016	<i>Fiscal Year</i> 2014-2015	<i>Fiscal Year</i> 2013-2014
Life Insurance Coverage Types			
Adjustable Life	244	379	398
Credit Life	26	29	7
Endowment	1	12	12
Term Life	391	722	692
Variable Life	112	115	110
Whole Life	313	359	561
Life Other/Special	518	763	872
Annuity Coverage Types			
Annuities	988	1,055	1,114
Equity Indexed Annuities	203	255	154
Long-Term Care / Viatical Settlement			
Long-Term Care	414	586	471
Viatical Settlement	30	26	35
TOTALS	3,240	4,301	4,426

HELPFUL LINKS

“Health Care Resources for the Uninsured” brochures, www.ldi.la.gov/healthuninsured. Brochures created by the Louisiana Health Care Commission Access to Care Subcommittee which contain health care resources for the uninsured and underinsured populations of the Acadiana, Central, Greater Baton Rouge, Houma, New Orleans, Northeast, Northshore, Northwest and Southwest regions.

Coverage to Care resources, <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html>. An effort to help educate consumers about their new coverage and to connect them with primary care and preventive services which are right for them.

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Office of Financial Solvency

OFFICE OF FINANCIAL SOLVENCY

The Office of Financial Solvency consists of two divisions:

- Financial Examinations Division
- Actuarial Division

These divisions work together to examine and monitor the financial condition of all insurers approved to conduct the business of insurance in Louisiana. The type of regulated insurer varies and includes Louisiana domiciled (domestic), out of state (foreign) and out of country (alien) insurers. These companies may operate as life, health, property and casualty, health maintenance organizations, surplus lines, self-insurance funds (primarily workers' compensation insurance), title and vehicle mechanical breakdown companies. This office is staffed primarily by accounting and actuarial professionals who review the financial condition of insurers for the protection of the policyholders and taxpayers of Louisiana.

The Office of Financial Solvency also administers the Insure Louisiana Incentive Program by examining incentive grant recipients to determine their earnings under the terms of the grant.

FINANCIAL EXAMINATIONS DIVISION

The Financial Examinations Division is divided into two units: Financial Examinations and Financial Analysis.

The Financial Examinations Unit performs on-site examinations, at least once every five years as required by statute, of the financial, corporate and marketing practices of Louisiana domiciled insurers under the provisions and requirements of the Louisiana Insurance Code. Examinations may entail a review of all operations of insurers and their related transactions with affiliates or be confined to limited or targeted areas relating to the insurers' activities. The LDI commenced 26 financial examinations in Fiscal Year 2015-2016.

The Financial Analysis Unit analyzes the periodic financial statements and other required filings of licensed insurers. The activities of the analysts are important in the early detection of financially troubled insurers. During the course of the year, the analyst reviews consumer complaint data, financial statements, holding company registration statements, affiliated transactions, investments and other items. In addition, this unit performs financial reviews of insurance company acquisition transactions and insurance company licensing applications and mergers. The LDI analyzed the financial filings of 225 companies in Fiscal Year 2015-2016.

ACTUARIAL DIVISION

The Actuarial Division is composed of two units: the Life and Health Actuarial Unit and the Property and Casualty Actuarial Unit.

The Life and Health Actuarial Unit provides actuarial expertise in the determination of the adequacy of the reserve liabilities established by life and health insurers and health maintenance organizations.

The Property and Casualty Actuarial Unit provides similar actuarial and reinsurance expertise to the examination and analysis of property and casualty insurers, title insurers, vehicle mechanical breakdown companies and self-insurance funds.

The Actuarial Division provides actuarial analysis of insurance legislation.

INSURE LOUISIANA INCENTIVE PROGRAM

The Insure Louisiana Incentive Program was created by the Louisiana Legislature in 2007 (Act 447) to address an availability and affordability crisis in Louisiana residential and commercial wind and hail property insurance. The program was intended to provide an incentive for existing Louisiana-licensed insurers to increase their wind and hail property insurance volume in Louisiana, and for other property and casualty insurers to become licensed in Louisiana to provide wind and hail property insurance coverage to Louisiana property owners, particularly for properties located in the Gulf Opportunity Zone and/or currently insured by Louisiana Citizens Property Insurance Corporation (“Citizens”).

By allocating \$100 million on a matching fund basis, the program had the potential to increase private market capacity by 15 percent. Of the \$100 million offered, a total of \$29 million was awarded among five insurers new to the Louisiana property market. An immediate impact of the program was the migration of policies from Citizens into the voluntary market by four of the program participants taking out policies offered by Citizens to reduce the level of its exposure. Additional impact on the property insurance market was experienced as the participants also provided coverage through traditional means.

The volume of premium written and assumed is the basis for the earning of the grant funds awarded. By law, participating insurers had 24 months, plus an additional year if a full extension was granted, from the inception of the program to increase their premium volume and begin earning the funds awarded. Thereafter, the funds must be earned on an annual basis, unless an extension of up to one year is granted, with the final accounting to be rendered at the conclusion of the fifth of five “earning periods.”

OFFICE OF FINANCIAL SOLVENCY

INSURE LOUISIANA INCENTIVE PROGRAM

During the period of July 1, 2015 – June 30, 2016, the Office of Financial Solvency audited the Louisiana premium reported written between April 1, 2014 and March 31, 2015 by one participating insurer: Imperial Fire and Casualty Insurance Company (“Imperial”) and between April 1, 2013 and March 31, 2014 by two participating insurers: ASI Lloyds; and Occidental Fire & Casualty Company of North Carolina (“Occidental”). The Office of Financial Solvency determined: Imperial earned \$736,859.13, or 14.7 percent of its original \$5 million grant amount; ASI Lloyds earned \$1,000,000.00 or 20 percent of its original \$5 million grant amount; Occidental earned \$1,633,342.65 or 16.3 percent of its original \$10 million grant amount.

TABLE 25 **GRANT RECIPIENT PREMIUM AUDITED**

	<i>Audited 2015-2016</i>	<i>Program to Date</i>
Total	\$133,498,764.27	\$746,601,529.38
On property located in Gulf Opportunity Zone	\$124,201,835.26	\$716,857,423.33
On property previously insured by Citizens	\$16,053,282.50	\$216,901,423.81
On property located in Gulf Opportunity Zone and previously insured by Citizens	\$15,230,847.83	\$209,442,579.06

HELPFUL LINK

Market Share Reports, <https://www.lidi.la.gov/onlineservices/TopTwentyPremiums/>. Downloadable PDF and Excel® reports by year on the top twenty property and casualty insurers, health insurers and life insurers, plus premiums written by line for all carriers, including Louisiana Citizens Property Insurance Corporation (Citizens). Except for Citizens, the data source is the National Association of Insurance Commissioners.



Office of Property and Casualty

OFFICE OF PROPERTY AND CASUALTY

The Office of Property and Casualty consolidates the regulation of state and federal requirements applicable to commercial and personal lines of property and casualty insurance. This office provides protection to Louisiana consumers and determines whether enhancements or modifications are necessary to assure continued compliance. This office also provides the public with a forum for addressing major property and casualty issues. There are three divisions in operation:

- Property and Casualty Rating Division
- Property and Casualty Forms Division
- Louisiana Property and Casualty Insurance Commission

PROPERTY AND CASUALTY RATING DIVISION

Louisiana is a “prior approval” state, with a deemer date, meaning companies cannot implement or impose their property and casualty rates or rules without first receiving approval from the commissioner of insurance via the Office of Property and Casualty Rating Division.

It is the purpose of the Office of Property and Casualty, through the authority granted to the commissioner of insurance under La. R.S. 22:1451 et seq., to ensure that all property and casualty rates and rules for admitted carriers are not excessive, inadequate or unfairly discriminatory. This is accomplished through:

- Review of all initial rate and rule programs.
- Review of all proposed rate and rule changes.
- Actuarial review of all rate filings.

If actuarial analysis does not support a proposed rate change, the rate filing will be disapproved. Additionally, if the Property and Casualty Rating Division finds that a proposed rule is not in compliance with Louisiana statutes and regulations, then the proposed rule will be disapproved. A disapproval action prohibits the implementation of a proposed rate and/or rule. A company can appeal the commissioner’s decision to disapprove a rate or rule filing.

The Actuarial Division (within the Office of Financial Solvency) reviews all property and casualty rate filings, and most rule filings. The Actuarial Division then provides a written recommendation to the Property and Casualty Rating Division for each filing reviewed. Actuarial review may result in a company’s filing being amended to a lesser or greater percentage change.

Table 26 on page 65 represents actions taken by the Office of Property and Casualty on all rate, rule and informational filings for the current and the prior two fiscal years. The table categorizes the total number of filings as either “Reviewed by Actuarial,” “Not Reviewed by Actuarial” or “Other Than Rate Filings.” The identified actions taken by the Office of Property and Casualty on these filings are “Acknowledged,” “Approved,” “Disapproved” or “Withdrawn” (by the company before the Office of Property and Casualty issues a dispositive decision).

OFFICE OF PROPERTY AND CASUALTY
PROPERTY AND CASUALTY RATING DIVISION

PROPERTY AND CASUALTY LINE FILINGS **TABLE 26**
THREE-YEAR HISTORY

All Lines 7/1/2015 to 6/30/2016				
<i>Filing Disposition</i>	<i>P&C Filings ¹</i>	<i>Rate Filings Reviewed ²</i>	<i>Rate Filings Not Reviewed ³</i>	<i>All Filings Other Than Rate Filings</i>
Acknowledged	40	0	37	3
Approved	1,948	531	103	1,314
Disapproved	158	34	2	122
Withdrawn	151	38	4	109
TOTALS	2,297	603	146	1,548
All Lines 7/1/2014 to 6/30/2015				
<i>Filing Disposition</i>	<i>P&C Filings ¹</i>	<i>Rate Filings Reviewed ²</i>	<i>Rate Filings Not Reviewed ³</i>	<i>All Filings Other Than Rate Filings</i>
Acknowledged	105	0	103	2
Approved	2,127	619	289	1,219
Disapproved	124	38	3	83
Withdrawn	175	51	8	116
TOTALS	2,531	708	403	1,420
All Lines 7/1/2013 to 6/30/2014				
<i>Filing Disposition</i>	<i>P&C Filings ¹</i>	<i>Rate Filings Reviewed ²</i>	<i>Rate Filings Not Reviewed ³</i>	<i>All Filings Other Than Rate Filings</i>
Acknowledged	66	0	54	12
Approved	2,563	632	692	1,239
Disapproved	149	54	1	94
Withdrawn	160	37	5	118
TOTALS	2,938	723	752	1,463

1. Includes rate, rule or informational filings of all types for property and casualty lines regulated under La. R.S. 22:1451 et seq. and includes Workers' Compensation Group Self-Insured Fund rate filings received in accordance with La. R.S. 23:1191 et seq. and Regulation 42.

2. Includes only rate filings for property and casualty lines regulated under La. R.S. 22:1451 et seq. (referred to as "Modified Prior Approval") and includes Workers' Compensation Group Self-Insured Fund rate filings received in accordance with La. R.S. 23:1191 et seq. and Regulation 42. It does not include rate filings made in accordance with La. R.S. 22:1464(E), 1464(A)(1) or 1451(D) (referred to, respectively, as "Consent-to-Rate," "Individually Risk Rated" and "Commercial Informational").

3. Includes rate filings made in accordance with La. R.S. 22:1464(E), 1464(A)(1) or 1451(D).

Table 27 on page 66 summarizes rate filings reviewed by the Actuarial Division over the current and prior two fiscal years. This table displays the action taken on all rate filings reviewed by the Actuarial Division and the market impact of these filings as requested by the filing company compared to the market impact of these rate filings as approved by the Office of Property and Casualty.

OFFICE OF PROPERTY AND CASUALTY
PROPERTY AND CASUALTY RATING DIVISION

**TABLE 27 RATE FILINGS DOLLAR IMPACT
 THREE-YEAR HISTORY**

All Lines 7/1/2015 to 6/30/2016				
<i>Filing Disposition</i>	<i>Rate Filings Reviewed ¹</i>	<i>Percent of Total Rate Filings Reviewed</i>	<i>Requested Dollar Impact of Rate Filings</i>	<i>Approved Dollar Impact of Rate Filings</i>
Disapproved	34	6%	\$2,714,772	\$0
Total Approved	531	88%	\$285,509,792	\$270,300,509
Approved with Amended Rate Request ²	96	16%	\$178,248,112	\$162,832,045
All Other Approvals	435	72%	\$107,468,464	\$107,468,464
Withdrawn	38	6%	\$68,456,468	\$0
TOTALS	603	100%	\$356,681,033	\$270,300,509
All Lines 7/1/2014 to 6/30/2015				
<i>Filing Disposition</i>	<i>Rate Filings Reviewed ¹</i>	<i>Percent of Total Rate Filings Reviewed</i>	<i>Requested Dollar Impact of Rate Filings</i>	<i>Approved Dollar Impact of Rate Filings</i>
Disapproved	38	6%	\$36,606,805	\$0
Approved	619	103%	\$245,494,859	\$216,381,412
Approved with Amended Rate Request ²	116	19%	\$128,222,610	\$99,109,162
All Other Approvals	503	83%	\$117,272,249	\$117,272,249
Withdrawn	51	8%	\$8,781,831	\$0
TOTALS	708	117%	\$290,883,494	\$216,381,412
All Lines 7/1/2013 to 6/30/2014				
<i>Filing Disposition</i>	<i>Rate Filings Reviewed ¹</i>	<i>Percent of Total Rate Filings Reviewed</i>	<i>Requested Dollar Impact of Rate Filings</i>	<i>Approved Dollar Impact of Rate Filings</i>
Disapproved	54	7%	\$21,587,252	\$0
Approved	632	87%	\$309,640,416	\$261,217,172
Approved with Amended Rate Request ²	128	18%	\$144,225,811	\$95,802,567
All Other Approvals	504	70%	\$165,414,605	\$165,414,605
Withdrawn	37	5%	\$26,706,911	\$0
TOTALS	723	100%	\$357,934,578	\$261,217,172

1. Includes only rate filings for property and casualty lines regulated under La. R.S. 22:1451 et seq. and includes workers' compensation group self-insured fund rate filings received in accordance with La. R.S. 23:1191 et seq. and Regulation 42. This category does not include rate filings made in accordance with La. R.S. 22:1464(E), 1464(A)(1) or 1451(D).

2. As a result of the rate filing's review, either the requested rates were amended or corrected.

OFFICE OF PROPERTY AND CASUALTY

PROPERTY AND CASUALTY RATING DIVISION

Table 28 on page 68 summarizes rate filings over the current and the last two fiscal years by type of filing. Prior approval, consent-to-rate, individually risk rated and commercial deregulation are the only property and casualty filing types authorized in Louisiana under Title 22. In addition to Title 22, Title 23 authorizes the commissioner of insurance to review all workers' compensation group self-insured rate filings. The commissioner delegated the review of self-insured funds' rates to the Actuarial Division and, since it is workers' compensation, these reviews are also shown in Table 28.

These provisions are as follows:

PRIOR APPROVAL

The prior approval provisions for rates and rules apply to the review process performed by the Office of Property and Casualty for the majority of rate and rule filings received.

The company must submit a filing with the Office of Property and Casualty and wait 45 days before implementing a newly requested rate and/or rule revision. The Office of Property and Casualty can approve an earlier implementation of a new or revised rate and/or rule if the rate and/or rule has been reviewed and approved before the expiration of the 45 day wait period.

If an insurer has submitted a rate and/or rule filing to the LDI for review and the LDI does not disapprove the filing or state to the insurer that the filing is incomplete within 45 days of the filing's receipt by the Office of Property and Casualty, an insurer can implement the rate and/or rule pursuant to La. R.S. 22:1451(C)(2).

Consent-to-rate, individually rated risks and rates filed by self-insurance funds offering group workers' compensation coverage are also subject to approval.

COMMERCIAL DEREGULATION

The commercial deregulation provision is outlined in La. R.S. 22:1451(D). All commercial filings, both rate and rule, are filed with the Office of Property and Casualty. If a filing is designated by the insurance company as being negotiated, the policy has an annual premium of \$10,000 or greater, and if the line of business is any other than workers' compensation or medical malpractice, the company is required to submit an informational filing to the Office of Property and Casualty.

