MARKET CONDUCT REPORT ON EXAMINATION

OF THE

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

AS OF DECEMBER 31, 2022

EXAMINER: **CHONG KIM**

DATE OF REPORT: **APRIL 26, 2024**

TABLE OF CONTENTS

ITEM		PAGE NO.
1.	Executive summary	2
2.	Scope of examination	3
3.	Description of Company	4
	A. History	4
	B. Territory and plan of operation	5
4.	Market conduct activities	7
	A. Advertising and sales activities	7
	B. Underwriting and policy forms	9
	C. Treatment of policyholders	10
5.	Complaint log	11
6.	Universal life insurance policies	12
7.	Prior report summary and conclusions	13
8.	Summary and conclusions	17

February 11, 2026

Honorable Kaitlin Asrow
Acting Superintendent of Financial Services
New York, New York 10004

Dear Kaitlin Asrow:

In accordance with instructions contained in Appointment No. 32531, dated March 22, 2023, and annexed hereto, an examination has been made into the condition and affairs of Equitable Financial Life Insurance Company, hereinafter referred to as "the Company." The Company's home office is located at 1290 Avenue of the Americas, New York, NY 10104.

Wherever "Department" appears in this report, it refers to the New York State Department of Financial Services.

The report indicating the results of this examination is respectfully submitted.

1. EXECUTIVE SUMMARY

The material violations contained in this report are summarized below.

- The Company violated Section 51.6(b)(3) of Insurance Regulation 60 and Section 51.6(b)(4) of Insurance Regulation 60 by failing to examine and ascertain that the Disclosure Statement was accurate and met the requirements of the Regulation. (See item 4A of this report.)
- The Company violated Section 51.7(a)(1) of Insurance Regulation 60 by not fully explaining for two policies the annual maximum charge of the added benefit of the Long Term Care rider and maximum cost of insurance of the proposed policy based on the higher death benefit associated with the policies could result in a higher total cost than the premium of the existing policy. (See item 4A of this report.)
- The Company violated Section 51.7(b) of Insurance Regulation 60 by engaging in practices that prevented the orderly working of the Regulation in accomplishing its intended purpose in the protection of policyholders. (See item 4A of this report.)
- The Company violated Section 3201(b)(1) of the New York Insurance Law by using policy forms that were not approved or discontinued forms to issue individual life policies during the examination period. (See item 4B of this report.)

2. SCOPE OF EXAMINATION

This examination covers the period from January 1, 2018, to December 31, 2022. As necessary, the examiner reviewed matters occurring subsequent to December 31, 2022, but prior to the date of this report (i.e., the completion date of the examination).

The examination comprised a review of market conduct activities and utilized the National Association of Insurance Commissioners' *Market Regulations Handbook* or such other examination procedures, as deemed appropriate, in such review.

The examiner reviewed the corrective actions taken by the Company with respect to the market conduct violations and recommendation contained in the prior report on examination. The results of the examiner's review are contained in item 7 of this report.

This report on examination is confined to comments on matters which involve departure from laws, regulations or rules, or which require explanation or description.

3. DESCRIPTION OF COMPANY

A. History

The Company was incorporated as a stock life insurance company under the laws of New York on July 26, 1859, under the name of Equitable Life Assurance Society of the United States. The Company was licensed on July 25, 1859, and commenced business on July 28, 1859. In 1917, the Company commenced a process to become a mutual life insurance company. The Company completed its conversion to a mutual company in 1925.

On July 22, 1992, the Company demutualized and converted back to a stock life insurance company and became a wholly-owned subsidiary of The Equitable Companies Incorporated ("EQ"). In connection with the demutualization, the Company's eligible policyholders received cash, policy credits, or common stock of EQ. At the time of the demutualization, AXA S.A. ("AXA"), a French holding company for an international group of insurance and related financial services companies, became the owner of 49% of EQ's common shares outstanding as well as the owner of convertible preferred stock and convertible debentures. As a result, AXA's ownership percentage of EQ as of December 31, 1995, increased to 60.6%.

On September 3, 1999, EQ changed its name to AXA Financial, Inc. ("AXA Financial"). In 1999, AXA Client Solutions, LLC ("Client Solutions") was formed as a wholly-owned direct subsidiary of AXA Financial. At the same time, AXA Financial contributed all the Company's common stock to Client Solutions, making Client Solutions the direct parent of the Company.

