



# Illinois Department of Insurance

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JB Pritzker  
Governor

Dana Popish Severinghaus  
Director

VIA ELECTRONIC MAIL

July 5, 2022

Mr. Keith Michael O'Reilly, President  
c/o Abbey Blank  
Gerber Life Insurance Company  
1311 Mamaroneck Avenue  
White Plains, NY. 10605

**Re: Gerber Life Insurance Company, NAIC 70939**  
***Market Conduct Examination Report Closing Letter***

Dear Mr. O'Reilly:

The Department has received your Company's proof of compliance. Therefore, the Department is closing its file on this exam.

I intend to ask the Director to make the Examination Report and Stipulation and Consent Order available for public inspection as authorized by 215 ILCS 5/132. At the Department's discretion, specific content of the report may be subject to redaction for private, personal, or trade secret information prior to making the report public. However, any redacted information will be made available to other regulators upon request.

Please contact me if you have any questions.

Sincerely,

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Chief Market Conduct Examiner  
Illinois Department of Insurance  
320 West Washington St., 5th Floor  
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**ILLINOIS DEPARTMENT OF INSURANCE  
MARKET CONDUCT EXAMINATION**

**Gerber Life Insurance Company**

## **MARKET CONDUCT EXAMINATION REPORT**

DATE OF EXAMINATION: January 20, 2020, through December 21, 2021

EXAMINATION OF: Gerber Life Insurance Co, NAIC Number: 70393

LOCATION: 1311 Mamaroneck Avenue, White Plains, NY. 10605

PERIOD COVERED: October 1, 2013, through October 1, 2019 – Claims  
April 1, 2013, through October 1, 2020 – Complaints

EXAMINERS: David Bradbury MCM, Examiner-in-Charge  
Patricia Hahn MCM  
Jillian Weiland MCM

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## I. FOREWORD

This is a market conduct examination report of Gerber Life Insurance Company (the “Company”), NAIC Code 70393. This examination was conducted at the office of the Illinois Department of Insurance in Springfield, Illinois.

This examination report is generally a report by exception. However, failure to criticize specific practices, procedures or files does not constitute approval thereof by the Illinois Department of Insurance (“IDOI” or “Department”).

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

## II. SCOPE OF THE EXAMINATION

The Department has the authority to conduct this examination pursuant to, but not limited to, 215 ILCS 5/132.

The purpose of the examination was to determine if the Company complied with the Illinois Insurance Code (215 ILCS 5/1 et seq.), the Illinois Administrative Code (50 Ill. Admin. Code 101 et seq.), and to consider whether the Company's operations are consistent with the public interest. The primary period covered by this review is October 1, 2013, through October 1, 2020, for claims, and April 1, 2013, through October 1, 2020, for complaints and appeals unless otherwise noted. Errors outside of this time period discovered during the course of the examination, however, may also be included in the report.

The examination involved the following business functions and lines of business: claims handling practices; policy forms and advertising in use; producer licensing; and the handling of consumer complaints, appeals, and Department complaints for all lines of business.

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

### III. SUMMARY

The following represent general findings, however specific details are found in each section of the report.