OFFICE OF PROPERTY AND CASUALTY
PROPERTY AND CASUALTY RATING DIVISION

**TABLE 28 METHODS OF RATE FILING
 THREE-YEAR HISTORY**

All Lines 7/1/2015 to 6/30/2016			
<i>Filing Method</i>	<i>Total Number of Rate Filings Reviewed ¹</i>	<i>Number of Rate Filings Approved ²</i>	<i>Number of Rate Filings Not Approved ²</i>
Prior Approval ³	603	531	72
Consent-to-Rate ⁴	117	117	0
Individually Risk Rated ⁵	4	3	1
Commercial Informational ⁶	25	20	5
Workers' Compensation Group Self-Insured Funds ⁷	0	0	0
TOTALS: ALL FILING METHODS	749	671	78
All Lines 7/1/2014 to 6/30/2015			
<i>Filing Method</i>	<i>Total Number of Rate Filings Reviewed ¹</i>	<i>Number of Rate Filings Approved ²</i>	<i>Number of Rate Filings Not Approved ²</i>
Prior Approval ³	707	618	89
Consent-to-Rate ⁴	240	239	1
Individually Risk Rated ⁵	49	49	0
Commercial Informational ⁶	114	104	10
Workers' Compensation Group Self-Insured Funds ⁷	1	1	0
TOTALS: ALL FILING METHODS	1,111	1,011	100
All Lines 7/1/2013 to 6/30/2014			
<i>Filing Method</i>	<i>Total Number of Rate Filings Reviewed ¹</i>	<i>Number of Rate Filings Approved ²</i>	<i>Number of Rate Filings Not Approved ²</i>
Prior Approval ³	721	630	91
Consent-to-Rate ⁴	676	675	1
Individually Risk Rated ⁵	21	21	0
Commercial Informational ⁶	55	50	5
Workers' Compensation Group Self-Insured Funds ⁷	2	2	0
TOTALS: ALL FILING METHODS	1,475	1,378	97

1. Includes only rate filings for property and casualty lines regulated under La. R.S. 22:1451 et seq. and includes Workers' Compensation Group Self-Insured Fund rate filings received in accordance with La. R.S. 23:1191 et seq. and Regulation 42. This category does include rate filings made in accordance with La. R.S. 22:1464(E), 1464(A)(1) or 1451(D).

2. "Approved" filings include those reviewed and approved by the commissioner in accordance with La. R.S. 22:1451 et seq., Workers' Compensation Group Self-Insured Fund rate filings received in accordance with La. R.S. 23:1191 et seq. and Regulation 42, and those filings either received and acknowledged or filings only received in accordance with La. R.S. 22:1464(E), 1464(A)(1) or 1451(D). "Not Approved" filings are those not in the "Approved" category, including those rate filings disapproved by the commissioner in accordance with La. R.S. 22:1451 et seq., filings received in accordance with La. R.S. 22:1464(E), 1464(A)(1) or 1451(D) but found not to be statutorily compliant and those filings withdrawn by the company.

3. La. R.S. 22:1451 et seq.

4. La. R.S. 22:1464(E).

5. La. R.S. 22:1464(A)(1).

6. La. R.S. 22:1451(D).

7. La. R.S. 23:1191 et seq. and Regulation 42.

OFFICE OF PROPERTY AND CASUALTY
PROPERTY AND CASUALTY RATING DIVISION

Table 29 on page 70 shows the Louisiana premiums paid to insurers in 2015 along with underwriting gains and losses by line, as reported to the National Association of Insurance Commissioners.

Not all lines of business shown in Table 29 are subject to rate regulation. Lines not subject to rate regulation by the LDI include crop, federal flood, ocean marine, health and accident, aircraft and bail bonds (a subset of surety). Further, the Louisiana Workers' Compensation Corporation and surplus lines insurers are exempt from this assessment.

OFFICE OF PROPERTY AND CASUALTY
PROPERTY AND CASUALTY RATING DIVISION

TABLE 29 LOUISIANA PROPERTY AND CASUALTY MARKET EXHIBIT OF UNDERWRITING GAINS AND LOSSES BY LINE OF BUSINESS CALENDAR YEAR 2015

<i>Line of Business</i>	<i>(A) Direct Premium Written</i>	<i>(B) Direct Premium Earned</i>	<i>(C) Dividends Paid</i>	<i>(D) Incurred Losses & Adjustment Expenses</i>	<i>(E) Estimated Underwriting Expenses</i>	<i>(F) Estimated Other Income / (Expense)</i>	<i>(G) Estimated Underwriting Gain/(Loss), Excluding Investment Income</i>
Fire	337,373,092	339,986,419	238,787	152,370,938	117,958,194	3,724,022	73,142,523
Allied Lines	466,070,435	466,622,324	455,383	111,034,079	187,957,629	26,203,388	193,378,622
Multiple Peril Crop	77,894,995	76,358,776	-	73,511,211	7,548,714	22,085	(4,679,064)
Federal Flood	255,936,804	260,964,030	-	12,070,857	75,973,992	253,419	173,172,599
Private Crop	1,890,346	1,884,705	-	3,943,237	480,102	713	(2,537,921)
Farmowners Multiple Peril	13,540,845	13,374,534	-	4,125,602	4,847,380	(18,639)	4,382,913
Homeowners Multiple Peril	1,851,819,367	1,825,198,955	6,233,516	553,954,643	678,209,840	11,506,964	598,307,921
Commercial Multiple Peril (Non-Liability)	379,547,491	381,269,860	119,797	109,166,930	146,111,670	(1,835,804)	124,035,659
Commercial Multiple Peril (Liability)	150,936,066	149,151,041	30,090	77,288,630	66,056,956	(540,674)	5,234,691
Mortgage Guaranty	60,805,570	58,059,302	-	8,644,787	16,185,024	(4,902,094)	28,327,397
Ocean Marine	185,278,273	195,617,552	9,037	66,150,935	64,372,139	(1,150,376)	63,935,064
Inland Marine	418,461,429	420,446,109	220,377	190,791,809	143,130,469	(1,479,760)	84,823,694
Financial Guaranty	7,005,920	23,810,981	-	252,879	8,957,644	(7,051,356)	7,549,102
Medical Malpractice	102,057,546	101,340,965	2,719,573	42,201,774	40,777,455	7,252,272	22,894,435
Earthquake	6,261,805	6,573,645	10,560	(279,702)	1,491,465	(169,426)	5,181,896
Group Accident and Health	36,028,250	34,280,676	-	20,852,982	9,497,269	(1,273,008)	2,657,417
Credit Accident and Health	1,057,180	1,496,569	-	451,028	396,698	12,323	661,166
Other Accident and Health	18,370,937	13,893,328	380	11,748,698	6,070,164	(6,046,554)	(9,972,467)
Workers' Compensation	834,135,514	841,368,673	95,192,577	505,166,650	272,444,429	(7,318,057)	(38,753,040)
Other Liability-Occurrence	678,991,198	672,222,435	465,111	476,985,018	235,611,105	(6,008,835)	(46,847,634)
Other Liability-Claims-Made	190,407,789	193,737,605	30,159	142,163,143	69,604,539	(2,533,571)	(20,593,806)
Excess Workers' Compensation	50,313,476	49,390,606	-	63,977,868	16,017,079	(110,811)	(30,715,152)
Products Liability	44,140,372	45,685,874	1,915	34,358,581	21,235,333	(153,751)	(10,063,706)
Private Passenger Auto Liability	2,373,771,815	2,333,789,353	6,296,640	1,905,402,410	804,821,507	(3,083,523)	(385,814,727)
Commercial Auto Liability	545,083,946	532,008,413	32,908	554,876,778	207,817,050	(3,050,994)	(233,769,317)
Private Passenger Auto Physical Damage	1,433,621,098	1,410,099,778	3,983,512	907,476,659	486,796,044	5,765,839	17,609,401
Commercial Auto Physical Damage	107,638,052	107,968,133	7,916	55,749,855	45,538,383	(221,440)	6,450,539
Aircraft (All Perils)	44,950,867	47,581,474	-	19,632,524	15,084,732	(373,228)	12,490,991
Fidelity	13,634,818	13,097,659	81	8,092,478	5,545,115	(36,953)	(576,968)
Surety	106,015,004	108,333,375	-	48,102,187	54,511,607	(246,329)	5,473,252
Burglary and Theft	4,134,868	3,934,764	15	431,842	1,683,527	(11,486)	1,807,894
Boiler and Machinery	29,526,951	28,687,748	810	(18,025,273)	9,752,639	(825,793)	36,133,779
Credit	23,811,116	25,386,310	-	7,087,890	13,021,996	104,053	5,380,477
Warranty	8,350,035	7,520,495	-	4,583,920	1,041,944	21,674	1,916,304
Aggregate Write-Ins, Other Lines of Business	22,971,628	20,283,189	-	4,563,781	4,343,087	3,284	11,379,606
Totals	10,881,834,898	10,811,425,655	116,049,144	6,158,907,628	3,840,892,917	6,427,575	702,003,541

(A) Actual Reported Louisiana Experience, 2015 Property & Casualty Annual Statement, Page 19 (State Page), column 1.
(B) Actual Reported Louisiana Experience, 2015 Property & Casualty Annual Statement, Page 19 (State Page), column 2 .
(C) Actual Reported Louisiana Experience, 2015 Property & Casualty Annual Statement, Page 19 (State Page), column 3 .
(D) Actual Reported Louisiana Experience, 2015 Property & Casualty Annual Statement, Page 19 (State Page), columns 6 & 9 .
(E) Actual Reported Louisiana Experience - Commission & Premium Tax Expenses, 2015 P&C Annual Statement (Page 19 (State Page) , columns 11 & 12) + Estimated Louisiana Experience based upon Nationwide Ratio of Other Adjustment, Acquisition & General Expenses to Earned Premium (2015 Insurance Expense Exhibit - Part III, Columns 11, 27, & 29).
(F) Estimated Louisiana Experience based upon Nationwide Ratio of Other Income/Expense to Earned Premium, 2015 Insurance Expense Exhibit - Part III, Column 31.
(G) Calculation = Cols. B - C - D - E + F

Report Date: July 19, 2016

Caution: This page is unaudited and may contain inadvertent errors.

PROPERTY AND CASUALTY FORMS DIVISION

The Property and Casualty Forms Division reviews contract forms submitted by insurers for compliance with applicable statutes, rules and regulations.

The forms review process emphasizes:

- compliance with all applicable state and federal laws, rules and regulations.
- avoidance of any inconsistent, ambiguous or misleading language, text or format.
- assurance that exceptions and conditions affecting the risks are clearly stated and are reasonable.
- assurance of consumer protection to the extent authorized by law.

Table 30 shows the total number of policy forms reviewed by the Property and Casualty Forms Division.

**PROPERTY AND CASUALTY FORMS PROCESSED
THREE-YEAR HISTORY** **TABLE 30**

<i>Fiscal Year</i>	<i>Total Number of Forms Processed</i>
07-01-2015 to 06-30-2016	23,400
07-01-2014 to 06-30-2015	23,314
07-01-2013 to 06-30-2014	19,267

Of the total number of policy forms in Fiscal Year 2015-2016, 68 percent were approved prior to use, either by receiving LDI approval or by utilizing the Certified Approved process. Table 31 presents the numbers of approval and disapproval actions taken on all forms processed. However, Table 31 does not include numbers for forms received for informational purposes only, forms withdrawn or filings where companies adopt filing organizations' forms which the Property and Casualty Forms Division had previously approved for use in Louisiana.

**ACTIONS TAKEN ON PROPERTY AND CASUALTY FORMS PROCESSED
THREE-YEAR HISTORY** **TABLE 31**

<i>Fiscal Year</i>	<i>Approved</i>	<i>Disapproved</i>
07-01-2015 to 06-30-2016	15,892	5,317
07-01-2014 to 06-30-2015	16,464	4,631
07-01-2013 to 06-30-2014	14,767	3,038

LOUISIANA PROPERTY AND CASUALTY INSURANCE COMMISSION

LEGISLATIVE BACKGROUND AND PURPOSE

In 1997, the Louisiana Legislature created the Council on Automobile Insurance Rates and Enforcement (CAIRE) to undertake a comprehensive study and provide oversight and recommendations aimed at enforcement of those laws and programs that affect automobile insurance rates. CAIRE researched and studied many ideas that have been beneficial in the area of lowering automobile insurance rates including, but not limited to, the impoundment law, “No Pay, No Play,” stronger DWI penalties, graduated licensing, automobile insurance checkpoints and a crackdown on insurance fraud.

In 2001, the Louisiana Legislature expanded CAIRE’s realm of study to include not only automobile insurance but also homeowners insurance and workers’ compensation insurance, thus forming the Louisiana Property and Casualty Insurance Commission. The commission, which consists of three ad-hoc committees (Automobile Insurance Ad-Hoc Committee, Homeowners Insurance Ad-Hoc Committee and Workers’ Compensation Ad-Hoc Committee), has been given the task of reviewing and examining the availability and affordability of property and casualty insurance in the state.

The commission submits an annual report to the governor, commissioner of insurance and the Legislature, which includes its recommendations based upon its research, meetings and testimony. The Louisiana Property and Casualty Insurance Commission is authorized under La. R.S. 22:2171.

MEMBERSHIP

The 24-member commission is composed of insurance industry experts and other interested parties, including national and state property insurance associations, agent associations, law enforcement, community leaders and representatives of various consumer interests. Membership also includes the commissioner of insurance, representatives from the Office of the Governor, the Office of the Attorney General, the Senate and House Committees on Insurance and an appointment designated by the commissioner of insurance.

Legislative Recommendations for the 2016 Regular Session

1. Maintain or strengthen statewide building codes.

The members discussed the overall positive impact that strong statewide building codes have on premiums paid for both personal and commercial property insurance. Property insurers continue to extol the virtues of residential and commercial buildings that are built or retrofitted to meet strong statewide building codes, because these properties are likely to incur limited, if any, damage from catastrophic events. The commission recommends that the Legislature resist any efforts to weaken or diminish the current statewide building codes.

2. Enact legislation to address distracted driving.

All forms of distracted and inattentive driving increase the risk of automobile accidents, which result in an increase in automobile insurance premiums. Cognitive demands of the use of hand-held devices narrows our field of vision and creates distraction that negatively affects driving. Studies have shown that this type of distraction results in risk similar to driving with a .08 BAC and a four times greater chance of being in a traffic crash. The commission recommends that the legislature ban the manual use by the operator of a motor vehicle while in motion of all electronic devices not permanently installed in the vehicle.

3. Enact legislation to increase fines and penalties for seat belt violations, including making a seat belt violation a primary cause for a traffic stop and issuance of a citation.

Statistics show that states with higher fines have a greater use of seat belts by vehicle occupants. In many states, fines for violating seat belt laws are so small that they don't motivate people to wear their seat belts. Increasing a seat belt fine from \$5 to \$100 can increase seat belt use by more than 10 percentage points. For instance, an increase from \$25 (Louisiana) to \$60 should increase belt use by three to four percentage points. The commission recommends that the legislature increase the fines for violating Louisiana's mandatory seat belt laws.

Based on 2013 Stats: First Offense

Nationwide: 87% usage

Louisiana: 82.5% usage

Oregon: 98.2% usage with \$110 fine

Texas: 90.3% usage with \$200 fine

Washington: 94.5% usage with \$124 fine

4. Enact legislation to establish a mediation program for residential property claims.

A property insurance mediation program should have a positive impact on residential property insurance. Accordingly, the overall expenses of disputes between insureds and insurers should be reduced. Florida has a property insurance mediation program that has proven to be successful in resolving more than 50 percent of the disputes between insureds and insurers and thereby reducing overall expenses to the insurers. The commission recommends that the legislature enact a property insurance mediation program for residential property insurance.

5. Enact legislation to lower the civil jury trial threshold.

There are 14 states that have a civil jury trial threshold. Louisiana is at the extreme with a \$50,000 threshold. Maryland is a distant second at \$15,000, followed by Rhode Island and Hawaii at \$5,000. Thirty-six states have no threshold. Lawsuits below this amount are heard by a judge instead of a jury. From the insurance companies' perspective this restricted access to jury trials results in fewer out-of-court settlements, more lawsuits, and higher and more frequent awards to the plaintiff that results from judgments granted by the trial judge. Lower loss trend projections for insurers would have the effect of reducing premiums for consumers. The commission recommends that the legislature reduce the civil jury threshold.

6. Enact legislation to repeal the direct action statute except where defendant cannot be served.

Louisiana remains the only state in the union with a pure direct action statute. The result is that only in Louisiana is a plaintiff allowed to name an insurance company as a defendant in a lawsuit in addition to or sometimes in the place of the insured. The impact of exposing the insurer as a defendant to the trial jury is a negative factor in efforts to reduce the cost of liability insurance in Louisiana. The commission recommends that the Legislature repeal the direct action statute.

7. Enact legislation to reinstate the uninsured/underinsured coverage as a first party coverage.

Louisiana courts have extended the coverage under uninsured/underinsured motorist (UM) insurance to any passenger in the vehicle, which appears to be contrary to limiting UM coverage to named insureds and not to mere passengers. The commission recommends that the Legislature limit UM coverage to those named under the policy.

Key Issues Addressed by the Commission

1. Monitor transportation network company issues.

Monitor the effectiveness of The Transportation Network Company Motor Vehicle Responsibility Law in addressing the needs of drivers and passengers. Observe the market to ascertain any insurance trends relative to transportation networks or the sharing economy in general.

2. Study cybersecurity insurance issues.

Cybersecurity is a major issue in law, technology, and national security. Insurance coverage for liabilities and losses that result from breaches of cybersecurity is a major topic of concern throughout the insurance industry. The affordability and availability of insurance coverage for cyber-related losses is a growing concern for firms of all sizes.

3. Study driverless vehicle issues.

Driverless vehicle technology will be commercially available in the foreseeable future. It may reduce the risk associated with human error, but it will also add new risk associated with cybersecurity, transportation networks, product liability for software and hardware, and other potential liabilities.

4. Study opioid use and abuse issues.

There is a national problem with regard to the abuse of opioids that directly and negatively affects liability and workers' compensation insurance.