On August 30, 2000, AXA Financial received a proposal from AXA for the acquisition of all the outstanding common shares of AXA Financial not owned by AXA. On January 2, 2001, AXA completed its acquisition of the remaining minority interest in AXA Financial.

On January 1, 2002, Client Solutions distributed all the Company's common stock to AXA Financial, thereby making AXA Financial the direct parent of the Company. On April 22, 2002, Client Solutions changed its name to AXA Financial Services, LLC. Effective June 1, 2002, AXA Financial transferred ownership of the Company back to AXA Financial Services, LLC thereby making it once again the parent of the Company.

Effective September 7, 2004, the Company, formerly known as The Equitable Life Assurance Society of the United States, changed its name to AXA Equitable Life Insurance Company.

Effective November 7, 2007, AXA Financial Services, LLC changed its name to AXA Equitable Financial Services, LLC ("AXA Equitable Financial").

Since the 2008 global financial crisis, European insurance companies, including AXA Equitable Financial's ultimate controlling parent, AXA, experienced challenges with tougher and sometimes conflicting capital requirements between European and U.S. regulators for many types of life insurance products. Partly in response to changes in European insurance company accounting and solvency laws, AXA began the process of divesting its interest in AXA Equitable Financial Holdings, Inc. ("AXA Equitable Holdings"), the direct parent of AXA Equitable Financial from AXA in 2017.

On May 24, 2018, AXA completed an initial public offering in which it sold its shares of AXA Equitable Holdings' common stock to the public. As of December 31, 2020, AXA owned less than 10% of the outstanding common stock of AXA Equitable Holdings and continued to divest its ownership interests. On May 17, 2021, AXA completed the divesture of all its ownership interest in AXA Equitable Holdings.

In 2020, both AXA Equitable Holdings and AXA Equitable Financial Services removed "AXA" from its legal entity name and AXA Equitable Life Insurance Company received approval from the Department to change its name to Equitable Financial Life Insurance Company ("EFLIC") on June 15, 2020.

B. Territory and Plan of Operation

The Company is authorized to write life insurance, annuities and accident and health insurance as defined in paragraphs 1, 2 and 3 of Section 1113(a) of the New York Insurance Law.

The Company is licensed to transact business in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands and Canada. Policies are written on a participating and non-participating basis.

The following tables show the percentage of direct premiums received, by state, and by major lines of business for the year 2022:

Life Insurance Premiums	
New York	19.4%
Minnesota	9.4
California	9.0
Florida	7.4
New Jersey	6.1
Subtotal	51.3%
All others	48.7
Total	100.0%

Annuity Considerations	
New York	10.3%
California	9.4
Florida	8.4
New Jersey	8.2
Texas	7.5
Subtotal	43.8%
All others	56.2
Total	100.0%

Accident and Health Insurance Premiums	
New York	50.5%
Illinois	12.7
Maryland	10.1
Florida	6.3
Texas	4.1
Subtotal	83.7%
All others	16.3
Total	100.0%

Deposit Type Funds	
New York	99.3%
Delaware	0.7
Total	100.0%

The Company's agency operations are conducted on a general agency basis. The Company distributes its annuities, life insurance policies, and other products directly to the public through the financial professionals associated with Equitable Advisors LLC and Equitable Network LLC.

4. MARKET CONDUCT ACTIVITIES

The examiner reviewed various elements of the Company's market conduct activities affecting policyholders, claimants, and beneficiaries to determine compliance with applicable statutes and regulations and the operating rules of the Company.

A. Advertising and Sales Activities

The examiner reviewed a sample of the Company's advertising files and the sales activities of the agency force including trade practices, solicitation and the replacement of insurance policies.

