



STATE OF OREGON

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES

INSURANCE DIVISION

REPORT OF FOLLOW-UP AND TARGET MARKET CONDUCT EXAMINATION

OF

**COUNTRY MUTUAL INSURANCE COMPANY
BLOOMINGTON, ILLINOIS**

NAIC COMPANY CODE 20990

AS OF

MARCH 15, 2005

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July 25, 2005

Honorable Cory Streisinger, Director
Department of Consumer and Business Services
State of Oregon
350 Winter Street NE, Room 440
Salem, OR 97301-3883

Dear Director:

In accordance with your instructions and pursuant to ORS 731.300, we have examined the business affairs of

Country Mutual Insurance Company
1701 Towanda Avenue
Bloomington, Illinois 61710
NAIC Company Code 20990

hereinafter referred to as the “Company.” The following report of examination is respectfully submitted.

EXECUTIVE SUMMARY

The focus of this examination was limited to a review of selected items on which recommendations were made during the follow-up market conduct examination for the examination period ending June 30, 2001 along with a review of the Company's use of credit history or insurance score in the underwriting of personal insurance.

The following report is intended to provide a comprehensive summary of the findings discovered during this examination of the Company's efforts to comply with recommendations made from the prior follow-up market conduct examination and requirements pertaining to use of credit history or insurance score.

To measure the Company's compliance with recommendations from the prior follow-up market conduct examination, the following recommendations were applied to the Company's operation:

- Recommendation #1 – I recommend the Company furnish a response within 30 days of receiving an inquiry from an insured in accordance with OAR 836-080-0225(3) and document that response in accordance with ORS 733.170.
- Recommendation #2 – I recommend the Company furnish a response to an inquiry that is adequate and answers the questions being raised in accordance with OAR 836-080-0225(3) and document that response in accordance with ORS 733.170.
- Recommendation #3 – I recommend the Company issue all policies with uninsured/underinsured motorist liability limits matching the bodily injury liability limits unless a completed and signed rejection form is presented with the application as required by

ORS 742.500 through 742.506 and OAR 836-054-0000. *Note: Effective in 2004, if the Company issues a policy with lower uninsured/underinsured motorist liability limits, instead of being required to obtain a rejection form with the application, the Company is required to obtain a statement electing lower limits that is signed and dated by a named insured within 60 days of the time a named insured elects lower limits.*

To measure the Company's compliance with requirements pertaining to use of Credit History and Insurance Scores, the following Standards were applied to the Company's operation:

- Standard #1 – The Company or its agent provides the required notice to a consumer before obtaining the consumer's credit history or insurance score.
- Standard #2 – The Company provides instructions to each of its agents regarding the notice to be provided to a consumer before obtaining the consumer's credit history or insurance score.
- Standard #3 – The Company provides the required notice to consumers that they may request a written statement describing the Company's use of credit histories and insurance scores.
- Standard #4 – The Company provides the required written statement describing the Company's use of credit histories and insurance scores to a consumer who requests it.
- Standard #5 – The Company provides the required information to a consumer when the Company takes an adverse action against the consumer based in whole or in part upon a credit history or insurance score.

- Standard #6 – The Company takes the required action when a consumer disputes the accuracy or completeness of information in a consumer report and the dispute results in a change in the consumer’s credit history or insurance score.
- Standard #7 – The Company has established the required written policy regarding use of credit histories and insurance scores in their rating or underwriting process.
- Standard #8 – The Company does not cancel or non-renew personal insurance that has been in effect for more than 60 days based in whole or in part on a consumer’s credit history or insurance score.
- Standard #9 – The Company does not use a consumer’s credit history to decline coverage of personal insurance in the initial underwriting decision without other substantive underwriting factors.

The Company passed Standards 1, 2, 3, 4, 6, 7, 8 and 9 without comment. The Company passed Recommendations 1, 2 and 3 with comment. The Company failed Standard 5.

