

**REPORT OF
MARKET CONDUCT EXAMINATION
OF
BRIAR CREEK MUTUAL INSURANCE
COMPANY
Orangeville, Pennsylvania**

**AS OF
September 8, 2004**

COMMONWEALTH OF PENNSYLVANIA



**INSURANCE DEPARTMENT
MARKET CONDUCT DIVISION**

Issued: October 14, 2004

Briar Creek Mutual Insurance Company

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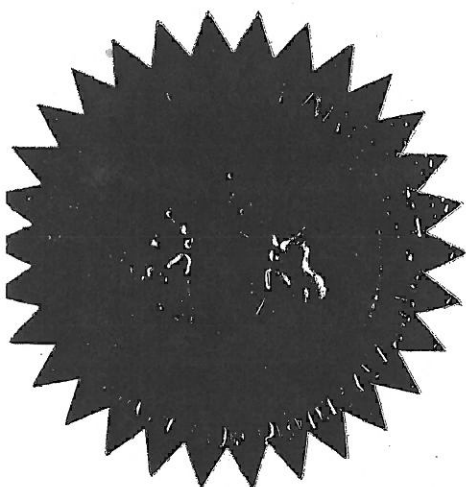
ORDER

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BEFORE THE INSURANCE COMMISSIONER
OF THE
COMMONWEALTH OF PENNSYLVANIA

ORDER

AND NOW, this 29 day of April, 2002, in accordance with
Section 905(c) of the Pennsylvania Insurance Department Act, Act of May 17, 1921,
P.L. 789, as amended, P.S. § 323.5, I hereby designate Randolph L. Rohrbaugh, Deputy
Insurance Commissioner, to consider and review all documents relating to the market
conduct examination of any company and person who is the subject of a market conduct
examination and to have all powers set forth in said statute including the power to enter
an Order based on the review of said documents. This designation of authority shall
continue in effect until otherwise terminated by a later Order of the Insurance
Commissioner.





M. Diane Koken
Insurance Commissioner

Briar Creek Mutual Insurance Company

Docket No.
MC04-09-013

Market Conduct Examination as of the
close of business on September 8, 2004

ORDER

A market conduct examination of Briar Creek Mutual Insurance Company was conducted in accordance with Article IX of the Insurance Department Act, 40 P.S. § 323.1, et seq., for the period January 1, 2003 through December 31, 2003. The Market Conduct Examination Report disclosed exceptions to acceptable company operations and practices. Based on the documentation and information submitted by Respondent, the Department is satisfied that Respondent has taken corrective measures pursuant to the recommendations of the Examination Report.

It is hereby ordered as follows:

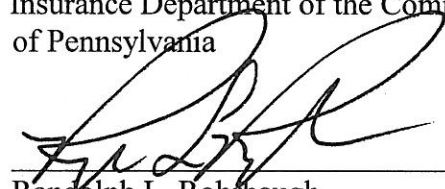
1. The attached Examination Report will be adopted and filed as an official record of this Department. All findings and conclusions resulting from the review of the Examination Report and related documents are contained in the attached Examination Report.
2. Respondent shall comply with Pennsylvania statutes and regulations.

3. Respondent shall comply with all recommendations contained in the attached Report.

4. Respondent shall file an affidavit stating under oath that it will provide each of its directors, at the next scheduled directors meeting, a copy of the adopted Report and related Orders. Such affidavit shall be submitted within thirty (30) days of the date of this Order.

The Department, pursuant to Section 905(e)(1) of the Insurance Department Act (40 P.S. § 323.5), will continue to hold the content of the Examination Report as private and confidential information for a period of thirty (30) days from the date of this Order.

BY: Insurance Department of the Commonwealth
of Pennsylvania



Randolph L. Rohrbaugh
Deputy Insurance Commissioner

(October 14, 2004)

I. INTRODUCTION

The market conduct examination was conducted at Briar Creek Mutual Insurance Company's office located in Orangeville, Pennsylvania, from June 7, 2004, through June 10, 2004. Subsequent review and follow-up was conducted in the office of the Pennsylvania Insurance Department.