Section 51.6(b) of 11 NYCRR 51 (Insurance Regulation 60) states, in part:

> "Where a replacement has occurred or is likely to occur, the insurer replacing the life insurance or annuity contract shall: . . .
> (3) prior to the delivery of the life insurance policy or annuity contract, require an accurate and complete 'Disclosure Statement' signed by the insurance agent or broker in the form prescribed in Appendices 10A or 10B to this Part, including the primary reason or reasons for recommending the new life insurance policy or annuity contract and why the existing life insurance policy or annuity contract cannot meet the applicant's objectives;
> (4) examines the sales material, including any proposal, used in the sale of the life insurance policy or annuity contract, and the 'Disclosure Statement', and ascertain that they are accurate and meet the requirements of the Insurance Law and regulations promulgated thereunder;"

Section 51.7 of Insurance Regulation 60 states, in part:

> "(a) No insurer or insurance agent or broker shall:
> (1) make or give any deceptive or misleading information in the 'Disclosure Statement' or in the sales material, including any proposal, used in the sale of the life insurance or annuity contract . . . "

> "(b) No insurer, insurance agent . . .shall fail to comply with or engage in other practices that would prevent the orderly working of this Part in accomplishing its intended purpose in the protection of policyholders and contractholders. Any person failing to comply with this Part, or engaging in other practices that would prevent the orderly working of this Part, shall be subject to penalties under the Insurance Law, which may include monetary restitution, restoration of policies or contracts . . . and monetary fines. . . . "

The examiner reviewed a sample of 71 replacements, consisting of 40 external and 31 internal replacement files of universal life policies processed during the examination period. The

review revealed that 2 of 71 (2.8%) contained a material error or omission violating various sections of Insurance Regulation 60. Following are the errors and omissions noted during the review:

1) In two replacements (2.8%), the examiner's review indicated that the customers added a Long Term Care rider to the proposed policies. Due to the addition of the Long Term Care riders, the examiner calculated the annual maximum charge for the rider and added the annual maximum cost of insurance rate for each policy based on the higher death benefit associated with the policy. For those two policies, the total premium calculated showed that the customer would be paying higher guaranteed annual premiums at present, 5 years hence, and 10 years hence. For the two policies, the disclosure statement inaccurately stated that a primary reason for recommending the proposed life insurance policies was based on the premiums being lower than that of the existing coverage, without acknowledging the higher cost resulting from the addition of the Long Term Care riders.

The Company violated Section 51.6(b)(3) of Insurance Regulation 60 and Section 51.6(b)(4) of Insurance Regulation 60 by failing to examine and ascertain that the Disclosure Statement was accurate and met the requirements of the Regulation.

The Company violated Section 51.7(a)(1) of Insurance Regulation 60 by not fully explaining for two policies the annual maximum charge of the added benefit of the Long Term Care rider and maximum cost of insurance of the proposed policy based on the higher death benefit associated with the policies could result in a higher total cost than the premium of the existing policy.

The Company violated Section 51.7(b) of Insurance Regulation 60 by engaging in practices that prevented the orderly working of the Regulation in accomplishing its intended purpose in the protection of policyholders.

B. Underwriting and Policy Forms

The examiner reviewed a sample of new underwriting files, both issued and declined, and the applicable policy forms.

Section 3201 of the New York Insurance Law states, in part:

"(a) In this article, 'policy form' means any policy, contract, certificate, or evidence of insurance and any application therefor, or rider or endorsement thereto, . . .

(b)(1) No policy form shall be delivered or issued for delivery in this state unless it has been filed with and approved by the superintendent as conforming to the requirements of this chapter and not inconsistent with law. . . . "

A review of policy forms used for individual life policies revealed that:

1) The Company used the following policy forms that were not approved by the superintendent to issue life policies during the examination period:
   - Form number R06-70CA(Rev)-Accelerated Death
   - Form number ICC16-AXA-PARAMED
   - Form number ICC18-AXA-PARAMED
   - Form number 156-20
   - Form number ICC20EQFLIC
   - Form number ICC15-AXA-LIFE
   - Form number ICC15-AXA-ILOpt
   - Form number ICC15-AXA-MED
   - Form number ICC21-FIN-Supp
   - Form number LTC-Assessment Option 2019
   - Form number ICC10-18080-2378
2) The Company used application form AXA-PARAMED-2016 NY (Rev 01/17) under the name "Equitable Financial Life Insurance Company" before the form was reviewed and approved by the Department on December 9, 2020.
3) The Company used discontinued application form AXA-PARAMED-2016 NY under the name "AXA Equitable Financial Life Insurance Company" in the year 2021, which is after the superintendent's approval of application form AXA-PARAMED-2016 NY (Rev 01/17) with the name change to "Equitable Financial Life Insurance Company" on December 9, 2020.