TABLE OF TOTAL VIOLATIONS						
Criticism	Crit #	Statute/Rule	Description of Violation	Sample	# of Violations	Error %
Paid Individual Life	66	50 IAC 919.70(a)(2)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the 45-day delay letter.	108	12	11%
Paid Individual Life	67	215 ILCS 5/224(l)(1)	Failed to provide the notice of availability of 10% interest due to late payment if delayed more than 31 days.	108	26	24%
Denied Individual Life	45	50 IAC 919.50(a)(1)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the denial letter.	62	3	5%
Paid Group Life	41	50 IAC 919.70(a)(2)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the 45-day delay letter.	109	2	2%
Denied Travel Accident	110	50 IAC 919.50(a)(1)	Failed to provide the insured with a reasonable explanation of denial.	35	1	3%
Denied Travel Accident	111	50 IAC 919.50(a)(1)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the denial letter.	35	1	3%
Paid Student Accident	127, 128 & 129	215 ILCE 5/368a(c)	Failed to pay interest when a claim remains unpaid within 30 days totaling \$11.54 on three claims.	108	3	3%
Paid Student Accident	131	215 ILCS 5/154.6(d)	Not attempting in good faith to effectuate prompt, fair and equitable settlement of claims submitted in which liability has become reasonably clear in the total amount of \$2.70	108	1	1%
Paid Student Accident	136	50 IAC 919.50(a)(1)	Failed affirm or deny within 30 days.	108	8	7%
Paid Special Risk / Catastrophic	75 through 97 & 105	215 ILCS 5/357.9(a)	Failed to pay interest when a claim remains unpaid within 30 days totaling \$400.73 on 24 claims.	107	24	22%
Paid Special Risk / Catastrophic	98	215 ILCS 5/154.6(d)	Not attempting in good faith to effectuate prompt, fair and equitable settlement of claims	107	1	1%

TABLE OF TOTAL VIOLATIONS						
Criticism	Crit #	Statute/Rule	Description of Violation	Sample	# of Violations	Error %
Paid Special Risk / Catastrophic	99	50 IAC 919.50(a)(1)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the denial letter.	107	1	1%
Paid Special Risk / Catastrophic	108	50 IAC 919.70(a)(2)	Failed to provide the insured with a 45-day delay letter.	107	89	83%
Paid Special Risk / Catastrophic	109	215 ILCS 5/154.6(i)	Failed to affirm or deny coverage within 30-days.	107	17	16%
Denied Special Risk / Catastrophic	54	50 IAC 919.50(a)(1)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the denial letter.	107	107	100%
Denied Special Risk / Catastrophic	55	215 ILCS 5/154.6(i)	Failed to affirm or deny coverage within 30-days.	107	15	14%
Denied Special Risk / Catastrophic	56	50 IAC 919.70(a)(2)	Failed to provide the insured with a 45-day delay letter.	107	4	4%
Denied Student Accident	137	50 IAC 919.50(a)(1)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the denial letter.	109	109	100%
Denied Student Accident	138	215 ILCS 5/154.6(i)	Failed to affirm or deny coverage within 30-days.	109	5	5%
Consumer Complaints	4	50 IAC 919.70(a)(2)	Failed to provide the insured with a delay letter and the "Notice of Availability of the Department of Insurance" on the 45-day delay letter.	22	1	5%
Consumer Complaints	5	215 ILCS 5/224(l)(1)	Failed to provide the notice of availability of 10% interest due to late payment if delayed more than 31 days.	22	1	5%
Life Rescissions	10	215 ILCS 5/224(l)(1)	Failed to provide the notice of availability of 10% interest due to late payment if delayed more than 31 days.	43	43	100%
Life Rescissions	11	50 IAC 919.70(a)(2)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the 45-day delay letter.	45	8	18%
Life Rescissions	12	50 IAC 919.70(a)(2)	Failed to provide the insured with a delay letter.	45	5	11%



TABLE OF TOTAL VIOLATIONS						
Criticism	Crit #	Statute/Rule	Description of Violation	Sample	# of Violations	Error %
Life Rescissions	14	50 IAC 919.50(a)(1)	Failed to provide the insured with the "Notice of Availability of the Department of Insurance" on the denial letter.	45	5	11%
ETI / RPU	28	215 ILCS 5/234.1	Failure to provide a "Notice of Enactment of the Non-forfeiture Options."	116	112	97%
ETI/RPU	29	215 ILCS 5/143(1) and 50 IAC 1405.30(c)	The policy elective provision for automatic premium loans is in violation.	116	4	3%
ETI/RPU	30	215 ILCS 5/229.2(1)(iii)	Failure to place the policy under the non-forfeiture option called for under the policy within 60 days after the due date of the premium in default.	116	1	1%

#### IV. BACKGROUND

Gerber Life Insurance Company (PLIC) was incorporated in 1961 under the laws of the State of Michigan.

