

IN46421/47112/1816JM

JUN 30 2017

Rec'd \$ 17,500

STATE OF MINNESOTA
COMMISSIONER OF COMMERCE

In the Matter of the Certificate of Authority
of Continental Casualty Company
an Illinois corporation licensed
to do business in the State of Minnesota.
NAIC No. 20443

CONSENT ORDER

TO: Nicole Joyce
Consumer Complaint Team
CNA Insurance Companies-24S
333 Wabash Ave
Chicago IL 60604-4107

Commissioner of Commerce Mike Rothman (Commissioner) has determined as follows:

1. The Commissioner has advised Continental Casualty Company (Respondent) that as a result of an investigation by the Commissioner concerning Respondent's conduct as a corporation engaged in the business of insurance in Minnesota, the Commissioner is prepared to commence formal proceedings in accordance with the provisions of Minn. Stat. § 45.027 (2016) against Respondent's Certificate of Authority to engage in the business of insurance in Minnesota based on allegations that Respondent failed to timely provide long-term care certificate holders the benefit increase offer included in the group policy's Guaranteed Benefit Increase provision and improperly cancelled a long-term care policy, in violation of Minn. Stat. § 45.027. subd. 7 (1) (4) (2016). Respondent's response to the Commissioner includes its remediation plan.

2. Respondent acknowledges that it has been advised of its rights to a hearing in this matter, to present argument to the Commissioner and to appeal from any adverse determination after a hearing, and Respondent hereby expressly waives those rights. Respondent further acknowledges that it has been represented by legal counsel throughout these proceedings or has been advised of its right to counsel, which right it hereby waives.

3. Respondent has agreed to an informal disposition of this matter without a hearing, as provided under Minn. Stat. § 14.59 (2016) and Minn. R. 1400.5900 (2015).

4. The following Order is in the public interest.

NOW, THEREFORE, IT IS HEREBY ORDERED, pursuant to Minn. Stat. § 45.027, subd. 6 (2016) that the Respondent shall pay to the State of Minnesota a civil penalty of \$17,500.

IT IS FURTHER ORDERED, pursuant to Minn. Stat. § 45.027, subd. 5 (2016), that Respondent shall comply with Minn. Stat. 45.027 (2016).

This Order shall be effective upon signature on behalf of the Commissioner.

Dated: _____

MIKE ROTHMAN
Commissioner

By:

MARTIN FLEISCHHACKER
Assistant Commissioner of Enforcement

Minnesota Department of Commerce
85 Seventh Place East, Suite 280
St. Paul, Minnesota 55101
Telephone: (651) 539-1600

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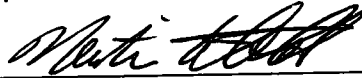
IT IS FURTHER ORDERED, pursuant to Minn. Stat. § 45.027, subd. 5 (2016), that Respondent shall comply with Minn. Stat. 45.027 (2016).

This Order shall be effective upon signature on behalf of the Commissioner.

Dated: 7-7-2017

MIKE ROTHMAN
Commissioner

By:



MARTIN FLEISCHHACKER
Assistant Commissioner of Enforcement

Minnesota Department of Commerce
85 Seventh Place East, Suite 280
St. Paul, Minnesota 55101
Telephone: (651) 539-1600

CONSENT TO ENTRY OF ORDER

The undersigned, acting on behalf of Continental Casualty Company states that he/she has read the foregoing Consent Order; that he/she knows and fully understands its contents and effect; that he/she is authorized to execute this Consent to Entry of Order on behalf of Respondent; that he/she has been advised of Respondent's rights to a hearing in this matter, to present argument to the Commissioner and to appeal from any adverse determination after a hearing, and he/she hereby expressly waives those rights. He/she further acknowledges that Respondent has been represented by legal counsel throughout these proceedings, or has been advised of Respondent's right to be represented by legal counsel, which right he/she hereby expressly waives; and he/she consents to entry of this Order by the Commissioner. It is further understood that this Consent Order constitutes the entire settlement agreement between the parties, there being no other promises or agreements, either express or implied.

Continental Casualty Company

By: _____

AL

Its: _____

President, Long Term Care

STATE OF ILLINOIS

COUNTY OF COOK

This instrument was acknowledged before me on 6/26/17 (date) by AL Miralles

(name(s) of person(s)) as President/LTC (type of authority, e.g., officer, trustee, etc.) of

Christine Montalbano (name of party on behalf of whom the instrument was executed).

(stamp)



Christine Montalbano
(Signature of notary officer)

Vendor Consultant

Title (and Rank)

My commission expires: 2/27/19