The Company violated Section 3201(b)(1) of the New York Insurance Law by using policy forms that were not approved or discontinued forms to issue individual life policies during the

examination period. This violation stands despite the fact that the forms above generally contained substantially the same content as the corresponding approved forms.

C. Treatment of Policyholders

The examiner reviewed a sample of claims, surrenders, changes and lapses. The examiner also reviewed the related internal controls, checked the accuracy of the computations and traced the accounting data to the books of account.

Section 216.4(a) of 11 NYCRR 216 (Insurance Regulation 64) states:

> "Every insurer, upon notification of a claim, shall, within 15 business days, acknowledge the receipt of such notice. Such acknowledgment may be in writing. If an acknowledgment is made by other means, an appropriate notation shall be made in the claim file of the insurer. Notification given to an agent of an insurer shall be notification to the insurer. If notification is given to an agent of an insurer, such agent may acknowledge receipt of such notice. Unless otherwise provided by law or contract, notice to an agent of an insurer shall not be notice to the insurer if such agent notifies the claimant that the agent is not authorized to receive notices of claims."

The examiner reviewed a sample of 36 individual variable annuity death claims from the Company's IMG-IR administrative system. The review revealed that in 14 out of 36 claims reviewed (39%), the Company was unable to provide evidence that it furnished a written acknowledgement to the claimant within 15 business days of receiving notice of loss.

The Company violated Section 216.4(a) of Insurance Regulation 64 by failing to provide an acknowledgement to the notice of claim within 15 business day of receipt of the notification by the claimant.

5. COMPLAINT LOG

The examiner compared the complaint log provided by the Company to the complaint listing from the Department's Consumer Assistance Unit (the "CAU"). The examiner identified seven complaints in the CAU's listing in which the Company's initial response to the examination request for the complaint log was not complete. While the Company subsequently provided an updated complaint log on November 20, 2023 with the information that was requested after its search criteria was refined, the Company failed to ensure it had procedures in place to verify that information provided was complete.

The examiner recommends that the Company ensure that it has procedures to verify that information provided in response to examination requests is complete.

6. UNIVERSAL LIFE INSURANCE POLICIES

Section 53-3.5(a) of 11 NYCRR 53 (Insurance Regulation 74) states:

> "If a basic illustration is used by an insurance producer or other authorized representative of the insurer in the sale of a life insurance policy and the policy is applied for as illustrated, a copy of that illustration, signed in accordance with this Subpart, shall be submitted to the insurer at the time of policy application. A copy also shall be provided to the applicant. If the policy is issued other than as applied for, a revised basic illustration conforming to the policy as issued shall be sent with the policy. The revised illustration shall conform to the requirements of this Subpart, shall be labeled 'Revised illustration' and shall be signed and dated by the applicant or policyowner and producer or other authorized representative of the insurer no later than the time the policy is delivered. A copy shall be provided to the insurer and the policyowner."

A review of 50 universal life policies issued with a revised illustration shows that in four (4) policies (8.0%), the Company did not label the revised basic illustration provided to the policyholders as a "Revised illustration."

The Company violated Section 53-3.5(a) of Insurance Regulation 74 by failing to label the revised basic illustration provided to policyholders as a "Revised illustration."

7. PRIOR REPORT SUMMARY AND CONCLUSIONS

Following are the market conduct violations and recommendation contained in the prior report on examination and the subsequent actions taken by the Company in response to each citation and recommendation:

Item	Description
C	The Company violated Insurance Regulation No. 60 (2nd Amendment), 11 NYCRR Section 51.6(b)(3) and Insurance Regulation No. 60 (3rd Amendment), 11 NYCRR Section 51.6(b)(4) by failing to examine and ascertain that the Disclosure Statement was accurate and met the requirements of the Insurance Law. A review revealed that during the examination period, the Company violated Sections 51.6(b)(3) and 51.6(b)(4) of Insurance Regulation 60 by failing to examine and ascertain that the Disclosure Statements were accurate and met the requirements of the Insurance Law. (See item 4A of this report.)
D	The Company violated Insurance Regulation No. 60, 11 NYCRR Section 51.7(a)(1) by not fully explaining the transaction in the instances where the upfront premium charges were not disclosed to clients with existing whole life policies and also in the instances where the agent represented that the client was getting a new policy with "lower cost of insurance" whereas the premium did not reflect such. A review revealed that during the examination period, the Company violated Section 51.7(a)(1) of Insurance Regulation 60 by not fully explaining the replacement transaction where the cost of insurance of the proposed policy did not accurately reflect the new premium in the Disclosure Statement, which would be higher than the premium of the existing policy. (See item 4A of this report.)
E	The Company violated Insurance Regulation No. 60, 11 NYCRR Section 51.7(b) by engaging in practices that prevented the orderly working of the regulation in accomplishing its intended purpose in the protection of policyholders and contractholders. A review revealed that during the examination period, the Company violated Section 51.7(b) of Insurance Regulation 60 by engaging in practices that prevented the orderly working of the regulation in accomplishing its intended purpose in the protection of policyholders. (See item 4A of this report.)