SCOPE OF EXAMINATION

The market conduct examination of the Company was conducted as of March 15, 2005, covered the period from July 30, 2004 through March 15, 2005 and included a review of material transactions or events that occurred subsequent to the examination cut-off date that were noted during the examination.

One portion of the examination was a follow-up examination limited to a review of items on which recommendations were made during the follow-up market conduct examination for the examination period ending June 30, 2001 that were specifically referenced in the Stipulation and Final Order for Case No. INS 03-08-020 dated July 30, 2004. Those recommendations can be found in Appendix A immediately following this report.

The other portion of the examination was a target examination to determine the Company's compliance with standards pertaining to the use of credit history or insurance score in the underwriting of personal insurance. Those standards can be found in Appendix B immediately following this report.

The examination of the Company was conducted pursuant to ORS 731.300 and in accordance with procedures and guidelines established by the Oregon Insurance Division Market Conduct Program. The program generally follows the Market Conduct Examination Handbook as adopted by the National Association of Insurance Commissioners (NAIC) to the extent that it is consistent with Oregon law. The purpose was to determine the Company's ability to fulfill and manner of fulfillment of its obligations, the nature of its operations, whether it has given proper treatment to policyholders, and its compliance with the Oregon Insurance Code and Administrative Rules.

In order to determine the practices and procedures of the Company's operations, one or more of the following procedures were performed in each phase:

- A sample of files was selected from listings provided by the Company. The examiner then reviewed each file.

- The procedure manuals and/or memorandum were evaluated.
- The Company responded to a series of questions regarding the phase being examined.

The examination was comprised of the following phases:

- Company Operations/Management
- Complaint Handling
- Underwriting – Lower Uninsured/Underinsured Motorist Limits
- Underwriting – Use of Credit History or Insurance Score

The Company’s underlying data was measured against the prior examination recommendations and standards pertaining to use of credit history or insurance score. A list of all recommendations and standards considered can be found in the Appendixes at the end of the report. The examiner used the following three classifications to disclose the examination results:

Passed without Comment	Recommendations and standards the Company passed are displayed in a chart at the beginning of the Findings section of each phase. Items included in this category passed the recommendation and the examiner did not find it necessary to comment on the findings.
Passed with Comment	Recommendations and standards the Company passed with some errors noted are included in this classification. Items in this category are not considered to be indicative of a general business practice of noncompliance. Usually, a recommendation is not warranted, but in certain instances a recommendation might be made.
Failed	The Company has not demonstrated compliance with recommendations and standards that fall into this category. A recommendation for compliance is usually made for each recommendation and standard the Company failed.

Information regarding some items might be noted in the examination report without remarks.

Other areas of concern discovered during the examination that do not fall within the scope of the recommendations or standards might appear in the report as the last section of each phase and titled Additional Findings and Procedures.

Certain unacceptable or non-complying practices may not have been discovered in the course of this examination. Failure to identify or criticize specific Company practices does not constitute acceptance or approval by the Oregon Insurance Division. Examination findings may result in administrative action or further inquiry.

COMPANY OPERATIONS/MANAGEMENT

Company Description and History

COUNTRY Mutual Insurance Company (COUNTRY Mutual) is a property and casualty mutual insurance company domiciled in Illinois and affiliated with the Illinois Agricultural Association.

The origin of COUNTRY[®] Insurance & Financial Services dates back to the formation of The Country Mutual Fire Company in 1925, which was originally incorporated under the title Farmers Mutual Reinsurance Company. Country Mutual Casualty Company was founded in 1926 and merged with Country Mutual Fire Company in 1957 to form the COUNTRY Mutual Insurance Company. Both companies were organized under the sponsorship of the Illinois Agricultural Association[®].

COUNTRY Mutual has three wholly owned property/casualty insurance subsidiaries, COUNTRY Casualty Insurance Company[®] (COUNTRY Casualty), COUNTRY Preferred Insurance Company[®] (COUNTRY Preferred) and Modern Service Insurance Company (Modern). COUNTRY Casualty, a stock company, was incorporated in 1964. COUNTRY Preferred, formerly Mid-America Preferred Insurance Company, was chartered in 1953 and joined the group in 1964. COUNTRY Mutual also has a 60% equity interest and a 17.1% interest in voting securities of CC Services, Inc., a management services and auto leasing company.