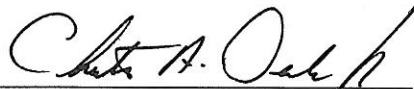
Pennsylvania Market Conduct Examination Reports generally note only those items to which the Department, after review, takes exception. However, the Examination Report may include management recommendations addressing areas of concern noted by the Department, but for which no statutory violation was identified. This enables Company management to review those areas of concern in order to determine the potential impact upon Company operations or future compliance. A violation is any instance of Company activity that does not comply with an insurance statute or regulation. Violations contained in the Report may result in imposition of penalties.

In certain areas of review listed in this Report, the examiners will refer to "error ratio." This error ratio is calculated by dividing the number of policies with violations by the total number of policies reviewed. For example, if 100 policies are reviewed and it is determined that there are 20 violations on 10 policies, the error ratio would be 10%.

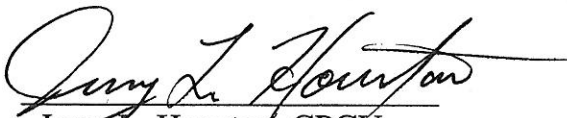
Throughout the course of the examination, Company officials were provided with status memoranda, which referenced specific policy numbers with citation to each section of law violated. Additional information was requested to clarify apparent violations. An exit conference was conducted with Company personnel to discuss the various types of violations identified during the examination and review written summaries provided on the violations found.

The courtesy and cooperation extended by the officers and employees of the Company during the course of the examination is hereby acknowledged.

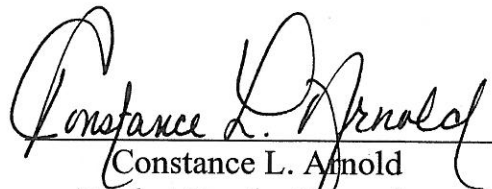
The undersigned participated in this examination and in preparation of this Report.



Chester A. Derk, Jr., AIE, HIA
Market Conduct Division Chief



Jerry L. Houston, CPCU
Market Conduct Examiner



Constance L. Arnold
Market Conduct Examiner

II. SCOPE OF EXAMINATION

The Market Conduct Examination was conducted on Briar Creek Mutual Insurance Company, hereinafter referred to as "Company," at their office located in Orangeville, Pennsylvania. The examination was conducted pursuant to Sections 903 and 904 (40 P.S. §§323.3 and 323.4) of the Insurance Department Act and covered the experience period of January 1, 2003, through December 31, 2003, unless otherwise noted. The purpose of the examination was to determine the Company's compliance with Pennsylvania insurance laws and regulations.

- The examination focused on Company operations in the following areas:

1. Personal Lines Property

- Underwriting – Appropriate and timely notices of nonrenewal, midterm cancellations, 60-day cancellations and declinations.
- Rating – Proper use of all classification and rating plans and procedures.

2. Commercial Property

- Underwriting – Appropriate and timely notices of nonrenewals, midterm cancellations, 60-day cancellations, declinations and renewals.

3. Claims

4. Forms

5. Advertising

6. Complaints

7. Licensing

III. COMPANY HISTORY AND LICENSING

Briar Creek Mutual Insurance Company was incorporated under the laws of Pennsylvania on December 18, 1874, under the name of Briar Creek Farmers Mutual Insurance Company. The Company was approved by the Department of Insurance on December 29, 1874, and began writing business in March, 1875. The current name was adopted January 18, 1966.

LICENSING

Briar Creek Mutual Insurance Company's Certificate of Authority to write business in the Commonwealth was issued on December 29, 1874. The Company is licensed in Pennsylvania. The Company's 2003 annual statement reflects Direct Written Premium for all lines of business in the Commonwealth of Pennsylvania as \$3,626,245. Premium volume related to the areas of this review were: Fire \$657,234; Allied Lines \$85,060; Farmowners Multi Peril \$625,344; Homeowners' Multiple Peril \$1,242,499; Commercial Multiple Peril \$668,054; Inland Marine \$18,877; Other Liability \$329,177.