#### Gerber Life Insurance Company 2018 - Illinois Premium.

Line of Business	2018 Direct Premiums	2018 Deposit-type Contract Funds
Life Insurance	19,295,297	\$0
Accident and Health	21,218,465	\$0

## V. METHODOLOGY

The market conduct examination covered the business for the period of October 20, 2013, through October 1, 2020, for claims, and April 1, 2013, through October 1, 2020, for the complaint/appeal file review. Specifically, the examination focused on a review of the following areas:

- a. Claims
- b. Department Complaints and Consumer Appeals

The review of the categories was accomplished through examination of appointed and terminated producer files, claim files, and complaint files. Each of the categories were examined for compliance with Department regulations and applicable state laws.

The report concerns itself with improper practices performed by the Company which resulted in failure to comply with Illinois statutes and/or administrative rules. Criticisms were prepared and communicated to the Company addressing violations discovered in the review process. All valid violations were cited in the report. The following methods were used to obtain the required samples and to assure a methodical selection:

### Claims

- a. Paid Claims – Payment for claims made during the examination period.
- b. Denied Claims – Denial of benefits during the examination period for losses not covered by certificate of coverage provisions.

All claims were reviewed for compliance with policy contracts and applicable sections of the Illinois Insurance Code (215 ILCS 5/1 et seq.) and the Illinois Administrative Code (50 Ill. Admin. Code 101 et seq.).

The Department defines due proof of loss as medical records, investigation materials, written proofs, claim forms, authorizations, or other reasonable evidence of claim that is ordinarily required of insureds or beneficiaries. The Department's position is that the 30 days to pay (31 days for interest) starts when the last proof required from the claimant (beneficiary), medical record, or investigation documentation is received by the Company.

Median payment periods were measured from the date all necessary proofs of loss were received to the date of payment or denial to the claimant.

### Department Complaints and Consumer Appeals

The Department requested the Company provide all files relating to complaints received via the Department of Insurance and those received directly from consumers. The Department also requested the Company provide files of all external independent reviews handled during the survey period.

Median periods were measured from the date of notification by the complainants to the date of response by the Company.

## VI. SAMPLE SELECTION

Survey	Reviewed	% Reviewed
<b>CLAIMS ANALYSIS</b>		
Paid Individual Life	108	3%
Denied Individual Life	62	385
Paid Group Life	109	2%
Denied Group Life	81	24%
Paid Individual Travel Accident	11	100%
Denied Travel Accident	35	100%
6% Paid Student Accident	108	.1%
Paid Special Risk / Catastrophic	107	6%
Denied Special Risk / Catastrophic	107	6%
Denied Student Accident	109	.1%
<b>COMPLAINTS</b>		
Consumer Complaints	22	100%
Department of Insurance Complaints	42	100%
<b>POLICYHOLDER SERVICES</b>		
Rescinded Life	45	100%
Rejected Waiver of Premium	4	1005
Approved Waiver of Premium	2	100%
Life Cash Surrenders	116	1%
ETI / RPU	116	.5%
<b>POLICY FORMS AND ADVERTISING</b>		
Policy Forms	10	100%

## VII. FINDINGS

### a. Claims

#### i. Paid Life

1. Crit #66 - In twelve (12) instances out of the 108 files reviewed for an error percentage of 11%, the Company failed to provide “Notice of Availability of the Department of insurance” on the 45-day delay letter. This is a violation of 50 IAC 919.70(a)(2).
2. Crit #67 - In 26 instances out of 108 files reviewed for an error percentage of 25%, the company failed to provide the notice of the availability of 10% interest if the payment is delayed beyond 31 days. This is a violation of 215 ILCS 5/224(1)(1).
3. The median for payment was 15 days.

#### ii. Denied Individual Life

1. Crit #45 - In three (3) instances out of the 62 files reviewed for an error percentage of 5%, the company failed to provide “Notice of Availability of the Department of insurance” on the denial letter. This is a violation of 50 IAC 919.50(a)(1).
2. The median for denial was one (1) day.

