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EMPLOYERS IN MASSACHUSETTS WELCOME CHANGES TO RULES IN HEALTH REFORM LAW / PAGE 3

OFFICIAL CLARIFIES FEMA'S APPROACH TO DISASTER AID / PAGE 3

PENSION PLAN ASSETS HIT AS STOCK PRICES PLUMMET AMID FINANCIAL CRISIS / PAGE 3

In Brief

RMS ups estimate of losses from Ike

Risk Management Solutions Inc. has increased its estimates for U.S. onshore and offshore insured losses from Hurricane Ike to \$13 billion to \$21 billion, from its preliminary estimate of \$7 billion to \$12 billion. The catastrophe modeler said that \$10 billion to \$15 billion of its new estimate is for wind and storm surge damage in Texas and Louisiana. The estimate also includes losses of \$2 billion to \$3 billion from inland wind and flood damage and \$1 billion to \$3 billion in offshore losses, but does not include losses covered by the National Flood Insurance Program.

Group seeks rehearing of S.F. health law ruling

The Golden Gate Restaurant Assn. has filed a petition with the

See **IN BRIEF** page 46



A defense contractor's vehicle comes under attack in Iraq in 2006. Workers comp arrangements for overseas contractors may be revamped next year. REUTERS

Comp fix planned for defense firms

Measure calls for single insurer for contractors

By **ROBERTO CENICEROS**

Workers compensation coverage for defense contractors working overseas could shift to a single insurer under a law recently signed by President Bush.

The measure is supposed to reduce the cost of coverage, which has ballooned in recent years, by creating a larger pool of risks, say supporters of the law.

But observers question whether a single insurer will be willing to take on the huge coverage contract.

The 2009 Defense Authorization Act, which was signed into law Oct. 14, recommends finding a single insurer to provide Defense Base Act workers compensation insurance for all Department of Defense contractors.

Pentagon contractors currently obtain DBA coverage from among a handful of competing insurers approved by the Department of Labor. The coverage is mandated

under federal law to provide workers comp benefits for the employees of contractors working overseas for U.S. governmental entities.

Companies can also self-insure with Labor Department approval.

The Congressional recommendation to move to a single source of insurance is in language in the new law instructing the Pentagon to reduce DBA expenses, which have increased sharply in recent years, by revamping the way its contractors obtain workers comp cover.

Within nine months, the Secretary of Defense must submit a report to Congress on the new acquisition strategy it has adopted.

During 2007, nearly 12,000 DBA claimants that suffered injuries or died while working under government contract received more than \$170 million in indemnity and medical benefits, according to a Congressional Research Service

See **CONTRACTORS** page 45

AIG bows to pressure, pulls lobbying efforts

Insurer's expenses placed under microscope

By **MARK A. HOFMANN**

WASHINGTON—American International Group Inc.'s agreement to halt federal lobbying activities could have unintended consequences, according to lobbyists both inside and outside the insurance industry.

The move could cut off a source of information for Capitol Hill as lawmakers wrestle with the economic crisis, lobbyists said. But a consumer advocate said the move is more than justified.

AIG's decision came after Sens. Dianne Feinstein, D-Calif., and Mel Martinez, R-Fla., sent a letter to AIG Chairman and Chief Executive Office Edward Liddy. The letter asked him to end lobbying activities by AIG, which has received federal loans and guarantees of more than \$100 billion.

Following AIG's decision, Sen. Feinstein issued a statement last week saying she plans to introduce legislation that would prohibit companies that receive federal funds as part of the economic bailout from lobbying.



CUOMO: NY AG pushes insurer to freeze payments to former executives. Page 45.

LOAN: AIG's total borrowings from federal government exceed \$90 billion. Page 45.

"AIG has halted its lobbying efforts, and other companies that have received federal funds as part of the economic rescue bill should do the same," she said in the statement. "I will introduce legislation to prohibit the use of federal rescue funds or government loans for lobbying purposes."

Similar restrictions already have been imposed on mortgage giants Fannie Mae and Freddie Mac, but previous efforts to ban lobbying by so-called government-sponsored enter-

See **AIG** page 45

SPOTLIGHT

REINSURANCE: TRENDS & ISSUES

Direction of market remains unclear as results worsen;

reserves sound but redundancies running short; capital crunch expected to curb consolidation activity; N.Y. exchange

revival moving forward; cat bond deals slow this year. **Page 13**



Benefits staff battle to field worker calls

Market turmoil causes concern over plan losses

By **KRISTIN GUNDERSON HUNT**

The current financial climate isn't just keeping those on Wall Street busy.

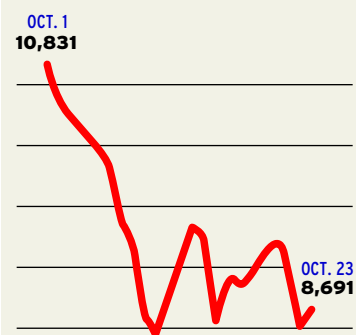
Benefit management departments in recent weeks have been fielding questions and addressing concerns from employees worried about their 401(k)s and other employer-sponsored investment vehicles as the stock market plummeted and continues to show signs of instability.

"Employers are very busy trying to keep an eye on what's happening," said Pamela Hess, director of retirement research for consulting

See **CRISIS** page 42

STOCK MARKET TUMBLES

The DJIA fell 2000 points in three weeks



Source: Yahoo! Finance

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On the Web

RISK MANAGER OF THE YEAR

Nominations open for 2009 award

Business Insurance is accepting nominations for the 2009 Risk Manager of the Year award, which will feature a new collaboration with the Risk & Insurance Management Society Inc. The award recognizes excellence in risk management, and anyone involved in risk management for a corporation, financial institution, nonprofit or governmental entity can be nominated. For details, go to www.BusinessInsurance.com/RMOY.

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Business Insurance®

REPORTING ON CORPORATE RISK AND EMPLOYEE BENEFIT MANAGEMENT NEWS

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FEMA clarifies policy on disaster payments

Agency assures public entities on aid for uninsured losses

By DAVE LENCKUS

BATON ROUGE, La.—Public entities will receive more federal aid for uninsured losses caused by national disasters than risk managers had anticipated, according to a senior official with the Federal Emergency Management Agency.

Contrary to expectations by Louisiana officials, FEMA will cover all uninsured costs faced by public entities beset by multiple disasters of the same nature if the entities participate in a unique state program, said James Walke, the Washington-based director of FEMA's Public Assistance Division.

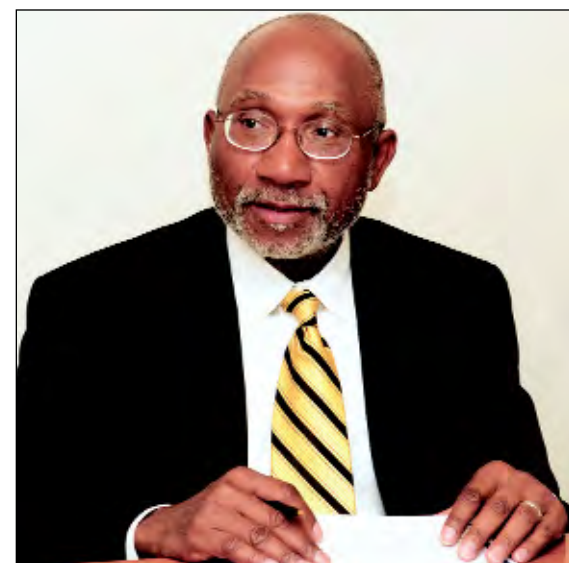
FEMA also intends to reconcile inconsistent regulations on how it calculates aid so risk managers of public entities nationwide can obtain the maximum amount of aid possible after all national disasters, Mr. Walke said.

The Louisiana Insurance Department last

year created its unique program—which is allowed by the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act—after FEMA announced it would follow that law more strictly and, therefore, reduce aid to public entities hit by multiple disasters of the same nature.

Under FEMA's retooled aid plan, any public entity that seeks first-time federal aid to cover uninsured losses after a national disaster first must purchase adequate insurance to cover it against losses in future disasters of the same nature.

If a public entity later sustains damage to the same properties, it would be eligible for federal assistance only to the extent that the entity's insurance deductible for the second loss exceeds the entity's total damage in the



FEMA

Public entities will receive assistance if they are hit by multiple disasters, says FEMA official James Walke.

See **FEMA** page 36

Mass. employers hail change to health rules

State eases requirements for adequate cover test

By JERRY GEISEL

BOSTON—Business groups welcomed final rules approved this month by Massachusetts regulators that virtually ensure most employer-provided health care plans will meet coverage requirements under the state's groundbreaking health care reform law.

The rules will implement a key provision of Massachusetts' 2006 health care reform law under which, effective Jan. 1, 2009, state residents must be enrolled in plans that meet minimum coverage requirements laid down by state regulators, or be hit with fines that can exceed \$900 a year. This year, those penalties apply only to those who are not enrolled in a health care plan.

The final rules retain earlier proposed benefit requirements, including that plans must offer a broad range of services and can't, among other things, impose annual deductibles for in-network services of greater than \$2,000 for single coverage and \$4,000 for family coverage. The rules also limit annual out-of-pocket expenses, including deductibles for in-network services, to greater than \$5,000 for individual coverage and \$10,000 for family coverage.

But in a major change, the Commonwealth Health Insurance Connector Authority, the agency in charge of implementing key provisions of the law, has amended the rules to significantly increase the likelihood—if not ensure—that mainstream employer plans will pass muster under the rules.

In what Connector officials describe as a safe harbor, health care plans that don't strictly meet the so-called minimum creditable coverage standards—such as by having a deductible is too high—still would

HEALTH CARE REFORM PATH

Key rules issued by Massachusetts regulators implementing the state's 2006 health care reform law

JUNE 2007: Jan. 1, 2009, effective date set for state residents to be enrolled—or face financial penalties—in health care plans meeting minimum creditable coverage requirements.

JUNE 2007: Rules set on Section 125 plans employers must offer to employees.

APRIL 2008: Final rules approved laying out eligibility criteria—based on income—that state residents must meet to be exempted from 2006 law requiring them to be enrolled in a health care plan or face financial penalties.

OCTOBER 2008: Rules amended and finalized on standards employers must meet to be considered to be making a fair and reasonable contribution to employees' health care coverage. Employers failing the requirements, which for larger organizations are based on percentage of employees enrolled in their health care plans and percentage of premium paid by companies, are liable for an annual assessment of \$295 per employee.

OCTOBER 2008: Final rules approved that amend and liberalize minimum creditable coverage requirements.

be considered in compliance with the rules if their relative value is equivalent to so-called Bronze-level plans sold through Connector. An actuary will have to certify that employer plans have an actuarial value at least equivalent to Bronze

See **MASSACHUSETTS** page 44

Crashing stock markets hit pension assets hard

Largest companies expected to report record underfunding

By JUDY GREENWALD

The bear equities market continues to hammer pension plan assets.

S&P 500 firms are now headed for the largest-ever underfunding of their pension plans because of the plunging stock market, according to a Standard & Poor's Corp. analyst. Meanwhile, both the Pension Benefit Guaranty Corp. and the California Public Employees' Retirement System are reporting heavy investment losses for recent periods.

Senior index analyst Howard Silverblatt, who is with New York-based S&P's index services, said that at the start of the year, companies had a projected 8% return on their pension assets for 2008. But this year's stock market declines mean that between now and year end, the market "would have to go up 64% just to break even," with U.S. markets down 39% year-to-date and even sharper losses elsewhere, Mr. Silverblatt said last Thursday.

At this point, the underfunding will exceed the then-record \$218.5 billion of underfunding reported in 2002, said Mr. Silverblatt, who last week wrote an analyst note on the impact of the stock market on pension plan funding.

Further exacerbating the situation, he said, is the lower interest rate environment, which increases pension funds' liabilities.

Many companies "have the

available cash on hand, at least on their June balance sheets, to make payments," but funds that may have been used elsewhere will have to go into defined benefit plans, he said.