5. Study third party litigation funding issues.

The commission intends to determine the effect that the funding of litigation by third parties may have on the affordability and availability of insurance coverage.

6. Study collateral source rule issues.

Study the effect on insurance costs that the collateral source rule has. Examine the holding in *Hoffman v. 21st Century N. Am. Ins. Co.*, 2014-2279 (La. 10/2/15), __ So.3d __, 2015 WL 5776131 to determine how its rationale may affect premiums for liability insurance.

OFFICE OF PROPERTY AND CASUALTY
LOUISIANA PROPERTY AND CASUALTY INSURANCE COMMISSION

7. Study Medicare Secondary Payer issues.

The Medicare Secondary Payer Act has been enforced in settlement of workers' compensation matters for several years. Study the effect of the Act on the ability of parties to settle ordinary personal injury claims.

8. Study bad faith law issues.

The commission intends to study how statutes that authorize bad faith damages may negatively impact premiums for property and casualty insurance coverage in Louisiana. This study will include an analysis of the criteria used by Louisiana courts to award bad faith damages and whether the Legislature should establish more objective criteria to assist the courts.

Helpful Links

Search property and casualty rate filings. www.ldi.la.gov/online-services/rate-filing-search

Product Filing Requirements for Insurers, <http://ia.ldi.state.la.us/productmatrix/>
Explanation of rate, form and complaint response web-based systems used by the LDI.

Shop Your Rates: Auto and Home Insurance Rate Comparison guides. www.ldi.la.gov/online-services/shop-your-rates

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Division of Legal Services

DIVISION OF LEGAL SERVICES

LEGAL SERVICES

RESPONSIBILITIES AND ACTIVITIES

The Division of Legal Services in the Department of Insurance was created by La. R.S. 36:689 and is under the direction of the executive counsel. The Division of Legal Services acts as the legal counsel and enforcement arm of the LDI. Its functions include drafting regulations, directives, advisory letters and bulletins; preparing and monitoring legislation; representing the LDI in litigation before federal, state and administrative courts; enforcing insurance regulatory laws in administrative hearings; and assisting LDI staff by providing legal advice on policy forms and any other insurance related matters. This division also serves as a liaison between the LDI and other federal, state and local government departments, agencies and commissions as well as insurance companies, producers and consumers. The Division of Legal Services may provide legal opinions to the insurance industry, other regulators and LDI personnel.

ADMINISTRATIVE HEARINGS

In Fiscal Year 2015-2016, the Division of Legal Services tracked 291 activities related to legal representation of the LDI in its enforcement and regulatory capacity. Each attorney works closely with different LDI offices and divisions to enforce the requirements of Title 22, the Louisiana Insurance Code.

Staff attorneys also serve as prosecutors for violations of the Insurance Code in legal hearings by the Division of Administrative Law. See Table 32 for the legal issues involved.

TABLE 32 **LEGAL ISSUES/ADMINISTRATIVE HEARINGS**
THREE-YEAR HISTORY

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Bail Bond Forfeitures	202	182	239
Cease and Desist Orders	18	23	9
Failure to Pay Taxes, Fines or Assessments	4	8	3
Misappropriations	11	14	4
Misrepresentations	14	8	4
Revocation of Certificate of Authority/License	3	18	4
Unlicensed/Unauthorized Producers or Companies	4	10	4
Other	35	9	2
TOTALS	291	272	269

FINES COLLECTED

In Fiscal Year 2015-2016, the Division of Legal Services assisted the commissioner of insurance in collecting \$46,110 in civil fines.

RULES, REGULATIONS, DIRECTIVES, ADVISORY LETTERS, BULLETINS

In addition to administrative hearings, other key responsibilities of the Division of Legal Services center on legislation, regulatory policies and legal opinions. A list of regulations, rules, directives, advisory letters and bulletins written, amended, revised, rescinded/repealed in Fiscal Year 2015-2016 follows.

The following documents can be found on the LDI website here:
<https://www.lidi.la.gov/onlineservices/documentsearch/>

Advisory Letter 2016-01: Applicability of the Provider Fee Authorized in La. R.S. 46:2625 to Medicare Advantage Plans in Relation to Directive 208 (July 1, 2016)

Advisory Letter 2016-02: Mandatory Registration by Producer Agencies (July 7, 2016)

Bulletin 2016-01: Extension of Transitional Relief (March 15, 2016)

Bulletin 2016-02: Deadlines for Health Insurance Issuer and HMO Submissions of Form and Rate Filings & Plan Management Binders (April 13, 2016)

Bulletin 2016-03: Schedule Rating Plans for Commercial Property and Casualty Insurers (April 19, 2016)

Bulletin 2016-04: Operative Date of Principle-Based Valuation Manual (July 5, 2016)

Bulletin 2016-05: Terrorism Risk Insurance Data Call (July 29, 2016)

Directive 180: Policy Forms and Marketing Practices Insurable Interest (Revised April 27, 2016)

Directive 208: Applicability of the Fees Authorized in La. R.S. 46:2625; Enforcement Actions Against Entities for Violations of La. R.S. 46:2625 (May 9, 2016)

Regulation 31: Holding Company (Amended July 2015)

Regulation 103: Utilization Review Organizations and Independent Review Organization (Promulgated October 2015)

Regulation 77: Medical Necessity Review Organizations (Repealed October 2015)

Regulation 104: Corporate Governance Annual Disclosure (Promulgated December 2015)

Regulation 51: Individual Health Insurance Rating Requirements (Repealed January 2016)

Regulation 52: Small Group Health Insurance Rating Requirements (Repealed January 2016)

Regulation 32: Group Coordination of Benefits (Amended July 2016)

LITIGATION DISCLOSURE ANNUAL REPORT

LA. R.S. 36:8.1 REPORT BY THE COMMISSIONER

§8.1. Litigation oversight; reports to the legislature

A.(1)(a) The head of each agency shall make and publish an annual report to the legislature containing a list of all civil actions brought in a court of law by the agency as a named party plaintiff.

(b) The attorney general shall make and publish an annual report to the legislature containing a list of all civil actions brought in a court of law by the state of Louisiana as a named party plaintiff.

(2) Each such report shall include all cases instituted, pending, or concluded during the preceding calendar year and shall:

(a) Contain the names of all parties appearing as plaintiffs at any time during the litigation and all parties named as defendants at any time during the litigation as they appear on the pleadings, the court that has jurisdiction over the matter, the docket number, the cause of action being averred, and the relief being sought.

(b) Indicate the current status of the case, including whether the case has been heard on the merits, whether there is a final judgment therein and, if so, an indication if the final judgment was determined on a procedural or substantive issue, whether the case has settled prior to any final judgment, and whether an appeal has been taken and, if so, if that appeal was initiated by the agency.

(c) List the name or names of all outside counsel representing the agency or the state and the agreement of the agency or the attorney general on behalf of the agency or the state, including the hourly rate of pay for the attorney or attorneys and paraprofessionals or the percentage of compensation or commission or any other arrangement relative to compensation, including payment of compensation by a defendant.

(3)(a) One week before the convening of each annual legislative session, a copy of the report shall be submitted by the head of each agency and the attorney general to the presiding officer of each house of the legislature and shall also be submitted in accordance with the provisions of R.S. 24:772.

(b) The presiding officer shall refer the report to the appropriate committee having jurisdiction of the subject matter as provided in the rules of the respective house, and any legislative committee which receives a report may conduct a hearing thereon.

Litigation active during the 2015 calendar year in which the LDI was the plaintiff included three cases instituted during the year, six pending, and one concluded.

LAWSUITS BROUGHT BY THE COMMISSIONER OR DEPARTMENT OF INSURANCE **TABLE 33**
CALENDAR YEAR 2015

Docket Number	Court	Plaintiffs (at any time)	Defendants (at any time)	Cause of Action	Relief Sought	Current Status	Counsel Information
499737	19th JDC	Louisiana Department of Insurance	AmCare Health Plans of Louisiana, Inc.	Receivership	Rehabilitation	Rehabilitation	Michael Charles Guy, Attorney General
501867	19th JDC	Louisiana Department of Insurance	Patterson Insurance Company	Receivership	Rehabilitation	Closed on December 8, 2015	Michael Charles Guy, Attorney General
625219	19th JDC	Louisiana Department of Insurance	Gertrude Geddes Willis Life Insurance	Receivership	Rehabilitation	Rehabilitation	Michael Charles Guy, Attorney General
629200	19th JDC	Louisiana Department of Insurance	Louisiana Employers-Managed Insurance Company and Employers Mutual Insurance Holding Company	Receivership	Rehabilitation	Rehabilitation	Michael Charles Guy, Attorney General
633396	19th JDC	Louisiana Department of Insurance	Mothe Life Insurance Company and its Wholly Owned Subsidiary, DLE Life Insurance Company	Receivership	Rehabilitation	Rehabilitation	Michael Charles Guy, Attorney General
6288016	19th JDC	Louisiana Department of Insurance	Snider Mutual Funeral Association	Receivership	Rehabilitation	Rehabilitation	Michael Charles Guy, Attorney General
641770	19th JDC	Louisiana Department of Insurance	Paul A. Granzier, Richard N. Harman and Dental2U	Petition for Injunction Relief, Imposition of Fine and Rule to Show Cause	Temporary restraining order, and subsequently preliminary and permanent injunctions, restraining, enjoining and prohibiting defendants, engaging in any aspect of the business of insurance in the state of Louisiana and to impose fine.	Scheduled for hearing	Mary Jones, Attorney 4, Louisiana Department of Insurance
641353	19th JDC	Louisiana Department of Insurance	Affirmative Casualty Insurance Company	Rehabilitation	Rehabilitation	Rehabilitation	Michael Charles Guy, Attorney General
641928	19th JDC	Louisiana Department of Insurance	Louisiana Health Cooperative	Rehabilitation	Rehabilitation	Rehabilitation	Michael Charles Guy, Attorney General

HELPFUL LINKS

Regulatory documents issued during 2015-2016 can be found here, <https://www.lidi.la.gov/onlineservices/documentsearch/>

All currently effective advisory letters, bulletins, directives, rules and regulations, <https://www.lidi.la.gov/onlineservices/documentsearch/>. This document search feature may be filtered by keywords in the document name, by document type, by LDI office associated with the subject matter and by the year of promulgation.

For information on rules or regulations currently in the adoption process, <http://www.lidi.la.gov/public-hearing-and-rulemaking-notices>. Actions posted here remain available for at least one year in accordance with La. R.S. 49:974.



Division of Insurance Fraud

DIVISION OF INSURANCE FRAUD

The Division of Insurance Fraud consists of two units:

- Fraud and Background Investigations
- Louisiana Automobile Theft and Insurance Fraud Prevention Authority

FRAUD AND BACKGROUND INVESTIGATIONS

The Division of Insurance Fraud investigates all forms of suspected insurance fraud:

- Claims fraud
- Producer fraud, including bail bond agents and bail enforcement agents
- Claims adjuster fraud
- Company fraud, including fraud committed by a company or fraud committed against a company (i.e., insider fraud)
- Provider fraud, which includes doctors, attorneys, body shops, pharmacies or any person or entity playing a role in the insurance process

Investigators work closely with the various offices and divisions within the LDI and other departments of insurance across the nation, as well as with the Insurance Fraud/Auto Theft Investigation Unit of the Office of State Police and the Insurance Fraud Support Unit of the Office of the Attorney General, local and federal law enforcement officers, prosecutors, insurance company personnel, insurance agencies and the general public in their mission to reduce fraud in Louisiana. The Division of Insurance Fraud places emphasis on the following:

- Investigating suspected fraudulent claims and working closely with the respective law enforcement agencies and prosecutors' offices for the successful investigation and prosecution of individuals involved in fraudulent insurance activities.
- Investigating insurance producers and companies suspected of engaging in fraudulent practices and working with the respective law enforcement agencies and prosecutors' offices for the successful prosecution of individuals involved in fraudulent activities.
- Performing background investigations on companies, individuals and other entities seeking to conduct the business of insurance in Louisiana.
- Performing background investigations on individuals seeking an 18 U.S.C. § 1033 consent to engage in the business of insurance.
- Supervising the filing of insurance anti-fraud plans and the annual statistical reports.

Since 1999, an assessment on insurance premiums has provided funding to combat insurance fraud. The funds are dedicated to the insurance fraud units within the Office of State Police and the Office of the Attorney General and for additional assistance to the Division of Insurance Fraud of the LDI. The fraud units of the three agencies work closely as a task force, each playing a vital role in the process, from preliminary investigation and criminal referral, to arrest and prosecution. In 2012, legislation passed to establish an additional funding source by imposing fines and a treble damage penalty on insurance fraudsters. In 2013, legislation passed allowing fraud investigators to become Peace Officer Standards and Training certified and to carry weapons while in performance of their duties.

DIVISION OF INSURANCE FRAUD

FRAUD AND BACKGROUND INVESTIGATIONS

Any law enforcement authority may investigate insurance fraud, but the majority of cases are channeled through the State Police Insurance Fraud/Auto Theft Investigation Unit. When local authorities pursue insurance fraud cases, the Division of Insurance Fraud works with them and may serve as an informal liaison between them and the State Police.

The State Police developed the Homeland Security Information Network, an information sharing website for the three fraud units to share information among themselves and with special investigation units of the insurance industry. The status of all cases referred to the State Police can be found on the Homeland Security Information Network, along with arrest messages and an information sharing link. The information included on the Homeland Security Information Network is confidential and accessible only by the insurance fraud task force members and industry special investigation units, which must sign confidentiality agreements before being permitted access.

The Division of Insurance Fraud plays a critical role in insurance fraud prevention. The key components are educating the public and regulated entities and conducting extensive background investigations. The Division of Insurance Fraud's efforts in the area of education include press releases, brochures, an online presence and presentations to various groups and organizations about insurance fraud.

CLAIMS FRAUD

The Division of Insurance Fraud received 4,053 reports of suspected fraudulent claims during Fiscal Year 2015-2016. The majority were from insurance companies in accordance with La. R.S. 22:1926. Since its inception in 2007, the Division of Insurance Fraud database has accumulated 28,600 entries of suspected fraudulent claims.

The database enables the Division of Insurance Fraud to determine patterns of numerous suspicious claims which involve an individual claimant, possibly several insurance companies and specific medical providers, attorneys or possibly insurance company staff. Analysis of the data may expose fraudulent schemes.

Exaggerated loss statements are reported more frequently than any other type of suspected fraud. Exaggerated losses include the following:

- Claiming greater and more prolonged severity of a physical injury than actually occurred.
- Claiming damage to a vehicle from a wreck when the damage actually occurred from another wreck or incident.
- Claiming property was destroyed or burglarized in a home when in fact the items never existed or were never stolen or destroyed.

Other examples of fraudulent claims include staged accidents (i.e., planned incidents that are made to appear and claimed by the participants to be "accidents" involving some type of loss), automobile arson, automobile "give ups," provider fraud and medical/health care fraud.

Louisiana laws (La. R.S. 22:1926 and 40:1424) require the reporting of all cases of suspected fraudulent activity to the LDI Division of Insurance Fraud. Suspected fraudulent claims can be made through

DIVISION OF INSURANCE FRAUD

FRAUD AND BACKGROUND INVESTIGATIONS

the department's online link to the National Association of Insurance Commissioners Online Fraud Reporting System for consumers, members of the general public, companies or industry employees wanting to report fraud. Property and casualty insurance companies who are members of the National Insurance Crime Bureau may report questionable/suspect insurance claims through the ISO Claim Search Link which is also on the LDI website.

The Division of Insurance Fraud referred 1,844 claim fraud investigations to the State Police during the fiscal year. There were 153 arrests resulting in 281 charges for numerous crimes as a result of criminal referrals related to suspected fraudulent insurance claims. Those charges are categorized in Table 35.

PRODUCER, ADJUSTER AND COMPANY FRAUD

Investigations of insurance producers, claims adjusters and companies may involve misrepresentation; misappropriation (by any person) of funds belonging to the policyholder; activities of premium finance companies; activities by unlicensed and/or unauthorized entities; and the issuance/use of fraudulent insurance identification cards or certificates of insurance. The single greatest producer fraud activity, from an administrative perspective, continues to be misappropriation of funds from a policyholder. Since these funds go unreported to an insurance company or premium finance company, counterfeit insurance identification cards and certificates of insurance may also be involved.

Investigations include the compilation, research and analysis of information obtained by the Division of Insurance Fraud from consumer complaints, producers, companies, LDI offices and additional sources. A detailed analysis is done to determine if sufficient evidence exists to justify LDI action and/or criminal referral. Investigators work closely with law enforcement during on-site investigations of fraudulent activity and with the gathering of additional evidence, if warranted. This division referred ten producer investigations to law enforcement.