During 1998, COUNTRY Mutual formed a strategic alliance with Middlesex Mutual Assurance Company (Middlesex), a Connecticut domiciled property/casualty insurance company. COUNTRY Mutual has majority control of the Board of Directors of Middlesex and entered into an inter-company pooling arrangement with Middlesex.

In 1999, COUNTRY entered in a strategic alliance with the MSI Companies that gave COUNTRY Mutual control of MSI Preferred Insurance Company, a Wisconsin insurance company, through acquisition of 60% of its voting stock.

Effective January 1, 2000, COUNTRY Mutual formed a strategic alliance with Holyoke Mutual Insurance Company (Holyoke) in Salem, a Massachusetts domiciled property/casualty insurance company. COUNTRY Mutual gained majority control of the Board of Directors of Holyoke, and Holyoke became a participant in the inter-company pooling arrangement effective January 1, 2000.

In 2001, COUNTRY and MSI entered into a Second Alliance pursuant to which COUNTRY acquired control of Mutual Service Casualty Insurance Company, a Minnesota mutual insurance company, which also joined the inter-company pool. COUNTRY Mutual also purchased Modern during the Second Alliance.

Effective January 1, 2005, a transaction with the Cotton States Insurance Group established an alliance between Cotton States Mutual Insurance Company, a Georgia mutual insurance company based in Atlanta, Georgia. COUNTRY Mutual gained majority control of Cotton States Mutual's board of directors and Cotton States Mutual became a participant in the inter-company pooling arrangement. COUNTRY Mutual also gained control of the board of directors of Shield Insurance Company, a wholly owned subsidiary of Cotton States Mutual.

Country Mutual offers a full range of personal automobile, homeowners and, to a lesser degree, commercial products issued through an exclusive agency force in ten mid-western and western states. The Company also offers farm insurance products in five of these states. Although COUNTRY Mutual is licensed in 32 states, approximately 69.9% of premium income is written in Illinois. In 2004, 6.6% of its premium income was written in Oregon.

Management and Control

Board of Directors

Following are the members of the Company's Board of Directors as of March 15, 2005:

Name	Address	Principal Business Affiliation
Philip Nelson	2975 N 35 TH Road	Farmer

President	Seneca, IL 61360-9509	
Richard Guebert, Jr. Vice President	7740 Robinson Road Ellis Grove, IL 62241-1612	Farmer
Mike Kenyon District 1	1250 E Main Street South Elgin, IL 60177-1712	Farmer
Chuck Cawley District 2	17157 Hwy 38E Rochelle, IL 61068	Farmer
Jim Holstine District 3	16018 56th Street W Milan, IL 61264-5109	Farmer
James Schielein District 4	1381 Dutch Road Dixon, IL 61021-9332	Farmer
James Schillinger District 5	1827 W Sunshine Circle Plainfield, IL 60544	Farmer
William Olthoff District 6	4503-A E 3000 N Road Bourbonnais, IL 60914-4035	Farmer
Gerald Thompson District 7	31784 E 1400 North Road Colfax, IL 61728-9802	Farmer
Kent Schleich District 8	34441 N IL 97 Fairview, IL 61432	Farmer
Terry Pope District 9	1751 East County Road 2300 Burnside, IL 62330	Farmer
Andrew L. Goleman District 10	1248 E. Divernon Road Divernon, IL 62530	Farmer
Paul Shuman District 11	RR 2 – Box 52 Sullivan, IL 61951	Farmer
David Downs District 12	402 Sycamore Lane Allerton, IL 61810	Farmer
Richard Ochs District 13	329 N 1800th Street West Liberty, IL 62475	Farmer
Dale Wachtel District 14	7775 E 1600th Avenue Shumway, IL 62461	Farmer
Henry Kallal District 15	20398 Lax Cemetery Road Jerseyville, IL 62052	Farmer
Darryl Brinkmann District 16	11302 Brinkmann Road Carlyle, IL 62231-3434	Farmer
J. C. Pool District 17	RR 1 – Box 164 Broughton, IL 62817	Farmer
Jim Anderson District 18	21229 Grant Brick Road Thompsonville, IL 62890	Farmer