IV. UNDERWRITING PRACTICES AND PROCEDURES

As part of the examination, the Company was requested to supply manuals, underwriting guides, bulletins, directives or other forms of underwriting procedure communications for each line of business being reviewed. Underwriting guides and agency bulletins were furnished for personal and commercial property including farmowners and business owners policies. The purpose of this review was to identify any inconsistencies which could be considered discriminatory, specifically prohibited by statute or regulation, or unusual in nature. No violations were noted.

V. UNDERWRITING

A. Personal Lines Property

1. 60-Day Cancellations

A 60-day cancellation is considered to be any policy, which was cancelled within the first 60 days of the inception date of the policy.

The primary purpose of the review was to determine compliance with Act 205, Unfair Insurance Practices Act, Section 5(a)(7)(iii) [40 P.S. §1171.5(a)(7)(iii)], which prohibits an insurer from canceling a policy for discriminatory reasons and Title 31, Pennsylvania Code, Section 59.9(b), which requires an insurer who cancels a policy in the first 60 days to provide at least 30 days notice of the termination.

From the universe of 9 personal lines property policies, which were cancelled within the first 60 days of new business, 9 files were selected for review. The property policies consisted of homeowners and tenant homeowners. All 9 files selected were received and reviewed. No violations were noted.

2. Midterm Cancellations

A midterm cancellation is any policy termination that occurs at any time other than the twelve-month policy anniversary date.

The primary purpose of the review was to determine personal lines compliance with Act 205, Unfair Insurance Practices Act, Section 5(a)(9) [40 P.S. §1171.5(a)(9)], which establishes the conditions under which cancellation of a policy is permissible along with the form requirements of the cancellation notice.

From the universe of 367 personal lines property policies, which were cancelled midterm during the experience period, 168 files were selected for review. The property policies consisted of homeowners, tenant homeowners and owner occupied dwelling fire. All 168 files requested were received and reviewed. The 4 violations noted were based on 4 files, which resulted in an error ratio of 2%.

The following findings were made:

4 Violations Act 205, Section 5(a)(9)(ii) [40 P.S. §1171.5(a)(9)(ii)]

Requires that a cancellation notice shall state the date, not less than thirty days after the date of delivery or mailing on which such cancellation or refusal to renew shall become effective.

The 4 violations were due to cancellation notices being issued that did not provide the required thirty days.

3. Nonrenewals

A nonrenewal is considered to be any policy, which was not renewed, for a specific reason, at the normal twelve-month anniversary date.

The primary purpose of the review was to determine personal lines compliance with Act 205, Unfair Insurance Practices Act, Section 5(a)(9) [40 P.S. §1171.5(a)(9)], which establishes the conditions under which cancellation of a policy is permissible along with the form requirements of the nonrenewal notice.

From the universe of 3 personal lines property policies, which were nonrenewed during the experience period, 3 files were selected for review. The property policies consisted of homeowners, tenant homeowners and

owner occupied dwelling fire. All 3 files were received and reviewed. No violations were noted.

B. Commercial Property

1. 60-Day Cancellations

A 60-day cancellation is considered to be any policy, which was cancelled within the first 60 days of the inception date of the policy.

The primary purpose of the review was to determine compliance with Act 86, Section 7 (40 P.S. §3407), which requires an insurer, who cancels a policy that is in effect less than 60 days, to provide 30 days notice of termination no later than the 60th day unless the policy provides for a longer period of notification.

From the universe of 15 commercial property policies, which were cancelled within the first 60 days, 15 files were selected for review. The commercial property policies consisted of tenant occupied dwelling fire, commercial fire, and commercial package. All 15 files selected were received and reviewed. The 7 violations noted were based on 7 files, resulting in an error ratio of 47%.