Item	Description
F	The Company violated Insurance Regulation No. 60 (2nd amendment), 11 NYCRR Section 51.6(b)(4) by failing to furnish to the insurer whose policy was replaced, a copy of the proposal, including the sales material and the completed Disclosure Statement within the required time frame. A similar violation appeared in the prior report on examination. A review revealed that during the examination period, the Company provided the sales material and the completed Disclosure Statement prior to the delivery receipt as required Section 51.6(b) of Insurance Regulation 60. (See item 4A of this report.)
G	The Company violated Section 2611(a) of the New York Insurance Law by having a proposed insured be subject to an HIV related test prior to receiving the written informed consent and by using a consent form that did not contain the complete disclosure required by law. A similar violation appeared in the prior report on examination. A review revealed that during the examination period, the Company provided a HIV consent form, that contains the complete disclosure required by law, to a proposed insured prior to an HIV related test.
H	The Company violated Section 3207(b) of the New York Insurance Law by issuing policies on the lives of minors for amounts of life insurance in excess of the limits allowed by law. A review revealed that during the examination period, the examiner did not find any life policy on the life of a minor for amounts of life insurance in excess of the limits allowed by law.
I	The Company violated Section 3201(b)(1) of the New York Insurance Law by altering approved policy forms and failing to submit such policy forms for approval and by utilizing a form that was not approved by the superintendent for use in New York State. A review revealed that the Company violated Section 3201(b)(1) of the New York Insurance Law by using policy forms that were not approved or discontinued forms to issue the individual life policies during the examination period. (See item 4B of this report.)
J	The Company violated Section 3209(b)(1)(A) of the New York Insurance Law by failing to provide the preliminary information to the applicant at the time the application was taken. The Company violated Section 3209(b)(1)(B) of the New York Insurance Law by failing to provide the policy summary upon delivery of the policy. The Company violated Section 3209(d)(1) of the New York

Item	Description
	Insurance Law by failing to include the agent's name and address in the preliminary information. The Company violated Section 3209(e)(2) of the New York Insurance Law by failing to include the agent's name and address in the policy summary. The Company violated Section 3209(d)(3) of the New York Insurance Law by failing to include the date of the information in the preliminary information and Section 3209(e)(10) by failing to include the date the policy summary was prepared. The Company violated Section 3209(e)(5)(B) of the New York Insurance Law by failing to disclose the annual premium for each optional rider in the policy summary. A review of universal life policies issued with a revised basic illustration during the examination period revealed that the Company violated Section 53-3.5(a) of Insurance Regulation 74 by failing to label the revised basic illustration provided to policyholders as a "Revised illustration." (See item 6 of this report.)
K	The Company violated Section 403(d) of the New York Insurance Law by failing to include the required fraud warning statement on claim forms. A review revealed that during the examination period, the Company included the required fraud warning statement on its claim forms.
L	The Company violated Insurance Regulation No. 95, 11 NYCRR Sections 86.4(a) and (e) by using language that deviated from the required fraud warning without obtaining prior approval from the Department's Criminal Investigation Unit. A review revealed that the Company received the approval from the Department for the claim forms in which it used fraud warning language that deviated from the required fraud warning statement.
M	The examiner recommends that the Company implement a procedure to convey the fraud warning to the claimant that will provide assurance to the Department that the claimant has been made aware of the required fraud warning at the time the claim is taken by the Company. A review revealed that during the examination period, the Company conveyed the fraud warning to the claimant with the required fraud warning statement on claim forms or a fraud warning statement that was approved by the Department.
N	The Company violated Section 3240(f)(1) of the New York Insurance Law by failing to establish procedures to reasonably confirm the death of an insured or accountholder and begin to locate beneficiaries within ninety days after identification of a potential match.

