IOWA INSURANCE DIVISION

**PERFORMANCE**

**REPORT**

PERFORMANCE RESULTS ACHIEVED

FOR FISCAL YEAR 2004

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**INTRODUCTION**

The Insurance Division of the Iowa Department of Commerce is pleased to present their performance report for fiscal year 2004. The Division continues to serve Iowa through its’ agency mission of protecting “consumers through consumer education and by effectively and efficiently providing a fair, flexible and positive regulatory environment.” This report will acknowledge the hard work of the Division personnel in maintaining our mission.

Despite a lack of adequate resources in funding and staff, the Division continued to see an increase in work load including contested cases and fines, agent licensing, and number of Iowans served through our Senior Health Insurance Information Program (SHIIP.)

The Division continued to streamline processing of agent licenses and product form review through a variety of electronic methods. Coupling with national programs implemented by the National Association of Insurance Commissioners (NAIC,) the Division was able to review 82,535 rates and forms as well as license more than 63,000 insurance agents. Much of this was done through electronic methods providing for less paperwork and smoother processing.

We have several key challenges face the Division. They include the threat of federal preemption, an increased overlap between the insurance and securities markets, the increased complexity of investment options and insurance products and availability of adequate resources.

The Division’s role in insuring fair and efficient regulation of insurance, securities, and other regulated industries in the state of Iowa is one of deep commitment. We will continue to maintain our vision of “Finding ways to build upon our tradition of excellence.”

Sincerely,

Susan E. Voss

Iowa Insurance Commissioner

**AGENCY OVERVIEW**

The Iowa Insurance Division is responsible for the general supervision of Iowa’s insurance and securities markets, as well as a number of miscellaneous industries. Miscellaneous industries include sales of pre-need and perpetual care contracts by cemeteries and funeral homes; residential and motor vehicle service contracts (warranties); continuing care retirement centers; and investment advisors.

Insurance and securities transactions can involve large sums of money. These transactions involve the transfer of money from the consumer (insured or investor), in exchange for a promise to receive something in the future. Where consumers are deceived or receive incomplete disclosures in the transaction, or where the company doesn’t have the ability to perform as promised when the time arises (perhaps because its financial condition has deteriorated), consumers can suffer. Insurance and securities transactions can also be very complicated, presenting an opportunity for consumers to make poor decisions.

The insurance and securities industries play critical roles in Iowa’s economy. Without insurance, many businesses would be unable to get loans or to even operate legally. Securities transactions can provide the funds necessary for businesses to begin operations or to expand. Health insurance and securities markets are a critical part of our economic infrastructure.

The scope of the Division’s regulatory responsibilities is quite broad. In the insurance arena, we regulate over 1600 insurance companies licensed to do business in Iowa. 206 of those companies have their home offices in Iowa, making Iowa the primary financial (solvency) regulator for those companies. Because there is no federal insurance regulator, and insurance is a global industry, the states have developed ways of coordinating oversight.

An important aspect of this coordination is the accreditation program of the national Association of Insurance Commissioners (NAIC). When a state is accredited by the NAIC, other states will rely on that state’s solvency oversight of insurers. This eliminates the need for other states to do their own financial oversight and significantly reduces the potential inefficiencies and duplication from a state-based (rather than federal) regulatory system. Given the size of our domestic insurance industry, accreditation is deemed critical for Iowa. We are currently accredited by the NAIC and have been continuously accredited since 1991.

Iowa’s financial regulation framework includes licensing, capitol and surplus requirements, investment regulations, regulations on holding company transactions, financial reporting requirements, quarterly review of financial statements, and periodic onsite financial examinations.

In addition to financial solvency regulation, the Insurance Division regulates many aspects of the insurance market place. These include the policy forms that are used; the rates charged; sales, underwriting, and claims settlement practices; and licensing of agents. Targeted market conduct examinations of insurers or agents are done where a problem is suspected. Our consumer complaints process also investigates problems consumers have with their agents or insurers. In 2004, we handled 2,714 written consumer complaints and recovered $3,488,430 for consumers. In addition, in recognition of the increasing complexity in the markets we regulate and the increased need for consumer education, we instituted a formal insurance consumer education and information program in 2000.

In the Securities area, the Division focuses on suppressing fraudulent practices and protecting consumers. A primary focus is cases involving securities fraud and sale of illegitimate products including boiler room sales activity. Functions in securities regulation include securities registration and review to ensure compliance with the full disclosure and substantive investor protection sections of the Code; licensing of broker-dealers, agents, investment advisers, and investment adviser representatives; broker-dealer and investment adviser examinations; investor education and public information distribution. The Bureau also investigates investor complaints concerning brokerage firm, agent or issuer misconduct.