Meanwhile, the PBGC lost \$4.8 billion in equity investments through Sept. 30, which marks the end of its 2008 fiscal year, House Education and Labor Committee Chairman George Miller, D-Calif., reported last week.

According to a PBGC document based on unaudited results, which was obtained by Rep. Miller's committee, the \$4.8 billion loss included \$1.7 billion in losses in September alone.

The \$4.8 billion in losses from equity investments in fiscal 2008 contrasts with fiscal 2007, when the PBGC reported \$3.00 billion in income from equity investments and total investment income of \$4.76 billion.

A PBGC spokesman said "investment performance is only part of PBGC's financial picture."

The spokesman noted that the agency's 2008 deficit is expected to be somewhat lower than the 2007 deficit of \$14 billion. "We expect the new deficit figure will be about \$10 billion to \$12 billion," he said.

The PBGC spokesman also said the value of the federal agency's overall portfolio declined about 1.2% from Jan. 1 through Aug. 31. By contrast, the S&P 500 index declined 14.3% over the same period, he said.

Sacramento-based CalPERS, the nation's largest pension fund, also

\$4.8B

PBGC LOSSES from equity investments through fiscal year-end Sept. 30, 2008. The losses contrast with \$3 billion in income from equities in 2007.

See **PENSIONS** page 42

Texas Supreme Court reconsiders workers comp ruling

Very rare situation draws attention of businesses, lawmakers

By **ROBERTO CENICEROS**

AUSTIN, Texas—The Texas Supreme Court is reviewing its own 2007 ruling that granted workers compensation exclusive remedy protection to a premises owner that faced a negligence suit from a subcontractor's employee.

In a move a court spokesman called extremely rare, the court earlier this month reheard the case *Entergy Gulf States Inc. vs. John Summers* and is now reviewing its earlier unanimous decision, which overturned an appeals court finding.

The closely watched case—which has drawn amicus briefs from businesses, labor, tort reform advocates, lawmakers and civil rights groups— involves an injury Mr. Summers sustained while working as an International Maintenance Corp. employee at an Entergy Corp. plant in Bridge City, Texas. New Orleans-based Entergy is an electrical power production and distribution company.

The contract between IMC and Entergy referred to IMC as an independent contractor, and a contract addendum provided that Entergy would be recognized as the "statutory employer" of IMC employees. IMC would remain their "direct employer," court records state.

Entergy provided workers comp coverage for IMC employees in

exchange for a lower-priced contract, court documents show. Several attorneys that filed amicus briefs in the case described the arrangement as an owner-controlled insurance program, or OCIP.

When Mr. Summers was injured, he obtained workers comp benefits under the policy provided by Entergy. He sued Entergy alleging negligence, although the Supreme Court decision does not describe his injury or how it occurred.

Entergy moved for summary judgment in the lawsuit, arguing that it was a general contractor and thus, under the exclusive remedy doctrine, shielded from Mr. Summers' suit under Texas' labor code. Texas law allows a general contractor providing workers comp coverage to a subcontractor's employees

to become the employer of the subcontractor's employees, court records state.

A district court granted Entergy summary judgment.

General contractor definition

On appeal, Mr. Summers argued that lawmakers crafting Texas' labor code intended to exclude premises owners from the definition of general contractor.

The appeals court sided with Mr. Summers, ruling that Entergy was not a general contractor because the company did not "establish it had undertaken to perform work or services and then subcontracted part of that work to IMC, as a general contractor would have done," court records state.

The appeals court found that

Entergy is thus a premise owner and not a statutory employer. But the Supreme Court reversed, finding that a premises owner can act as a general contractor.

"In short, the governing Labor Code definitions of general contractor and subcontractor do not forbid a premises owner from also being a general contractor," the court opinion states.

Several organizations, along with Republican and Democratic state lawmakers, then filed briefs requesting a rehearing. They argued, among other things, that the court had expanded the state's Workers Compensation Act beyond legislators' intent.

The Supreme Court has not said,

See **TEXAS** page 6

CONSUMERS DRIVEN TO EVALUATE THE BOTTOM LINE

Members of consumer-driven health care plans are far more conscious of costs.

72% of CDHP members track their health care expenses.

40% of those who are not CDHP members track their health care costs.



Source: Blue Cross & Blue Shield Assn.

Members of CDHPs more engaged: Survey

Health, wellness and costs paid greater heed

By **JOANNE WOJCIK**

Consumer-driven health plans are attracting more cost-conscious and engaged consumers, a new survey by the Washington-based Blue Cross & Blue Shield Assn. has found.

The BCBSA 2008 CDHP Member Experience Survey found that 72% of CDHP members track their health expenses, compared with just 40% of their non-CDHP member counterparts. In addition, 38% of CDHP members estimate future health expenses, compared with 22% of nonmembers; 24% of members contacted their insurer to discuss health expenses, compared with 18% of nonmembers; 38% of members discussed health expenses with their physicians, compared with 27% of nonmembers; and 34% of members developed a budget for health expenses, compared with 18% of nonmembers.

CDHP members are also more engaged in health and wellness, the

survey reported. For example 43% of members participated in health screenings, compared with 30% of nonmembers. In addition 25% of members reported exercising regularly, compared with 14% of nonmembers.

CDHP members who have health savings accounts are more likely to access preventive care services than are CDHP members without such accounts or non-CDHP members. For example, 69% of HSA-eligible CDHP plan members with HSAs had regular checkups, physicals or preventive health screenings, compared with 64% of HSA-eligible CDHP members without HSAs and 62% of non-CDHP members.

Employer help matters

CDHP members with employer-sponsored coverage are much more likely to open HSAs when their employers contribute to the accounts, the BCBSA survey found.

See **HEALTH CARE** page 6

Court rules for worker in FMLA case

Appeals court focuses on supervisor who warned of possible job loss

By **JUDY GREENWALD**

CINCINNATI—A worker told by his supervisor that he would lose his job if he took leave under the Family and Medical Leave Act, and did lose his job after taking the leave, can proceed with his retaliation claim, a federal appeals court has ruled.

According to the Oct. 16 decision by the 6th U.S. Circuit Court of Appeals in Cincinnati in *James Daugherty vs. Sajar Plastics Inc.*, the maintenance technician, who experienced unpredictable episodes of back pain, previously requested and was granted intermittent FMLA leave ranging from about two days to two weeks.

However in 2003, when he requested FMLA leave of one to two months from the plastic injection molding product maker, Mr.

Daugherty said Ronald Alexander, the company's human resources director, told him that "if I took that FMLA for that period of time, there would not be a job waiting for me," according to the opinion.

Shortly afterward, the Middlefield, Ohio-based company had a layoff and Mr. Daugherty was put on layoff status. The next month, though, the company had an upturn and Mr. Alexander was directed to recall Mr. Daugherty. His return, though, was made contingent on approval by a doctor hired by the company.

The doctor concluded that the amount of narcotics Mr. Daugherty took for pain could lead to an injury to himself or others because of his work with heavy machinery. The company told Mr. Daugherty it would reconsider rehiring him if he provided documentation from his

physician that his medication had been reduced. Mr. Daugherty did not supply the requested information and he was terminated in 2004.

He then filed suit, charging disability discrimination under the Americans with Disabilities Act and retaliation under the FMLA. A lower court dismissed all claims against Sajar Plastics.

On appeal, a three-judge appeals court panel upheld dismissal of the ADA charge, but overturned the dismissal of the FMLA charge. In its decision, the appeals court referred to the HR director's threat made before Mr. Daugherty took his FMLA leave.

"Clearly, the unambiguous comment, which we must take as true at the summary judgment stages, constitutes direct evidence that Daugh-

See **FMLA** page 42

Rates may be heading higher: Panel

Katie School forum speakers cite credit woes, hurricane losses as factors

By **JEFF CASALE**

CHICAGO—The investment losses hitting insurers as a result of the worldwide financial crisis will lead to higher rates, a panel of experts says.

As insurers see their financial results dragged down by losses on their investments, they will seek to generate better results from underwriting, they say.

It is unclear, though, how much rates will increase.

"The (insurance) industry is hemorrhaging and no one has called 911," said Paul Springman, executive vp of Richmond, Va.-based Markel Corp., speaking at the Katie School of Insurance and Financial Services at Illinois State University's

18th Annual Insurance Executive Forum in Chicago.

"You will see that when the third-quarter numbers are reported: It will show a quick, severe and deep reaction to the market period we are experiencing," he said.

RIMS SURVEY: Falling underwriting results may signal the pricing cycle for the commercial market is about to turn. **Page 34.**

Stock market volatility, poor asset and investment management and hurricane losses are all taking their toll on insurers, panelists said. As a result, the market for several lines of commercial business will harden, they said.

"Underwriters will go back to underwriting business for profit,"

Mr. Springman said. "When you see companies taking massive write-downs on the investment side, they will have to compensate on the underwriting side. Many of them will have to tighten up there."

Carol Murphy, managing director for Chicago-based Aon Brokerage Group, added, "Capacity is still available for most customers and we don't see that changing, but we will see some sporadic and moderate rate increases."

Both Ms. Murphy and John Lupica, president and chief executive officer of Philadelphia-based ACE USA, said that it is likely that financial lines such as directors and officers liability will be the first to

See **FORUM** page 34

Texas: Fresh review in workers comp case

CONTINUED FROM PAGE 4

however, why it agreed to rehear the case or when it will render an opinion.

The court may be trying to correct an error it made in citing whether changes legislators made to the Texas labor code were "substantive" when it wrote its opinion, said Lisa Kauffman, general counsel for the Austin-based Texas Civil Justice League, a business coalition that

filed an amicus brief because some of its members use OCIPs.

The Civil Justice League argued in an amicus brief that nothing in Texas law excludes "any class of persons from the definition of general contractor."

But Richard Levy, an attorney at Deats Durst Owen & Levy P.L.L.C. in San Antonio, who filed an amicus brief on behalf of several labor organizations, said he believes the court reconsidered because of widespread

opposition to its decision.

"Even they were taken aback by the firestorm of opposition this has generated," which included hearings in both chambers of Texas' Legislature. Mr. Levy said organized labor argued that shielding corporations from litigation discourages them from making the workplace safer.

Entergy Gulf States Inc. vs. John Summers No. 05-0272.

Health care: CDHP members watch costs

CONTINUED FROM PAGE 4

Seventy-one percent of members who received some employer contribution either have already opened or plan to open an HSA, compared with 48% of CDHP members who did not receive an employer contribution to the accounts.

In 2007, 12.5 million people were enrolled in CDHPs, up 25% from

10.0 million in 2006, according to the American Assn. of Preferred Provider Organizations. The largest growth was among CDHPs linked to health savings accounts, which in 2007 covered 5 million plan members, up from 3 million in 2006. Enrollment in CDHPs linked to health reimbursement arrangements held steady at 7 million.

The survey, conducted by the BCBSA in August, collected responses

from 2,791 individuals between the ages of 18 and 64 enrolled in private health insurance coverage, including BCBS member CDHPs and non-member CDHPs. Currently 4.4 million BCBS plan members are enrolled in CDHPs, up 50% from last year.

To view a webcast of the entire CDHP survey presentation, visit www.bcbs.com/news/bluetvradio/consumerdriven2008.

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Commentary

Transparency needed now more than ever



**REGIS
COCCIA**

Editor Regis Coccia's commentary appears periodically. He can be reached at: rcoccia@businessinsurance.com

Welcome to the end of free corporate spending.

Following the near-collapse and rapid rescue of American International Group Inc., members of Congress and authorities are questioning everything at the company with a dollar sign next to it. Expect them to do the same with other financial services companies that are receiving money under the massive federal bailout.

On Capitol Hill earlier this month, former AIG chief executives Robert Willumstad and Martin Sullivan were taken to task for corporate expenses and payments to company executives that continued after the company's liquidity problems surfaced.