Item	Description
	A review revealed that during the examination period, the Company began to locate beneficiaries within ninety days after identification of a potential death match.
O	The Company violated Insurance Regulation No. 200, 11 NYCRR Section 226.4(b)(1) by failing to use the latest available updated version of the death index to cross-check every policy. A review revealed that the Company conducted cross-checks for all policies and account through its quarterly process using the latest available updated version of the death index.
P	The Company violated Section 3234(b)(7) of New York Insurance Law by failing to provide the insured with an EOB that included a description of the time limit, place and manner in which an appeal of a denial of benefits must be brought under the policy and a notification that failure to comply with such requirements may lead to forfeiture of a consumer's right to challenge a denial or rejection. A review revealed that during the examination period, the Company provided the insured with an EOB that included a description of the time limit, place and manner in which an appeal of a denial of benefits must be brought under the policy and a notification that failure to comply with such requirements may lead to forfeiture of a consumer's right to challenge a denial or rejection.
Q	The Company violated Insurance Regulation No. 152, 11 NYCRR Section 243.2(b)(8) by failing to maintain a record of the initial loan notice provided to the policyholder. A review revealed that during the examination period, the Company maintained a record of the initial loan notice provided to the policyholder.
R	The Company violated Section 2101(a) of the New York Insurance Law by allowing its agents to receive payments from purchasers of the Company's fee-based variable annuity product. A review revealed that during the examination period, the Company sold the fee based variable annuity product by its producers with the broker licenses.

8. SUMMARY AND CONCLUSIONS

Following are the violations contained in this report:

Item	Description	Page No(s).
A	The Company violated Section 51.6(b)(3) of Insurance Regulation 60 and Section 51.6(b)(4) of Insurance Regulation 60 by failing to examine and ascertain that the Disclosure Statement was accurate and met the requirements of the Regulation.	8
B	The Company violated Section 51.7(a)(1) of Insurance Regulation 60 by not fully explaining for two policies the annual maximum charge of the added benefit of the Long Term Care rider and maximum cost of insurance of the proposed policy based on the higher death benefit associated with the policies could result in a higher total cost than the premium of the existing policy.	8
C	The Company violated Section 51.7(b) of Insurance Regulation 60 by engaging in practices that prevented the orderly working of the Regulation in accomplishing its intended purpose in the protection of policyholders.	8
D	The Company violated Section 3201(b)(1) of the New York Insurance Law by using policy forms that were not approved or discontinued forms to issue individual life policies during the examination period.	9
E	The Company violated Section 216.4(a) of Insurance Regulation 64 by failing to provide an acknowledgement to the notice of claim within 15 business day of receipt of the notification by the claimant.	10
F	The examiner recommends that the Company ensure that it has procedures to verify that information provided in response to examination requests is complete.	11
G	The Company violated Section 53-3.5(a) of Insurance Regulation 74 by failing to label the revised basic illustration provided to policyholders as a “Revised illustration.”	12

Respectfully submitted,

/s/
Chong Kim
Associate Insurance Examiner

STATE OF NEW YORK)
)SS:
COUNTY OF NEW YORK)

Chong Kim, being duly sworn, deposes and says that the foregoing report, subscribed by him, is true to the best of his knowledge and belief.

/s/
Chong Kim

Subscribed and sworn to before me

this_____ day of _____

APPOINTMENT NO. 32531

NEW YORK STATE

DEPARTMENT OF FINANCIAL SERVICES

*I, **ADRIENNE A. HARRIS**, Superintendent of Financial Services of the State of New York, pursuant to the provisions of the Financial Services Law and the Insurance Law, do hereby appoint:*

CHONG KIM

as a proper person to examine the affairs of the

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY

and to make a report to me in writing of the condition of said

COMPANY

with such other information as he shall deem requisite.

In Witness Whereof, I have hereunto subscribed my name and affixed the official Seal of the Department at the City of New York

this 22nd day of March, 2022

ADRIENNE A. HARRIS
Superintendent of Financial Services

By: Mark McLeod

MARK MCLEOD
DEPUTY CHIEF - LIFE BUREAU