

OFFICE OF INSURANCE REGULATION

Operational Audit



COMMISSIONER OF THE OFFICE OF INSURANCE REGULATION

The Office of Insurance Regulation is created by Section 20.121(3)(a)1., Florida Statutes. The Office is administratively housed within the Department of Financial Services, but operates under the direction of the Financial Services Commission which is composed of the Governor, Attorney General, Chief Financial Officer, and Commissioner of Agriculture. The head of the Office is the Director, who may also be known as the Commissioner, appointed by the Financial Services Commission. During the period of our audit, Kevin M. McCarty served as the Commissioner of Insurance Regulation.

The audit team leader was Michael E. McCloskey, CPA, and the audit was supervised by Mary Stewart, CPA. Please address inquiries regarding this report to Lisa A. Norman, CPA, Audit Manager, by e-mail at lisanorman@aud.state.fl.us or by telephone at (850) 412-2831.

This report and other reports prepared by the Auditor General can be obtained on our Web site at www.myflorida.com/audgen; by telephone at (850) 412-2722; or by mail at G74 Claude Pepper Building, 111 West Madison Street, Tallahassee, Florida 32399-1450.

OFFICE OF INSURANCE REGULATION

SUMMARY

This operational audit of the Office of Insurance Regulation (Office) focused on the Life and Health insurers' forms review process and market investigations. The audit also included a follow-up on the findings noted in our report No. 2011-181 as well as procedures to evaluate any Office actions related to finding No. 1 of our report No. 2012-026. Our audit disclosed the following:

Finding No. 1: Office policies and procedures should be enhanced to require that the reasoning and judgments supporting Property and Casualty (P&C) rate filing decisions be sufficiently documented.

Finding No. 2: The Office did not use existing accounting codes to facilitate the preparation of, nor had the Office prepared, detailed analyses comparing regulatory costs to the regulatory fees and taxes designated to cover those costs.

Finding No. 3: Periodic information technology (IT) user access reviews had not been conducted by individuals knowledgeable of user roles and responsibilities. Additionally, Office-specific procedures addressing Office IT applications had not been developed.

Finding No. 4: The Office had not timely obtained and reviewed the independent service auditor's report related to the controls designed and established by the National Association of Insurance Commissioners for the database that maintains the P&C insurer financial information used by the Office in its financial analyses processes.

BACKGROUND

The Office of Insurance Regulation (Office) has primary responsibility for enforcement of statutes relating to the business of insurance and the monitoring of industry markets. The Office's mission is to ensure that insurance companies licensed to do business in Florida are financially viable, operate within the laws and regulations governing the insurance industry, and offer insurance products at fair and adequate rates which do not unfairly discriminate against the buying public. The Office pursues its mission of public protection via regulatory oversight of insurance company solvency, policy forms and rates, market conduct, and new entrants into the Florida market. Pursuant to State law,¹ the Office collects various fees that are deposited into the Insurance Regulatory Trust Fund. According to Office records, the Office collected regulatory fees and taxes totaling approximately \$7.9 million during the 2010-11 fiscal year and \$6.5 million during the 2011-12 fiscal year.

The Office's Life and Health (L&H) and Property and Casualty (P&C) Product Review and Financial Oversight Units perform regulatory oversight and monitoring functions for L&H and P&C insurers. The L&H and P&C Product Review Units are responsible for the review of contracts, policy forms, and rate filings submitted by insurers and other insurance-related entities. Upon receipt, the Office is to review each filing to determine compliance with the Florida Insurance Code, applicable actuarial standards, and administrative rules. The L&H and P&C Financial Oversight Units are responsible for monitoring the financial condition of insurers through the conduct of financial examinations and ongoing financial analyses and for enforcing compliance with insurer solvency statutory provisions and administrative rules. According to Office records, there were 1,039 licensed P&C insurers and 545 licensed L&H insurers as of December 2012.

¹ Sections 624.501 and 624.523, Florida Statutes.

FINDINGS AND RECOMMENDATIONS

Finding No. 1: Property and Casualty Rate Filing Decision Documentation

Pursuant to State law,² Office actuaries and analysts are to review insurer rate filings to determine if a rate is excessive, inadequate, or unfairly discriminatory. In making that determination, the Office is to consider, in accordance with generally accepted and reasonable actuarial techniques, an insurer's past and prospective loss experience and the degree of competition among insurers for the risk insured, among other factors.