Some legislators' assertions were long on rhetoric and short on fact. For example, U.S. Rep. Elijah Cummings, D-Md., blasted AIG for a \$400,000 retreat held at an expensive California resort where attendees incurred more than \$23,000 in spa treatments. It was revealed shortly after the hearing that few AIG executives attended; the event was to reward top-producing independent life agents, not management.

In an unusual joint announcement with New York Attorney General Andrew Cuomo earlier this month, AIG said it was withholding multi-million-dollar severance payments to Mr. Sullivan and former Chief Financial Officer Steve Bensinger, as well as canceling a variety of AIG-sponsored events. The attorney general even went so far as to say he would pursue recovery of payments under New York law, if necessary.

Events that AIG said it would cancel include: a risk management conference in Half Moon Bay, Calif., that was estimated to cost \$500,000; a "best operator" conference in Las Vegas, at a cost of \$750,000; and a sales conference at Sea Island, Ga., costing about \$350,000. In all, AIG said its cancellation of 160 events would save the company about \$80 million.

AIG meanwhile has formed a Special Governance Committee and is rewriting guidelines on expenses. Likely that means many longtime perks will disappear.

There is undoubtedly room to trim expenses in almost all corporate budgets—to say nothing of excessive executive compensation—but perks and junkets have been part of doing business in all industries. That's especially true in insurance, which has long relied on incentives and rewards to attract customers and

producers. Competitors of AIG also sponsor events for risk managers, agents and brokers; AIG just had a bigger budget.

This raises some tricky questions for insurance industry companies: What's a necessary business expense? Are perks to clients and producers really needed? Should companies disclose more on expenditures than their public filings require? Who

Perks and junkets have been part of doing business in all industries. That's especially true in insurance.

will monitor how much insurers and brokers spend? Are we in a heightened era of transparency when it comes to perks?

There is a point at which trips, gifts or other items of value can cross a line, compromising judgment or creating outright conflicts of interest. That remains the rub with contingent commissions.

For many agents and brokers, these bonus payments from insurers are rewards for meeting sales goals, and may mean the difference between profiting and breaking even. Can buyers trust that a broker's acceptance of contingent payments won't influence the broker's judgment? Likewise, can a company be sure of its risk manager's objectivity if he or she is lavishly entertained by insurance industry vendors? Either way, discussion by all parties is needed.

Transparency and accountability are needed in business, perhaps more than ever. The best companies will use both to their advantage, to show how they really bring value—to investors, to clients and to their own employees.



NOBODY WANTS TO TELL A KID
THAT THE ICE CREAM PLANT
BURNED DOWN.

CERTAINLY NOT US.

Did you know that vanilla flavoring has a flashpoint below 100° F, making it a Class 1 flammable liquid capable of causing an inferno? That was certainly news to a major ice cream factory and Liberty Mutual Property customer. Fortunately, we conducted an engineering evaluation that revealed this risk, and our engineers provided practical storage, containment and fire safety recommendations. The bottom line is, our loss control programs work. And in instances like this, help prevent millions of dollars in damage. Plus, should disaster strike, we honor our commitments by responding quickly, keeping you informed and paying your claim in a timely fashion. That's our policy. For more information on our property insurance, visit libertymutual.com/property.

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Commentary

Transparency needed now more than ever



**REGIS
COCCIA**

Editor Regis Coccia's commentary appears periodically. He can be reached at: rcoccia@businessinsurance.com

Welcome to the end of free corporate spending.

Following the near-collapse and rapid rescue of American International Group Inc., members of Congress and authorities are questioning everything at the company with a dollar sign next to it. Expect them to do the same with other financial services companies that are receiving money under the massive federal bailout.

On Capitol Hill earlier this month, former AIG chief executives Robert Willumstad and Martin Sullivan were taken to task for corporate expenses and payments to company executives that continued after the company's liquidity problems surfaced.

Some legislators' assertions were long on rhetoric and short on fact. For example, U.S. Rep. Elijah Cummings, D-Md., blasted AIG for a \$400,000 retreat held at an expensive California resort where attendees incurred more than \$23,000 in spa treatments. It was revealed shortly after the hearing that few AIG executives attended; the event was to reward top-producing independent life agents, not management.

In an unusual joint announcement with New York Attorney General Andrew Cuomo earlier this month, AIG said it was withholding multi-million-dollar severance payments to Mr. Sullivan and former Chief Financial Officer Steve Bensinger, as well as canceling a variety of AIG-sponsored events. The attorney general even went so far as to say he would pursue recovery of payments under New York law, if necessary.

Events that AIG said it would cancel include: a risk management conference in Half Moon Bay, Calif., that was estimated to cost \$500,000; a "best operator" conference in Las Vegas, at a cost of \$750,000; and a sales conference at Sea Island, Ga., costing about \$350,000. In all, AIG said its cancellation of 160 events would save the company about \$80 million.

AIG meanwhile has formed a Special Governance Committee and is rewriting guidelines on expenses. Likely that means many longtime perks will disappear.

There is undoubtedly room to trim expenses in almost all corporate budgets—to say nothing of excessive executive compensation—but perks and junkets have been part of doing business in all industries. That's especially true in insurance, which has long relied on incentives and rewards to attract customers and

producers. Competitors of AIG also sponsor events for risk managers, agents and brokers; AIG just had a bigger budget.

This raises some tricky questions for insurance industry companies: What's a necessary business expense? Are perks to clients and producers really needed? Should companies disclose more on expenditures than their public filings require? Who

Perks and junkets have been part of doing business in all industries. That's especially true in insurance.

will monitor how much insurers and brokers spend? Are we in a heightened era of transparency when it comes to perks?

There is a point at which trips, gifts or other items of value can cross a line, compromising judgment or creating outright conflicts of interest. That remains the rub with contingent commissions.

For many agents and brokers, these bonus payments from insurers are rewards for meeting sales goals, and may mean the difference between profiting and breaking even. Can buyers trust that a broker's acceptance of contingent payments won't influence the broker's judgment? Likewise, can a company be sure of its risk manager's objectivity if he or she is lavishly entertained by insurance industry vendors? Either way, discussion by all parties is needed.

Transparency and accountability are needed in business, perhaps more than ever. The best companies will use both to their advantage, to show how they really bring value—to investors, to clients and to their own employees.

**The spiraling cost of health care
has employers of all sizes
worried about drowning in red ink.**

For many executives, the cost of health care is becoming an increasingly bitter pill to swallow.

Health care costs are accelerating at twice the rate of inflation.

Sure, medical and other benefits can help attract and retain employees. But at what price?

The challenge is finding the right balance between the amount you pay for health care and the need for a healthy, productive workforce.

Failure to do so could leave even the strongest company in a sea of red ink.



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Business Insurance OPINIONS

Employers must calm retirement plan fears

FEAR IS a powerful motivator, and there's plenty of that in the current global economic turmoil.

As we report on page 1, many employers are fielding anxious questions from their retirement plan members, and some workers are shifting their funds around. Call volumes to employee benefit departments have increased even if there is not a commensurate number of fund transactions.

This situation may persist for some time, as the ripple effect of the credit crisis continues. However long it may last, it's important for employers to communicate with plan members and have resources available to answer their questions.

Employers steer clear of providing investment advice, but there is no shortage of that right now from other providers, including retirement plan asset managers. Investing for retirement is a long-term, ongoing process that requires discipline and some basic knowledge.

Retirement plan sponsors should stress the importance of developing a financial plan that fits the individual, whether the markets are up or down.

Investing for retirement is a long-term, ongoing process that requires discipline and some basic knowledge.

Hooray for New York's policy delivery stance

GETTING INSURANCE POLICIES into the hands of risk managers in a timely manner has been one of those issues people have talked about for years. Unfortunately, it's also one of those issues that seems to defy meaningful action.

That's why we're happy to see New York Insurance Superintendent Eric Dinallo tackle the matter head on. As we reported last week, Mr. Dinallo recently sent a circular letter to underwriters and producers doing business in the Empire State that calls on them to develop a way within 12 months to deliver at least 90% of their nonstandard policies to policyholders within 30 days of the policy's inception. As the letter noted, prompt delivery isn't an issue with most standardized policies. It did prove to be a critical issue in the years-long coverage dispute surrounding the destruction of the World Trade Center in 2001. As Mr. Dinallo, who brokered a settlement in that dispute last year, told *Business Insurance*, "They had slips and binders in place, but no policies. That's what the litigation was about."

Mr. Dinallo wants the industry to devise a best practice that helps assure that the overwhelming majority of policies are in risk managers' hands in a reasonable amount of time. He said expecting 100% compliance is unrealistic; there will always be the unusually complicated policy that requires more time. But a target of 90% strikes us as more than reasonable.

The problem has been around for a long time, but a year should be sufficient to devise a solution. We hope other states follow New York's lead. As Mr. Dinallo noted, only litigators gain from prolonged coverage disputes. His initiative should benefit everyone else involved: buyers, producers and underwriters.



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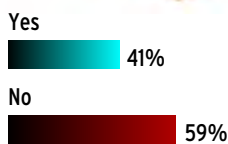
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THIS WEEK'S RESULTS

Q Is it a good idea to ease rules for 401(k) withdrawals during the economic downturn?



NEXT WEEK'S QUESTION

Q: Can New York achieve insurance contract certainty in a year?

BI Online Poll tool is sponsored by Wausau Insurance Cos.

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Anti-assignment clauses require close attention

Nothing should be taken for granted during the due diligence process when investigating whether insurance coverage will transfer to a new owner when a company is reorganized or when an acquisition occurs, says Amy Fink, a Los Angeles-based partner at Howrey L.L.P. This includes making sure all insurers involved in the coverage consent to the transfer of coverage to so-called avoid anti-assignment policy provisions.



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Travelers loses workers comp coverage dispute

By **ROBERTO CENICEROS**

SAN FRANCISCO—The 9th U.S. Circuit Court of Appeals has ruled against The Travelers Cos. Inc. in a coverage dispute stemming from a Tosco refinery fire that killed and injured several California workers.

Travelers provided workers compensation insurance for Tosco, according to records in the case of *Travelers Property Casualty Co. of America vs. ConocoPhillips Co.*, as a successor of interest to Tosco Corp.

The court decision does not mention the location of the fire or its date.

As part of a civil lawsuit settlement with the surviving workers and the estates of others, Tosco agreed, without the express consent

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of Travelers, to waive the right to a statutory credit against future workers compensation benefits, court records show.

Tosco paid to settle the civil suit,

and the California Workers' Compensation Appeals Board awarded workers comp benefits for the injured and deceased workers.

Travelers, which paid \$1.4 million in workers comp benefits and estimates it will pay \$2.1 million more in future payments, petitioned the WCAB for a credit of the civil settlement against its future benefit costs, court records show.

The WCAB denied the petition, finding Tosco waived Travelers' right to a credit. Travelers then sued, alleging Tosco breached its policy by including the waiver in

the settlement. Travelers sought compensatory damages and a declaration that Tosco must pay any post-settlement workers comp benefits, court records show.

A district court granted a Tosco motion for a summary judgment and ordered Travelers to pay \$7,591 in costs.

The appeals court last Monday affirmed the district court's judgment, concluding that the provisions of Traveler's policy are unambiguous and support Tosco's position that its waiver of the statutory credit did not breach the policy's provisions.

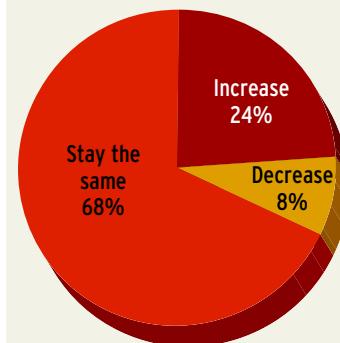
Corporate counsel see surge in litigation for 2009

By **ROBERTO CENICEROS**

With the economy ailing, more than one-third of in-house counsel expect new litigation to surge during 2008, according to a recently released survey.