**TABLE 34 ACTIONS TAKEN REGARDING PRODUCER, CLAIMS ADJUSTER AND COMPANY FRAUD
THREE-YEAR HISTORY**

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Number of Investigations Opened	128	88	82
Cease and Desist Orders Served	8	17	14
Notices of Proposed Action Served	3	12	13
Criminal Referrals to Law Enforcement	15	13	10
Arrests Made as a Result of Criminal Referrals	3	5	1

DIVISION OF INSURANCE FRAUD
FRAUD AND BACKGROUND INVESTIGATIONS

CHARGES AGAINST CLAIMANTS OR LICENSEES **TABLE 35**
RESULTING FROM REFERRALS BY CATEGORY

<i>Category</i>	<i>Number of Charges*</i>	<i>Percent of Crimes</i>
Insurance Fraud	184	64.1%
Felony Theft	45	15.8%
Conspiracy	19	6.7%
Identity Theft	11	3.8%
Filing False Public Records	9	3.1%
Contributing to the Delinquency of a Minor	4	1.4%
Damage to Property with Intent to Defraud	4	1.4%
Possession of Stolen Things	4	1.4%
Forgery of an Insurance Certificate	3	1.0%
Accessory After the Fact of Insurance Fraud	2	0.7%
Access Device Fraud	1	0.3%
Filing a False Police Report	1	0.3%

*An arrest may include multiple charges.

BACKGROUND INVESTIGATIONS

One of the duties and responsibilities of the Division of Insurance Fraud is to investigate the backgrounds of companies, officers, directors, medical necessity review organizations, claims adjusters and other entities applying to conduct the business of insurance in Louisiana. This includes changes of officers and directors of domestic companies currently authorized to do business in the state.

Contacts utilized to conduct background investigations include, but are not limited to, the following:

- U.S. Attorneys.
- District Attorneys.
- FBI and other federal enforcement agencies.
- Other state law enforcement agencies nationwide.
- Sheriff departments across the state.
- Other state insurance regulatory agencies nationwide.
- Federal and state agencies involved in the regulation of securities.
- Professional licensing boards in all states, nationally and internationally.
- Professional associations and organizations at all levels.

DIVISION OF INSURANCE FRAUD

FRAUD AND BACKGROUND INVESTIGATIONS

- Other regulatory agencies, depending on the background of the entity involved.
- Fraud prevention and detection organizations such as the National Insurance Crime Bureau, Coalition Against Insurance Fraud and the International Association of Special Investigative Units, as well as the National Association of Insurance Commissioners.

**TABLE 36 BACKGROUND INVESTIGATIONS
THREE-YEAR HISTORY**

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Company Applications Received	123	128	165
Company Applications Approved	113	128	165
Company Biographical Affidavits Received	1,998	1,088	1,116
Company Biographical Affidavits Approved	1,940	1,088	1,116

18 U.S.C. § 1033 CONSENT

The Division of Insurance Fraud also investigates all applicants for written consent in accordance with federal law, 18 U.S.C. § 1033. Prior to engaging in the business of insurance, anyone convicted of certain felonies must apply for and be granted written consent from the commissioner of insurance. Extensive background investigation by the Division of Insurance Fraud aids the decision-making process.

ANTI-FRAUD PLAN FILINGS

In January 2011, insurance companies and health maintenance organizations began filing anti-fraud plans as required by La. R.S. 22:572.1. Each admitted insurer, other than a “small company” as defined in La. R.S. 22:46, and health maintenance organization must file its anti-fraud plan for approval between January 1 and April 1 of each year. The initial anti-fraud plan filing in 2011 did not require data submission; however, supplemental annual filings are required each year with insurers and health maintenance organizations reporting two data elements:

- The number of Louisiana claims processed during the previous year.
- The number of claims the company referred to LDI as suspicious.

After its initial filing, the insurance company and health maintenance organization need only report material changes in the anti-fraud plan. The plan must be filed electronically through the LDI Industry Access Portal, Anti-Fraud Plans Module, and must cover all eight objectives established by statute. The plan submitter can assume substantial compliance unless he receives a written rejection notice from LDI within 45 days after filing.

DIVISION OF INSURANCE FRAUD

FRAUD AND BACKGROUND INVESTIGATIONS

SIGNIFICANT ANTI-FRAUD LEGISLATION PASSED IN 2016

In 2016, the Legislature, in Act 193, extended the assessment funding the insurance fraud investigation unit within the office of state police, fraud support unit of the Department of Justice, and insurance fraud section of the Department of Insurance through July 1, 2018. Act 193 also funds the efforts of the Louisiana Automobile Theft and Insurance Fraud Prevention Authority and extended the Sledge Jeansonne Louisiana Insurance Fraud Prevention Act through August 1, 2018.

In 2016, the Legislature, in Act 4, expanded the definition of a “fraudulent insurance act” to include presenting, causing to be presented, or preparing with knowledge or belief that it will be presented to the Property Insurance Association of Louisiana, any written statement which he knows to contain materially false information in connection with the grading of a municipality or fire district by such association.

Louisiana Automobile Theft and Insurance Fraud Prevention Authority

Legislative Background

La. R.S. 22:2131 et seq. establishes the Louisiana Automobile Theft and Insurance Fraud Prevention Authority. La. R.S. 22:2134 establishes an Automobile Theft and Insurance Fraud Prevention Authority Fund within the Authority. This specially-created fund is the mechanism used to collect and disburse funds for the purpose of reducing motor vehicle theft and insurance fraud.

The Louisiana Automobile Theft and Insurance Fraud Prevention Authority is governed by an 11-member board of directors, consisting of the following:

- The commissioner of insurance or his designee.
- The state treasurer or his designee.
- A representative of the Louisiana State Police Insurance Fraud/Auto Theft Unit.
- The chairman of the Senate Committee on Insurance or his designee.
- The chairman of the House Committee on Insurance or his designee.
- Two members representing motor vehicle insurers doing business in this state.
- Two members representing purchasers of motor vehicle insurance.

PURPOSE

The Louisiana Automobile Theft and Insurance Fraud Prevention Authority is a public agency whose purpose is to combat motor vehicle theft, including fraud by theft and other criminal acts.

In carrying out its purpose, the Louisiana Automobile Theft and Insurance Fraud Prevention Authority may:

- Solicit and accept gifts, grants, donations, loans and other assistance from any person or entity, private or public.
- Establish programs in conjunction with other state agencies, local governing authorities and law enforcement agencies for motor vehicle theft and insurance fraud prevention, detection and enforcement.
- Make grants to state agencies, local governing authorities and law enforcement agencies for motor vehicle theft and insurance fraud prevention, detection and enforcement.
- Enter into cooperative endeavors with any public or private association, corporation or individual with similar obligations and purpose as long as all expenditures are for a public purpose and create a public benefit proportionate to the cost.

DIVISION OF INSURANCE FRAUD

LOUISIANA AUTOMOBILE THEFT AND INSURANCE FRAUD PREVENTION AUTHORITY

INITIATIVES

The Louisiana Automobile Theft and Insurance Fraud Prevention Authority issues grants to law enforcement agencies across the state under its bait vehicle and license plate reader programs. These grants are awarded to law enforcement agencies to promote more efficient and effective law enforcement activities in vehicle theft investigations and enforcement.

The Louisiana Automobile Theft and Insurance Fraud Prevention Authority's education initiative in Fiscal Year 2015-2016 included additional school districts as well as continued outreach into the community. This school-based program emphasizes the consequences and prevention of vehicle theft. Presentations to civic, business and professional organizations cover insurance fraud and vehicle theft prevention.

During Fiscal Year 2015-2016, the Louisiana Automobile Theft and Insurance Fraud Prevention Authority conducted a statewide public awareness campaign.

During this reporting period, the Louisiana Automobile Theft and Insurance Fraud Prevention Authority continued its collaborative efforts with the National Insurance Crime Bureau and law enforcement authorities to combat insurance fraud and auto theft through the following initiatives.

VEHICLE INVESTIGATION PREVENTION ENFORCEMENT RESPONSE PROGRAM

The Louisiana Automobile Theft and Insurance Fraud Prevention Authority began supporting local law enforcement agencies in 2006 when it introduced the Vehicle Investigation Prevention Enforcement Response, or VIPER, a statewide bait vehicle program implemented through a Cooperative Endeavor Agreement with the National Insurance Crime Bureau. Under the program, vehicles donated by insurance companies and equipped with systems funded by the Louisiana Automobile Theft and Insurance Fraud Prevention Authority are granted to law enforcement agencies through an application process approved by the Louisiana Automobile Theft and Insurance Fraud Prevention Authority Board of Directors. During this reporting period, the bait vehicle program was operational in Baton Rouge, Calcasieu, New Orleans and Jefferson Parish. Since the program's inception, approximately 358 arrests have been made. During Fiscal Year 2015-2016, bait vehicles were deployed a total of 11,971 hours, resulting in nine activations and seven adult arrests. There were no expenditures for the Vehicle Investigation Prevention Enforcement Response Program this fiscal year.

LICENSE PLATE RECOGNITION PROGRAM

The License Plate Recognition Program is implemented through a Cooperative Endeavor Agreement with the National Insurance Crime Bureau. Under the License Plate Recognition Program, grant awards of license plate recognition systems are made to Louisiana law enforcement agencies based on specific criteria, including to cities with populations of 50,000 or more. Grantees are selected by application and ranked according to this criteria.

DIVISION OF INSURANCE FRAUD

LOUISIANA AUTOMOBILE THEFT AND INSURANCE FRAUD PREVENTION AUTHORITY

During Fiscal Year 2015-2016, license plate readers were operational in Baton Rouge, New Orleans, Calcasieu, Lake Charles, Kenner, Lafayette, Causeway Bridge and with the Louisiana State Police. The use of license plate readers in these locations resulted in 1,600,652 reads, 75 arrests, the recovery of 62 stolen vehicles and 42 stolen license plates valued at \$802,061. Expenditures for the License Plate Recognition Program were \$20,838.

EDUCATION AND OUTREACH

The Louisiana Automobile Theft and Insurance Fraud Prevention Authority presents an educational program to middle and high school students and members of civic, business and professional organizations. The program educates them about the consequences of auto theft and insurance fraud and offers them tips to avoid being victims of vehicle theft and insurance fraud. The program is offered at no cost to school districts, schools or the requesting organizations.

The vehicle theft and insurance fraud prevention presentations were made to 12,183 individuals in various civic, business and professional organizations in Orleans, East Baton Rouge, Jefferson, St. Landry, Livingston, Ascension, Tangipahoa, Acadia and St. James Parishes.

**TABLE 37 FRAUD PREVENTION ACTIVITIES
THREE-YEAR HISTORY**

	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
VIPER (Bait Vehicle) Program			
Hours Deployed	11,971	20,872	11,359
Activations	35	35	26
Adult Arrests	7	109	40
Expenditures	\$0	\$6,394	\$0
License Plate Recognition Program			
Reads	1,600,652	2,732,874	1,711,138
Stolen Vehicles Recovered	62	104	87
Stolen License Plates Recovered	42	37	41
Arrests	75	124	80
Value of Recoveries	\$802,061	\$846,246	\$552,887
Expenditures	\$20,838	\$43,851	\$17,374
Education Program			
Middle School & High School Students	8,625	6,425	1,232
Civic Events, Expos, Fairs and Conference Attendees	12,183	11,676	10,545
TOTAL ATTENDEES	20,811	18,101	11,777

DIVISION OF INSURANCE FRAUD

LOUISIANA AUTOMOBILE THEFT AND INSURANCE FRAUD PREVENTION AUTHORITY

The Louisiana Automobile Theft and Insurance Fraud Prevention Authority encourages groups to utilize this program through its presence as an exhibitor at expos, fairs and conferences.

Since the inception of this program, outreach on vehicle theft and prevention, and insurance fraud prevention has been delivered to nearly 55,000 individuals.

PUBLIC AWARENESS CAMPAIGN

La. R.S. 40:1428 allocates \$187,000.00 to be deposited in the Louisiana Automobile Theft and Insurance Fraud Prevention Authority Fund established by La. R.S. 22:2134. Some of these funds were used for educational and public awareness campaigns designed to inform the citizens of the state about methods of preventing motor vehicle theft and combating insurance fraud through the use of public service announcements as well as through the distribution of informational brochures. The purposes of this campaign were to stimulate public awareness about how widespread vehicle theft is and encourage public participation in theft prevention and enforcement efforts.

MEETINGS

The Louisiana Automobile Theft and Insurance Fraud Prevention Authority's Board of Directors conducted four public meetings during this fiscal year: July 14, 2015, October 13, 2015, January 12, 2016 and April 12, 2016. All meetings were open to the public.

COLLECTIONS

Pursuant to La. R.S. 22:2134, the Louisiana Automobile Theft and Insurance Fraud Prevention Authority Fund was established as a depository for all revenues received. All monies in this fund are used only to enhance fraud and vehicle theft prevention efforts as determined by the Board of Directors.

All revenue derived from solicitations, grants or donations from any person or entity, private or public, or federal, state or local government is deposited upon receipt into the Louisiana Automobile Theft and Insurance Fraud Prevention Authority Fund. All interest earned on money from the fund through investments by the state treasurer is credited to the fund.

At the beginning of Fiscal Year 2015-2016, there was a statutory dedicated fund balance of \$7,185.86. Revenue collections from solicitations, grants or donations totaled \$5,000.00. In accordance with La. R.S. 40:1428, \$187,000.00 in revenue was deposited in the Louisiana Automobile Theft and Insurance Fraud Prevention Authority Fund established by La. R.S. 22:2134. The interest on investments totaled \$11.00. Total funds for this period were \$199,196.86.

DIVISION OF INSURANCE FRAUD

LOUISIANA AUTOMOBILE THEFT AND INSURANCE FRAUD PREVENTION AUTHORITY

OBLIGATIONS

Expenditures during this fiscal year, from the fund totaled \$207,900.68. The ending fund balance for this period was \$7,185.86. At the beginning of the reporting period, there was a balance of \$94,595.01 under the General Cooperative Endeavor Agreement between the Louisiana Automobile Theft and Insurance Fraud Prevention Authority and the National Insurance Crime Bureau.

All administrative expenses of the Louisiana Automobile Theft and Insurance Fraud Prevention Authority are funded with self-generated funds of the LDI.

HELPFUL LINKS

To search Regulatory Action on the website, please visit: www.lidi.la.gov/OnlineServices/RegulatoryActions

For more information about the Louisiana Automobile Theft and Insurance Fraud Prevention Authority, visit www.lidi.la.gov/latifpa



Office of Consumer Services

OFFICE OF CONSUMER SERVICES

The Office of Consumer Services consists of Market Conduct and Consumer Complaints. Act 274 of the 2015 Louisiana Regular Legislative Session created the Office of Consumer Services under the direction of the deputy commissioner of the Office of Consumer Services. Previously complaints had been handled by the division that specialized in the type of insurance product referenced in the complaint. These employees and the recording and investigation of all complaints, regardless of product line, were reorganized under the Office of Consumer Services. The office monitors the marketing, customer service and claims handling practices of health, property and casualty, and life and annuity insurance issuers and producers conducting business in the state of Louisiana.

Market conduct, which was previously located under the Office of Financial Solvency, was also relocated to the Office of Consumer Services. Market Conduct performs examinations and analysis of insurers to ensure that policyholders, claimants and beneficiaries are being treated fairly and in line with laws, rules and regulations. In FY 2015-2016, 35 companies were analyzed and the office conducted examinations on two companies and two rating organizations.

COMPLAINT REPORT

LA. R.S. 22:1972 REPORT BY THE COMMISSIONER

The commissioner of insurance shall annually submit a report to the Senate and House of Representatives Committees on Insurance relative to complaints received and actions taken pursuant to the provisions of this Part. Such report shall contain information relative to the number of complaints received, and the disposition of same, the amount collected in penalties, the cost of all related proceedings, and such other information as the commissioner deems pertinent or the insurance committees shall request.

OFFICE OF CONSUMER SERVICES

Complaints are investigated to determine whether the insurer or producer performed in compliance with the law and the terms and conditions of the policy. A consumer may expect payment for an item not covered by the policy or may not agree with the way a transaction was handled, but the company or producer may have acted properly and within the law. A consumer complaint may or may not result in a claim payment or premium refund from the insurer or producer, depending on the facts of the matter giving rise to the complaint. Overall, the LDI completed complaint investigations in an average of 30.07 days. A total of \$1,750 in fines was issued for failure to respond timely to a complaint.

COMPLAINTS HANDLED AND FUNDS RECOVERED BY INSURANCE PRODUCT TABLE 38

<i>Fiscal year 2015-2016</i>	<i>Life, Annuity & Long-Term Care</i>	<i>Health</i>	<i>Property & Casualty</i>	<i>Total</i>
Opened	667	1,325	1,974	3,791
Closed	480	1,371	2,013	3,864
In Progress at End of Fiscal Year	43	101	150	294
Amount of Benefits and Funds Recovered	\$943,723.82	\$1,383,837.77	\$4,178,168.21	\$6,505,729.80

The LDI assisted complainants in recovering \$6,505,729.80 million in claims payments, additional claims payments or refunds by insurers during Fiscal Year 2015-2016. The majority of complaints were in the area of property and casualty, with private passenger auto and homeowners being the most common coverage types generating complaints.

The three-year trends in numbers of complaints received and dollars recovered for consumers are shown in Charts 3 and 4.