The Insurance Division has a long history with a reputation for excellence in regulation, due in large part to its highly capable staff. Members of the Division staff have received national awards for their contributions to state insurance and securities regulation. Staff persons have been leaders in their national organizations. We are regularly sought for our views on regulatory issues and our ability to influence national policy.

The Division has 95 FTEs. Of that number 14 are non-contract positions, and the remaining 81 are contract covered. 22(23%) of the employees spend the majority of their time out of the office doing examinations. Division turnover is low, averaging 4% for FY 2001 through FY 2004. The average tenure of our staff is 13.22 years. These individuals are hard-working and knowledgeable in the areas they regulate. A majority of staff had college education. Additionally, a significant segment of this staff has earned professional designations including but not limited to CFE, CPA, CIE, AFE, AIE, CISA, CLU, CPCU, FLMI, AES, ASA, and ACAS.

The Insurance Division’s technology resources are noteworthy. In an effort to increase efficiency and compensate for the increasing demands of state and federal mandates, the Iowa Insurance Division has prioritized technology investment. Many of the Division’s regulatory processes have been automated in recent years including securities licensing, producer licensing renewals, continuing education monitoring, and rate and form filing.

Mission and Vision Statement. Iowa’s tradition of positive insurance regulation is reflected in our Vision Statement: “Finding ways to build upon our tradition of excellence.” The Division’s mission is “The Iowa Insurance Division shall protect consumers through consumer education and by effectively and efficiently providing a fair, flexible and positive regulatory environment.”

The Division is one of six divisions in the Department of Commerce. The Division is organized into six bureaus-Administration, Securities and Regulated Industries, Financial Regulation, Fraud, Product and Producer Regulation, and Consumer Assistance. Each Bureau is managed by a Bureau Chief.

Key customer groups include insurance consumers (businesses and individuals), investors, members of the regulated industries (including insurance companies, producers, broker/dealers, securities agents, cemeteries, funeral homes, etc.), legislators, the Governor’s office, other state agencies and other government agencies, including local government in Iowa, the federal government, and insurance and securities regulators in other states.

**STRATEGIC PLAN RESULTS**

**Key Strategic Challenges and Opportunities:**

Insuring that we protect consumers through effective regulation is a top challenge for the Division. Because we must balance this with the need to have a strong, solvent insurance industry, the Division constantly reviews regulations to insure it is not over burdensome to industry yet assures that consumers are adequately protected.

The challenge of federal preemption of state insurance regulation is of concern to the Division. The regulatory system for insurance is unique in the financial services industry. Insurance has no federal regulator. The states regulate their markets and attempt to coordinate to create a seamless national regulatory system. Emphasizing consistency and coordinating with other states to continue to effectively supervise this global industry, while reducing the inefficiencies of our multi-state regulatory system is critical to maintaining our ability to protect Iowa consumers. Much of the coordination occurs through our national organizations such as the National Association of Insurance Commissioners (NAIC) and the North American Securities Administrators Association (NASAA).

**Goal #1 Continue to maintain NAIC accreditation**

**Strategies:**

* Comply with NAIC guidelines as to financial examinations.
* Maintain qualified staff through training
* Examine all companies per Iowa statutory requirements.

**Performance Measure:**

Examination of companies as required under Iowa Code. (Companies are to be examined once every five years with exams staggered between the companies.)

**Results:** 100% or 60 exams completed

|  |
| --- |
|  **FY04 Performance Report** |
|  Goal #1 Continue to Maintain NAIC Accreditation |
| Target Measure |  |  | Actual Results |  | Results to Goal Ratio |
|   |  |  |  |  |   |
|   |  |  |   |  |   |
|   |  |   |   |  |   |
|   |  |  |   |  |   |
| 100% |  |  | 100% |  |   |
| of Companies |  |  | of Companies |  | **MET** |
| Examined  |  |  | Examined  |  | **GOAL** |
| Each 5 Years |  |  | Each 5 Years |  |   |
|   |  |  | (60 companies FY04) |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |   |   |   |   |   |

**Data Source:** Iowa Insurance Division-Financial Regulation Bureau

**Data Reliability:** Iowa Code section 507.2, subsection 1.

**What was achieved:** The Division maintains its level of examinations statutorily required. Consistency of exams is a key to maintaining accreditation.