The banking crisis, credit squeeze and subprime mortgage market problems are all expected to help fuel various forms of litigations, according to the 2008 Litigation Trends Survey sponsored by the international law firm Fulbright & Jaworski L.L.P.

REGULATORY PROCEEDINGS EXPECTED TO RISE IN 2009



Source: Fulbright & Jaworski L.L.P.

The fifth annual survey also found that insurance companies are now the primary target for new litigation, followed by retailers. The findings showed that 85% of insurance companies faced at least one new lawsuit last year, with 67% facing six or more new suits.

In contrast to the 2008 findings, only 22% of in-house counsel reported during a 2007 Fulbright & Jaworski survey that they expected an increase in legal disputes for their company in the 12 months ahead.

"This year's survey appears to mark an inflection point for American business, between the end of a prolonged period of prosperity and the start of a period of economic challenge that is likely to fuel litigation over who is to blame and who should pay for the consequences," said Stephen C. Dillard, chairman of Fulbright's global litigation practice.

The survey was conducted from May 22 through July 18 and relied on responses from 358 in-house attorneys from corporate law departments in the United States and the United Kingdom, including 251 in the United States. Results are available at www.fulbright.com.

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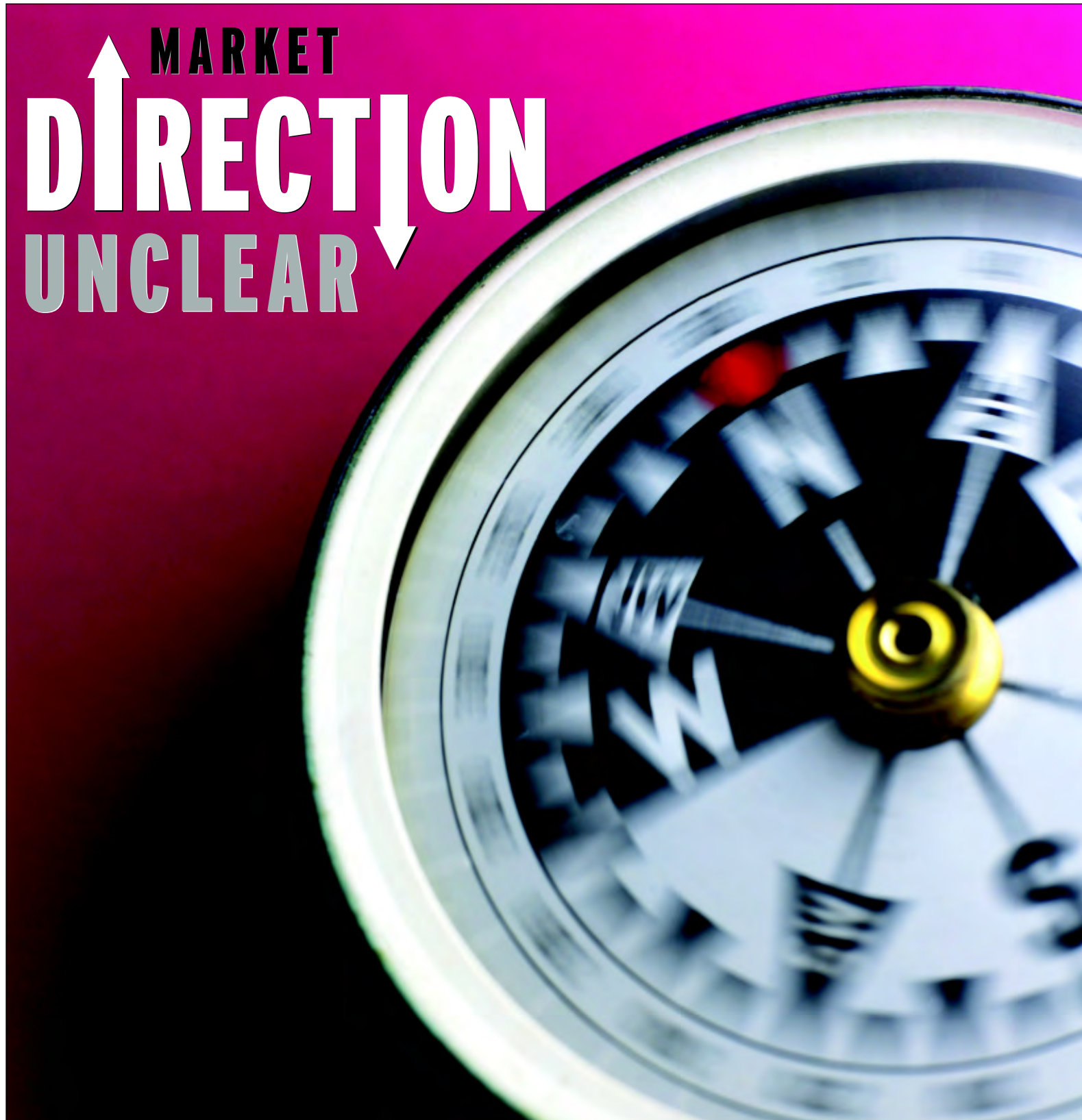
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MARKET DIRECTION UNCLEAR

Reinsurers under pressure as losses mount

As storms, investments hit financial results, views vary on pricing

By JUDY GREENWALD

The prevailing mood of the reinsurance market is one of uncertainty.

There is clear agreement that reinsurer results have already weakened, that results will be further hurt by hurricane losses, that the reserve redundancies that have been boosting results are diminishing and that the financial crisis will cut into reinsurers' investment income.

But whether the market will harden, remain flat or continue to soften remains unclear.

"There's a very strange kind of unsettled feeling in the market right now," said Richard DiClemente, president and chief executive officer of New York-based THB Intermediaries Inc. "People are not quite sure of the stability of certain companies going forward. There's a question as to whether or not prices are going to change or not change, and you don't get a sense that people feel as much in control of their destiny as they did prior to the events of the last several months."

"There's so much going on at the moment," said Chris Klein, head of the business intelligence group at Guy Carpenter L.L.C. in London, a subsidiary of New York-based Guy Carpenter & Co. Inc. "There are a number of factors in play that could certainly stabilize the market. Does

that mean we're going to see an uptick in pricing? I don't know."

And considering the near-collapse of American International Group Inc., people are worried about what will happen next, said Steven K. Bolland, president of New York-based reinsurance intermediary Gill & Roeser Inc.

Meanwhile, reinsurers' financial results were deteriorating even before the subprime crisis fully hit, say observers.

The overall reinsurance market has "continued to show a decline in revenues, which we've been seeing quarter by quarter by all the reinsurers and most brokers," said Michael D. O'Halleran, executive chairman of Aon Re Global in Chicago.

Mr. DiClemente said, "It would have to be a stretch of the imagina-

tion to think companies are not going to reassess how they are pricing their product going forward, given all these developments over the past several months."

Some experts, however, expect rates to harden.

"It is our view that the market has turned," said Anthony Kuczinski, CEO of Princeton, N.J.-based Munich Re America. "We see this financial crisis, combined with the cat environment we've been in for this year, as being market-turning events. No question about it."

"I would certainly say there's a trend to higher rates in the reinsurance arena," Mr. O'Halleran said, "and it's really predicated on making sure that the reinsurers are get-

See **TRENDS** next page

Reinsurance:
Trends & Issues

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Trends: Reinsurance market uncertain on future direction of prices

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ting the right rates of return on their capital, and that will vary by individual reinsurer."

With the expected significant losses from Hurricane Ike, combined "with the thought that a lot of people aren't going to make much, if any, investment income this year," Mr. Bolland said he expects that "there'll be a determined effort by most reinsurers to try to raise pricing that's considered inadequate." But he questioned whether they will succeed and if the market can maintain discipline.

"If I was advising my clients on

how they should budget for 2009, I would tell them to budget for a 5% increase in their reinsurance costs," Mr. Bolland said.

Gregory S. Hendrick, Hamilton, Bermuda-based president and chief underwriting officer of XL Re, a unit of XL Capital Ltd., said, "It looks like at worst, rates will be flat," and there is "probably going to be upward movement, as more people start to price risk."

Many other observers also predict flat rates.

Paddy Jago, New York-based CEO of Willis Re Inc., the reinsurance unit of Willis Group Holdings Ltd., said that given the impact of finan-

'It looks like at worst, rates will be flat,' and there is 'probably going to be upward movement, as more people start to price risk.'

Gregory S. Hendrick, XL Re

cial disruption in the marketplace, the deterioration in investment

returns, the general reduction in capital on balance sheets and increasing inflation, rates probably will not soften further, but likely will stabilize or increase slightly at the end of the year.

Paul Newsome, a managing director with Chicago-based investment firm Sandler O'Neill & Partners, said insurers "believe they are going to get modest price declines," while the reinsurers believe prices will be flat and "seem to be pretty stubborn" about it.

That stability will "probably continue for the foreseeable future," he said. "The reinsurers have reached the point where they don't want to

lower prices any more, so it seems to be a supply-driven situation," and absent any major change in the market, such as new competitors, "I don't see why it would change."

"I just don't feel the drumbeat of a market turn," said Paul Karon, CEO of Benfield Group Ltd.'s U.S. division in Minneapolis. "People are half-heartedly talking about rates going up," but usually more fear is expressed before prices spike.

"We don't anticipate a hard market by any means," but "we could be nearing a floor with respect to rate decreases," depending on line of business and experience, said Patrick J. Denzer, president and CEO of Minneapolis-based John B. Collins Associates Inc.

Property business may see a slight decrease for companies outside a peak zone, said William H. Eyre Jr., managing director and CEO of Philadelphia-based Towers Perrin Reinsurance, but "the more likely outcome is pricing as expiring" or increases, depending on actual experience. And casualty will follow property, he said.

But others maintain the market will continue to soften.

Capacity is still plentiful, and the market is very competitive. Absent a big catastrophe, "it doesn't look like a whole lot of change" has occurred in the market, said John Berger, CEO of Hamilton, Bermuda-based Harbor Point Ltd.

While rates for financially oriented lines, including directors and officers liability and errors and omissions, may be increasing, elsewhere there has been a "slow, steady, decline," with rates down 5% to 10%, said Mr. Berger.

The situation will continue "until there's some kind of capacity crunch, until there's a change in the supply-and-demand question," he said.

"I think we're looking at just a continued, steady decline in pricing," said Cliff Gallant, an analyst with Keefe, Bruyette & Woods Inc. in New York. "The hurricane season we've seen so far" has led to \$15 billion to \$20 billion in losses.

"While it's serious, it doesn't seem to be enough to have taken out excess capital, so aside from the directly impacted reinsurance organizations, I would expect softening to continue, with declines in the area of 5% to 10%," he said. "I think the underwriting profitability's proven itself to be pretty good, and the industry has not taken a lot of risk."

Mark Rouck a Chicago-based senior director at Fitch Ratings Ltd., said he doesn't see anything to change the trend of softening rates in most lines. "In some lines, such as E&O and D&O, (where) you could really tie something to what's going on in the capital markets, there might be some upward pressure...but it's a little hard to see, right now, whether that's working its way into reinsurance rates yet."

"I think there's definitely continued softening," said Steve McElhiney, president of Dallas-based reinsurance intermediary EWI Inc. "We're focused more on regional and smaller accounts, and from that standpoint there still is very much a reinsurance buyer's market."

A SINGULAR POINT OF VIEW.



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Financial meltdown may trigger reinsurance rate increases

Investment losses raise some concerns over capital needs

By JUDY GREENWALD

Reinsurance officials and others say the most immediate effect of the financial market meltdown has been on reinsurers' investment income.

This may hasten a turn in overall market pricing and change how reinsurers operate, some observers say.

Should there be a major catastrophe, reinsurers seeking additional capital may have a difficult time finding it, many observers say.

"I don't think (the financial market turmoil is) going to have a major, overall lasting effect" on reinsurers in terms of business or risk appetite, said Steve McElhiney, president of Dallas-based reinsurance intermediary EWI Inc.

