

- D. Please provide a brief commentary about your measures to secure electronic systems and data.

- E. Please provide a brief commentary about the amount of resources committed to combating fraud during this reporting period.

II. FRAUD INVESTIGATIONS

Please provide a brief commentary about your investigative staff and/or outside service provider.

III. REFERRAL OF FRAUDULENT ACTIVITY TO LAW ENFORCEMENT

Please provide a brief commentary about the type of cases uncovered and prosecuted in this report period.

IV. CIVIL ACTION AGAINST FRAUDULENT ACTIVITY

Please provide a brief commentary about the type of cases uncovered and prosecuted in this report period.

V. FRAUD DETECTION TRAINING

Please provide a brief commentary about monitoring procedures and frequency of departments to ensure procedures are being properly addressed.

VI. STATISTICS

Please identify the lines of insurance (e.g. private passenger auto, commercial general liability) for which data are included in this report:

- A. Policy Data
 - 1. # of policies in force at end of year:
 - 2. # of new applications received during year:
 - 3. # of fraudulent applications:

- B. Claim Data
 - 1. # of claims received:
 - 2. # of suspected fraudulent claims:
 - 3. # of fraudulent claims denied:
 - 4. Estimated dollars recovered:

- C. Referrals/Prosecutions
 - 1. Civil actions:
 - 2. Federal law enforcement:
 - 3. State/local law enforcement:
 - 4. Non-insurance professional (Please identify category):
 - 5. Other:

- D. Internal Fraud
 - 1. # of internal fraud cases:
 - 2. Dollars recovered:

VII. WE WANT TO BE ABLE TO CONTACT YOU

NOTE: State of Washington Office of the Insurance Commissioner would like to be able to send e-mail to you. Below, please provide a listing of your e-mail addresses for key personnel. Thank you for your cooperation:

<u>Contact Type</u>	<u>Name</u>	<u>Internet E-Mail Address</u>	<u>Phone</u>
General	_____	_____	
Legal	_____	_____	
Rates & Forms	_____	_____	
Fraud	_____	_____	

VIII. CONTACT PERSONNEL

I, _____, _____
PRINT NAME PRINT TITLE

certify this report and schedules are true and accurate, to the best of my knowledge. I further attest that any changes to our filed Anti-Fraud Plan have been properly filed with the Office of the Insurance Commissioner.

SIGNATURE DATE

PRINT NAME

ADDRESS

CITY STATE ZIP CODE

Email Address: _____

Phone Number: _____

Form must be returned to our office by March 31st.

By mail: Anti-Fraud Annual Report – Company Supervision
Office of the Insurance Commissioner, State of WA
PO Box 40255
Olympia, WA 98504-0255

By email: antifraudannualreport@oic.wa.gov

Questions: 206-464-6263