The following findings were made:

7 Violations Act 86, Section 7(c) [40 P.S. §3407(c)]

This act does not apply to commercial property and casualty insurance policies that are in effect less than 60 days, unless they are renewals. An insurer may cancel the policy provided it gives at least 30 days' notice of the termination and provided it gives notice no later than the 60th day, unless the

policy provides for a longer period of notification. The violations noted were based on termination notices that failed to provide at least 30 days' notice of termination to the insured.

2. Midterm Cancellations

A midterm cancellation is any policy termination that occurs at any time other than the twelve-month policy anniversary date.

The purpose of the review was to determine compliance with Act 86, Section 2 (40 P.S. §3402), which prohibits cancellation except for specified reasons and Section 3 (40 P.S. §3403), which establishes the requirements, which must be met regarding the form and condition of the cancellation notice.

From the universe of 353 commercial property policies, which were cancelled during the experience period, 85 files were selected for review. The commercial policies consisted of tenant occupied dwelling fire, commercial fire, commercial inland marine, commercial package, and general liability. All 85 files selected were received and reviewed. No violations were noted.

3. Nonrenewals

A nonrenewal is considered to be any policy that was not renewed, for a specific reason, at the normal twelve-month policy anniversary date.

The review was conducted to determine compliance with Act 86, Section 3 (40 P.S. §3403), which establishes the requirements that must be met regarding the form and condition of the nonrenewal notice.

From the universe of 28 commercial property policies identified as nonrenewals by the Company, 28 files were selected for review. The commercial policies consisted of tenant occupied dwelling fire, commercial fire, farmowners and commercial package. All 28 files selected were received and reviewed. The 6 violations were based on 6 files, resulting in an error ratio of 21%.

The following findings were made:

6 Violations Act 86, Section 3(a)(5) [40 P.S. §3403(a)(5)]

Requires that a cancellation notice shall state the specific reasons for cancellation. The reasons shall identify the condition, factor or loss experience, which caused the cancellation. The notice shall provide sufficient information or data for the insured to correct the deficiency.

AND

Title 31, Pa. Code, Section 113.88

The reason given for cancellation shall be clear and complete. It shall be stated so that a person of average intelligence and education can understand it. Phrases such as “losses” or “underwriting reasons” are not sufficiently specific reasons for cancellation. The 6 violations noted failed to provide the specific reason for nonrenewal.

4. Renewals

A renewal is considered to be any policy, which was previously written by the Company and renewed on the normal twelve-month anniversary date.

The purpose of the review was to measure compliance with Act 86, Section 1 (40 P.S. §3401), which requires 30 days advance notice of an increase in renewal premium.

From the universe of 2,092 commercial property policies, which were renewed during the experience period, 100 files were selected for review. The commercial property policies reviewed consisted of tenant occupied dwelling fire, commercial fire and commercial package. All 100 files selected were received and reviewed. No violations were noted.

VI. RATING

A. Homeowners

1. New Business

New business, for the purpose of this examination, was defined as policies written for the first time by the Company during the experience period.

The purpose of the review was to measure compliance with Act 246, Sections 4(a) and (h) (40 P.S. §1184), which require every insurer to file with the Insurance Commissioner every manual of classifications, rules and rates, every rating plan and every modification of any rating plan, which it proposes to use in the Commonwealth. Also, no insurer shall make or issue a contract or policy except in accordance with filings or rates, which are in effect at the time.

From the universe of 318 homeowner policies written as new business without surcharges during the experience period, 50 files were selected for review. All 50 files were received and reviewed. No violations were noted.

2. Renewals

A renewal is considered to be any policy, which was previously written by the Company and renewed on the normal twelve-month anniversary date.

The purpose of the review was to determine compliance with Act 246, Sections 4(a) and (h) (40 P.S. §1184), which require every insurer to file with the Insurance Commissioner every manual of classifications, rules and rates, every rating plan and every modification of any rating plan which it proposes to use in the Commonwealth. Also, no insurer shall make or issue

a contract or policy except in accordance with filings or rates which are in effect at the time.

From the universe of 2,494 homeowner policies renewed without surcharges during the experience period, 100 files were selected for review. All 100 files selected were received and reviewed. No violations were noted.