But Paul Newsome, a managing director with investment firm Sandler O'Neill & Partners L.P. in Chicago, said, "There's going to be a lot of companies, both insurers and reinsurers, looking at statutory

statements at the end of the year and realizing the (surplus) number is a lot lower than they thought."

The industry's surplus is "already down \$25 billion" for the first half of this year vs. last year, "so the third quarter is not going to be any better than the second quarter," Mr. Newsome said.

"Investment losses will be a contributing factor to many companies having substantially lower third-quarter earnings, and some may face more significant declines than others," said Damien Magarelli, a director at New York-based Standard & Poor's Corp. It is a "fluid sit-

uation, so we're evaluating those trends and characteristics."

All this could affect rates, observers say.

"Every insurance and reinsurance company obviously has an investment portfolio," said Michael D. O'Halleran, executive chairman of Aon Re Global in Chicago, "and whether they're in bonds or in equities, the marketplace has gone down, and therefore the asset base of the companies goes down, and so you continually write down the value of your asset base.

"That has an impact on your overall capital position in what you

can write, how much, where," all of which comes under rating agency scrutiny, Mr. O'Halleran said.

"Capital bases are going to be under pressure and that's going, in some way, to make it even more important that they earn underwriting income, and so that could provide some uplift in rates," said Mark Rouck, a senior director at Fitch Ratings in Chicago.

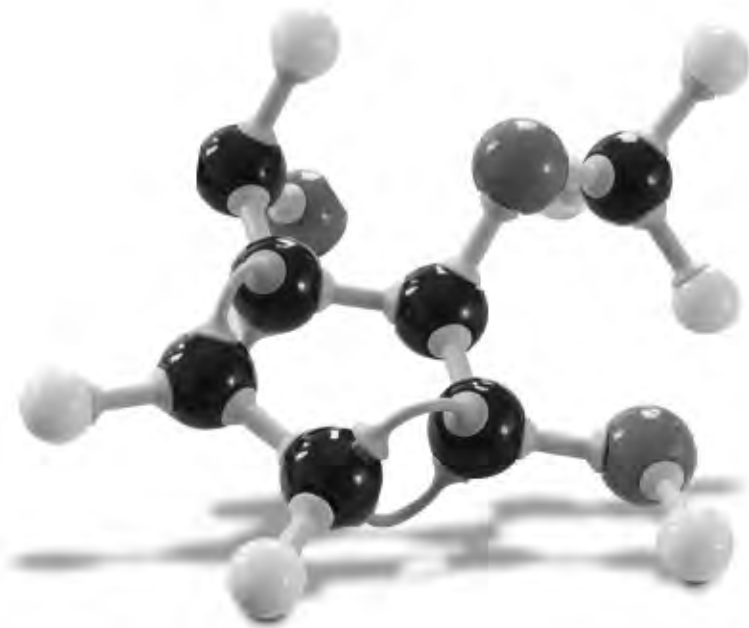
"One thing we're looking at more closely is just reinsurers' ability to obtain letters of credit, and things of that nature, to collateralize their reinsurance recoverables," he said. "And just given what's going on with the banks and the capital markets in general, it seems that could be an area where it's harder to obtain that type of collateral."

However, Cliff Gallant, an analyst with Keefe, Bruyette & Woods Inc. in New York, said he sees investment returns having a limited effect.

"I think from the U.S. point of view, whether it be Gen Re or the Bermudians, the balance sheets

'I don't think (the financial market turmoil is) going to have a major, overall lasting effect' on reinsurers in terms of business or risk appetite.

Steve McElhiney, EWI Inc.



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have been pretty conservative, so the industry is in pretty good shape. I don't think we'll see a huge impact" from the subprime crisis, Mr. Gallant said.

Should there be a major catastrophe yet this year, additional capital may not be readily available to reinsurers, said John L. Ward, CEO of Cincinnati Partners L.L.P. in Cincinnati. "It's a tight market now. If a major catastrophe occurred right now, it would be very difficult for anybody to replenish capital because of the meltdown we're working through," Mr. Ward said.

Gregory S. Hendrick, Hamilton, Bermuda-based president and chief underwriting officer of XL Re, a unit of XL Capital Ltd., agreed. "That's the main reason, I think, you're going to see increasing pricing," he said. "It's the realization the capital you do have to put to use is going to be very dear," and, because of this, it will be difficult to deploy and generate the right return on it.

"I think the major impact will be a number of reinsurers are just going to have to think differently about capital needs," said William J. Adamson, CEO of Carvill America Inc. in Chicago. "The days of easy credit and easy capital raising are probably gone, so they may have to manage their balance sheets a lot differently."

While raising additional capital

See **SUBPRIME** page 20



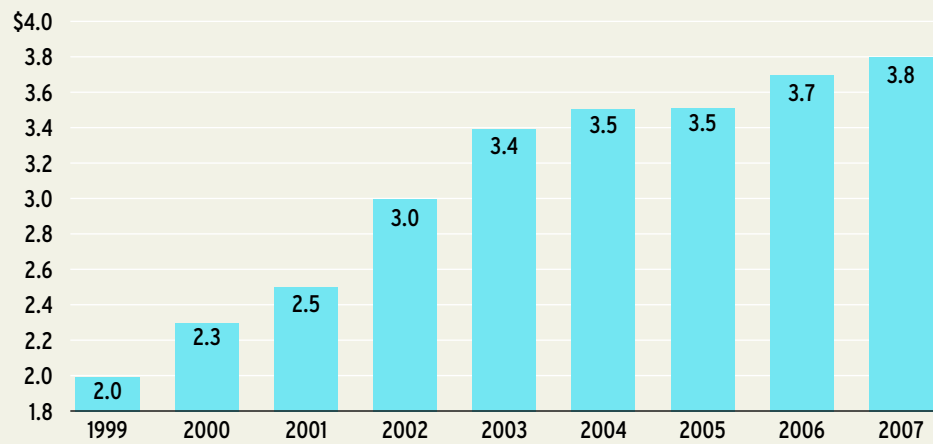
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GROWTH IN REINSURANCE BROKERAGE REVENUES

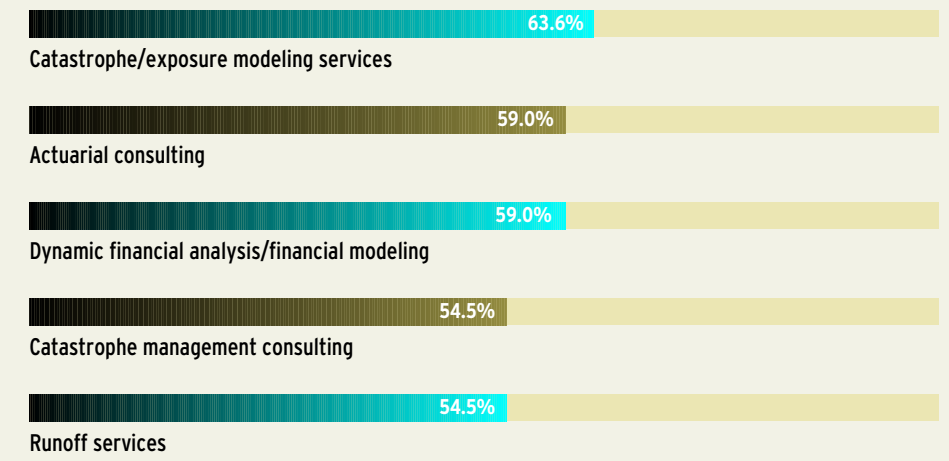
As a group, the world's 10 largest reinsurance brokers have seen a steady gain in brokerage revenues since 1999. In billions of dollars.



Source: BI survey

SERVICES PROVIDED BY REINSURANCE BROKERS

Based on percentage of companies offering service other than reinsurance brokering.



Source: BI survey

World largest reinsurance brokers

Ranked by 2007 gross revenues from reinsurance brokerage and related services*

Rank	Company/Address	Phone/Web site	2007 reinsurance gross revenues	2006 reinsurance gross revenues	% change	2006 reinsurance employees	Principal officers
1	Aon Re Global ¹ Aon Center, 200 E. Randolph St., Chicago, Ill. 60601	312-381-5300 www.aon.com	\$975,000,000	\$942,000,000	3.5	2,670	Andrew Appel, CEO
2	Guy Carpenter & Co. L.L.C. 1 Madison Ave., Fourth Floor, New York, N.Y. 10010-3658	917-937-3000 www.guycarp.com	\$901,000,000	\$880,000,000	2.4	2,627	Peter Zaffino, CEO
3	Benfield Group Ltd. ¹ 55 Bishopsgate, London EC2N 3BD England	44-207-578-7000 www.benfieldgroup.com	\$679,078,400 ²	\$654,960,020 ³	3.7	2,000	Grahame Chilton, group CEO
4	Willis Re 51 Lime St., London, EC3M 7DQ England	44-203-124-6000 www.willisre.com	\$606,200,000	\$597,700,000	1.4	1,282	Gary Schmalzriedt, chairman-Willis Re
5	Towers Perrin Centre Square East, 1500 Market St., Philadelphia, Pa. 19102-4790	215-246-1600 www.towersperrin.com	\$167,250,000	\$165,700,000	0.93	438	William H. Eyre Jr., managing director
6	Cooper Gay (Holdings) Ltd. 52 Leadenhall St., London, EC3A 2EB England	44-207-480-7322 www.coopergay.com	\$136,200,000	\$133,660,000	1.9	487	Toby Esser, CEO
7	Jardine Lloyd Thompson Group P.L.C. 6 Crutched Friars, London EC3N 2PH England	44-207-466-1300 www.jltre.com	\$124,124,000 ²	\$118,530,620 ³	4.7	N/A	Dominic Burke, group chief executive
8	John B. Collins Associates Inc. 8500 Normandale Lake Blvd., Suite 2400, Minneapolis, Minn. 55437	952-820-1000 www.collins.com	\$70,300,000	\$64,400,000	9.2	190	Patrick J. Denzer, president/CEO
9	BMS Group 1 America Square, London, EC3N 2LS England	44-207-480-7288 www.bmsgroup.com	\$69,618,975 ²	\$74,733,735 ³	-6.8	314	Hugo Crawley, group chairman
10	UIB Holdings Ltd. 69 Mansell St., London, E1 8AN England	44-207-488-0551 www.uib.co.uk	\$39,989,950 ²	\$33,688,135 ³	18.7	203	Bassem Kabban, CEO

*Includes all reinsurance revenue reported through holding and/or subsidiary companies.