Officers

Following are the Company's officers as of March 15, 2005:

Name	Title
Philip T. Nelson	President
Richard L. Guebert, Jr.	Vice President
John D. Blackburn	Chief Executive Officer
Barbara A. Baurer	Executive Vice President & Chief Operating Officer
David A. Magers	Senior Vice President & Chief Financial Officer
Deanna L. Frautschi	Senior Vice President, Communications & Human Resources
Doyle J. Williams	Senior Vice President and Chief Marketing Officer
Robert W. Rush, Jr.	Vice President
Paul M. Harmon	General Counsel & Secretary
Shelly S. Prehoda	Vice President, Information Technology
Alan T. Reiss	Senior Vice President, Service Operations
Jeffrey C. Gendron	Senior Vice President, Prop/Casualty Operations
Joseph E. Painter	Vice President, Customer Service Operations
James R. Wenckus	Regional Vice President, Property/Casualty Operations, Western
Richard J. Beninati	Regional Vice President Agency, Western
Paul V. Bishop	Regional Vice President Agency, Illinois
John Jolliff	Regional Vice President Property/Casualty Operations, Central
Stephen R. Ricklefs	Regional Vice President Agency, Central
William J. Hanfland	Vice President-Finance & Treasurer
Bruce D. Finks	Assistant Treasurer
Elaine L. Thacker	Assistant Secretary
Kathy Smith Whitman	Assistant Secretary
Linda S. Hutchins	Assistant Secretary
Stephen A. Newbold	Assistant Secretary
Peter J. Borowski	Vice President & Corporate Controller
Steve McCoin	Associate Controller
Matthew J. Kopff	Associate Controller
Richard A. Bill	Vice President and Corporate Actuary
Ronald D. Pridgeon	Property/Casualty Actuary Chief

COMPLAINT HANDLING

Introduction

Since the last examination, the Company established complaint handling procedures designed to improve their ability to ensure timely and adequate responses to complaints. Those procedures included implementation of a system for recording and monitoring the handling of complaints

through a communication record database called SIEBEL. Complaints received within the Customer Service Center or by agency personnel were logged into SIEBEL and assigned a “primary purpose” identifying the entry as a complaint. A report was distributed to Customer Relations personnel on a weekly basis listing those contacts identified as complaints during the prior week. Customer Relations personnel reviewed the information on each complaint and followed-up with the appropriate area, i.e. Agency, Underwriting, Processing, etc., on complaints for which a complete resolution was not indicated. Customer Relations then monitored and documented responses to such complaints and updated the information in SIEBEL with details regarding the date and nature of resolution. The Company assigned one person to review all aspects of Oregon complaints.

The Company provided copies of two complaint logs for July 30, 2004 through March 15, 2005 – one for complaints logged into the SIEBEL database and one for complaints handled by the Regional Vice-President’s office. The logs included a total of 197 complaints. An interval sample of 50 complaints was selected and reviewed.

Findings

The following exceptions were noted:

Recommendation 1 – I recommend the Company furnish a response within 30 days of receiving an inquiry from an insured in accordance with OAR 836-080-0225(3) and document that response in accordance with ORS 733.170.

Findings: Passed with comment – 90% compliance.

This recommendation applied to all 50 complaint files reviewed. Five (10%) of the files failed this recommendation. Following is a summary of the reasons for failure:

Reason	# of Files
The earliest documented date of response was not within 30 days of the date the complaint was received. The Company indicated an earlier response had been made, but did not provide documentation of the date.	3
File notes indicated the agent had attempted to reach the complainant by telephone, but did not indicate the date(s) of the attempted contact nor if any messages had been left.	1
File notes indicated the agent “handled the complainant’s concern,” but did not indicate he actually contacted the complainant following receipt of the complaint. In addition, although the complainant had specifically requested a new agent, the agent change had not been processed.	1

A 10% failure rate does not appear to indicate a pattern of non-compliance; therefore, no recommendation is warranted.