B. Dwelling Fire

1. New Business

New business, for the purpose of this examination, was defined as policies written for the first time by the Company during the experience period.

The purpose of the review was to measure compliance with Act 246, Sections 4(a) and (h) (40 P.S. §1184), which require every insurer to file with the Insurance Commissioner every manual of classifications, rules and rates, every rating plan and every modification of any rating plan, which it proposes to use in the Commonwealth. Also, no insurer shall make or issue a contract or policy except in accordance with filings or rates, which are in effect at the time.

From the universe of 15 dwelling fire policies written as new business during the experience period, 15 files were selected for review. All 15 files selected were received and reviewed. The 7 violations noted were based on 7 files, resulting in an error ratio of 47%.

The following findings were made:

*7 Violations Act 246, The Casualty and Surety Rate Regulatory Act,
Section 4 (40 P.S. §1184)*

Requires every insurer to file with the Insurance Commissioner every manual of classifications, rules and rates, every rating plan and every modification of any rating plan, which it proposes to use in the Commonwealth. Also, no insurer shall make or issue a contract or policy except in accordance with filings or rates, which are in effect at the time of issue. Upon discovery of the rating errors, the Company re-rated the universe of business. The 7 violations included 4 files with overcharges totaling \$240 and 3 files with undercharges amounting to \$64. The errors were the result of occupancy misclassifications of dwellings as either vacant or seasonal.

2. Renewals

A renewal is considered to be any policy which was previously written by the Company and renewed on the normal twelve-month anniversary date.

The purpose of the review was to determine compliance with Act 246, Sections 4(a) and (h) (40 P.S. §1184), which requires every insurer to file with the Insurance Commissioner every manual of classifications, rules and rates, every rating plan and every modification of any rating plan which it proposes to use in the Commonwealth. Also, no insurer shall make or issue a contract or policy except in accordance with filings or rates which are in effect at the time.

From the universe of 124 dwelling fire policies renewed during the experience period, 50 files were selected for review. All 50 files selected were received and reviewed. Based upon review of the 50 files sampled, the Company was subsequently requested to review the universe of renewal business to identify misclassified policies. The 24 violations noted were based on the universe of 124 files, resulting in an error ratio of 19%.

The following findings were made:

24 Violations Act 246, The Casualty and Surety Rate Regulatory Act,

Section 4(a) and (h) [40 P.S. §1184]

Requires every insurer to file with the Insurance Commissioner every manual of classifications, rules and rates, every rating plan and every modification of any rating plan, which it proposes to use in the Commonwealth. Also, no insurer shall make or issue a contract or policy except in accordance with filings or rates, which are in effect at the time of issue. Upon discovery of the rating errors, the Company re-rated the universe of business. The 24 violations included 16 files with overcharges totaling \$529 and 8 files with undercharges amounting to \$343. The errors were the result of occupancy misclassifications of dwellings as either vacant or seasonal.

VII. CLAIMS

The Company was requested to provide copies of all established written claim handling procedures utilized during the experience period. Written claim handling procedures were received and reviewed for any inconsistencies, which could be considered discriminatory, specifically prohibited by statute or regulation, or unusual in nature. No violations were noted.

The Claims review consisted of the following areas of review:

- A. Homeowner Claims
- B. Dwelling Fire Claims

The primary purpose of the review was to determine compliance with Title 31, Pennsylvania Code, Chapter 146, Unfair Claims Settlement Practices. The files were also reviewed to determine compliance with Act 205, Section 4 (40 P.S. §1171.4) and Section 5(a)(10)(vi) [40 P.S. §1171.5(a)(10)(vi)], Unfair Insurance Practices Act.

A. Homeowner Claims

From the universe of 115 homeowner claims reported during the experience period, 115 files were selected for review. All 115 files selected were received and reviewed. The 10 violations noted were based on 10 files, resulting in an error ratio of 9%.