**Analysis of results:** The Division recently added additional examination staff to maintain the statutory examination schedule. This has allowed the exams to be performed timely and appropriately.

**Links to Enterprise plan:** None

**Goal #2 Modernize regulatory System**

**Strategies:**

* Utilize the electronic filing of forms on the NAIC/SERFF system
* Utilize the national insurance producer licensing system (NIPR)
* Continue to find ways to streamline filings and records management through electronic means

**Performance Measure:**

Percent of rates and forms reviewed as required by statute within thirty days.

**Results:** 100% were reviewed within thirty days. (82,535)

|  |
| --- |
|  **FY04 Performance Report** |
|  Goal #2 Modernize Regulatory System |
| Target Measure |  |  | Actual Results |  | Results to Goal Ratio |
|   |  |  |  |  |   |
|   |  |  |   |  |   |
|   |  |   |   |  |   |
|   |  |  |   |  |   |
| 100% |  |  | 100% |  |   |
| Rates & Forms |  |  | Rates & Forms |  | **MET** |
| Reviewed |  |  | Reviewed |  | **GOAL** |
| Within 30 Days |  |  | Within 30 Days |  |   |
|   |  |  | 82, 525 Rates and Forms |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |   |   |   |   |   |

**Data Source:** Internal review procedure and the NAIC/SERFF reporting system.

**Data Reliability:** NAIC monitors the use of SERFF by the states and the carriers. The Division provides an internal review process to ascertain when products are received and approved.

**What was achieved:** The data shows we are streamlining the process of approving insurance forms. More and more products are being filed via the NAIC/SERFF system for quicker review and approval.

**Analysis of results:** The Division is doing well and could handle additional filings via the web and electronically. This allows the states to streamline processes and compete more effectively in national markets.

**Link to Enterprise Plan:** None

**PERFORMANCE PLAN RESULTS**

**CORE FUNCTION**

**Name:** Regulation and Compliance

**Description:** The Division’s core function is regulation and compliance in the areas of insurance, securities and regulated industries. The Division insures that insurance and securities products sold in Iowa are appropriate, that they are sold by licensed professionals, and when the product is use, the services or coverages are available.

**Why are we doing this:** Insurance and securities play a critical role in Iowa’s economy. A strong, solvent industry with knowledgeable consumers will lead to safe and health Iowans. They will also have stronger incomes and retirements through appropriate investments.

**What we’re doing to achieve results**:

(There are 2 specific areas.)

**1. Conducting market conduct examinations pursuant to the NAIC recommendations.**

**Performance Measure:** Percent of market conduct examinations completed under the NAIC guidelines by 12/03.

**Performance Target** **Result**

100% 100%



**Data Source:** NAIC Market Conduct Review Guidelines

**Data Reliability:** Market conduct examinations are reported to the NAIC for review and entry into the system for review by other states.

**Why we are using this measure**: As we streamline regulation and the market conduct examination process, the use of the NAIC model is reliable and can be used by all state and relied upon by all states thus ending duplication.

**What was achieved:** Use of a model market conduct examination form the NAIC provided a reliable and consistent method of examination.

**Analysis of results:** Good use of resources that provided for consistency in the exam process. We didn’t have to “reinvent the wheel.”

**Factors affecting results**: The NAIC Handbook provided excellent guidance to staff during the process.

**Resources used:** Market conduct examinations are funded through carrier examination fees. No general fund money was expended.

**2.Review rates and forms within the statutory guidelines.**

**Description:** Review insurance product rates and forms to ensure they are following Iowa statutes and are appropriate for Iowa consumers.

**Why are we doing this:** Statutorily required. Ensures that products are legal and consumer-appropriate.

**What we’re doing to achieve results:** We are streamlining our review and approval process to get products to consumers quickly.

**Performance Measure:** % of rates and forms reviewed as required by statute within 30 days.

**Performance Target** **Result**

100% 100% (82,535)

|  |  |
| --- | --- |
|  **FY04 Performance Report** |   |
| % of Rates and Forms Reviewed as Required by Statute in 30 Days |
| Target Measure |  |  | Actual Results |  | Results to Goal Ratio |
|   |  |  |  |  |   |
|   |  |  |   |  |   |
|   |  |   |   |  |   |
|   |  |  |   |  |   |
| 100% |  |  | 100% |  |   |
| Rates & Forms |  |  | Rates & Forms |  | **MET** |
| Reviewed |  |  | Reviewed |  | **GOAL** |
| Within 30 Days |  |  | Within 30 Days |  |   |
|   |  |  | 82, 525 Rates and Forms |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |   |   |   |   |   |

**Data Source:** Products and rate requests are logged into the Division computer system to track review and approval.

**Data reliability:** All products are tracked using the same computer system. In addition, NAIC/SERFF filings are tracked through the NAIC for national review and comparison.