Recommendation 2 – I recommend the Company furnish a response to an inquiry that is adequate and answers the questions being raised in accordance with OAR 836-080-0225(3) and document that response in accordance with ORS 733.170.

Findings: Passed with comment – 96% compliance.

This recommendation applied to all 50 complaint files reviewed. Two (4%) of the files failed this recommendation.

In one case, file notes indicated the agent had attempted to reach the complainant by telephone, but did not indicate the substance of the message(s), if any, left by the agent.

In the other case, files notes indicate the agent “handled the complainant’s concern.” However, there was nothing to indicate he actually contacted the complainant nor what action he took. In addition, although the complainant specifically requested a new agent, the agent change had not been processed.

A 4% failure rate does not appear to indicate a pattern of non-compliance; therefore, no recommendation is warranted.

UNDERWRITING – LOWER UNINSURED/UNDERINSURED MOTORIST LIMITS

Introduction

ORS 742.502(2) requires motor vehicle liability policies to have the same limits for uninsured/underinsured motorist coverage as for bodily injury liability coverage unless a statement electing lower limits is signed and dated by a named insured. ORS 742.502(2)(b) requires the signed and dated statement to contain certain specified pieces of information, including:

- Acknowledgment that the insured was offered uninsured/underinsured motorist coverage with limits equal to those for bodily injury coverage;
- A brief summary of what uninsured and underinsured motorist coverages provide;
- The price for coverage with limits equal to the named insured’s bodily injury coverage; and
- The price for coverage with the lower limits requested by the insured.

During the last examination, the primary reason the Company was found to be in non-compliance with the requirements of ORS 742.502(2) was that one or both of the above prices was not filled in on the form signed by the insured.

Since the last examination, the Company conducted agent training sessions to remind agents of the requirement to obtain and fill in required information on the election form. The Company also revised their electronic application system to generate the election form as part of the application when lower uninsured/underinsured motorist limits were requested.

The Company provided a list of all policies issued from July 30, 2004 through March 15, 2005 with limits on uninsured/underinsured motorist coverage that did not match the limits for bodily injury liability coverage. The list included 22 policies, all of which were reviewed.

Findings

The following exceptions were noted:

Recommendation 3 – I recommend the Company issue all policies with uninsured/underinsured motorist liability limits matching the bodily injury liability limits unless a completed and signed rejection form is presented with the application as required by ORS 742.500 through 742.506 and OAR 836-054-0000. *Note: Effective in 2004, if the Company issues a policy with lower uninsured/underinsured motorist liability limits, instead of being required to obtain a rejection form with the application, the Company is required to obtain a statement electing lower limits that is signed and dated by a named insured within 60 days of the time a named insured elects lower limits.*

Findings: Passed with comment.

This recommendation applied to 21 of the files reviewed. It did not apply to one file because coverage was in effect for less than 60 days. Following is a summary of the problems noted:

Problem	# of Files
The statement electing lower limits did not contain the required summary of what uninsured and underinsured motorist coverages provide.	5
The statement electing lower limits did not contain the required summary of what uninsured and underinsured motorist coverages provide. In addition, it did not state the correct premium per vehicle for the coverage requested. In two of these cases, the premium on the statement was for the annual policy term shown on an unsigned application instead of the premium for the semiannual policy term shown on both the declarations page and the signed application. In the other case, the statement showed the correct premium for one vehicle on the policy, but not the other three.	3
The statement electing lower limits did not state the correct premium per vehicle for the coverage requested.	1
The statement electing lower limits did not state the correct premium per vehicle for the coverage requested and was signed more than 60 days after the date of election.	1
The statement electing lower limits did not state the correct limits elected and was signed and dated before the limits were filled in.	1

As noted above, ORS 742.502(2)(b) requires the signed and dated statement electing lower uninsured/underinsured motorist limits to include certain specified pieces of information, one of which is a brief summary of what uninsured and underinsured motorist coverages provide.