Actuarial standards require that records and other appropriate documentation be created to identify the data, assumptions, and methods used. The actuary's documentation should include a description of any adjustments or modifications made to data, other than routine corrections, including the rationale for such adjustments or modifications. In addition, National Association of Insurance Commissioners (NAIC)³ guidance indicates that a rate reviewer should be able to explain specific actions taken on a rate filing and the impact of a rate change on business.⁴

As similarly noted in our report No. 2011-181, finding No. 3, our evaluation of the process used by Office staff to review P&C rate filings disclosed that, while Office staff documented responses to certain criteria when evaluating the reasonableness of a rate filing, Office policies and procedures did not require that Office staff document the reasoning, judgments, and calculations supporting those responses or the rate filing decisions made. For example, the Office did not document explanations and computations supporting the approval of an annual loss trend percentage that was higher than that submitted by an insurer. While Office management indicated in response to our audit inquiry that its existing policies and procedures were adequate, the lack of supporting documentation for P&C rate filing decisions limits the Office's ability to later explain specific actions taken regarding the rate filing and to support the reasonableness of the rate filing decisions made.

Recommendation: We again recommend that the Office enhance its policies and procedures to require Office staff to sufficiently document the reasoning and judgments supporting P&C rate filing decisions.

Finding No. 2: Regulatory Costs and Revenues

State law⁵ establishes the Insurance Regulatory Trust Fund (Fund) and provides that moneys received and deposited in the Fund are appropriated for use by the Department of Financial Services (DFS) and the Office to defray expenses incurred in the discharge of their administrative and regulatory duties. In our report No. 2012-026, finding No. 1, we noted that the DFS had not prepared detailed Fund analyses comparing particular categories of regulatory costs to the revenues designated to cover those costs. In that report we also noted that, for the 2009-10 fiscal year, the Office's expenditures recorded in the Fund exceeded its revenues and that a decline in Fund revenues was attributable, in part, to a 2009 law change that redirected surplus lines tax revenues to the General Revenue Fund.⁶

As part of our audit, we reviewed the process for developing the fees and taxes that defray the Office's costs incurred in the performance of its administrative and regulatory duties and analyzed Office expenditure and revenue data. Our

² Section 627.062(2)(b), Florida Statutes.

³ The NAIC is a nonprofit organization, composed of elected or appointed state government officials, that supports state regulation of insurance.

⁴ NAIC *Product Filing Review Handbook*.

⁵ Section 624.523, Florida Statutes.

⁶ Section 7, Chapter 2009-70, Laws of Florida, amended Section 626.932, Florida Statutes, to require, until July 1, 2014, deposit of surplus lines tax revenues into the State's General Revenue Fund rather than the Insurance Regulatory Trust Fund.

analyses disclosed that, for both the 2010-11 and 2011-12 fiscal years, Office expenditures exceeded revenues by approximately \$15.1 million and \$11.4 million, respectively, indicating that the moneys received were not sufficient to defray the costs incurred by the Office in the performance of its duties. We also found that while the Office had, as a part of its Legislative Budget Requests, included summary-level cash analyses of its activities, it had not prepared detailed analyses comparing business unit regulatory costs to the fee and tax revenues designated to cover those costs. For example, detailed analyses had not been prepared to allocate and compare all L&H Unit operating costs to fees received. Had such analyses been prepared, the Office may have identified certain regulatory costs that exceeded the associated revenue collected, indicating that changes in fee rates may be appropriate.

In the absence of Office-prepared analyses, we reviewed Office records and noted that, while the Office had established accounting codes to facilitate the recording of revenues by business units, such as the L&H Unit, the codes were not always used. Absent utilization of accounting codes which facilitate the preparation of cost analyses, as well as periodic comparisons of industry regulatory costs to applicable fees and taxes collected, the Office may be unable to demonstrate, to the Legislature and other stakeholders, the reasonableness of established fee and tax rates. We noted that seven of the insurance industry fees set by Section 624.501, Florida Statutes, had not changed since 1993, including one fee that had not changed since 1982.

Recommendation: We recommend that the Office utilize established revenue accounting codes to facilitate periodic comparisons, by business unit, of regulatory costs to associated regulatory fees and taxes. In the event rate and tax changes are necessary to defray the expenses incurred by the Office in the discharge of its duties, the Office should propose such changes for legislative consideration.