#### iii. Paid Group Life

1. Crit #41 - In two (2) instances out of the 109 files reviewed for an error percentage of 2%, the Company failed to provide “Notice of Availability of the Department of insurance” on the 45-day delay letter. This is a violation of 50 IAC 919.70(a)(2).
2. The median for payment was 14 days.

#### iv. Denied Group Life

1. No exceptions were noted.
2. The median for denial was one (1) day.

#### v. Paid Individual Travel Accident

1. No exceptions were noted.
2. The median for payment was 60 days.

#### vi. Denied Individual Travel Accident

1. Crit #110 - In one instance out of the 35 files reviewed for an error percentage of 3%, the Company failed to provide the insured with a reasonable explanation for a claim denial. This is a violation of 50 IAC 919.50 (a)(1) and further clarified by 919.40.
2. Crit #111 - In one instance out of the 35 files reviewed for an error percentage of 3%, the Company failed to provide ‘Notice of Availability of the Department of Insurance’ on the denial letter. This is a violation of 50 IAC 919.50(a)(1).
3. The median for denial was 17 days.

#### vii. Paid Student Accident

1. Crit #127, #128, #129 - In three (3) instances out of 108 files reviewed for an error percentage of 3%, the Company failed to pay interest due on delayed claim payments in the amount of \$11.54. This is a violation of 215 ILCS 5/368a(c).
2. Crit #131 - In one instance of 108 files reviewed for an error percentage of 1%,

the Company underpaid a claim in the amount of \$2.70. This is a violation of 215 ILCS 5/154.6(d). The company disagreed but it remains in the Report.

3. Crit #136 - In eight (8) instances out of 108 files reviewed for an error percentage of 9%, the company failed to affirm of deny coverage within 30 days in violation of 215 ILCS 5/154.6(i) and further clarified by IAC 919.50.
4. The median for payment was 14 days.

viii. Paid Special Risk and Catastrophic

1. Crit #75 through #97, #105 - In 24 instances out of 107 files reviewed for an error percentage of 22%, the Company failed to pay interest due on 24 delayed claim payments in the amount of \$400.73. This is a violation of 215 ILCS 5/357.9(a).
2. Crit #98 - In one instance of 107 files reviewed for an error percentage of 1%, the Company underpaid a claim in the amount to be determined. This is a violation of 215 ILCS 5/154.6(d). The company disagreed but it remains in the Report.
3. Crit #99 - In one instance out of the 107 files reviewed for an error percentage of 1%, the Company failed to provide ‘Notice of Availability of the Department of Insurance’ on the denial letter. This is a violation of 50 IAC 919.50(a)(1). This is due to claims partially denied and included in the sample selection.
4. Crit #108 - In 89 instances out of the 107 files reviewed for an error percentage of 83%, the Company failed to the 45-day delay letter. This is a violation of 50 IAC 919.70(a)(2).
5. Crit #109 - In 17 instances out of 107 files reviewed for an error percentage of 16%, the company failed to affirm of deny coverage within 30 days in violation of 215 ILCS 5/154.6(i) and further clarified by IAC 919.50.
6. The median for payment was 26 days.

ix. Denied Special Risk and Catastrophic

1. Crit #54 - In 107 instances out of the 107 files reviewed for an error percentage of 100%, the Company failed to provide ‘Notice of Availability of the Department of Insurance’ on the denial letter. This is a violation of 50 IAC 919.50(a)(1). This is due to claims partially denied and included in the sample selection.
2. Crit #55 - In 15 instances out of 107 files reviewed for an error percentage of 14%, the company failed to affirm of deny coverage within 30 days in violation of 215 ILCS 5/154.6(i) and further clarified by IAC 919.50. The company agreed that 13 of the 15 were in violation yet all remain in the report.
3. Crit #56 - In four (4) instances out of the 107 files reviewed for an error percentage of 4%, the Company failed the 45-day delay letter. This is a violation of 50 IAC 919.70(a)(2).
4. The median for payment was 15 days.