**Why are we using this measure:** Carriers need to get their products to market timely in order to compete in the global markets with banks and securities firms. Consumers want a wide range of products from which to choose and want those products as soon as possible.

**What was achieved:** An understanding of the volume of products entering the market and the types of costs associated with those products.

**Analysis of results:** The Division continues with the use of NAIC/SERFF to approve rates and forms in a timely manner.

**Factors affecting results:** The additional electronic filing capability assured more timely review.

**Resources used:** This activity is funded in part through a general fund appropriation of approximately $650,000. The NAIC assists in funding the electronic filing system.

**PERFORMANCE PLAN RESULTS**

**SERVICES/PRODUCTS/ACTIVITIES**

**1. Name:** Consumer Affairs/Consumer Complaints

**Description:** The Division handles complaints concerning insurance products, rates, services and agency issues. Staff receives complaints, review them and, if appropriate, seek some form of regulatory action.

**Why we are doing this:** Insurance products are complicated financial transactions. Consumer can often be confused or even misled as to the type of financial product they need. The Division provides assistance by answering questions in regard to insurance products and services as well as seeking regulatory action when Iowa law is violated.

**What we’re doing to achieve results:** A 1-800 telephone line has been implemented to allow for consumers to more easily reach our office. The system includes a “roll over” mechanism to insure that consumers talk with “live” staff. The Division’s web site provides for consumers to ask questions or file complaints on line.

**Performance measure:** A percentage of complaints resolved in 80 days. This correlates with our mission to protect consumers.

**Performance target:** 90% should be resolved in 80 days.

**Data Source:** Internal reporting. All complaints are logged in the day they are received and closed when no further action/resolved is achieved.

**Results:** 85.6% of all claims were resolved in 80 days.

|  |
| --- |
|  **FY04 Performance Report** |
|  Percentage of Complaints Resolved within 80 Days |
| Target Measure |  |  | Actual Results |  | Results to Goal Ratio |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |   |   |  |   |
|   |  |  |   |  |   |
| 90% |  |  | 85.6% |  |   |
| of Complaints  |  |  | of Complaints |  | **4.9% Short** |
| Resolved  |  |  | Resolved  |  | **of Goal** |
| in 80 Days |  |  | in 80 Days |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|  |  |  |  |  |  |
|   |   |   |   |   |   |
|  |  |  |  |  |  |

**Data reliability:** Information is based upon computer records of when complaint files were opened and closed.

**Why we are using this measure**: It is important to assist consumers in a timely manner. With greater ability to track issues through electronic means and well trained staff, complaints can be processed more timely. This measure allows us to see our overall ability to respond to complaints.

**What was achieved:** We have reviewed our case load to see if staff is receiving complaints of a more technically difficult nature or our internal errors in reviewing and processing claims. We have determined that areas of expertise are necessary and better time management is helpful.

**Analysis of results:** Same as above.

**Factors affecting results:** Changes to staff assignments and vacant positions during the fiscal year caused some case work to be less than timely.

**Resources used:** The activity is funded through a general fund appropriation in the amount of $1,270,631 with 17 FTEs.

**2. Name: Fraud Bureau/Criminal Complaints**

**Description:** Receive and investigate possible insurance fraud. Refer case to appropriate law enforcement office.

**Why we are doing this:** The fraud insurance bureau was created in the late 1990s to respond to concerns about the cost of insurance fraud to the industry. Billions of dollars in extra costs are added to insurance premiums due to insurance fraud. This special bureau was created to respond to these types of issues.

**What we’re doing to achieve results:** The fraud bureau has been working with law enforcement and insurance carriers to educate them on possible fraudulent activity. The bureau works closely with other states and the NAIC to set up a fraud alert system to alert states of possible fraudulent activity that is taking place across the nation. The Division created an on-line reporting system for the intake of fraud complaints. The system also tracks the time frame of completed criminal cases.

**Performance measure:** Track the number of referrals submitted on the on-line system versus the traditional methods.

**Performance target:** Because this is a new system, the baseline was not determined for FY 04. For FY 05, it is 10% of all referrals received by the Bureau.