Finding No. 3: Information Technology User Access Reviews

Effective information technology (IT) security administration policies and procedures provide for the periodic review of user access privileges to reduce the risk of unauthorized system access. DFS IT policies and procedures⁷ and an Office memorandum dated October 31, 2007, directed that DFS administrative policies and procedures be applied to the Office.

DFS IT policies and procedures required that periodic reviews of user access privileges be performed to help ensure that user access privileges were consistent with user roles and responsibilities. In addition, DFS IT policies and procedures required that the Office develop its own written procedures for controlling access to its IT applications, which include:

- The Financial Analysis and Monitoring Electronic Document Management System (FAME) that is used to process, document, and track the progress of financial analyses;
- The Electronic Document Management System (EDMS) that is used to process, document, and track the progress of contract and rate filing reviews; and
- The Companies and Related Entities Navigator system (COREN) that is used to manage, track, and approve company applications to sell insurance in the State.

As part of our audit, we evaluated Office user access controls and examined documentation of periodic reviews of user access privileges. Our audit procedures disclosed that, while Office management had conducted periodic user access reviews for its systems, the reviews had not been conducted by individuals knowledgeable of each user's current roles and responsibilities. Additionally, we noted that the Office had not developed written procedures for controlling access to the FAME and EDMS applications, or for ensuring that user access reviews are conducted by

⁷ Department of Financial Services *Application Access Control* Policy and Procedure No. 4-05, effective October 15, 2010.

individuals knowledgeable of the users' current roles and responsibilities and access needs. Such individuals are generally the users' immediate supervisors. We also noted that, while the Office had developed written procedures addressing periodic user access reviews of the COREN application, the procedures were not followed for the reviews conducted during the period July 2011 through January 2013.

In response to our audit inquiry, Office management indicated that procedures for periodic user access reviews would be drafted for the FAME and EDMS applications and that such procedures would require that supervisors performing such reviews be knowledgeable of the users' current roles and responsibilities. Absent periodic IT user access reviews performed by applicable supervisory staff and the establishment and implementation of Office-specific written procedures for controlling access to its IT applications, the Office has limited assurance that appropriate access privileges are being maintained.

Recommendation: We recommend that the Office ensure that periodic reviews of user access privileges are performed by supervisory staff knowledgeable of each user's roles and responsibilities. In addition, we recommend that the Office establish Office-specific procedures for controlling access to all its IT applications.

Finding No. 4: Evaluation of Service Auditor's Reports

As part of its regulatory and oversight responsibilities, the Office performs analyses of P&C insurer financial information. These analyses are used to monitor the financial condition of P&C insurers and to enforce the statutory provisions and rules related to the review of P&C insurer solvency.⁸ To perform these analyses, the Office utilizes insurer financial information provided by the NAIC. The NAIC administers the Financial Data Repository (FDR) to, among other things, maintain insurer financial information and make it available to state insurance regulators. The information provided by the NAIC includes financial information that is required to be submitted to the NAIC both quarterly and annually by insurance companies. Some of the FDR information, such as insurance company risk-based-capital amounts and ratios, is considered confidential and, as such, is exempt from the State's public records laws.⁹ Information from the NAIC is provided to the Office through an information-sharing agreement associated with the Office's NAIC membership.

As the Office routinely utilizes FDR information for analyses of insurer financial conditions, Office management must rely on the controls established by the NAIC to ensure the accuracy and completeness of the FDR information. In our report No. 2011-181, finding No. 1, we noted that the Office had not sought an independent evaluation of, or requested an independent service auditor's report¹⁰ related to, the controls designed and established by the NAIC for the FDR.

As part of our follow-up procedures, we reviewed Office procedures related to the request and review of annual NAIC service auditor's reports. The procedures were effective January 2013 and required that, no later than January 15th of each year, a report be requested and then reviewed within 14 days of receipt. In addition, we requested, on January 25, 2013, documentation of the Office's receipt and review of an independent service auditor's

⁸ Chapters 624 and 625, Florida Statutes, and Office of Insurance Regulation Rules, Chapter 69O-137, Florida Administrative Code.

⁹ Section 624.40851, Florida Statutes.