The following findings were made:

8 Violations Title 31, Pa. Code, Section 146.6

Every insurer shall complete investigation of a claim within 30 days after notification of the claim, unless such

investigation cannot reasonably be completed within 30 days, and every 45 days thereafter, the insurer shall provide the claimant with a reasonable written explanation for the delay and state when a decision on the claim may be expected. The violations noted were due to failure to provide status letters to the claimants.

2 Violations Title 31, Pa. Code, Section 146.7(a)(1)

Within 15 working days after receipt by the insurer or properly executed proofs of loss, the first-party claimant shall be advised of the acceptance or denial of the claim by the insurer. The 2 violations noted resulted from failure to document the date proof of loss documents were received. Therefore it could not be determined if the claim was accepted or denied within the required time.

B. Dwelling Fire Claims

The universe of 19 dwelling fire claims reported during the experience period was selected for review. All 19 files selected were received and reviewed. No violations were noted.

VIII. FORMS

Throughout the course of the examination, all underwriting files were reviewed to identify the policy forms used in order to verify compliance with Insurance Company Law, Section 354 (40 P.S. §477b), Approval of Policies, Contracts, etc., Prohibiting the Use Thereof Unless Approved. During the experience period of the examination, Section 354 provided that it shall be unlawful for any insurance company to issue, sell, or dispose of any policy contract or certificate covering fire, marine, title and all forms of casualty insurance or use applications, riders, or endorsements in connection therewith, until the forms have been submitted to and formally approved by the Insurance Commissioner. All underwriting and claim files were also reviewed to verify compliance with Act 165 of 1994 [18 Pa. CS §4117(k)(1)] which requires all insurers to provide an insurance fraud notice on all applications for insurance and all claims forms. No violations were noted.

IX. ADVERTISING

The Company was requested to provide copies of all advertising, sales material and internet advertisements in use during the experience period.

The purpose of this review was to determine compliance with Act 205, Section 5 [40 P.S. §1171.5], which defines unfair methods of competition and unfair or deceptive acts or practices in the business of insurance, as well as Title 31, Pennsylvania Code, Section 51.2(c) and Section 51.61.

The Company provided 5 advertisements and one brochure which were reviewed along with the internet site. No violations were noted.

X. CONSUMER COMPLAINTS

The Company was requested to identify all consumer complaints received during the experience period and provide copies of their consumer complaint logs for the preceding four years. The Company identified 7 consumer complaints received during the experience period and provided all consumer complaint logs requested. All 7 complaints reported, were selected and reviewed.

The purpose of the review was to determine compliance with the Unfair Insurance Practices Act, No. 205 (40 P.S. §1171). Section 5(a)(11) of the Act requires a Company to maintain a complete record of all complaints received during the preceding four years. This record shall indicate the total number of complaints, their classification by line of insurance, the nature of each complaint, the disposition of these complaints and the time it took to process each complaint. No violations were noted.

The following synopsis reflects the nature of the 7 complaints that were reviewed.

• 7	Cancellation/Nonrenewal	100%
<hr/> 7		<hr/> 100%

XI. LICENSING

In order to determine compliance by the Company and its agency force with the licensing requirements applicable to Act 147, Section 671-A (40 P.S. §310.71) and Act 147, Section 641.1A (40 P.S. §310.41a) of the Insurance Department Act, the Company was requested to furnish a list of all active producers during the experience period and a listing of all producers terminated during the experience period. Underwriting files, and applications were also checked against department records to verify proper licensing and appointment.

The following findings were made:

1 Violation Insurance Department Act, No. 147, Section 641.1-A (40 P.S. §310.41a)

(a) Any insurance entity or licensee accepting applications or orders for insurance or securing any insurance business that was sold, solicited or negotiated by any person acting without an insurance producer license shall be subject to civil penalty of no more than \$5000 per violation in accordance with this act. This section shall not prohibit an insurer from accepting an insurance application directly from a consumer or prohibit the payment or receipt of referral fees in accordance with this act.

(b) A person that violates this section commits a misdemeanor of the third degree.