CHART 3 NUMBERS OF COMPLAINTS RECEIVED BY PRODUCT TYPE AND TOTAL FOR LDI THREE YEAR HISTORY

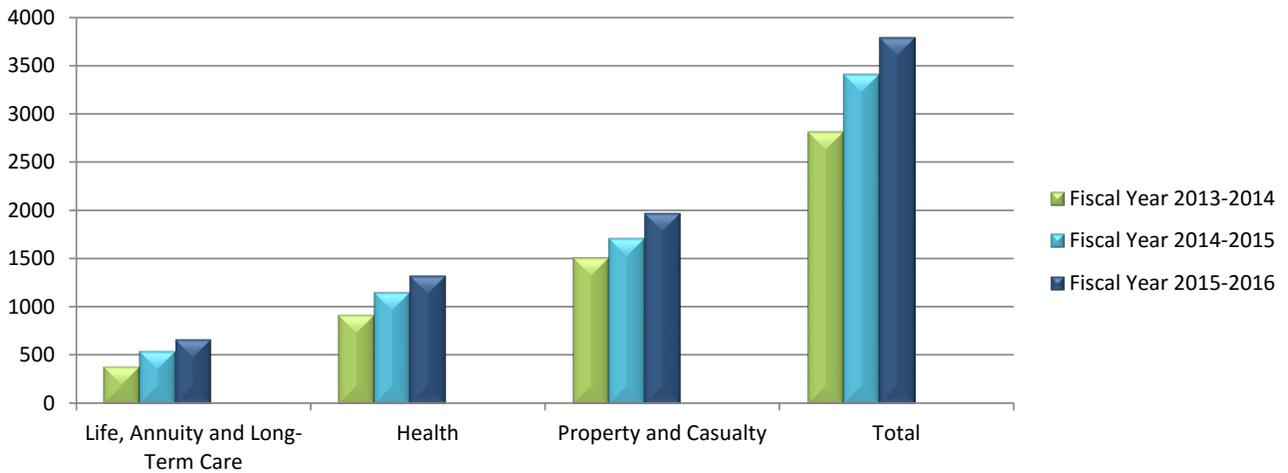
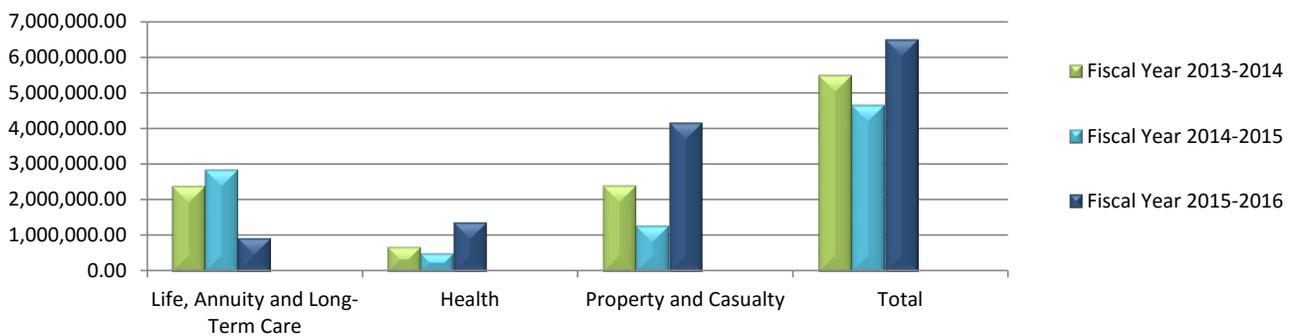


CHART 4 DOLLARS RECOVERED BY PRODUCT TYPE AND TOTAL FOR LDI THREE YEAR HISTORY



COMPLAINT DISPOSITIONS

When a file is closed, it is assigned a disposition code. Disposition codes used by the LDI are uniform with those used by other states and are in accordance with guidelines set forth by the National Association of Insurance Commissioners. For example, disposition codes favorable to the complainant are used when the company position is overturned, when additional recovery is acquired by the complainant, when a premium or rating problem is resolved in the complainant's favor or when other similar actions occur. If a file is closed because coverage is not provided for the complainant's loss under the policyholder's contract, the company's or producer's position is upheld, or it is found that a policy was not in force at the time of the loss, the disposition is recorded as favorable to the regulated entity. Neutral closures are reserved for withdrawn complaints, insufficient information provided, questions of fact or law, the filing of a lawsuit, or similar dispositions.

The table below provides the data for the disposition on closed complaint files by each office and totals for the entire LDI.

COMPLAINT DISPOSITIONS BY PRODUCT AND TOTAL FOR LDI **TABLE 39**

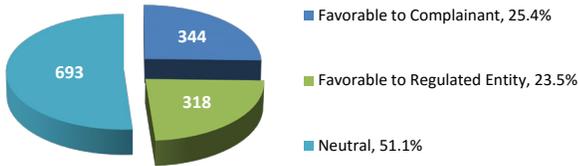
<i>Category</i>	<i>Life, Annuity and Long-Term Care</i>	<i>Health</i>	<i>Property and Casualty</i>	<i>Total for LDI</i>	<i>Total Percentage</i>
Favorable to Complainant	72	344	274	690	17.58%
Favorable to Regulated Entity	131	318	503	952	24.26%
Neutral	449	693	1,142	2,284	58.12%
TOTALS	652	1,355	1,919	3,926	100%

Charts 5-8 give a visual account of how the complaints resolved, whether favorable to the complainant, favorable to the regulated entity complained against or neutral.

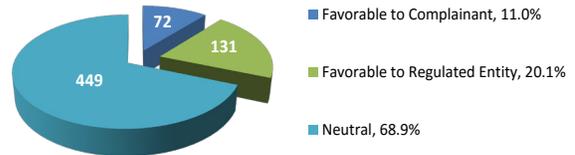
Finally, La. R.S. 22:1972 requires the reporting of penalties and costs of proceedings against regulated entities which were brought under the Unfair Trade Practices Act. The Division of Legal Services reports that \$256,360 in fines were imposed on regulated entities under the Unfair Trade Practices Act during Fiscal Year 2015-2016.

CHARTS 5-8 CLOSED COMPLAINT DISPOSITIONS

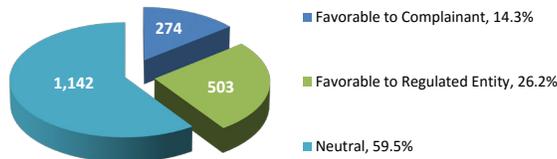
Health



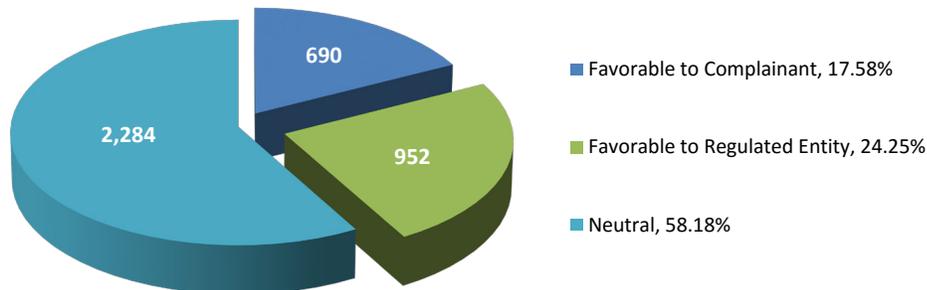
Life, Annuity and Long-Term Care



Property and Casualty



Total LDI



HELPFUL LINKS

Complaint Filing, www.lidi.la.gov/onlineservices/ConsumerComplaintForm. Identifies the types of complaints the LDI can assist with and what documents are needed for a specialist to investigate a formal complaint. A series of screens leads the complainant through the process, including uploading supporting documentation. Complainants can also track the status of their complaint online.

View complaints filed with the department against companies who write insurance in Louisiana at www.lidi.la.gov/complaintdata.



Appendices

APPENDIX A:	INSURANCE TERMS
APPENDIX B:	PROPERTY AND CASUALTY INSURANCE
APPENDIX C:	LIFE, ACCIDENT AND HEALTH INSURANCE
APPENDIX D:	AGGREGATE HEALTH PREMIUM AND ENROLLMENT
APPENDIX E:	HEALTH MAINTENANCE ORGANIZATIONS
APPENDIX F:	TITLE INSURANCE
APPENDIX G:	FRATERNAL INSURANCE
APPENDIX H:	GROUP SELF-INSURANCE FUNDS
APPENDIX I:	REVENUE REPORT AS REQUIRED BY LA. R.S. 49:308.6(C)

APPENDIX A

INSURANCE TERMS

The tables in the subsequent appendices show gross direct premium writings in Louisiana, on a **calendar year basis**, for all insurers segregated by line of business. These categories do not provide information about specific insurance coverages or classes of insureds. The data contained hereafter may conflict with other areas of the Annual Report due to the treatment of some premiums as non-taxable. Following is a brief description of terms used throughout the appendices.

SOURCE

Barron's Business Guides: Dictionary of Insurance Terms, Fourth Edition; Harvey W. Rubin; 2000

GENERAL TERMS

Direct: premiums collected by the insurer from policyholders, before reinsurance premiums are deducted. Insurers share some direct premiums and the risk involved with their reinsurers.

Domestic: insurance company incorporated according to the laws of the state in which a risk is located and the policy issued. The insurance company is domiciled in that state.

Earned Premium: portion of a premium paid by an insured that has been allocated to the insurance company's loss experience, expenses and profit year to date.

Foreign: insurance company whose domicile is in a state other than the one in which the company is writing business in Louisiana.

Loss Ratio: relationship of incurred losses plus loss adjustment expense to earned premiums.

Losses Incurred: important quantitative measure for an insurance company indicating the percentage of each premium dollar that is going to pay for losses. Based on losses incurred, appropriate reserves are established. Changes in incurred losses over several policy periods indicate the trend in the loss picture and the accuracy of the basic premium charged to reflect expected losses.

Market Share: the ratio of direct premiums written by a company to the total direct premiums written by all companies writing that line of business.

Written Premium: total premiums generated from all policies written by an insurance company within a given period of time.

APPENDIX A – INSURANCE TERMS

LINES OF BUSINESS

Aggregate Write-Ins: coverages not generally described on the previous page (e.g., Involuntary Unemployment Insurance, Automobile Warranty, etc.).

Aircraft Hull Insurance: coverage on an all risks basis whether the airplane is on the ground or in the air.

Aircraft Liability Insurance: coverage for the insured in the event that the insured's negligent acts and/or omissions result in losses in connection with the use, ownership, or maintenance of aircraft. Liability coverage can be provided for bodily injury and/or property damage to passengers and also to individuals who are not passengers.

Allied Lines: property insurance closely associated with fire insurance and usually purchased in conjunction with a Standard Fire Policy. Allied lines include data processing insurance, demolition insurance, earthquake insurance, increased cost of construction clause, radioactive contamination insurance, sprinkler leakage insurance, standing timber insurance, vandalism and malicious mischief insurance, water damage insurance.

Annuity: contract sold by insurance companies that pays a monthly (or quarterly, semiannual or annual) income benefit for the life of a person (the annuitant), for the lives of two or more persons, or for a specified period of time. The annuitant can never outlive the income from the annuity.

Auto Liability Insurance: coverage if an insured is legally liable for bodily injury or property damage caused by an automobile.

Automobile Physical Damage Insurance: coverage in the event an insured's automobile is damaged, destroyed, or lost through fire, theft, vandalism, malicious mischief, collision or windstorm. There are two kinds of property damage coverage – collision insurance and comprehensive insurance.

Boiler and Machinery Insurance: covers losses resulting from the malfunction of boilers and machinery. Most property insurance policies exclude these losses, which is why a separate boiler and machinery policy or a commercial package policy is needed. The insurance covers business property, other property involved, and legal fees, if any.

Burglary Insurance: coverage against loss as the result of a burglary.

Commercial Package Policy: insurance policy that is commercial lines in orientation and is composed of two or more of the following coverages: Commercial Property, Business Crime, Business Automobile, Boiler and Machinery, Commercial General Liability, Inland Marine Insurance and Farmowners and Ranchowners Insurance (Commercial Multiple Peril Policy).

Credit Insurance: commercial coverage against losses resulting from the failure of business debtors to pay their obligation to the insured, usually due to insolvency. The coverage is geared to manufacturers, wholesalers and service providers who may be dependent on a few accounts and therefore could lose significant income in the event of an insolvency.

APPENDIX A – INSURANCE TERMS

LINES OF BUSINESS

Credit Health Insurance: coverage issued to a creditor on the life of a debtor so that if the debtor becomes disabled, the insurance policy pays the balance of the debt to the creditor.

Credit Life Insurance: insurance issued to a creditor (lender) to cover the life of a debtor (borrower) for an outstanding loan. If the debtor dies prior to repayment of the debt, the policy will pay off the balance of the amount outstanding.

Earthquake Insurance: coverage that can be purchased as an endorsement to many property policies such as the standard fire policy or as a separate policy. Coverage is for direct damage resulting from earthquake or volcanic eruption.

Farmowners Comprehensive Personal Liability Insurance: provides the same coverage as a comprehensive personal liability insurance policy, plus coverage to exposures that are peculiar to farms, such as farm business operations, farm employees engaged in farm business activities, and liability arising out of selling farm products.

Fidelity Bond: coverage that guarantees that the insurance company will pay the insured business or individual for money or other property lost because of dishonest acts of its bonded employees, either named or by positions. The bond covers all dishonest acts, such as larceny, theft, embezzlement, forgery, misappropriation, wrongful abstraction, or willful misapplication, whether employees act alone or as a team.

Financial Guaranty: covers losses from specific financial transactions and guarantees that investors in debt instruments, such as municipal bonds, receive timely payment of principal and interest if there is a default. Raises the credit rating of debt to which the guarantee is attached. Investment bankers who see asset-backed securities, securities backed by loan portfolios, use this insurance to enhance marketability.

Fire: intense combustion resulting in a flame or glow. In order for the fire peril to be covered under property insurance, the fire must be a hostile fire, not a friendly fire.

Fraternal Life Insurance: group coverage for members of a fraternal association, usually on a nonprofit basis.

Group Insurance: single policy under which individuals in a natural group (such as employees of a business firm) and their dependents are covered.

Health Maintenance Organization: prepaid group health insurance plan that entitles members to services of participating physicians, hospitals and clinics.

Homeowners Insurance Policy: package policy that combines (1) coverage against the insured's property being destroyed or damaged by various perils, and (2) coverage for liability exposure of the insured.

Inland Marine: transit over land.

APPENDIX A – INSURANCE TERMS

LINES OF BUSINESS

Inland Marine Insurance: business risks coverage for (1) property damage or destruction of an insured's property and (2) liability exposure of an insured for damage or destruction of someone else's property under his or her care, custody or control. The insured (shipper) needs this insurance because the carrier (who can also be the insured and purchase inland marine insurance) may be found not at fault for damage to a property; or the carrier may not have any insurance or adequate insurance.

Life Insurance: protection against the death of an individual in the form of payment to a beneficiary – usually a family member, business or institution.

Malpractice Insurance: professional liability coverage for physicians, lawyers and other specialists against suits alleging negligence or errors and omissions that have harmed clients.

Mortgage Insurance: life insurance that pays the balance of a mortgage if the mortgagor (insured) dies.

Marine Insurance: coverage for goods in transit and the vehicles of transportation on waterways, land and air (Ocean Marine Insurance).

Other Insurance: presence of other contract(s) covering the same conditions. When more than one policy covers the exposure, each policy will pay an equal share of the loss.

Other Liability Coverage: protects the insured against legal liability resulting from negligence, carelessness or a failure to act causing property damage or personal injury to others. Can include General Liability; Umbrella Liability; Professional Liability; Contractor, Construction and Landlord Liability; and Environmental Liability.

Product Liability Coverage: protects manufacturers, merchants and distributors exposure to lawsuits by people who have sustained bodily injury or property damage through the use of the product.

Self-Insurance Plan: the concept of assuming a financial risk oneself, instead of paying an insurance company to take it on. Every policyholder is a self-insurer in terms of paying a deductible and co-payments. Large firms often self-insure frequent, small losses such as damage to their fleet of vehicles or minor workplace injuries. Also refers to employers who assume all or part of the responsibility for paying the health insurance claims of their employees.

Title Insurance: coverage for losses if a land title is not free and clear of defects that were unknown when the title insurance was written. Title insurance protects a purchaser if there is a defect in the title, such as a lien against the property, that is not discovered at the time of purchase.

Workers' Compensation Insurance: coverage providing four types of benefits (medical care, death, disability, rehabilitation) for employee job-related injuries or diseases as a matter of right (without regard to fault).