During the portion of the examination period prior to January 1, 2005, the form used by the Company for an insured to elect lower uninsured/underinsured motorist limits included the required summary of coverages. However, in January 2005, the Company began using an election form that did not contain the required summary of coverages.

As also noted above, the Company revised their electronic application system to generate the election form as part of the application when lower uninsured/underinsured motorist limits were requested. The election form incorporated into the electronic application system did not include the required summary of what uninsured and underinsured motorist coverages provide. The Company presented a copy of a notice on a separate page of the application, with a summary of uninsured and underinsured coverages and advised they provide that notice to any insured who elects lower limits. However, the summary of coverages is supposed to be included on the statement electing lower limits that is signed and dated by the insured. If it is not included on the signed and dated statement, itself, there is no documentation that a particular insured was provided with the required information. The Company has now revised the election form to incorporate the required summary of coverages on a second page.

The statements on which inaccuracies in premium and limit amounts were found, the one statement that was not signed within 60 days, and the one statement that was signed and dated before the amounts were filled in do not appear to represent a pattern. In regard to the other problem noted, the Company has now revised the election form. For these reasons, a recommendation is no longer necessary.

UNDERWRITING – CREDIT HISTORY AND INSURANCE SCORES

Introduction

The examination of this phase included a review of the Company's underwriting procedures, training documentation and bulletins, instructions to agents, and random samples of files from

six populations: Automobile and Homeowners New Business, Automobile and Homeowners Non-renewed Business, and Automobile and Homeowners Declined and Canceled Business.

From the total population of New Business, 10,121 policies, written during the examination period, July 30, 2004 through March 15, 2005, the Insurance Division developed a random sample of 150 policies. The Division then requested from the Company detailed information regarding the 150 policies in the sample.

From the total population of Declined and Canceled Business, 7,006 policies, declined or canceled during the examination period, July 30, 2004 through March 15, 2005, the Insurance Division developed a random sample of 100 policies. The Division then requested from the Company detailed information regarding the 100 policies in the sample.

From the total population of Non-renewed policies, 105 policies, non-renewed during the examination period, July 30, 2004 through March 15, 2005, the Insurance Division developed a random sample of 71 policies. The Division then requested from the Company detailed information regarding the 71 policies in the sample.

Findings

The Company passed the following standards without comment:

#	Standard	Regulatory Authority
1	The Company or its agent provides the required notice to a consumer before obtaining the consumer's credit history or insurance score.	OAR 836-080-0430(1)

2	The Company provides instructions to each of its agents regarding the notice to be provided to a consumer before obtaining the consumer's credit history or insurance score.	OAR 836-080-0430(3)
3	The Company provides the required notice to consumers that they may request a written statement describing the Company's use of credit histories and insurance scores.	OAR 836-080-0430(4)
4	The Company provides the required written statement describing the Company's use of credit histories and insurance scores to a consumer who requests it.	OAR 836-080-0430(4)
6	The Company takes the required action when a consumer disputes the accuracy or completeness of information in a consumer report and the dispute results in a change in the consumer's credit history or insurance score.	ORS 746.661 and OAR 836-080-0438(1) & (2)
7	The Company has established the required written policy regarding use of credit histories and insurance scores in their rating or underwriting process.	ORS 746.661 and OAR 836-080-0435
8	The Company does not cancel or non-renew personal insurance that has been in effect for more than 60 days based in whole or in part on a consumer's credit history or insurance score.	ORS 746.661
9	The Company does not use a consumer's credit history to decline coverage of personal insurance in the initial underwriting decision without other substantive underwriting factors.	ORS 746.661

The following exception was noted:

Standard #5 – The Company provides the required information to a consumer when the Company takes an adverse action against the consumer based in whole or in part upon a credit history or insurance score. ORS 746.650(5) and OAR 836-080-0438(1) & (2)

Findings: Failed. Effective October 5, 2004, OAR 836-080-0438(2) required an insurer to include in a notice of an adverse underwriting decision required by ORS 746.650(5) an explanation of the consumer's right to request, no more than once annually, that the insurer re-rate the consumer, and of potential negative consequences of re-rating, if any.