x. Denied Student Accident

1. Crit #137 - In 109 instances out of the 109 files reviewed for an error percentage of 100%, the Company failed to provide ‘Notice of Availability of the Department of Insurance’ on the denial letter. This is a violation of 50 IAC 919.50(a)(1).
2. Crit #138 - In five (5) instances out of 109 files reviewed for an error percentage of 5%, the company failed to affirm of deny coverage within 30 days in violation of 215 ILCS 5/154.6(i) and further clarified by IAC 919.50.
3. The median for denial was eleven (11) days.

b. Complaints

i. Consumer Complaints

1. Crit #4 - In one (1) instance out of the 22 files reviewed for an error percentage of 5%, the Company failed to provide “Notice of Availability of the Department of insurance” on the 45-day delay letter. This is a violation of 50 IAC 919.70(a)(2).
2. Crit #5 - In one (1) instance out of 22 files reviewed for an error percentage of 5%, the failed to provide the notice of the availability of 10% interest if the payment is delayed beyond 31 days. This is a violation of 215 ILCS 5/224(1)(1).
3. The median for response was 12 days.

ii. Department of Insurance Complaints

1. The median for response to the Department was seven (7) days.

c. Policy Holder Services

i. Rescinded Life Claims

1. Crit #10 - In 43 instances out of 43 files reviewed for an error percentage of 96%, the company failed to provide the notice of the availability of 10% interest if the payment is delayed beyond 31 days. This is a violation of 215 ILCS 5/224(1)(1).
2. Crit #11 - In eight (8) instances out of the 45 files reviewed for an error percentage of 18%, the Company failed to provide “Notice of Availability of the Department of insurance” on the 45-day delay letter. This is a violation of 50 IAC 919.70(a)(2).
3. Crit #12 - In five (5) instances out of the 45 files reviewed for an error percentage of 11%, the Company failed to provide the 45-day delay letter. This is a violation of 50 IAC 919.70(a)(2).
4. Crit #14 - In five (5) instances out of the 45 files reviewed for an error percentage of 11%, the Company failed to provide ‘Notice of Availability of the Department of Insurance’ on the denial letter. This is a violation of 50 IAC 919.50(a)(1).
5. The median for rescission was 158 days.

ii. ETI / RPU – Nonforfeiture Files

1. Crit #28 - In 112 instances out of 116 files reviewed for an error percentage of 97%, the company failed to provide a “Notice of Enactment of the Non-Forfeiture option.” This is a violation of 215 ILCS 5/234.1.
2. Crit #29 - In four instances out of 116 files reviewed for an error percentage of 3%, the Company failed to include an automatic premium loan provision that is automatic and not selected by the applicant. This is a violation of 50 IAC 1405.30(c) and 215 ILCS 5/143(1).
3. Crit #30 - In one instance of 116 files reviewed for an error percentage of 1%, the Company failed to [place the policy under the non-forfeiture provision called for in the policy. This is a violation of 215 ILCS 5/229.2(I)(iii)].

d. Policy Forms

- i. 10 Policy Forms were reviewed. No exceptions were noted.

# STATE OF ILLINOIS

## DEPARTMENT OF INSURANCE



IN THE MATTER OF:

**GERBER LIFE INSURANCE COMPANY**  
**1311 MAMARONECK AVENUE**  
**WHITE PLAINS, NY. 10605**

### STIPULATION AND CONSENT ORDER

WHEREAS, the Director of the Illinois Department of Insurance (“Department”) is a duly authorized and appointed official of the State of Illinois, having authority and responsibility for the enforcement of the insurance laws of this State; and

WHEREAS, Gerber Life Insurance Company (“the Company”), NAIC 70939, is authorized under the insurance laws of this State and by the Director to engage in the business of soliciting, selling and issuing insurance policies; and

WHEREAS, a Market Conduct Examination of the Company was conducted by a duly qualified examiner of the Department pursuant to Sections 132, 401, 402, 403, and 425 of the Illinois Insurance Code (215 ILCS 5/132, 5/401, 5/402, 5/403, and 5/425); and