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APPENDIX B

PROPERTY AND CASUALTY INSURANCE

APPENDIX B – PROPERTY AND CASUALTY INSURANCE

PROPERTY AND CASUALTY INSURERS EXHIBIT OF PREMIUMS AND LOSSES BUSINESS IN LOUISIANA AS OF DECEMBER 31, 2015

Line #	Line of Business	Direct Premium Written	Direct Premium Earned	Dividends Paid on Direct Business	Direct Unearned Premium Reserve	Direct Loss Paid (Deducting Salvage)	Direct Losses Incurred
01	Fire	337,373,092	339,986,419	238,787	146,100,495	125,002,806	138,664,529
02.1	Allied Lines	466,070,435	466,622,324	455,383	216,815,401	84,837,825	72,347,723
02.2	Multiple Peril Crop	77,894,995	76,358,776	-	543,723	77,704,076	73,520,977
02.3	Federal Flood	255,936,804	260,964,030	-	132,028,896	10,646,259	11,197,299
02.4	Private Crop	1,890,346	1,884,705	-	5,641	3,915,801	3,941,147
03	Farmowners Multiple Peril	13,540,845	13,374,534	-	6,450,633	4,326,266	4,151,087
04	Homeowners Multiple Peril	1,851,819,367	1,825,198,955	6,233,516	943,487,999	529,316,158	521,775,165
05.1	Commercial Multiple Peril (Non-Liability)	379,547,491	381,269,860	119,797	171,171,523	132,224,815	107,060,579
05.2	Commercial Multiple Peril (Liability)	150,936,066	149,151,041	30,090	69,883,025	53,267,945	58,285,559
06	Mortgage Guaranty	60,805,570	58,059,302	-	18,622,692	25,017,244	8,519,184
08	Ocean Marine	185,278,273	195,617,552	9,037	80,206,606	110,419,475	61,521,770
09	Inland Marine	418,461,429	420,446,109	220,377	144,500,039	157,095,079	189,084,816
10	Financial Guaranty	7,005,920	23,810,981	-	68,253,689	603,791	252,879
11	Medical Professional Liability	102,057,546	101,340,965	2,719,573	41,613,727	17,727,173	11,181,960
12	Earthquake	6,261,805	6,573,645	10,560	2,779,351	(75,951)	(276,097)
13	Group Accident and Health	36,028,250	34,280,676	-	11,523,246	25,372,242	20,881,678
14	Credit Accident and Health	1,057,180	1,496,569	-	1,363,370	358,179	449,370
15.1	Collectively Renewable Accident and Health	1,237	1,251	-	206	-	(59)
15.2	Non-Cancelable Accident and Health	-	5,297	-	28,591	-	-
15.3	Guaranteed Renewable Accident and Health	12,120,860	7,794,258	-	61,931,040	8,436,509	10,231,000
15.4	Non-Renewable Accident and Health	4,146,077	4,060,242	380	1,915,494	1,687,992	1,208,544
15.5	Other Accident Only	220,015	120,770	-	136,001	25,341	40,543
15.6	Medicare Title XVIII	-	-	-	-	-	-
15.7	All Other Accident and Health	1,882,748	1,911,510	-	345,303	406,906	206,920
15.8	Federal Employees Health Benefits Program	-	-	-	-	-	-
16	Workers' Compensation	834,135,514	841,368,673	95,192,577	282,404,411	411,986,967	435,473,737
17.1	Other Liability-Occurrence	678,991,198	672,222,435	465,111	325,416,984	353,099,437	387,465,815
17.2	Other Liability-Claims-Made	190,407,789	193,737,605	30,159	99,924,569	97,181,258	110,565,121
17.3	Excess Workers' Compensation	50,313,476	49,390,606	-	14,286,250	23,766,504	60,676,097
18	Products Liability	44,140,372	45,685,874	1,915	19,413,854	26,107,545	15,109,586
19.1	Private Passenger Auto No-Fault	122,076	63	-	8	(586,754)	(436,316)
19.2	Private Passenger Auto Liability	2,373,649,739	2,333,789,290	6,296,640	657,611,124	1,662,149,029	1,791,137,215
19.3	Commercial Auto No-Fault	1,209,103	814,599	-	398,082	99,670	568,588
19.4	Commercial Auto Liability	543,874,843	531,193,814	32,908	235,886,612	409,320,185	487,026,532
21.1	Private Passenger Auto Physical Damage	1,433,621,098	1,410,099,778	3,983,512	408,603,751	894,739,864	903,093,833
21.2	Commercial Auto Physical Damage	107,638,052	107,968,133	7,916	41,050,330	51,758,804	53,898,312
22	Aircraft (All Perils)	44,950,867	47,581,474	-	25,720,715	26,599,959	18,471,586
23	Fidelity	13,634,818	13,097,659	81	8,927,091	5,179,150	8,141,812
24	Surety	106,015,004	108,333,375	-	49,081,953	23,840,655	42,501,790
26	Burglary and Theft	4,134,868	3,934,764	15	1,632,480	776,459	513,181
27	Boiler and Machinery	29,526,951	28,687,748	810	12,667,592	19,423,735	(19,541,389)
28	Credit	23,811,116	25,386,310	-	16,424,026	5,697,319	6,951,744
30	Warranty	8,350,035	7,520,495	-	16,378,403	4,415,999	4,548,248
34	Aggregate Write-Ins, Other Lines of Business	22,971,628	20,283,189	-	25,036,124	12,737,682	9,003,437
35	TOTALS	10,881,834,898	10,811,425,655	116,049,144	4,360,571,050	5,396,609,398	5,609,415,502

DATA SOURCE: 2015 Property and Casualty Annual Statement, Exhibit of Premiums and Losses (State Page) for all companies writing business in Louisiana.

CAUTION: This page is unaudited and may contain inadvertent errors.

APPENDIX B – PROPERTY AND CASUALTY INSURANCE

PROPERTY AND CASUALTY INSURERS EXHIBIT OF PREMIUMS AND LOSSES BUSINESS IN LOUISIANA AS OF DECEMBER 31, 2015

Line #	Line of Business	Direct Losses Unpaid	Direct Defence and Cost Containment Expense Paid	Direct Defence and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
01	Fire	92,958,891	4,563,138	4,668,881	4,606,175	43,128,539	10,139,852
02.1	Allied Lines	100,346,597	4,823,816	2,353,794	5,626,235	54,642,066	9,939,296
02.2	Multiple Peril Crop	14,398,145	1,704	(9,766)	17,960	5,661,133	107,650
02.3	Federal Flood	8,675,204	853,046	873,558	59,444	44,571,810	9,011,239
02.4	Private Crop	178,297	2,044	2,090	265	387,158	52,244
03	Farmowners Multiple Peril	2,710,192	91,936	(25,485)	557,452	2,183,811	646,037
04	Homeowners Multiple Peril	258,809,742	18,959,933	10,317,207	29,822,156	240,984,138	77,251,357
05.1	Commercial Multiple Peril (Non-Liability)	137,720,642	4,267,315	2,106,351	15,491,145	59,772,884	15,756,000
05.2	Commercial Multiple Peril (Liability)	224,523,822	25,406,867	19,003,071	77,378,831	29,454,212	6,507,129
06	Mortgage Guaranty	66,570,623	219,149	125,603	201,925	-	2,422,800
08	Ocean Marine	260,416,401	9,850,753	4,629,165	28,825,971	28,818,024	5,811,611
09	Inland Marine	101,603,827	2,764,862	1,706,993	3,476,209	77,253,618	13,196,711
10	Financial Guaranty	5,578,218	-	-	-	-	1,155,124
11	Medical Professional Liability	192,133,049	28,374,030	31,019,814	108,665,807	7,587,175	2,800,835
12	Earthquake	293,496	1,264	(3,605)	7,598	612,026	184,477
13	Group Accident and Health	15,506,540	134,319	(28,696)	211,671	3,773,563	1,300,797
14	Credit Accident and Health	517,850	-	1,658	6,516	170,563	55,783
15.1	Collectively Renewable Accident and Health	299	-	-	20	14	35
15.2	Non-Cancelable Accident and Health	-	-	-	-	-	32
15.3	Guaranteed Renewable Accident and Health	24,575,766	16,624	39,814	198,432	1,125,250	321,255
15.4	Non-Renewable Accident and Health	1,909,744	25,517	17,848	30,553	542,899	114,484
15.5	Other Accident Only	165,815	256	(363)	223	55,427	7,369
15.6	Medicare Title XVIII	-	-	-	-	-	-
15.7	All Other Accident and Health	629,661	-	4,451	19,530	428,073	70,013
15.8	Federal Employees Health Benefits Program	-	-	-	-	-	32
16	Workers' Compensation	2,216,826,744	58,981,247	69,692,913	225,612,680	75,397,318	67,326,904
17.1	Other Liability-Occurrence	1,466,162,082	94,347,112	89,519,203	346,091,560	98,648,323	15,945,638
17.2	Other Liability-Claims-Made	356,409,564	27,286,278	31,598,022	90,791,842	31,527,151	4,835,670
17.3	Excess Workers' Compensation	282,648,924	1,778,479	3,301,771	12,748,703	5,070,133	1,984,401
18	Products Liability	208,832,386	19,752,581	19,248,995	81,427,392	6,980,862	1,033,621
19.1	Private Passenger Auto No-Fault	1,432,033	36,745	65,303	129,497	21,579	(36,289)
19.2	Private Passenger Auto Liability	1,535,777,614	96,912,576	114,636,208	246,841,190	186,206,286	68,820,084
19.3	Commercial Auto No-Fault	825,372	33,984	79,627	114,854	323,770	54,528
19.4	Commercial Auto Liability	746,803,815	55,345,819	67,202,031	103,733,124	82,388,505	18,182,341
21.1	Private Passenger Auto Physical Damage	67,951,391	4,672,621	4,382,429	5,634,521	117,298,835	42,977,421
21.2	Commercial Auto Physical Damage	16,199,836	1,850,940	1,851,543	2,977,248	16,221,823	3,525,503
22	Aircraft (All Perils)	50,002,980	1,890,468	1,160,938	6,060,648	7,287,282	1,718,943
23	Fidelity	12,803,684	192,252	(49,334)	1,799,617	1,979,901	605,525
24	Surety	44,459,127	(6,574,519)	5,600,397	12,301,391	25,715,781	5,069,806
26	Burglary and Theft	1,176,353	23,772	(81,339)	414,502	802,080	157,090
27	Boiler and Machinery	35,568,115	477,334	1,516,116	1,651,136	1,948,936	713,558
28	Credit	3,554,016	153,583	136,146	40,556	10,073,036	774,093
30	Warranty	837,224	39,968	35,672	1,122	195,528	402,931
34	Aggregate Write-Ins, Other Lines of Business	76,519,967	110,604	(4,439,656)	176,768	1,267,420	1,079,608
35	TOTALS	8,635,014,048	457,668,417	482,259,368	1,413,752,469	1,270,506,932	392,023,538

DATA SOURCE: 2015 Property and Casualty Annual Statement, Exhibit of Premiums and Losses (State Page) for all companies writing business in Louisiana.

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APPENDIX C

LIFE, ACCIDENT AND HEALTH INSURANCE

APPENDIX C – LIFE, ACCIDENT AND HEALTH INSURANCE

**LIFE INSURERS EXHIBIT OF PREMIUMS AND BENEFITS
BUSINESS IN LOUISIANA AS OF DECEMBER 31, 2015**

Life Insurance					
<i>Direct Premiums and Annuity Considerations</i>	<i>Ordinary</i>	<i>Credit Life</i>	<i>Group</i>	<i>Industrial</i>	<i>Total</i>
Life Insurance	1,740,658,093	47,142,203	430,681,030	6,809,309	2,225,290,631
Annuity Considerations	2,929,303,466	-	646,046,813	-	3,575,350,282
Deposit-Type Contract Funds	38,676,160		179,600,780		218,276,941
Other Considerations	132,579,780	-	496,069,293	-	628,649,073
TOTALS	\$4,841,217,502	\$47,142,203	\$1,752,397,916	\$6,809,309	\$6,647,566,926
<i>Direct Dividends to Life Policyholders</i>					
Life Insurance					
Paid in Cash or Left on Deposit	25,039,107	-	779,001	11,278	25,829,385
Applied to Pay Renewal Premiums	24,074,432	-	495,244	5	24,569,682
Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Agent	143,207,034	-	38	487,305	143,694,378
Other	194,645	-	-	-	194,645
Total Life	\$192,515,220	-	\$1,274,283	\$498,588	\$194,288,090
<i>Direct Dividends to Annuity Holders</i>					
Annuities					
Paid in Cash or Left on Deposit	6,483,127	-	40,608	-	6,523,735
Applies to Provide Paid-Up Annuities	402,374	-	-	-	402,374
Other	6,872,136	-	891,259	-	7,763,395
Total Annuities	\$13,757,636	-	\$931,867	-	\$14,689,502
GRAND TOTALS	\$206,272,856	-	\$2,206,150	\$498,588	\$208,977,593
<i>Direct Claims and Benefits Paid</i>					
Death Benefits	882,764,498	11,130,689	380,456,283	13,001,777	1,287,353,250
Matured Endowments	3,549,879	-	30,406	686,127	4,266,413
Annuity Benefits	618,757,373	-	217,611,515	-	836,368,885
Surrender Values and Withdrawals for Life Contracts	2,488,680,899	-	1,054,318,536	1,730,148	3,544,729,579
Aggregate Write-Ins for Miscellaneous Direct Claims and Benefits Paid	4,291,324	-	1,782,758	549	6,074,631
All Other Benefits, Except Accident and Health	15,531,937	6,797	818,350	87,846	16,444,931
TOTALS	\$4,013,575,911	\$11,137,486	\$1,655,017,847	\$15,506,449	\$5,695,237,687

DATA SOURCE: 2015 Life and Health Annual Statements (State Page) for all companies writing business in Louisiana.

CAUTION: This page is unaudited and may contain inadvertent errors.

APPENDIX C – LIFE, ACCIDENT AND HEALTH INSURANCE

LIFE INSURERS EXHIBIT OF PREMIUMS AND BENEFITS
BUSINESS IN LOUISIANA AS OF DECEMBER 31, 2015

Direct Death Benefits and Matured Endowments Incurred	Life Insurance													
	Ordinary			Credit Life			Group			Industrial			Total	
	Number	Amount		Number	Amount		Number	Amount		Number	Amount		Number	Amount
Unpaid December 31, Prior Year	10,054	121,588,414		66	1,396,344		1,741	48,513,479		4,571	3,039,252		16,432	174,537,495
Incurred During Current Year	49,238	974,441,208		3,783	10,876,729		12,675	386,188,031		27,338	12,969,637		93,034	1,384,475,602
Settled During Current Year														
By Payment in Full	52,304	920,215,336		3,778	11,144,521		12,776	384,592,513		46,664	13,605,234		115,522	1,329,557,606
By Payment on Compromised Claims	37	679,836		-	-		21	1,615,083		-	-		58	2,294,919
Totals Paid	\$ 52,341	\$920,895,172		\$3,778	\$11,144,521		\$12,797	\$386,207,596		\$46,664	\$13,605,234		\$115,580	\$1,331,852,525
Reduction by Compromise	3	1,731,456		-	(45,781)		23	954,067		-	-		26	2,639,742
Amount Rejected	127	5,267,074		-	-		19	373,453		-	-		146	5,640,527
Total Settlements	\$52,471	\$927,893,702		\$3,778	\$11,098,740		\$12,839	\$387,535,116		\$46,664	\$13,605,234		\$115,752	\$1,340,132,794
Unpaid December 31, Current Year	6,821	168,135,925		71	1,174,331		1,577	47,166,392		(14,756)	2,403,657		(6,287)	218,880,309
Policy Exhibit														
In Force December 31, Prior Year	2,645,673	250,341,050,946		609,755	2,762,350,360		102,113	143,265,190,242		942,271	566,951,861		4,299,812	396,935,543,409
Issued During Year	288,532	24,491,138,443		553,423	2,012,621,696		24,542	13,905,439,446		282	1,008,471		866,779	40,410,208,056
Other Changes to In Force (Net)	(265,379)	(17,786,949,200)		(562,674)	(1,996,220,175)		(22,694)	(10,058,706,427)		(42,004)	(23,586,407)		(892,751)	(29,865,462,213)
In Force December 31, Current Year	2,668,826	257,045,240,184		600,504	2,778,751,882		103,961	147,111,923,259		900,549	544,373,926		4,273,840	407,480,289,249

	Accident and Health Insurance					
	Direct Premiums	Direct Premium Earned	Dividends on Direct Business	Direct Losses Paid	Direct Losses Incurred	
Group Policies	1,270,079,580	1,262,539,907	368,670	925,945,646	956,844,470	
Federal Employees Health Benefits Program	4,134,104	4,134,103	-	3,100,497	3,138,384	
Credit (Group and Individual)	35,707,663	37,046,822	-	9,867,038	10,559,438	
Collectively Renewable Policies	420,217	561,062	-	1,011,659	394,263	
Medicare Title XVIII	87,599,274	122,303,446	-	97,628,112	96,770,120	
Other Individual Policies						
Non-cancellable	76,399,072	76,922,199	3,566,944	65,314,234	64,737,896	
Guaranteed Renewable	449,201,629	448,617,312	745,203	270,787,675	292,591,042	
Non-renewable for Stated Reasons Only	17,955,745	18,090,574	103,092	12,995,556	12,824,822	
Other Accident Only	1,662,365	1,687,627	-	503,303	533,440	
All Other	20,909,349	22,408,825	4,096	13,075,908	13,689,135	
Totals	\$566,128,162	\$ 567,726,534	\$ 4,419,333	\$362,676,676	\$384,376,339	
TOTALS	\$1,964,068,994	\$1,994,311,872	\$ 4,788,003	\$1,400,229,631	\$1,452,083,016	

DATA SOURCE: 2015 Life and Health Annual Statements (State Page) for all companies writing business in Louisiana (excluding Health Maintenance Organizations).

CAUTION: This page is unaudited and may contain inadvertent errors.