The Company accepted business from the following unlicensed producer:

Lewis, John H. Jr.

3 Violations Insurance Department Act, No. 147, Section 671-A (40 P.S. §310.71)

Representative of the insurer. – An insurance producer shall not act on behalf of or as a representative of the insurer unless the insurance producer is appointed by the insurer. An insurance producer not acting as a representative of an insurer is not required to be appointed.

The following producers were not appointed by the insurer.

Hawk Insurance Agency, LLC

Lewis, John H. Jr.

Penn Mountain Insurance Agency

XII. RECOMMENDATIONS

The recommendations made below identify corrective measures the Department finds necessary as a result of the number of some violations, or the nature and severity of other statutory or regulatory violations, noted in the Report.

1. The Company must review Act 246, Section 4(a) and (h) [40 P.S. §1184] then take appropriate measures to ensure these type dwelling fire rating violations listed in the report do not occur in the future.
2. The premium overcharges noted in the rating section of this report must be refunded to the insureds and proof of such refund must be provided to the Insurance Department within 30 days of the report issue date.
3. The Company must review Act 86, Sections 3(a)(5) [40 P.S. §3403(a)(5)] and Act 86, Section 7(c) [40 P.S. §3407(c)], which are referenced in the report regarding commercial nonrenewals and cancellations in the first 60 days. Procedures should be established to ensure proper termination of these type policies in the future.
4. The Company must review Title 31, Pa. Code, Chapter 146.6, and 146.7(a)(1), referenced in the homeowner claims section of the report, to ensure required claim handling procedures are in place and being followed.
5. The Company should review Insurance Department Act 147, Section 641.1-A [40 P.S. §310.41(a)] and Section 671-A [40 P.S. §310.71] then implement procedures to ensure producers are properly appointed and licensed.

XIII. COMPANY RESPONSE



426 Main Street, P.O. Box 195, Orangeville, PA 17859-0195
Phone: 570-683-5797 • 1-800-222-2015 • Fax: 570-683-5937

October 6, 2004

Pennsylvania Insurance Department
Bureau of Enforcement
1321 Strawberry Square
Harrisburg, PA. 17120

Dear Sirs:

RE: Company Response to Market Conduct Examination
Warrant Number 03-M19-031

XIII. COMPANY RESPONSE

1. The company has reviewed Act 246, Section 4(a) and (h) [40 P.S. 1184] and have taken the following measures to ensure the proper rating of dwelling fire policies. Specific reference noted in manual defining owner occupied status as including those properties listed as Vacant and Seasonal. All personnel responsible for rating have been trained to the correct procedures.
 2. The premium overcharges noted in the rating section have been refunded. Attached documentation, revised declarations page and copy of the return premium check, attached providing proof of the refund.
 3. The company has reviewed Act 86, Sections 3(a) (5) [40 P.S. 3403 (a) (5)] and Act 86, Section 7 (c) [40 P.S. 3407 (c)]. We have changed our procedures and instructed all personnel responsible that new policy commercial non-payment cancellations in the first 59 days get 30 days notice plus 2 days mailing. Specific reasons for cancellation or non-renewal of commercial policies will be given to policyholders.
 4. The company has reviewed Title 31, PA. Code, Chapter 146.6 and 146.7 (a) (1). New claim notice forms have been developed and they are sent to insureds when claim investigation is not completed within 30 days and every 45 days thereafter. A new closing claim notice has been developed and is sent to insureds who have not sent us requested estimate(s) after 90 days. Also, all claim material received is now date stamped.
-

5. The company has reviewed Act 147, Section 641.1-A [40 P.S. 310.41 (a)] and Section 671-A [40 P.S. 310.71]. The company recently obtained from the Pennsylvania Insurance Department their list of all currently licensed producers with Briar Creek Mutual and is comparing it to our internal file list. A new master list of licensed producers will be made and compared to the Pennsylvania Insurance Department listing on a regular basis.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert A. Gage".

Robert A. Gage
President
Briar Creek Mutual Insurance Company