The Company stated that it started to use a form that complied with the above Rule on January 17, 2005. This start date was three months past the effective date of the Rule. However, since review of a sample population of new business written by the Company confirmed the Company's use of the correct form, no recommendation is warranted.

ACKNOWLEDGMENT

The cooperation and assistance rendered by the officers and employees of the Company during this examination is hereby acknowledged and appreciated.

A special thanks is extended to the examination coordinator for his courtesy and assistance providing, correlating, or coordinating all requested documents and statistics necessary to ensure a smooth transition during the overall examination process. The responsibilities that were undertaken during this examination were in addition to the scope of his regular assigned duties.

In addition to the undersigned, Kathleen Kalk, AIE, Douglas Beck and Gary Stephenson, AIE, AIRC participated in this examination.

Respectfully submitted,

Cindy J. Jones, AIE, CPCU, CRM
Manager, Market Surveillance
Insurance Division
Department of Consumer and Business Services
State of Oregon

APPENDIX A

**Country Mutual Insurance Company
Market Conduct Follow-up Examination**

#	Phase	Recommendation	Findings
1	Complaint Handling	I recommend the Company furnish a response within 30 days of receiving an inquiry from an insured in accordance with OAR 836-080-0225(3) and document that response in accordance with ORS 733.170.	Passed with Comment
2	Complaint Handling	I recommend the Company furnish a response to an inquiry that is adequate and answers the questions being raised in accordance with OAR 836-080-0225(3) and document that response in accordance with ORS 733.170.	Passed with Comment
3	Underwriting – Lower Uninsured/ Underinsured Motorist Limits	I recommend the Company issue all policies with uninsured/underinsured motorist liability limits matching the bodily injury liability limits unless a completed and signed rejection form is presented with the application as required by ORS 742.500 through 742.506 and OAR 836-054-0000. <i>Note: Effective in 2004, if the Company issues a policy with lower uninsured/underinsured motorist liability limits, instead of being required to obtain a rejection form with the application, the Company is required to obtain a statement electing lower limits that is signed and dated by a named insured within 60 days of the time a named insured elects lower limits.</i>	Passed with comment

APPENDIX B

**Country Mutual Insurance Company
Market Conduct Target Examination**

Use of Credit History or Insurance Score

#	Standard	Regulatory Authority
1	The Company or its agent provides the required notice to a consumer before obtaining the consumer's credit history or insurance score.	OAR 836-080-0430(1)
2	The Company provides instructions to each of its agents regarding the notice to be provided to a consumer before obtaining the consumer's credit history or insurance score.	OAR 836-080-0430(3)
3	The Company provides the required notice to consumers that they may request a written statement describing the Company's use of credit histories and insurance scores.	OAR 836-080-0430(4)
4	The Company provides the required written statement describing the Company's use of credit histories and insurance scores to a consumer who requests it.	OAR 836-080-0430(4)
5	The Company provides the required information to a consumer when the Company takes an adverse action against the consumer based in whole or in part upon a credit history or insurance score.	ORS 746.650(5) and OAR 836-080-0438(1) & (2)
6	The Company takes the required action when a consumer disputes the accuracy or completeness of information in a consumer report and the dispute results in a change in the consumer's credit history or insurance score.	ORS 746.661 and OAR 836-080-0438(1) & (2)
7	The Company has established the required written policy regarding use of credit histories and insurance scores in their rating or underwriting process.	ORS 746.661 and OAR 836-080-0435
8	The Company does not cancel or non-renew personal insurance that has been in effect for more than 60 days based in whole or in part on a consumer's credit history or insurance score.	ORS 746.661
9	The Company does not use a consumer's credit history to decline coverage of personal insurance in the initial underwriting decision without other substantive underwriting factors.	ORS 746.661