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APPENDIX D

AGGREGATE HEALTH PREMIUM AND ENROLLMENT

APPENDIX D – AGGREGATE HEALTH PREMIUM AND ENROLLMENT

**HEALTH INSURANCE EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION
IN LOUISIANA AS OF DECEMBER 31, 2015**

	<i>Total</i>	<i>Individual Comprehensive</i>	<i>Group Comprehensive</i>	<i>Medicare Supplement</i>
Total Members at End of:				
Prior Year	3,604,519	230,525	486,803	49,699
First Quarter	4,249,751	292,374	482,134	49,816
Second Quarter	4,260,487	285,682	486,437	49,917
Third Quarter	4,269,366	269,600	484,330	49,846
Current Year	4,062,644	252,277	478,955	49,431
Current Year Member Months	\$50,640,068	\$3,159,091	\$5,766,678	\$595,696
Total Member Ambulatory Encounters for Year:				
Physician	18,653,131	2,097,915	4,103,029	1,176,514
Non Physician	10,321,724	1,283,451	2,352,763	306,198
Totals	28,974,855	3,381,366	6,455,792	1,482,712
Hospital Patient Days Incurred	1,371,446	75,271	117,124	102,785
Number of Inpatient Admissions	222,062	16,238	24,915	9,327
Health Premiums Written	\$10,647,371,315	\$1,073,654,314	\$2,341,299,874	\$119,471,535
Life Premiums Direct	\$1,654,708	-	-	-
Property and Casualty Premiums Written	-	-	-	-
Health Premiums Earned	\$10,496,834,870	\$1,077,714,942	\$2,344,009,932	\$119,598,898
Property and Casualty Premiums Earned	-	-	-	-
Amount Paid for Provision of Health Care Services	\$9,044,589,523	\$1,055,989,668	\$1,980,387,091	\$92,620,151
Amount Incurred for Provision of Health Care Services	\$9,220,184,656	\$1,074,200,516	\$1,991,389,107	\$93,393,265

DATA SOURCE: 2015 Health Annual Statement, Exhibit of Premiums, Enrollment and Utilization (by state), for all companies writing business in Louisiana.

CAUTION: This page is unaudited and may contain inadvertent errors.

APPENDIX D – AGGREGATE HEALTH PREMIUM AND ENROLLMENT

**HEALTH INSURANCE EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION
IN LOUISIANA AS OF DECEMBER 31, 2015**

	<i>Vision Only</i>	<i>Dental Only</i>	<i>Federal Employees Health Benefits Plan</i>	<i>Title XVIII Medicare</i>	<i>Title XIX Medicaid</i>	<i>Other</i>
Total Members at End of:						
Prior Year	199,379	1,326,800	71,657	216,829	707,358	315,469
First Quarter	220,217	1,347,578	74,860	235,926	1,247,328	299,518
Second Quarter	218,690	1,340,418	74,785	238,625	1,266,867	299,066
Third Quarter	218,942	1,351,286	74,630	242,579	1,273,411	304,742
Current Year	223,727	1,376,709	74,678	245,169	1,072,340	289,358
Current Year Member Months	2,641,673	16,202,244	896,710	2,876,417	14,464,976	4,036,583
Total Member Ambulatory Encounters for Year:						
Physician	-	-	955,073	4,632,585	5,687,798	217
Non-physician	39,208	4	441,258	2,548,013	3,350,210	619
Totals	39,208	4	1,396,331	7,180,598	9,038,008	836
Hospital Patient Days Incurred	-	-	52,225	521,812	502,187	42
Number of Inpatient Admissions	-	-	8,582	64,913	98,059	28
Health Premiums Written	\$16,148,659	\$237,026,257	\$411,876,071	\$2,747,133,272	\$3,495,761,400	\$204,999,934
Life Premiums Direct	\$53	-	-	-	-	\$1,654,655
Property/Casualty Premiums Written	-	-	-	-	-	-
Health Premiums Earned	\$16,149,390	\$80,658,836	\$407,894,454	\$2,747,133,272	\$4,495,761,400	\$207,913,747
Property/Casualty Premiums Earned	-	-	-	-	-	-
Amount Paid for Provision of Health Care Services	\$11,223,421	\$192,047,466	\$367,988,471	\$2,282,909,846	\$2,891,358,628	\$170,064,781
Amount Incurred for Provision of Health Care Services	\$11,433,256	\$193,536,448	\$364,988,761	\$2,292,809,166	\$3,042,769,293	\$155,664,845

DATA SOURCE: 2015 Health Annual Statement, Exhibit of Premiums, Enrollment and Utilization (by state), for all companies writing business in Louisiana.

CAUTION: This page is unaudited and may contain inadvertent errors.

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APPENDIX E

HEALTH MAINTENANCE ORGANIZATIONS

APPENDIX E – HEALTH MAINTENANCE ORGANIZATIONS

**HEALTH MAINTENANCE ORGANIZATIONS EXHIBIT OF PREMIUMS AND LOSSES
BUSINESS IN LOUISIANA AS OF DECEMBER 31, 2015**

NAIC Number	Company Name	Total Members	Direct Premium Written	Market Share	Cumulative Market Share	Direct Premium Earned	Direct Losses Incurred	Loss Ratio
95642	Humana Health Benefit Plan of Louisiana, Inc.	276,971	1,835,651,737	25.78%	25.78%	1,838,527,707	1,548,982,043	84.25%
13970	Louisiana Healthcare Connections, Inc.	382,198	1,194,384,387	16.77%	42.55%	1,194,384,387	1,054,935,748	88.32%
95833	United Healthcare of Louisiana, Inc.	355,756	1,073,454,032	15.07%	57.62%	1,074,023,714	931,927,102	86.77%
13607	Peoples Health, Inc.	53,618	710,447,936	9.98%	67.60%	710,447,936	603,880,745	85.00%
14143	AmeriHealth Caritas Louisiana, Inc.	175,893	622,806,098	8.75%	76.34%	622,806,098	526,465,152	84.53%
95643	HMO Louisiana, Inc.	124,917	585,743,753	8.23%	84.57%	585,902,237	523,372,941	89.33%
14064	Amerigroup Louisiana, Inc.	171,924	506,310,526	7.11%	91.68%	506,310,526	436,649,409	86.24%
95584	Vantage Health Plan, Inc.	36,243	271,748,939	3.82%	95.49%	271,748,939	230,450,121	84.80%
15616	Aetna Better Health, Inc.	38,238	180,946,342	2.54%	98.04%	180,946,342	170,221,344	94.07%
95173	Aetna Health, Inc. Louisiana	28,934	139,873,895	1.96%	100.00%	139,873,895	127,783,896	91.36%
10 HMO's	TOTAL	1,644,692	\$7,121,367,645	100.00%		\$ 7,124,971,781	\$6,154,668,501	86.38%

DATA SOURCE: 2015 Health Annual Statement, Exhibit of Premiums, Enrollment and Utilization (by state), for all companies writing business in Louisiana.

CAUTIONS: The information contained on this page is unaudited and not a complete financial analysis, nor is it an expression of opinion on any insurer. This page may contain inadvertent errors.

APPENDIX F

TITLE INSURANCE

**TITLE INSURANCE EXHIBIT OF PREMIUMS AND LOSSES
BUSINESS IN LOUISIANA AS OF DECEMBER 31, 2015**

NAIC Number	Company Name	Domicile	Direct Premium Written			Other Income	Direct Premium Earned	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid
			Direct Operations	Non-Affiliated Agencies	Affiliated Agencies					
51411	American Guaranty Title Insurance, Co.	OK	134,935	250,380	-	-	3,315	7,741	4,989	
50229	Chicago Title Insurance, Co.	NE	95,485	11,121,112	3,441,984	555,719	1,025,069	953,880	256,061	
50083	Commonwealth Land Title Insurance, Co.	NE	7,475	10,485,197	35,620	45,488	1,772,574	1,242,729	2,336,729	
51632	EnTitle Insurance, Co.	OH	33,338	1,693	-	44,210	-	-	-	
51586	Fidelity National Title Insurance, Co.	CA	306,634	23,528,387	331,415	292,514	827,888	706,095	914,976	
50814	First American Title Insurance, Co.	NE	4,857,097	3,127,103	395,984	2,699,273	1,921,074	2,130,181	1,198,418	
51527	First American Title Insurance, Company of Louisiana	LA	-	47,122,417	-	349,772	31,761	77,169	212,378	
50369	Investors Title Insurance, Co.	NC	-	594,754	-	4,500	(70)	2,550	2,783	
51020	National Title Insurance of New York, Inc.	NY	-	-	654,015	-	-	-	-	
50520	Old Republic National Title Insurance, Co.	FL	330,109	7,795,688	-	480,077	71,519	2,737	289,416	
50784	Security Title Guarantee Corporation of Baltimore	MD	-	2,713,971	-	70,600	235,228	154,059	534,971	
50121	Stewart Title Guaranty, Co.	TX	930,513	14,456,006	206,633	206,954	538,709	494,642	743,335	
50016	Title Resources Guaranty, Co.	TX	-	364,180	935,701	13,475	-	-	-	
51152	WFG National Title Insurance, Co.	SC	9,353	14,129,962	315,246	434,567	144,400	179,888	69,545	
14 Companies		TOTALS	\$6,704,939	\$135,690,850	\$6,316,598	\$5,197,149	\$146,516,039	\$6,571,467	\$5,951,671	\$6,563,601

DATA SOURCE: 2015 Title Annual Statement, Schedule T for all companies writing business in Louisiana.

CAUTION: The information contained on this page is unaudited and not a complete financial analysis, nor is it an expression of opinion on any insurer. This page may contain inadvertent errors.

APPENDIX G

FRATERNAL INSURANCE

APPENDIX G – FRATERNAL INSURANCE

**FRATERNAL INSURERS EXHIBIT OF PREMIUMS AND ANNUITY CONSIDERATIONS
BUSINESS IN LOUISIANA AS OF DECEMBER 31, 2015**

NAIC Number	Company Name	Domicile	Direct Business Only				
			Life Contracts		Accident and Health Premiums	Other Considerations	Deposit-Type Contract
			Life Insurance Premiums	Annuity Considerations			
56499	Assured Life Association	CO	4,997	300	2,778,147	-	-
57223	Baptist Life Association	NY	4,664	-	-	-	-
56030	Catholic Financial Life	WI	57,139	13,893	226	-	-
57770	Catholic Holy Family Society	IL	131,834	-	-	-	-
57347	Catholic Life Insurance	TX	522,475	970,728	-	-	555
57487	Catholic Order Of Foresters	IL	36,765	5,925	7,035	-	-
57991	Everence Association, Inc.	IN	260	-	5,433	-	-
56332	First Catholic Slovak Ladies Association USA	OH	3,870	-	-	-	-
56685	GBU Financial Life	PA	1,766	1,005	-	-	-
56154	Gleaner Life Insurance Society	MI	3,587	-	-	-	28
56017	Grand Lodge Benevolent Knights of America	LA	2,336	-	-	-	-
58068	Independent Order Of Foresters US Branch	NY	6,399,524	1,542	53,156	-	1,851
58033	Knights Of Columbus	CT	17,795,378	666,360	1,236,666	-	12,449,078
57835	Knights Of Peter Claver	AL	401,951	-	-	-	-
56758	Loyal Christian Benefit Association	PA	1,343	9,026	14,002	-	-
57541	Modern Woodmen Of America	IL	4,580,383	7,646,144	-	-	-
57568	National Catholic Society Of Foresters	IL	448	-	-	-	-
56073	National Mutual Benefit	WI	426	-	-	-	-
56383	Order of United Commercial Travelers	OH	22,320	-	2,626,477	-	-
58009	Police & Firemen’s Insurance Association	IN	752,029	195,888	1,062,905	-	18,111
57622	Polish National Alliance US of National Alliance	IL	1,050	-	-	-	-
57657	Royal Neighbors Of America	IL	23,491	-	24,556	-	-
57142	Sons of Norway	MN	708	90	-	-	-
58181	Supreme Council the Royal Arcanum	MA	15,811	-	825	-	-
56014	Thrivent Financial For Lutherans	WI	3,390,209	9,233,978	650,886	-	-
56006	Travelers Protective Association Of America	MO	-	-	3,506	-	-
56456	United States Letter Carriers Mutual Benefit Association	TN	30,998	84,203	25,250	-	-
56413	United Transportation Union Insurance Association	OH	128,961	23,216	129,794	-	-
58017	Western Fraternal Life Association	IA	20,487	-	-	-	510
57010	William Penn Association	PA	1,189	-	-	-	225
56170	Woman’s Life Insurance Society	MI	8,511	-	-	-	123
57320	Woodmen World Life Insurance Society	NE	17,357,940	27,143,701	614,487	-	2,250,453
32 Companies		TOTALS	51,702,850	45,995,999	9,233,351	-	14,720,934

DATA SOURCE: 2015 Fraternal Annual Statement, Schedule T for all companies writing business in Louisiana.

CAUTION: The information contained on this page is unaudited and not a complete financial analysis, nor is it an expression of opinion on any insurer. This page may contain inadvertent errors.

APPENDIX H

GROUP SELF-INSURANCE FUNDS

APPENDIX H – GROUP SELF-INSURANCE FUNDS

**STATE OF LOUISIANA
GROUP SELF-INSURANCE PREMIUM BUSINESS
WRITTEN CALENDAR YEAR 2015**

<i>Fund Name</i>	<i>Premium Written</i>
LAC Self-Insured Fund (Cotton) ^(e)	\$7,006,823
Louisiana Association of Clerks of Court Risk Mgt Agency ^(b)	481,642
Louisiana Automobile Dealers Association SIF ^(e)	9,117,547
Louisiana Commerce & Trade Association SIF ^(e)	27,053,573
Louisiana Construction & Industry Self Insurers Fund ^(e)	34,009,502
Louisiana Health Care Self Insurance Fund ^(e)	9,518,966
Louisiana Hombuilders Association SIF ^(a)	20,817,967
Louisiana Hospital Association Workers' Compensation SIF ^(e)	6,555,765
Louisiana Housing Council Authorities Group SIF ^(a)	10,806,286
Louisiana Loggers Self-Insured Fund ^(e)	3,346,888
Louisiana Municipal Risk Management Agency ^(e)	23,858,310
Louisiana Public Schools Risk Management Agency ^(d)	4,990,616
Louisiana Restaurant Association SIF ^(e)	18,712,899
Louisiana Rural Parish Insurance Cooperative ^(e)	2,420,825
Louisiana Schools Self-Insured Group ^(b)	2,958,849
Police Jury Association of Louisiana ^(e)	20,795,634
Property Casualty Alliance of Louisiana ^(b)	2,428,929
TOTAL	\$204,881,021

DATA SOURCE: Audited Financial Statements for all Group Self-Insurance Funds writing coverage in Louisiana.