**Data source:** The Division’s internal tracking system will compute the number of on-line referrals.

**Results:** Due to new system, there are no results. (We will have a base-line for FY 05 of 10 %.)

**Data reliability:** N/A

**Why we are using this measure**: Due to the few number of staff in the Fraud Bureau and their need to be in the field, on-line reporting is fast and efficient. It can provide the staff with immediate information.

**Analysis of results:** Unable to quantify at this time.

**Factors affecting results**: Unable to quantify at this time.

**Resources used:** The bureau has 4 FTEs and an annual budget of $356,078.

**3. Name: Senior Health Insurance Information Program (SHIIP)/Provide increased outreach service to Iowans.**

**Description:** The SHIIP program provides free assistance to Iowans concerning health insurance, Medicare, Medicare supplement policies and long term care insurance. The program was placed in the Division over 10 years ago due to the insurance expertise of the Division.

**Why we are doing this:** The SHIIP program is an extension of our mission of protecting consumers.

**What we’re doing to achieve results:** The SHIIP program is almost fully funded through federal aid. However the Division provides office space, office equipment, pays part of the salary of one staff person and supports the program through information exchange opportunities.

**Performance measure:** Increasing the number of Iowans served is essential to educating the Iowa senior population and others about their health insurance needs. Volunteers are located in almost every county and meetings are held to educate Iowans. The goal is to increase the number of Iowans served by 5%.

**Performance target:** 50,450 Iowans

**Data source:** Each volunteer is required to maintain records of Iowans that they talked with or attended meetings. Phone records are kept of persons who call the SHIIP’s 1-800 number for assistance.

**Results:** For FY 04, 64, 710 Iowans were served by SHIIP. (Up from FY 03 where 47, 277 Iowans were served.) A 36.9% increase!

|  |
| --- |
|  **FY04 Performance Report** |
|  Number of Iowans Served by SHIIP |
| Target Measure |  |  | Actual Results |  | Results to Goal Ratio |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |  |   |   |  |   |
|   |  |  |   |  |   |
| 50450 |  |  | 64710 |  |   |
| Iowans |  |  | Iowans |  | **Exceeded** |
| Served  |  |  | Served  |  | **Goal** |
| by SHIIP |  |  | by SHIIP |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |   |   |   |   |   |

**Data reliability:** See Data source above.

**Why we are using this measure:** One on one contacts are important in educating senior citizens about health insurance issues. The more Iowans we have contact with, the more likely they are receiving the information that can help them make better decisions.

**What was achieved:** More Iowans were served.

**Analysis of results:** Due to changes in the Medicare law, SHIIP interacted with a larger number of senior citizens. The Division’s toll-free telephone number along with volunteers working around the state provided welcomed answers to many people.

**Factors affecting results:** Federal changes to the Medicare law caused Iowans to reach for assistance in higher numbers. Greater outreach by staff including public service announcements increased consumers’ awareness of the office and the help they could receive.

**Resources use:** SHIIP is a federally funded program. Approximately $50,000 of state general fund money is used to assist in paying the salary of one staff person. 4 other SHIIP staff are paid through the federal grant which pays for travel, printing, and the 1-800 number in the amount of $356,078.

1. **Name: Examinations/Examine insurance companies pursuant to Iowa law.**

**Description**: In order to protect consumers, it is necessary to insure that companies selling products in Iowa are strong and solvent. Examination of insurance companies provides consumers with the added protection of knowing that companies are compliant with state laws and solvent to pay claims as necessary.

**Why we are doing this:** To protect consumers and insure that the products and services they are receiving are from companies that can pay claims when necessary.

**What we’re doing to achieve results:** Highly trained personnel who receive continuing education examine companies once every five years as required by statute. The Division may also examine a company at any time should there be concerns about the solvency or practices of a carrier.

**Performance measure:** The Division is required to examine each domestic insurance company at least once every five years. The Division staggers the companies for examinations so that not all companies are examined in the same year. 60 companies are examined each year.

**Performance target:** 100% of those companies required to be examined in a year.

**Data sources:** Examination reports are received by the NAIC and are public record. The Division self-reports to the NAIC.

**Results:** 100% of carriers required to be examined in FY 04 were examined (60.)

|  |
| --- |
|  **FY04 Performance Report** |
|  Examine Compainies Pursuant to Iowa Law |
| Target Measure |  |  | Actual Results |  | Results to Goal Ratio |
|   |  |  |  |  |   |
|   |  |  |   |  |   |
|   |  |   |   |  |   |
|   |  |  |   |  |   |
| 100% |  |  | 100% |  |   |
| of Companies |  |  | of Companies |  | **MET** |
| Examined  |  |  | Examined  |  | **GOAL** |
| Each 5 Years |  |  | Each 5 Years |  |   |
|   |  |  | (60 companies FY04) |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |   |   |   |   |   |

**Data Reliability:** The Division maintains records on companies to be examined and the time frame. This is an internal control.