¹⁰ A service auditor's report, as described by the American Institute of Certified Public Accountants, Statement on Standards for Attestation Engagements No. 16, *Reporting on Controls at a Service Organization*, provides information and auditor conclusions related to a service organization's controls. Service organizations make service auditor's reports available to user organizations to provide assurances related to the effectiveness of the service organization's relevant internal controls.

report. In response, Office staff provided documentation, also dated January 25, 2013, evidencing their request and electronic receipt of a service auditor's report that addressed the period February 1, 2011, to January 31, 2012, and was dated April 19, 2012, 281 days prior to the Office's request for the report. Office management also provided us with documentation of their report review dated March 4, 2013, 38 days after the Office received the service auditor's report. As of July 10, 2013, the Office had not requested or received the service auditor's report addressing the suitability of the design and operating effectiveness of NAIC controls for the period January 1, 2012, to December 31, 2012.

Absent the timely request, receipt, and review of a service auditor's report, the Office has limited assurance that the FDR information relied upon for analyses of the financial condition and solvency of P&C insurers is accurate and complete.

Recommendation: We recommend that the Office timely request, obtain, and document review of independent service auditor's reports on the effectiveness of NAIC controls established for the FDR.

PRIOR AUDIT FOLLOW-UP

Except as discussed in the preceding paragraphs, the Office had taken corrective actions to address the findings included in our report No. 2011-181.

OBJECTIVES, SCOPE, AND METHODOLOGY

The Auditor General conducts operational audits of governmental entities to provide the Legislature, Florida's citizens, public entity management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

We conducted this operational audit from January 2013 through May 2013 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

This operational audit focused on the Life and Health (L&H) insurers' forms review process and market investigations. The overall objectives of the audit were:

- To evaluate management's performance in establishing and maintaining internal controls, including controls designed to prevent and detect fraud, waste, and abuse, and in administering assigned responsibilities in accordance with applicable laws, administrative rules, contracts, grant agreements, and guidelines.
- To examine internal controls designed and placed in operation to promote and encourage the achievement of management's control objectives in the categories of compliance, economic and efficient operations, the reliability of records and reports, and the safeguarding of assets, and identify weaknesses in those internal controls.
- To identify statutory and fiscal changes that may be recommended to the Legislature pursuant to Section 11.45(7)(h), Florida Statutes.

Our audit also included steps to determine whether management had corrected, or was in the process of correcting, all deficiencies noted in our report No. 2011-181, as well as procedures to evaluate any Office actions related to finding No. 1 of our report No. 2012-026, *Department of Financial Services, Division of Agent and Agency Services*.

This audit was designed to identify, for those programs, activities, or functions included within the scope of the audit, deficiencies in management's internal controls, instances of noncompliance with applicable governing laws, rules, or contracts, and instances of inefficient or ineffective operational policies, procedures, or practices. The focus of this audit was to identify problems so that they may be corrected in such a way as to improve government accountability and efficiency and the stewardship of management. Professional judgment has been used in determining significance and audit risk and in selecting the particular transactions, legal compliance matters, records, and controls considered.

As described in more detail below, for those programs, activities, and functions included within the scope of our audit, our audit work included, but was not limited to, communicating to management and those charged with governance the scope, objectives, timing, overall methodology, and reporting of our audit; obtaining an understanding of the program, activity, or function; exercising professional judgment in considering significance and audit risk in the design and execution of the research, interviews, tests, analyses, and other procedures included in the audit methodology; obtaining reasonable assurance of the overall sufficiency and appropriateness of the evidence gathered in support of our audit's findings and conclusions; and reporting on the results of the audit as required by governing laws and auditing standards.

Our audit included the selection and examination of transactions and records. Unless otherwise indicated in this report, these transactions and records were not selected with the intent of statistically projecting the results, although we have presented for perspective, where practicable, information concerning relevant population value or size and quantifications relative to the items selected for examination.

An audit by its nature, does not include a review of all records and actions of agency management, staff, and vendors, and as a consequence, cannot be relied upon to identify all instances of noncompliance, fraud, abuse, or inefficiency.