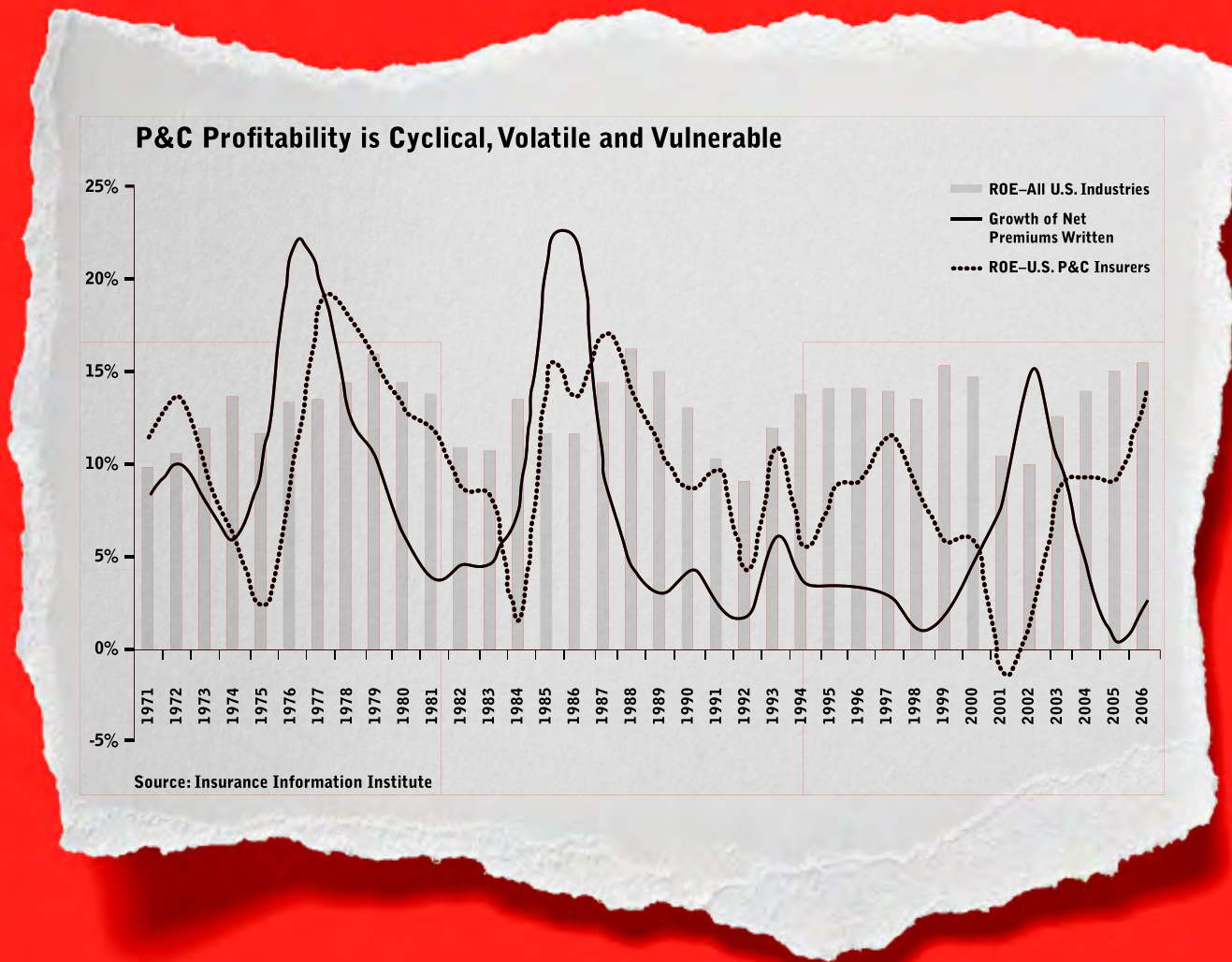
¹ Aon Re Global has entered an agreement to purchase Benfield Group Ltd. The deal is expected to be completed in the fourth quarter of 2008. ² Fiscal year 2007 British pound=\$2.0020.

³ Fiscal year 2006 British pound=1.8434.

Source: BI survey
Researched by Kevin Edison and Karen Tucker

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Reinsurers' reserves seen as solid, but profits-boosting value dwindling

Recent redundancies in reinsurer reserves now running short

By JUDY GREENWALD

The reserve redundancies that have helped boost reinsurer results the past few years are running out, observers say.

But reserves nevertheless remain in good shape, they say.

Chris Klein, head of the business intelligence group at Guy Carpenter L.L.C. in London, a subsidiary of New York-based Guy Carpenter & Co. Inc., said, "We've been seeing a steady flow of releases" from reserves over the past couple of years, particularly in 2007, as loss ratios were "creeping up." Generally speaking, these reserves were released from years after Sept. 11, 2001.

But these are a "finite resource," he said. "We're probably approaching the stage where a high level of support from that source's earnings is probably less likely." However, he added, "I think the general feeling is reserves are probably in good order."

Damien Magarelli, a director at New York-based Standard & Poor's

Corp., said the market's "ability to build up reserve redundancies really took place in '06 and '07. So in a general sense, the redundancies that companies carry now would be at a much lower level from what it was 12 months or 24 months ago, absolutely."

That means reinsurers' "calendar-year performance will be more in line with current-year accident performance, which is why this issue of pricing is even more critical, because companies will not be able to release the same amounts from reserves that they would have been able to in the past," Mr. Magarelli said. However, "we've not identified reserve deficiencies as a significant factor."

John L. Ward, chief executive officer of Cincinnati Partners L.L.P. in Cincinnati, said reserves are "generally strong. In recent months, there's been a slight drawdown of redundant reserves coming through the results. The view is those days (of reserve redundancies) are about over, and reserves are approaching the point where they should be, and that there's no more redundancy to take down."

"My judgment is that reserves in general, both primary and reinsur-

ance, are still more than adequate—perhaps not as adequate as they were last year, but that they're still in a pretty comfortable situation," said Paul Newsome, a managing director with Sandler O'Neill & Partners L.P. in Chicago.

Howard Mills, New York-based chief advisor of the global insurance industry practice at Deloitte & Touche USA L.L.P., said reserves seem "to be very solid, and we haven't seen any insolvency issues." There was a lot of discussion about redundant reserving a year ago, but "I don't think we're going to hear that term any time in the near future."

Steven K. Bolland, president of reinsurance intermediary Gill & Roeser Inc. in New York, said he's not seeing reinsurers adding to their reserves currently. "But it's fairly typical in a softening market that people tend to be more optimistic about their reserve levels, right or wrong. A good way to show a better return is to release some reserves," he said.

Actuaries typically suggest a range of reserves.

"Historically, companies tend to reserve more in hard markets than soft markets, and we're definitely in soft market in the moment," Mr. Bolland said.

Subprime: Capital ideas

CONTINUED FROM PAGE 16

"could be done," Mr. Gallant said, "I think the market would be very selective as to who would get more capital." After Hurricane Katrina, everyone was able to raise capital, he said, "but it's a very different marketplace this time."

Chris Klein, head of the business intelligence group at Guy Carpenter L.L.C. in London, a subsidiary of New York-based Guy Carpenter & Co. Inc., said: "It depends which source they're going to go to, and it depends on how much capital is deployed and, therefore, how much rates are expected to go up.

"If there was a major catastrophe and it was going to result in a dramatic turnaround in prices," private equity funds may be interested, although "loan capital is going to be in short supply," Mr. Klein said. Hedge funds have "probably been hurt by what is happening in the market," he said.

Steven K. Bolland, president of New York-based reinsurance intermediary Gill & Roeser Inc., said capital does exist.

"There's still capital out there in the right circumstances. A lot of people are keeping their powder dry, just because they're not seeing a lot worth investing in at the moment," Mr. Bolland said. "But there's still a lot of cash out there.

So if the market changes to the extent where people viewed it as being very attractive, I think you'll see all sorts of money coming in."

The financial market crisis also could affect the directors and officers and errors and omissions markets.

'There's still capital out there in the right circumstances. A lot of people are keeping their powder dry, just because they're not seeing a lot worth investing in at the moment.'

Steven K. Bolland, Gill & Roeser Inc.

"You've got to figure a pretty big impact" on the D&O and E&O markets, "but it's still early days," said John Berger, CEO of Hamilton, Bermuda-based Harbor Point Ltd. "Right now, I think a lot of companies" on both the primary and the reinsurance side "are kind of operating business as usual."

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Primary insurers may be losing appetite for higher retentions

Financial turmoil, hurricane could firm reinsurance pricing

By JUDY GREENWALD

Retention levels among primary insurers are either leveling off or are expected to do so soon, many observers say.

"Primary companies in general were retaining more business in the last few years," said Damien Magarelli, a director at New York-based Standard & Poor's Corp. "With

strong earnings, they were keeping more business" particularly at lower levels of volatility "and buying more reinsurance at a higher level."

This is why reinsurance rates declined, said Mr. Magarelli, as demand for reinsurance declined and rates charged by reinsurers reflected risk that was "further removed from primary-level frequency trends," he said.

"With the current market, to the extent that primary companies have weaker earnings, that could mean they will not have the same type of appetite" to retain that risk at the primary coverage level. "But

we've not seen a dramatic change in that yet," although that potential remains at the Jan. 1 renewals, Mr. Magarelli said.

Retentions are a "big question," said Chris Klein, head of the business intelligence group at Guy Carpenter L.L.C. in London, a subsidiary of New York-based Guy Carpenter & Co. Inc.

"Will primaries be hurt on results" and therefore want to decrease their retentions? Or "has there been so much pressure on their earnings that they want to try to keep as much cash in the business as possible?" he asked.

Another possible development is that insurers' capital has been so eroded by poor investment returns and write-downs that they turn to reinsurance to reduce the pressure on their surplus. "There's so many different sides to the argument," Mr. Klein said.

"We see many companies evaluating their risk appetite," said William H. Eyre Jr., managing director and chief executive officer of Philadelphia-based Towers Perrin Reinsurance. "Some may buy down their retention in certain lines; others may stay status quo, but we don't see a big trend of increasing retentions as

in the past renewal seasons."

Some observers say demand for reinsurance may increase. The need to protect their capital position "makes reinsurance a very appealing form of capital" for primary insurers, said Anthony Kuczinski, CEO of Princeton, N.J.-based Munich Re America.

Furthermore, damage resulting from Hurricane Ike earlier this year means "they're going to look at their exposure to big events," which could also lead to less retentions, Mr. Kuczinski said.

Michael D. O'Halleran, executive chairman of Aon Re Global in Chicago, said he believes primary insurers' retentions are leveling off. "I do believe that with the fragility of the economy that, in fact, numerous companies' investment portfolios are being written down." As a result, "I think the dependence on reinsurance will become greater," he said.

'I do believe that with the fragility of the economy that, in fact, numerous companies' investment portfolios are being written down.' As a result, 'I think the dependence on reinsurance will become greater.'

Michael D. O'Halleran,
Aon Re Global

A series of smaller but damaging storms in the Midwest this year also could boost primary insurers' retentions, said Gregory S. Hendrick, Hamilton, Bermuda-based president and chief underwriting officer of XL Re, a unit of XL Capital Ltd. Particularly among insurers with Midwest exposures, Mr. Hendrick said he anticipates primary insurers may seek aggregate solutions to pick up all these losses in a year, rather than just large single events.

Even so, Steven K. Bolland, president of New York-based reinsurance intermediary Gill & Roeser Inc., said reinsurance pricing remains favorable to buyers.

"There is really no reason to increase your retention in a softening market because the reinsurance costs are technically attractive. You really only increase your retention when you think that the pricing of the reinsurance product is too high, and you'd be better off taking more and paying less," Mr. Bolland said. "At the moment, that isn't the case, therefore, retention levels have leveled off and will continue stabilizing until pricing goes up considerably."

Richard DiClemente, president and CEO of New York-based THB Intermediaries Inc., said Hurricane Ike has changed the picture.

See **RETENTIONS** page 24



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While AIG's financial troubles generated thoughts "that this would generate more reinsurance demand...it seems like things have stabilized," said John Berger, CEO of Hamilton, Bermuda-based Harbor Point Ltd.

AIG ripples not hitting reinsurance

World's biggest cedent expected to continue its purchasing habits

American International Group Inc. may be the largest reinsurance buyer in the world, but experts don't expect its troubles to significantly affect the reinsurance market.

AIG has announced plans to sell its noncore business while retaining its core property/casualty operations.

"The basic insurance operations are financially solid and, from my perspective, they will continue to be a significant buyer of reinsurance," said Michael D. O'Halleran, executive chairman of Aon Re Global in Chicago.

AIG has said commercial property/casualty "is going to be a core asset of theirs for the foreseeable future. So to date, I have not seen any material movement in the marketplace because of AIG's financial situation," Mr. O'Halleran said.

"There was this whole flurry of noise when the AIG story broke, and there were some instances of business moving, and there was some excitement on the part of reinsurers that somehow this would generate more reinsurance demand, but it seems like things have stabi-

lized," said John Berger, chief executive officer of Hamilton, Bermuda-based reinsurer Harbor Point Ltd.

Observers say despite the parent company's troubles, AIG's operating units continue to do business as normal.