^(a)As of March 31, 2015

^(b)As of June 30, 2015

^(c)As of July 31, 2015

^(d)As of October 1, 2015

^(e)As of December 31, 2015

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APPENDIX I

REVENUE REPORT AS REQUIRED BY LA. R.S. 49:308.6(C)

APPENDIX I – REVENUE REPORT

**MULTI-YEAR COMPARISON OF REVENUES BY TYPE
SUMMARY**

<i>Description</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Self-Generated Fees	\$24,611,911	\$24,348,733	\$23,180,236
Assessments:			
<i>Health Insurance Portability and Accountability Act Assessment, Interest</i>	746,519	785,019	869,781
<i>Louisiana Insurance Rating Assessment</i>	85,772,293	86,903,511	83,133,777
<i>Insurance Fraud Investigation Assessment</i>	4,081,972	3,964,990	3,892,958
Total Assessments	\$90,600,784	\$91,653,520	\$87,896,516
Federal Funds	916,516	1,080,019	909,702
Miscellaneous/Other Revenue:			
<i>Louisiana Automobile Theft and Insurance Fraud Prevention Authority (Gifts, Grants, Donations), Interest</i>	5,409	8,131	36,957
<i>Income Not Available</i>	653,283	397,308	676,120
<i>Premium Taxes</i>	529,736,891	454,081,223	445,508,675
Total Other Major State Revenue	\$530,395,583	\$454,486,662	\$446,221,752
Interagency Transfers	-	-	145,702
TOTAL COLLECTIONS	\$646,524,794	\$571,568,934	\$558,353,908

APPENDIX I – REVENUE REPORT

MULTI-YEAR COMPARISON OF REVENUES BY TYPE SELF-GENERATED FEES

<i>Description</i>	<i>Revised Statute</i>	<i>Fee Amount</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Certificate of Authority, Initial Certificate	22:821(B)(1), 22:269(B)(1), 22:214(B)(1)	2,500/500/25	128,450	107,402	121,375
Initial Examination of Insurance Companies	22:269(B)(4)	1,000	-	-	1,792
Securities Fees-Registration of Securities	22:821(B)(6)	200	137	137	338
Filing a Charter, Other Documents and Amendments thereto	22:821(B)(8), 22:269(B)(2)	25/5	2,875	12,884	3,120
Approval Fee of Foreign or Alien Surplus Lines Insurers	22:821(B)(17)	1,050	181,650	180,600	191,100
Third Party Administrators-Licensing Fee	22:821(B)(15)(a)	500	11,500	15,325	15,000
Third Party Administrators-Annual Report Filing Fee	22:821(B)(15)(b)	300	108,300	101,675	107,575
Acquisition of Control or Merger with a Domestic Insurer-Statement Fee	22:821(B)(16)	2,500	2,500	5,000	5,000
Risk Purchasing Group-Registration Fee	22:821(B)(18)(a)	100	2,600	2,250	5,200
Risk Purchasing Group-Annual Renewal	22:821(B)(18)(b)	50	17,500	17,475	15,875
Viatical Settlement Broker-First Time Applicant	22:821(B)(19)(a)	50	150	100	-
Viatical Settlement Broker-Annual Renewal	22:821(B)(19)(a)	50	250	350	850
Viatical Settlement Investment Agent-First Time Applicant	22:821(B)(19)(b)	50	-	-	50
Viatical Settlement Investment Agent-Annual Renewal	22:821(B)(19)(b)	50	-	-	50
Viatical Settlement Provider-First Time Applicant	22:821(B)(19)(c)	1,000	1,100	-	1,000
Vehicle Mechanical Breakdown Insurer	22:362(A)	1,500	79,550	75,000	71,590
Medical Necessity Review Organization-Licensing Fee	22:821(B)(28)(a)	1,500	3,000	24,000	10,500
Medical Necessity Review Organization-Annual Report Filing Fee	22:821(B)(28)(b)	500	500	34,500	34,500
Dental Referral Plan-Initial License	22:1166	250	-	-	-
Dental Referral Plan-Renewal Fee	22:1166	250	250	500	-
			-		

APPENDIX I – REVENUE REPORT

**MULTI-YEAR COMPARISON OF REVENUES BY TYPE
SELF-GENERATED FEES
(CONTINUED)**

<i>Description</i>	<i>Revised Statute</i>	<i>Fee Amount</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Producer License-First Time Applicant Includes the Following: Each Additional Line of Authority for Limited Lines only \$35 Specialty Limited Lines Credit Insurance Specialty Limited Lines Motor Vehicle Title Insurance	22:821(B)(3)(a-d) 22:1549(B)(4) & (5) 22:1550(B)(1)(d) & (B)(2)	75 + 35 Each Additional Line 1,000/250+20 ea. emp. 1,000/250+20 ea. emp.	2,687,995	2,575,599	2,191,239
Producer License-Additional or Renewal Company Appointment (Yearly)	22:821(B)(3)(a-d), 22:1549(D), 22:1550(D)	20	12,642,020	12,063,820	11,595,315
Producer License-Renewal Fee (Every Two Years) Includes the following: Producer Renewal Fee Specialty Limited Lines Credit Insurance Specialty Limited Lines Motor Vehicle Title Insurance	22:821(B)(3)(a-d) 22:1549(C) 22:1550(C)	50 500/125+10 each emp. 500/125+10 each emp.	3,222,030	3,172,967	3,039,550
Producer License-Surplus Line Broker-First Time Applicant	22:821(B)(3)(e)	250	72,900	74,075	84,650
Producer License-Surplus Line Broker-Renewal Fee	22:821(B)(3)(e)	350	276,800	590,150	255,100
Producer License-Failure to File Producer License Timely (Late Fee)	22:821(B)(3)(f), 22:1547(C)(2)	50	291,200	344,345	312,125
Producer License-Continuing Education Provider/Course Application Fee	22:821(B)(29)(a-b)	250/25	60,910	59,900	52,555
Producer License-Duplicate Producer License/Name Change	22:821(B)(3)(g)	15	710	965	6,190
Producer License-Invalid/Bad Address	22:1547(G)	50	29,450	23,750	59,300
Managing General Agent-Initial Registration	22:821(B)(14)(a)	300	1,800	2,700	2,100
Managing General Agent-Annual Registration	22:821(B)(14)(b)	300	12,530	11,400	10,800
Managing General Agent-Insurer's Initial Notice of Appointment	22:821(B)(14)(c)	300	920	1,500	300
Managing General Agent-Insurer's Annual Notice of Appointment	22:821(B)(14)(d)	300	13,500	11,400	11,775
Company Filing of Life, Health and Accident Insurance Policy Forms-Per Product	22:821(B)(11)(a)	100	164,700	182,875	71,200
Company Filing of Property and Casualty Insurance Policy Forms-Per Product	22:821(B)(10)(a)	100	69,880	68,931	70,675

APPENDIX I – REVENUE REPORT

MULTI-YEAR COMPARISON OF REVENUES BY TYPE SELF-GENERATED FEES (CONTINUED)

<i>Description</i>	<i>Revised Statute</i>	<i>Fee Amount</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Company Filing to Adopt a Reference or Item Filing of Advisory Organizations Form Reference Filing	22:821(B)(10)(b)	20	5,280	4,680	9,119
Company Filing of Property and Casualty Insurance Policy Endorsements, Amendments, or Riders	22:821(B)(10)(c)	25	80,360	106,529	82,421
Impounded Auto Sale	14:98(D)(2)(a)(d), 14:98(E)(2)(a)(d)		-	-	-
Company Filing of Self-Insured Health and Accident Insurance Policy Form-Per Product	22:821(B)(9)	100	-	-	-
Company Filing of Life, Health and Accident Insurance Policy Forms or Health Maintenance Organization Submission-Per Product	22:821(B)(11)(a)	100	53,275	74,370	67,300
Company Filing of Medicare Supplemental Insurance Premium Rates, Rate Schedule and Supporting Documents-Per Type	22:821(B)(11)(b)	100	13,600	14,800	15,500
Company Filing of Medicare Supplement Insurance Advertisements, Per Submission	22:821(B)(11)(c)	100	20,100	18,900	21,700
Health Care Conference			40,175	44,640	47,250
Financial Examination-Professional Service Contract	22:976(B), 22:308, 22:705, 22:1981, 22:1982, 22:1985, 22:1986, 22:2064, 22:2094, 22:370, 22:251, 22:256, 22:484(G), 22:462, 23:1197(C), 33:1348(B), 33:1350.2, 33:1358, 42:851(D) (Part XXVIII of Title22)		169,503	235,433	58,331
Financial Examination-State Examiner	22:976(B), 22:308, 22:705, 22:1981, 22:1982, 22:1985, 22:1986, 22:2064, 22:2094, 22:370, 22:251, 22:256, 22:484(G), 22:462, 23:1197(C), 33:1348(B), 33:1350.2, 33:1358, 42:851(D) (Part XXVIII of Title22)		-	-	14,243
Market Conduct-Professional Service Contract	22:308, 22:705, 22:1985, 22:976(B)		-	31,800	-
Market Conduct-State Examiner	22:308, 22:705, 22:1985, 22:976(B)		23,225	300	50
Surplus Lines/Insurance Premium Tax-Professional Service Contract	22:308, 22:705, 22:1985, 22:976(B)			-	-
Annual Financial Regulation Fee/ Annual Statement (Health Maintenance Organization)	22:821(B)(2), 22:269(B)(3)(a)	1,000/250	\$1,365,615	1,382,253	1,381,564

**MULTI-YEAR COMPARISON OF REVENUES BY TYPE
SELF-GENERATED FEES
(CONTINUED)**

<i>Description</i>	<i>Revised Statute</i>	<i>Fee Amount</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Fines/Stipulations	22:13, 22:14, 22:16, 22:18, 22:33, 22:35, 22:68(E), 22:88(M)(1)(2)(3), 22:184, 22:216, 22:250, 22:252, 22:257, 22:269, 22:271, 22:316, 22:348, 22:371, 22:391, 22:440, 22:444: 22:456, 22:457, 22:536, 22:591, 22:597, 22:709, 22:714, 22:796, 22:833, 22:846, 22:855, 22:987, 22:1011, 22:1071, 22:1143, 22:1167, 22:1191, 22:1211, 22:1283, 22:1292, 22:1460, 22:1529, 22:1546, 22:1547, 22:1549, 22:1550, 22:1552, 22:1554, 22:1556, 22:1557, 22:1558, 22:1559, 22:1562, 22:1585, 22:1623, 22:1625, 22:1627, 22:1651, 22:1654, 22:1671, 22:1672, 22:1699, 22:1700, 22:1731, 22:1770, 22:1837, 22:1860, 22:1877, 22:1892, 22:1924, 22:1925, 22:1929, 22:1946, 22:1964, 22:1969, 22:1970, 22:1994, 22:1995, 22:2007, 22:2036, 22:2060, 22:2069, 22:2090, 22:2198, 22:2245, 22:2394, 22:2399		356,190	350,233	1,196,009
Lawsuit Fees	9:2800.7(H)	5	430	45	5
Annual Premium Tax Fee (\$90,000)	22:794, 22:821(D)	90,000	90,000	90,000	90,000
Copies, Certified Copies and Other Fees (Miscellaneous)	LA Administrative Code Title 4 Chapter 3:30; 22:821(B)(4), 22:269(B)(5)	0.25/3	1,059	965	1,555
Professional Employer Organization New License	22:1748	500	12,600	11,800	11,400
Professional Employer Organization Renewal	22:1748	300	38,800	34,900	33,800
Limited Licensing for Motor Vehicle Rental Company-Initial License	22:1763(B)	500/100	1,500	500	2,000
Limited Licensing for Motor Vehicle Rental Company-Renewal	22:1763(B)	250/50	750	1,500	550
Service of Process	22:821(B)(22)	25	4,215	2,985	3,130
Claims Adjuster License and Registration-Business Entity-Initial License	22:821(B)(23)(a)	55	2,145	2,150	13,310
Claims Adjuster License and Registration-Business Entity-Renewal	22:821(B)(23)(a)	50	1,250	8,350	1,850
Claims Adjuster License and Registration-Resident/Non-Resident-Initial License	22:821(B)(23)(b)	55	789,463	778,810	549,605
Claims Adjuster License and Registration-Resident/Non-Resident-Renewal	22:821(B)(23)(b)	50	1,343,195	1,311,305	1,176,450
Claims Adjuster License and Registration-Catastrophe and Emergency Claims Adjuster	22:821(B)(23)(c)	25	4,300	2,125	11,100

APPENDIX I – REVENUE REPORT

MULTI-YEAR COMPARISON OF REVENUES BY TYPE SELF-GENERATED FEES (CONTINUED)

<i>Description</i>	<i>Revised Statute</i>	<i>Fee Amount</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Public Adjuster License-Business Entity-Initial License	22:821(B)(24)(a)	55	220	440	625
Public Adjuster License-Business Entity-Renewal	22:821(B)(24)(a)	50	150	1,200	150
Public Adjuster License-Resident/ Non-Resident-Initial License	22:821(B)(24)(b)	55	1,760	1,540	1,650
Public Adjuster License-Resident/ Non-Resident-Renewal	22:821(B)(24)(b)	50	5,250	5,400	7,150
Risk Retention Group-Initial Registration	22:821(B)(21)	1,000	5,000	4,000	5,000
Certificate of Compliance	22:821(B)(25)	10	3,139	2,700	3,280
Louisiana Automobile Theft and Insurance Fraud Prevention Authority Conference		95	-	18,100	1,200
Filing of Vehicle Mechanical Breakdown Insurance Policies, Per Submission	22:821(B)(26)	25	3,500	3,250	-
Discount Medical Plan-Application	22:2394	250	-	-	4,000
Home Service Contract Providers- Initial Registration	22:821(B)(30)(a)	600	-	2,400	3,750
Home Service Contract Providers-Renewal Fee (Every Two Years)	22:821(B)(30)(b)	250	250	500	1,000
Prelicensing or Continuing Education- Provider Application	22:821(B)(29)(a)	250	4,250	6,150	7,275
Prelicensing or Continuing Education- Program or Course Application	22:821(B)(29)(b)	25	25	25	500
Appraisers-First Time Applicant	22:821(B)(34)(a)	55	720	1,050	3,925
Appraisers-Renewal Fee	22:821(B)(34)(b)	50	1,960	1,530	1,700
Portable Electronics Insurance Limited Line License-Initial License Application	22:821(B)(35)(a)	200	-	-	-
Portable Electronics Insurance Limited Line License-Renewal	22:821(B)(35)(b)	100	-	-	-
Utilization Review Organization (other than a Health Insurance Issuer)-Application Fee	22:821(B)(36)(a)	1,500	46,000	22,000	-
Utilization Review Organization (other than a Health Insurance Issuer)-Annual Reporting Fee	22:821(B)(36)(b)	500	30,000	1,000	-
Independent Review Organization- Application Fee	22:821(B)(37)(a)	500	1,500	4,500	-
Independent Review Organization-Annual Reporting Fee	22:281(B)(37)(b)	500	3,500	500	-
Suspense (Unidentified Payments)			-	-	-
TOTAL FEES			\$24,611,911.00	\$24,348,733.00	\$23,180,236

**MULTI-YEAR COMPARISON OF REVENUES BY TYPE
ASSESSMENTS**

<i>Health Insurance Portability and Accountability Act Assessment-Administrative Fund</i>	<i>Revised Statute</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
HIPAA Assessment	22:1071(D)(2)(a)	746,498	784,992	869,757
HIPAA Interest	22:1071(D)(3)(b)	21	27	24
TOTAL ADMINISTRATIVE FUND		\$746,519	\$785,019	\$869,781

<i>Louisiana Insurance Rating Assessment</i>	<i>Revised Statute</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Sheriffs' Pension Fund, Municipal Police Retirement Fund, Firefighters' Retirement Fund	22:1476(A)(3)	63,535,649	60,832,458	58,195,005
Municipal Fire and Police Civil Service	22:1476(A)(2)	2,269,130	2,172,588	2,077,200
Department of Insurance	22:1476(B)	19,967,514	23,898,465	22,861,572
TOTAL LOUISIANA INSURANCE RATING ASSESSMENT		\$85,772,293	\$86,903,511	\$83,133,777

<i>Insurance Fraud Investigation Fund Assessment</i>	<i>Revised Statute</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Fraud Assessment-Administrative Fee	40:1428(A)(4)(a)	30,000	30,000	30,000
Fraud Assessment-Louisiana Automobile Theft and Insurance Fraud Prevention Authority	40:1428(A)(4)(a)	187,000	187,000	187,000
Fraud Assessment-Department of Insurance - 10%	40:1428(A)	461,269	396,245	398,196
Fraud Assessment-Department of Justice - 15%	40:1428(A)	691,613	653,576	584,365
Fraud Assessment-Department of Public Safety - 75%	40:1428(A)	2,712,090	2,698,169	2,693,397
TOTAL INSURANCE FRAUD INVESTIGATION FUND ASSESSMENT		\$4,081,972	\$3,964,990	\$3,892,958

APPENDIX I – REVENUE REPORT

MULTI-YEAR COMPARISON OF REVENUES BY TYPE FEDERAL/MISCELLANEOUS/OTHER REVENUE

<i>Federal</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Senior Health Insurance Information Program Grant	\$659,488	\$717,139	\$725,789
Premium Rate Review Grant	\$257,028	\$362,880	\$183,913
TOTAL FEDERAL FUNDS	\$916,516	\$1,080,019	\$909,702

<i>Louisiana Automobile Theft and Insurance Fraud Prevention Authority</i>	<i>Revised Statute</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
LATIFPA Fund (Gifts, Grants, Donations)	22:2133(2)	5,000	8,000	36,750
LATIFPA Fund Interest	22:2134(A)	409	131	207
TOTAL LATIFPA		\$5,409	\$8,131	\$36,957

<i>Income Not Available</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Income Not Available	647,884	354,939	670,294
Income Not Available - Prior Year Accounts Receivable Collections	5,399	42,369	5,826
TOTAL INCOME NOT AVAILABLE	\$653,283	\$397,308	\$676,120

<i>Insurance Premium Taxes</i>	<i>Revised Statute</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
Medicaid-Enrollment Managed Care Organization-Bayou Health Plan (New for Fiscal Year 2012-2013)	22:842(B)	113,412,859	51,278,390	30,921,635
Life, Accident and Health	22:838, 22:842, 22:270	96,676,027	76,659,099	96,475,389
Fire Casualty and Miscellaneous	22:838, 22:831	218,259,461	213,104,691	208,851,149
Surplus Lines	22:439	59,584,280	71,522,894	68,281,409
Fireman Training	22:837	3,200,108	3,172,454	3,140,883
Fire Department	22:345	21,961,276	21,609,815	21,472,344
Penalties	22:846, 22:796, 22:440	51,472	340,255	420,370
Retaliatory	22:836	129,871	341,892	247,489
Sub-Totals		\$513,575,354	\$438,029,490	\$429,810,668
Fire Marshal	22:835	16,161,537	16,051,733	15,698,007
TOTAL INSURANCE PREMIUM TAXES		\$529,736,891	\$454,081,223	\$445,508,675

APPENDIX I – REVENUE REPORT

MULTI-YEAR COMPARISON OF REVENUES BY TYPE INTERAGENCY TRANSFERS

<i>Description</i>	<i>Fiscal Year 2015-2016</i>	<i>Fiscal Year 2014-2015</i>	<i>Fiscal Year 2013-2014</i>
The Medicare Improvements for Patients and Providers Act Federal Grant through the Governor's Office of Elderly Affairs	-	-	\$145,702
TOTAL INTERAGENCY TRANSFERS	-	-	\$145,702