WHEREAS, as a result of the Market Conduct Examination, the Department examiner filed a Market Conduct Examination Report covering the examination period of April 1, 2013 to October 1, 2020, which is an official document of the Department; and

WHEREAS, the Market Conduct Examination Report cited various areas in which the Company was not in compliance with the Illinois Insurance Code (215 ILCS 5/1 *et seq.*) and Department Regulations (50 Ill. Adm. Code 101 *et seq.*); and

WHEREAS, nothing herein contained, nor any action taken by the Company in connection with this Stipulation and Consent Order, shall constitute, or be construed as, an admission of fault, liability or wrongdoing of any kind whatsoever by the Company; and

WHEREAS, the Company is aware of and understands their various rights in connection with the examination and report, including the right to counsel, notice, hearing and appeal under Sections 132, 401, 402, 407, and 407.2 of the Illinois Insurance Code and 50 Ill. Adm. Code 2402; and

WHEREAS, the Company understands and agrees that by entering into this Stipulation and Consent Order, they waive any and all rights to notice and hearing; and



WHEREAS, the Company and the Director, for the purpose of resolving all matters raised by the report and in order to avoid any further administrative action, hereby enter into this Stipulation and Consent Order.

NOW, THEREFORE, IT IS AGREED by and between the Company and the Director as follows:

1. The Market Conduct Examination indicated various areas in which the Company was not in compliance with provisions of the Illinois Insurance Code and Department Regulations; and
2. The Director and the Company consent to this Order requiring the Company to take certain actions to come into compliance with provisions of the Illinois Insurance Code and Department Regulations.

THEREFORE, IT IS HEREBY ORDERED by the undersigned Director that the Company shall:

1. Institute and maintain policies and procedures whereby the Company shall provide the insured with the "Notice of Availability of the Department of Insurance" on the 45-day delay letter. 50 IAC 919.70(a)(2)
2. Institute and maintain policies and procedures whereby the Company shall provide the notice of availability of 10% interest due to late payment if delayed 31 days or more. 215 ILCS 5/224(l)(1)
3. Institute and maintain policies and procedures whereby the Company shall pay interest when a claim remains unpaid within 30 days. 215 ILCS 5/357.9(a)
4. Institute and maintain policies and procedures whereby the Company shall provide the insured with a 45-day delay letter. 50 IAC 919.70(a)(2)
5. Institute and maintain policies and procedures whereby the Company shall affirm or deny coverage within 30-days. 215 ILCS 5/154.6(i)
6. Institute and maintain policies and procedures whereby the Company shall provide the insured with the "Notice of Availability of the Department of Insurance" on the denial letter. 50 IAC 919.50(a)(1)
7. Institute and maintain policies and procedures whereby the Company shall provide a "Notice of Enactment of the Non-forfeiture Options. 215 ILCS 5/234.1
8. Submit to the Director of Insurance, State of Illinois, proof of compliance with the above seven (7) orders within thirty (30) days of execution of this Order.
9. Pay to the Director of Insurance, State of Illinois, a civil forfeiture in the amount of \$222,000.00 to be paid within ten (10) days of execution of this Order.

NOTHING contained herein shall prohibit the Director from taking any and all appropriate regulatory action as set forth in the Illinois Insurance Code including, but not limited to, levying additional forfeitures, should the Company violate any of the provisions of this Stipulation and Consent Order or any provisions of the Illinois Insurance Code or Department Regulations.

On behalf of GERBER LIFE INSURANCE COMPANY

[Handwritten Signature]  
Signature

Keith M. O'Reilly  
Name

President & CEO  
Title

Subscribed and sworn to before me this  
18<sup>th</sup> day of May 2022.

Karen S. Smith  
Notary Public

**KAREN S. SMITH**  
Notary Public, State of New York  
No. 01SM6185909  
Qualified in Westchester County  
Commission Expires April 21, 2024

DEPARTMENT OF INSURANCE of the  
State of Illinois:

DATE \_\_\_\_\_

Dana Popisn-Severinghaus  
Dana Popisn-Severinghaus  
Director