In conducting our audit we:

- Interviewed Office staff and reviewed policies and procedures to gain an understanding of the process used by the Office for ensuring that all L&H forms were properly filed in compliance with the requirements of significant governing laws, rules, and regulations.
- Examined 55 L&H form filings processed during the period July 1, 2011, through December 17, 2012, to determine whether form reviews were timely completed and adequately documented.
- Interviewed Office staff and reviewed policies and procedures to gain an understanding of the process used by the Office for completing and documenting L&H market investigations and to determine whether the Office had established a mechanism to adequately track market investigations.
- Examined documentation related to 40 L&H market investigations closed during the period July 2011 through January 2013 to determine whether the investigations and final dispositions were adequately documented.
- Analyzed market investigation data for the period July 2011 through January 2013 to determine whether the Office timely performed L&H market investigations.
- Interviewed Office staff and reviewed policies and procedures to determine whether the Office had designed effective IT user access privilege controls.
- Reviewed supporting documentation for the user access reviews of the FAME, EDMS, and COREN systems performed by the Office in March 2012, November 2012, and January 2013, to evaluate whether the reviews were timely and appropriately performed.
- Tested 64 FAME, 44 EDMS, and 9 COREN user accounts for employees who terminated employment during the period April 2011 through January 2013 to determine whether the employees' access privileges had been timely deactivated.

- Analyzed the revenues and expenditures of the Insurance Regulatory Trust Fund, as they related to the Office's functional areas, for the 2010-11 and 2011-12 fiscal years to assess the sufficiency of revenues to defray Office administrative and regulatory activities costs.
- Reviewed Office monitoring documentation to determine whether service organization control reports related to the controls designed and established by the NAIC for the FDR were timely received and adequately reviewed.
- Interviewed Office staff and examined documentation related to six P&C rate filings during the period July 1, 2011, through January 28, 2013, to determine whether filings were timely reviewed and the review was adequately documented.
- Evaluated the Office's process for documenting the criteria used and factors considered by P&C staff making rate filing decisions.
- Interviewed Office staff, reviewed policies and procedures, and examined records to determine whether employee conflict of interest forms were periodically updated.
- Communicated on an interim basis with applicable officials to ensure the timely resolution of issues involving controls and noncompliance.
- Performed various other auditing procedures, including analytical procedures, as necessary, to accomplish the objectives of the audit.
- Prepared and submitted for management response the findings and recommendations that are included in this report and which describe the matters requiring corrective actions.

AUTHORITY

Section 11.45, Florida Statutes, requires that the Auditor General conduct an operational audit of each State agency on a periodic basis. Pursuant to the provisions of Section 11.45, Florida Statutes, I have directed that this report be prepared to present the results of our operational audit.



David W. Martin, CPA
Auditor General

MANAGEMENT'S RESPONSE

In a response letter dated August 29, 2013, the Office of Insurance Regulation's Chief of Staff provided responses to our audit findings and recommendations. The response letter is included as **EXHIBIT A**.

EXHIBIT A
MANAGEMENT'S RESPONSE



OFFICE OF INSURANCE REGULATION

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August 29, 2013

David W. Martin, CPA
Auditor General
G74 Claude Pepper Building
111 West Madison Street
Tallahassee, FL 32399-1450

Re: 2013 Operational Audit of the Office of Insurance Regulation – Response to Preliminary and Tentative Audit Findings and Recommendations

Dear Mr. Martin:

The Office of Insurance Regulation (Office) is in receipt of the list of preliminary and tentative audit findings and recommendations related to its 2013 operational audit. It is our understanding that the audit focused on the Life and Health insurers' forms review process and market investigations. The audit also included a follow-up on the findings noted in the Auditor General report No. 2011-181 as well as procedures to evaluate any Office actions related to finding No. 1 of Auditor General report No. 2012-026. Senior management has reviewed the findings and appreciates the opportunity to respond in writing.

Finding No. 1: Office policies and procedures should be enhanced to require that the reasoning and judgments supporting Property and Casualty (P&C) rate filing decisions should be sufficiently documented.

Office Response: The Office will enhance its transmittal documentation to provide additional detail of the reasoning and judgments supporting property and casualty rate filing decisions. The Office will also look into using an outside actuary to review its documentation of rate filings to further ensure its filings are fully supported and files are complete.

Finding No. 2: The Office did not use existing accounting codes to facilitate the preparation of, nor had the Office prepared, detailed analyses comparing regulatory costs to the regulatory fees and taxes designated to cover those costs.