**Why we are using this measure:** In order to maintain NAIC accreditation, it is important that companies are examined in a timely and routine manner.

**What was achieved:** The Division maintains an excellent record of reviewing companies. The Division has been accredited by the NAIC continuously since 1991.

**Analysis of results:** The Division continues to be accredited by the NAIC.

**Factors affecting results:** The Division maintains a high level of trained staff. Financial training is offered on a regular basis. Additional examiners were hired to insure timely and accurate examinations.

**Resource used:** The examinations bureau is fully funded through examination fees from the companies they examine. Approximately $2.6 million funds the Financial Examinations Bureau with a staff of 35 FTEs.

**5. Name: Securities/Insurance Agents/Producers. Provide efficient and effective licensing system for securities and insurance agents and producers.**

**Description:** Insurance agents and securities broker/dealers and producers are required to be licensed in Iowa. This insures that consumers are being counseled about financial instruments by trained and knowledgeable persons. This is a core function of our office in protecting consumers.

**Why we are doing this:** By requiring agents/producers to be licensed, consumers can receive appropriate advice and counsel from persons with skill and knowledge.

**What we’re doing to achieve results:** The Division continues to modernize the regulatory system by providing on-line renewals and other licensing assistance. This provides for a quicker and more efficient method of licensing and renewal for the over 130,000 insurance and securities agents we license.

**Performance measure:** It is important to insure that licensing of agents is done efficiently and effectively. By using more electronic means, we can eliminate human errors and time delays. Our measure is to have agents licensed with no errors.

**Performance target:** Less than 1% errors in the licensing of agents.

**Data sources:** Because licensing is done through computers, we can determine within our own computer system and the NIPR-national system-if errors have occurred in licensing.

**Results:** Division had less than 1% errors for licensing.

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| --- |
|  **FY04 Performance Report** |
|  Accuracy of Licensing |  |   |
| Target Measure |  |  | Actual Results |  | Results to Goal Ratio |
|   |  |  |  |  |   |
|   |  |  |   |  |   |
|   |  |   |   |  |   |
|   |  |  |   |  |   |
| 99% Plus |  |  | 99% Plus |  |   |
| Error - Free  |  |  | Error - Free |  | **MET** |
| Licensing |  |  | Licensing |  | **GOAL** |
| In FY 04 |  |  | In FY 04 |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |  |  |   |  |   |
|   |   |   |   |   |   |

**Data reliability:** Division’s computer system and the NIPR national system track the agent licensing system and provide reports on data reliability.

**Why we are using this measure:** The use of electronic licensing provides for fewer errors and timely licensing of agents.

**What was achieved:** Error rate decreased as more and more agents were licensed through an electronic system. Errors that might occur could easily be found and corrected. There was savings through less paper usage.

**Analysis of results:** The use of electronic licensing has increased. Nonresident renewals can now be completed electronically. The increased use of the internet is reducing the cost of licensing agents.

**Factors affecting results:** The NAIC has created a national producer licensing network that allows for agents to be licensed throughout the country through one portal. Information is quickly shared with participating states. Agents are quickly licensed and able to do business in the state.

**Resources used:** 3 FTEs handle all agents licensing. Total general fund dollars is approximately $200,000 including any software costs.

**RESOURCE ALLOCATIONS**

Approximately $300,000 in resource reallocation took place in the Insurance Division in FY 04. This was due to the decrease in funding for the Division for salaries and rent and other standing expenses. Costs were transferred to the Financial Regulation Bureau to be paid from examination fees. Staff sought ways to reduce paper and increase efficiency and cost savings through electronic means.

By reallocating costs, the Division was able to maintain the staff with no layoffs. However, all non-contract staff received no salary step increases. Some positions remained vacant longer than desired. Staff is handling more work with less assistance. There is a concern that accreditation and the Division’s ability to respond promptly to industry and consumer issues could be in jeopardy.

**AGENCY CONTACTS**

Copies of the Iowa Insurance Division Performance Report are available on the Division Web site at [www.iid.state.ia.us](http://www.iid.state.ia.us). Copies of the report can also be obtained by contacting David Cunningham at 515-281-6793.

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[www.shiip.state.ia.us](http://www.shiip.state.ia.us)