"Depending on the final shape that AIG takes, there may be different capital requirements that may require them to buy more reinsurance, but that still remains to be seen," said Brian M. Boornazian, president and head of reinsurance of Rocky Hill, Conn.-based Aspen Re America.

"There'll probably be little impact short-term," said Steven K. Bolland, president of New York-based reinsurance intermediary Gill & Roeser Inc. "We'll see if they can raise the capital they need by selling those divisions they consider noncore. If not, they may have to change their plan."

AIG declined to comment.

—By Judy Greenwald



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Retentions: Appetite for risk waning

CONTINUED FROM PAGE 22

"We are seeing companies that formerly kept some fairly high retentions" that are "looking for some protection. I suspect the losses from the hurricanes, especially from Ike, are going to be higher than people initially suspected," Mr. DiClemente said.

"It appears logical to me that companies would start lowering retentions in certain areas and buying more reinsurance going forward," he said. "I think it's certainly leveled off."

However, John L. Ward, CEO of Cincinnati Partners L.L.P. in Cincinnati, said primary companies "may be risk-averse going forward now, and that could shift that trend, but I would say for now the momentum is still leading" in the direction of primary insurers retaining more risk.

"It's bad for reinsurers in the sense that demand for their product has dampened, but some reinsurers would say it's a positive because it forces the primary companies to do a better job of underwriting on the front end, since they have more skin in the game on the early losses. So it does work both ways," Mr. Ward said.

Some observers said it may be too soon to tell precisely what primary insurers are doing.

John Berger, CEO of Hamilton, Bermuda-based Harbor Point Ltd., said with the natural catastrophes and other losses, "I think maybe (retentions are) going to level out this year, and maybe there will not be further increases in retentions, but the jury's out. We'll see what happens" at the Jan. 1 renewals."



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Capital crunch expected to curb consolidation in reinsurance

Some M&A deals possible as reinsurers search for economies of scale, top-line growth amid soft market conditions

By JUDY GREENWALD

Reinsurance market conditions may be ripe for an increase in mergers and acquisitions, but financial market conditions may slow down any consolidation, several experts say.

The desire for economies of scale and growth could still drive some M&A activity in the near term, say some.

But others say reinsurers may be too absorbed in their own issues to look elsewhere, and the limited

availability of capital will at least temporarily dampen dealmaking.

Michael D. O'Halleran, executive chairman of Aon Re Global in Chicago, whose firm is completing a \$1.75 billion acquisition of London-based Benfield Group Ltd. (BI, Aug. 25), is among those who anticipate an increase in M&A activity.



'If you look across the industry, in total there's a great opportunity for people who have cash and/or have valuable stock to make some pretty good acquisitions.'

Michael D. O'Halleran,
Aon Re Global

"Generally speaking, my view is we will see mergers on the insur-

ance, reinsurance and brokerage sides," Mr. O'Halleran said.

"Some will be done for being able to get economies of scale, others will be done for the ability to grow the top line," he said. "If you look across the industry, in total there's a great opportunity for people

who have cash and/or have valuable stock to make some pretty

good acquisitions."

However, with banks fearful of lending and stock values down, there will be opportunities only for the relatively few financially strong companies "that have the ability to make acquisitions without relying on the capital markets," said Anthony Kuczinski, chief executive officer of Princeton, N.J.-based Munich Reinsurance America Inc.

"The question is going to be: Who's got the money to buy someone? The ability to raise capital is clearly impaired. So as long as you've got a lot of it in your pocket, then inevitably, you're in a strong position," said Paddy Jago, New York-based CEO of Willis Re Inc., the reinsurance unit of Willis Group Holdings Ltd. "I suspect for possibly some players" that mergers or acquisitions will not be an option.

Jamie Inglis, managing director at Stamford, Conn.-based investment banking firm Philo Smith & Co., said private equity funds' focus "has shifted away from insurance towards banks."

In addition, "just financing these things is a huge problem today," said Mr. Inglis. "Private equity funds tend to use a fair amount of leverage."

Some point to Bermuda as a likely focus of any mergers or acquisitions.

John Berger, CEO of Hamilton, Bermuda-based Harbor Point Ltd., said 2009 may be the year in which there is more M&A activity in Bermuda, where a "whole array of companies" have \$1 billion to \$2 billion in surplus, he said.

With the clout now held by reinsurance intermediaries, the question is whether small and midsize reinsurers face the potential problem of a "take it or leave it" attitude from intermediaries, Mr. Berger said. "If you're bigger, it's harder for people to treat you that way."

Steven K. Bolland, president of New York-based reinsurance intermediary Gill & Roeser Inc., said if reinsurers in Bermuda are "not making the returns required, they've got to do something."

"Historically, there have been significant mergers in Bermuda, and I would imagine when the final results are out for 2008, a couple of companies will not have made their return hurdle, or even close to their return hurdle. And, therefore, their investors will be saying, 'What can we do?,' which will lead either to higher prices or push investors to seek alternatives such as a sale or merger to free up capital," Mr. Bolland said.

Richard DiClemente, president and CEO of New York-based THB Intermediaries Inc., said M&A among Bermuda reinsurers are "always a possibility, but at the end of the day, there's still going to be a tightening of credit, and there's still a question of whether or not two companies in the same area have an advantage if they pool their resources, based on the amount of

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Aside from Bermuda, there has been speculation about interest by foreign reinsurers in mergers or acquisitions, reinsurance market observers say.

Pointing to Munich, Germany-based Allianz S.E.'s recent \$2.5 billion capital infusion to Hartford Financial Services Inc., Mr. Bolland said, "The European reinsurers at the moment are likely buyers because they have some free capital."

Diversification would be a major factor driving M&A, some observers say.

John L. Ward, CEO of Cincinnati-based Cincinnatus Partners L.L.C., said the rating agencies "continue to play a stepped-up role (and) push for more diversification, and I think a lot of management decisions, including M&A, will be focused in the short term on opportunities to diversify the operation."

Chris Klein, head of the business intelligence group at Guy Carpenter L.L.C. in London, a subsidiary of New York-based Guy Carpenter & Co. Inc., pointed to the 2007 acquisition of London-based Atrium Underwriting P.L.C., which manages Lloyd's of London syndicates

570 and 609, by Hamilton, Bermuda-based Ariel Holdings Ltd.; and the acquisition by Hamilton-based Validus Holdings Ltd. of Hamilton-based Talbot Holdings Ltd., which manages Lloyd's syndicate 1183. Combining the operations was "intended to provide diversification to those firms," he said.

"It is very difficult to do that organically without price-cutting, so the opportunity to buy into Lloyd's provided a way to achieve that diversification," Mr. Klein noted.

Currently, though, reinsurers may be absorbed by other issues, some observers say.

"Right now people are more focused on their own operations and their own balance sheets," said

Mark Rouck, Chicago-based director at Fitch Ratings. "You might get some kind of one-off situations that present M&A opportunities, but anybody's ability to fund any kind of acquisition right now, I think, is pretty limited just given where share prices are, and given the contraction in the debt market. So I think they would be hard to fund at this point in time."

Patrick J. Denzer, president and CEO of Minneapolis-based John B. Collins Associates Inc., agreed.

Citing the credit market woes, companies need to preserve their cash positions and their share prices, Mr. Denzer said. "The immediate prospects of significant M&A activity are minimal." There could be a small number, but "we don't

see any major wave of mergers in this market."

Robin Greville Williams, a London-based director of BMS Intermediaries Ltd. and manager of its property/casualty business unit, said that "the lack of excess capital in the reinsurance marketplace" makes it more likely that M&A activity will slow down.

These conditions may be temporary, though, some observers say.

Brian M. Boornazian, president and head of reinsurance of Rocky Hill, Conn.-based Aspen Re America, said, "It may be rather quiet until the dust settles a bit from the current environment."

"The access to ready capital and liquidity is going to be an issue, so the deal would have to look very

attractive," said Howard Mills, New York-based chief advisor of the global insurance industry practice at Deloitte & Touche USA L.L.P.

"I think the capital will be there once the market kind of stabilizes. Hopefully, that'll happen soon," Mr. Mills said.

One property that is widely expected to be sold is American International Group Inc.'s Transatlantic Holdings Inc. reinsurance unit.

AIG has said it intends to sell off all but its core commercial property/casualty operations. "The ceding companies are very anxious to find out where it's going" to go, said Steve McElhiney, president of Dallas-based reinsurance intermediary EWI Inc.

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New York Insurance Superintendent Eric Dinallo has been publicly talking up reviving the New York Insurance Exchange since early this year, using authorization legislation that remains in effect.

More steps expected toward revival of New York Insurance Exchange

Advisory committee to be formed with eye on 2009 implementation

By **ZACK PHILLIPS**

The New York State Insurance Department likely will form an advisory group in the next several weeks to discuss reviving the New York Insurance Exchange, a state official said.

Michael Moriarty, the department's deputy superintendent for property and capital markets, said

in a recent interview that the advisory group could be formed in the coming weeks. He also said the department has already met with insurers, underwriters, brokerages and potential capital providers about the idea of reviving the exchange, a Lloyd's of London-style marketplace for reinsurance and other large-scale insurance products.

The NYIE started operations in 1980, but closed its doors in 1987—due to factors that included a soft market, poor claims experience and inadequate capitalization—and took 18 years to pay its secured claims.

Financial market distractions

New York Insurance Superintendent Eric Dinallo has been publicly talking up reviving the NYIE since early this year, using authorization legislation that remains in effect. He suggested earlier that a revived exchange could take advantage of lessons learned from the past and 20 years of technology innovations.

While the hope had been to meet with industry representatives and form an advisory committee sooner this year, Mr. Moriarty said the department was distracted by the financial crises in September.

Far from discouraging interest in resurrecting the exchange, however, the crises surrounding credit markets and American International Group Inc. may have enhanced interest in the idea. He said one lesson of AIG's near-failure was the harm that complex financial instruments can bring.

"There seems to be a move towards simplicity in terms of what capital is doing; (the exchange) might be an avenue," Mr. Moriarty said. "The idea of having a bunch of underwriters under one roof probably makes the regulation of such an entity more streamlined and more transparent."

Mr. Moriarty said the difficult investment environment has investors seeking risks that are uncorrelated with other economic and market problems.

"Insurance is that type of risk," Mr. Moriarty said. "You could have a catastrophe in good economic times or bad economic times. That type of uncorrelated risk is attractive to a lot of (capital) providers right now."

He said the NYIE could be operational by mid- to late 2009.

Challenges

The original NYIE opened March 31, 1980, as a centralized marketplace for underwriting syndicates and brokerages to place reinsurance, excess and surplus lines, and direct insurance on risks located outside the United States.

By 1984, the exchange had become the country's eighth-largest reinsurer. But the extreme soft market and other factors soon led to rising loss ratios, liquidation of several syndicates and petitions by other syndicates to withdraw from the exchange.

The NYIE closed on Nov. 23, 1987.

Meetings with industry representatives on reviving the exchange took place before Labor Day. The

See **NYIE** next page

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NYIE: More steps expected toward revival of insurance exchange

CONTINUED FROM PREVIOUS PAGE

next step is appointing an advisory panel that would divide into working groups to address a challenge or question identified at the summer meetings, Mr. Moriarty said.

One such challenge is competing with tax-advantaged offshore instruments since any U.S.-based operation would be subject to taxes.

John M. Nonna, a partner in the New York-based law firm Dewey & LeBoeuf L.L.P. who works on insurance and reinsurance, said a new NYIE would provide what investors already receive tax-free from companies in Bermuda.

"Bermuda, I think, has really become the alternative to an insurance exchange in the U.S.," Mr. Nonna said.

Mr. Moriarty said the insurance department thinks the exchange is viable in the current tax environment and the issue deserves further study.

'In the current environment, we think we could attract noninsurance capital. Bermuda is an example of that. Capital flies down to Bermuda after a catastrophe because the market turns hard and there's room for a profit.'