...
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EXHIBIT A (CONTINUED)
MANAGEMENT'S RESPONSE

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Office Response: Office revenue is deposited into the Insurance Regulatory Trust Fund (IRTF). The IRTF collects revenue from the Office along with Department of Financial Services divisions such as Fire Marshal, Insurance Fraud, Agent and Agency Services and Consumer Services. Most revenue generated by the Office including license fees and taxes are authorized in Florida Statutes. Statutes establish the sources of the revenues and dictate the amount. Fines and penalties for noncompliance with the insurance code are also permitted under Florida Statute. When the Office was created in 2003, there was coordination with the DFS Accounting/Revenue Processing Section to ensure that the proper codes were set up to track the funds as they are received and processed. DFS performs invoicing and receipting services for the Office.

We do concur that the revenue the Office receives is not sufficient to cover the current expenditures appropriated by the Legislature. However, this was not the case until a change in law in 2009. Prior to 2009, a portion of the Surplus Lines Premium Tax revenues (approximately 15%) was directed to the IRTF to cover Office operations. However, beginning in Fiscal Year 2009-2010, 100% of the Surplus Lines Premium Tax was redirected to the General Revenue fund. On June 30, 2014, this law expires.

The Office will perform a review of the current process of recognizing the revenues deposited in the IRTF to determine if the current allocation of revenues by account codes is appropriate. The Office will continue to perform monthly reviews of the revenue that is received and will also continue to review the IRTF on a quarterly basis.

Annually, the Office reviews the fines and fees established by the Legislature for the Office. For several years, the Office has presented Revenue Generating Options to the Legislative Appropriations Committees of jurisdiction and has made it known that some of the fees have not changed since 1993 and longer in some cases. In addition, the state of Florida does not charge form and rate filings fees, as some states do to support regulatory function and services to the insurance industry. While the Office has made the Legislature and Appropriations committee staff aware of these issues, the policymakers have not elected to change the fees charged by the Office.

Finding No. 3: Periodic information technology (IT) user access reviews had not been conducted by individuals knowledgeable of user roles and responsibilities. Additionally, Office-specific procedures addressing Office IT applications had not been developed.

Office Response: The Office agrees with this recommendation. IT application access control written procedures will be formalized to ensure that periodic reviews are performed by the appropriate and knowledgeable staff.

Finding No. 4: The Office had not timely obtained and reviewed the independent service auditor's report related to the controls designated and established by the National Association of Insurance Commissioners (NAIC) for the database that maintains the P&C insurer financial information used by the Office in its financial analysis processes.

EXHIBIT A (CONTINUED)
MANAGEMENT'S RESPONSE

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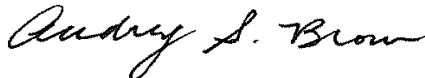
Office Response: In 2011, the Office requested and received a service auditor's report pursuant to SAS 70 from the NAIC to cover the six-month period ending January 31, 2011. In 2013, the Office received independent service organization control reports (SSAE16) from the NAIC for the periods February 1, 2011 to January 31, 2012 and January 1, 2012 to December 31, 2012.

In addition, the Office would like to note that in an effort to ensure NAIC Financial Data Repository (FDR) database is accurate and complete, the Office receives audited financial statements prepared by independent certified public accountant firms in PDF format. Office examiners and analysts compare the audited financial statements to the electronic filings of the insurer's annual statements in the FDR database and have found no inaccuracies or incompleteness in the FDR data. Correspondingly, Office examiners perform periodic onsite field examinations of insurers and compare the general ledgers and accounts of the insurers to the electronic filings in the FDR database.

Conclusion

The Office appreciates the Auditor General's thorough review of the Office's processes and believes that the recommendations made by the Auditor General will assist us in strengthening internal procedures. The Office welcomes a follow-up review by the Auditor General to ensure the measures outlined in this response have been properly implemented.

Sincerely,



Audrey S. Brown
Chief of Staff
Office of Insurance Regulation

Attachments

cc: Kevin McCarty, Insurance Commissioner
Bonnie Deering, Inspector General
Belinda Miller, General Counsel
Richard Koon, Deputy Commissioner, Property & Casualty
Wences Troncoso, Deputy Commissioner, Life & Health
Rebecca Matthews, Deputy Chief of Staff