Michael Moriarty,
New York State Insurance Department

Another challenge is the soft reinsurance market, said Daniel W. Gerber, a New York-based attorney at Goldberg Segalla L.L.P., who spoke in September at the Practice Law Institute's Reinsurance Law 2008 conference in New York.

"None of (the major reinsurers at the conference) indicate that the market has gone hard yet," Mr. Gerber said. "In fact, the indication is it's still a soft market. So the question is: Would (the exchange) succeed, because (in part, a soft market is) eventually what led to its failure the first time?"

Is guaranty fund needed?

The experts agree that the crucial challenge is attracting capital.

"The capital has to be there in order for this thing to have any attraction," Mr. Moriarty said.

That concern has led to a dilemma over whether to include the kind of guaranty fund—to secure against insolvency by any member syndicate—that the last incarnation of the exchange had.

Such a reserve likely would allow the NYIE to receive a single financial rating for all syndicates, Mr. Moriarty said.

On the other hand, he said that a security fund might push away capital providers because they would have to assume the risks of other member underwriters.

But Mr. Moriarty and others pointed to factors that have changed since the 1980s, creating an environment they see as more conducive to reviving the NYIE and appealing to capital providers.

"In the current environment, we think we could attract noninsurance capital," Mr. Moriarty said. "Bermuda is an example of that. Capital flies down to Bermuda after

a catastrophe because the market turns hard and there's room for a profit."

Pam Ferrandino, executive vp and casualty practice leader with Willis HRH, a unit of Willis Group Holdings Ltd. in New York, pointed to the evolution of the catastrophe bond market as a change potentially helpful to a new NYIE. Cat bonds have grown about 28%

annually between 1997 and 2007, according to A.M. Best Co. Inc. Ms. Ferrandino also said that the Sarbanes-Oxley Act of 2002 has made more companies interested in doing business onshore for the sake of transparency. "(Companies) want to make sure they understand and can see what's occurring," she said.

Mr. Moriarty said technological

advances would allow the exchange to monitor capital and risk exposures on a nearly real-time basis.

He also said regulations could be "tailor-made to this type of exchange," more so than in the 1980s when it was largely self-regulating. Mr. Moriarty said the law gives Mr. Dinallo broad discretion in crafting a regulatory framework for the exchange.

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Electronic reinsurance placements gaining acceptance

By **SALLY ROBERTS**

Following a few failed attempts and years of slow growth, electronic reinsurance placements finally appear to have gained traction in the global marketplace.

The number of cedents, brokers and reinsurers conducting business online continues to increase, showing more acceptance of online exchanges and advanced messaging technology—known as peer-to-peer messaging.

Both methods, which are based on the same Assn. of Cooperative Operations Research & Development standards technology, allow parties to communicate, negotiate, submit and bind contracts electronically, eliminating operational inefficiencies, reducing errors and gaining greater control over workflows, advocates say.

But there is still work to be done, they note. While the technology for the most part is there, culture remains the biggest barrier to wider acceptance.

The pace of change, however, is expected to accelerate with the launch of a new Lloyd's of London messaging hub called the Lloyd's Exchange, which observers say will make it easier for brokers and reinsurers to conduct peer-to-peer mes-

saging (see related story).

"It's been a long, hard slog," said Alex Letts, chief executive officer of RI3K Ltd., a London-based online insurance and reinsurance exchange for brokers and reinsurers that is eight years old. "Part of the battle was persuading the brokers that this actually didn't disintermediate the brokerage houses; it only disintermediated part of the physical process" such as rekeying data.

Today, "there are thousands of risks being bound each month over our own service," Mr. Letts said.

So far in 2008, that amounts to more than \$3 billion of premiums, the bulk of which is treaty reinsurance placements, he said.

"The pace of change in the insurance and reinsurance business is never really rapid. It's taken some years" for the market to recognize the benefits of conducting reinsurance business electronically, said Igor Best-Devereux, CEO of eReinsure.com Inc., a nearly 10-year-old Salt Lake City-based online facultative reinsurance negotiation platform.

Today, about 8,000 individual users working for ceding companies, brokers and reinsurers use eReinsure to manage their reinsurance

See **ELECTRONIC** next page

Lloyd's plans return to electronic trading with peer-to-peer messaging platform

By **SALLY ROBERTS**

LONDON—After closing its electronic insurance and reinsurance trading platform Kinnect in 2006, Lloyd's of London is looking to launch an electronic messaging exchange.

Rather than acting as a platform for underwriters and brokers to securely transfer data, the Lloyd's Exchange will act as a simple messaging hub connecting all the trading partners, or "spokes," who want to conduct reinsurance business electronically.

"A number of Lloyd's managing agents and brokers have developed an electronic trading capability or are seeking to send electronic messages," a Lloyd's spokesman said in an e-mail. "Some are using trading platforms. Others have developed peer-to-peer message-based solutions. With no obvious market leader, many managing agents and brokers have approached Lloyd's to find the best solution."

Lloyd's Exchange will allow users to maintain only one connection to support data that's exchanged through structured Assn. of Cooperative Operations Research & Development-standard messages, the spokesman said.

Lloyd's is in the process of finding a third-party

technology vendor to deliver the service. No timetable has been set for its launch, the spokesman said.

The Lloyd's Exchange is one of several different electronic messaging hubs that are being developed, observers say.

They note when the new Lloyd's Exchange is launched, more reinsurers and brokers are apt to buy in to electronic reinsurance trading.

"In today's peer-to-peer model, a market like London, with 160 brokers and 130 underwriting entities, would have more than 20,000 different connection paths, with each one having to be set up and supported by someone," said Jeff Ward, business development director at TriSystems Ltd. a London-based technology company that supports electronic reinsurance placements. "That's spaghetti from hell," he said.

Lloyd's Exchange "will take all that spaghetti and turn it into a simple hub and spoke where each participant only has one connection to worry about and that's down to the hub," Mr. Ward said.

In anticipation of the hub, TriSystems recently launched a new Web-based messaging gateway that

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Electronic: Placements gain acceptance

CONTINUED FROM PREVIOUS PAGE

placements, up 20% to 25% over last year, he said. To date, more than 200,000 submissions requesting reinsurance have been managed using the platform, and about 80,000 contracts have been completed, he said.

"The fact that a large number of reinsurers and brokers...are already using the system means that it's more useful and more easily used by cedents," Mr. Best-Devereux said. "The whole concept of a network becomes very, very powerful when you've got the key participants in the market engaged in it."

While RI3K and eReinsure are thriving, there have been notable failures.

In 2003, London-based online reinsurance platform inreon Ltd. shut down, citing a lower-than-expected number of transactions (*BI*, May 12, 2003). Swiss Reinsurance Co., Munich Reinsurance Co., consultant Accenture and capital provider Internet Capital Group launched the platform in December 2000. Observers say inreon's demise was in part the result of being owned by the reinsurers that were selling the reinsurance on the platform.

In 2006, Lloyd's of London shut down its electronic platform Kinnect, after five years and an estimated cost of about £70 million (\$124.89 million). The platform was intended to enable underwriters and brokers to securely transfer data according to a set of market-agreed business processes, but it never attracted enough interested parties.

Kinnect "didn't just fail because the technology wasn't right; it failed because the people didn't really want it," said Jeff Ward, business development director at TriSystems Ltd., a London-based technology firm that supports electronic reinsurance.

"The London insurance market has always had a traditional resistance to using a single monopoly solution," Mr. Ward said. Since the demise of Kinnect, several different ways of conducting business electronically have emerged that are fundamentally based on the same ACORD communication standards, Mr. Ward said, referring to the Pearl River, N.Y.-based insurance and reinsurance standards association.

"We've all come to the conclusion that you cannot be speaking many different languages. But how you implement and actually use it in dialogue with trading partners is being left to people's preferences," Mr. Ward said.

Some companies may prefer online exchanges or platforms, while others may prefer more of a peer-to-peer messaging or messaging hub model, Mr. Ward said.

In the second quarter of 2007, Aon Re Global U.K. internally mandated that a majority of its reinsurance risks be entered into its electronic distribution system and then uploaded to the RI3K exchange. It uses both the exchange and peer-to-peer messaging via RI3K to place reinsurance business.

To date, about 80% of Aon Re's U.K.-marketed treaty business and

45% of its U.K.-marketed direct and facultative business is conducted electronically, said Ian Summers, the London-based director of change strategy for Aon Re Global and managing director of e-business and market reform for Aon U.K.

"Aon wants to trade with the best markets around the world, but not all of them have made the decision to invest in the messaging infrastructure yet," Mr. Summers said. As a result, Aon Re gives its trading partners the option of working with it on a peer-to-peer basis. If they are not capable of receiving that data, the risks are posted on the exchange and the reinsurer receives an e-mail

notifying it of Aon Re's submission with a link to the exchange, he said.

To date, only 20 of Aon Re U.K.'s 170 trading partners have peer-to-peer capabilities, Mr. Summers said. Of those, 18 have just one-way messaging, meaning that while they can receive messages directly from Aon Re, they cannot integrate the data into their own underwriting systems.

At Chubb Commercial Insurance, underwriters are required to first go to eReinsure to secure facultative reinsurance coverage, said Ed Howard, vp and reinsurance manager of Chubb Commercial in White House Station, N.J. If under-

writers can't secure acceptable prices, terms and conditions, they can consider an off-platform transaction, but they have to obtain approval from Chubb first, Mr. Howard said, noting that more than 80% of its facultative business is managed on the platform. Those cases typically involve a large amount of capacity where Chubb has "tapped out" the platform, he said.

The biggest benefit to conducting reinsurance placements online is the process efficiencies, Mr. Howard said. Fears that such activity replaces the traditional relationship-driven reinsurance market are unfounded, he said.

The eReinsure platform "was never intended to supersede the inter-

personal contact and meetings with reinsurers," Mr. Howard said. "We tell prospective reinsurers that your writings are either going to go up or stagnate based on your ability to market to our branch office force," he said. "It is still relationship-driven; eReinsure happens to be our vehicle to conduct the business."

Indeed, the technology no longer is particularly difficult; it's the culture that inhibits more growth, said TriSystems' Mr. Ward.

"It's the people who have to change. They need to realize that this is not going to take over their jobs. It's going to make their jobs easier. E-mail didn't put people out of work. E-mail made things generally easier for people to do business. This is similar," he said.



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Lower reinsurance prices slow catastrophe bond market

Trading volume down more than \$2.5 billion in first nine months

By COLLEEN MCCARTHY

Falling reinsurance rates and credit market turmoil have slowed demand for insurance-linked securities, observers say.

The likely default of four catastrophe bonds guaranteed by failed investment bank Lehman Bros. shows that insurance-linked capital

market instruments—once thought to be uncorrelated to the wider financial markets—are not completely insulated from the credit crisis, observers say.

While cat bonds have gained acceptance from insurers and investors as an effective risk transfer alternative, the market is experiencing a significant slowdown. New cat bond issuance this year is likely to be significantly less than the record \$7.3 billion issued in 2007, said Emmanuel Modu, managing director and global head of structured finance of Oldwick, N.J.-based A.M.

Best Co. Inc.

In the first nine months of this year, cat bond volume totaled \$2.73 billion compared with \$5.38 billion in the same period last year, according to the rating agency. “We don’t expect to hit more than \$4 or \$5 billion in (cat bond) volume this year,” Mr. Modu said.

Capital market risk-transfer products traditionally have been a substitute for reinsurance, so demand has dwindled as reinsurance rates have fallen, observers say.

“It’s just not cost-effective to participate in the insurance-linked



‘It’s just not cost-effective to participate in the insurance-linked securities market right now because it’s cheaper to go the traditional reinsurance route.’

Emmanuel Modu,
A.M. Best Co. Inc.

securities market right now because it’s cheaper to go the traditional reinsurance route,” Mr. Modu said.

Similarly, formation of sidecar facilities—typically special-purpose vehicles used to create new capacity—has slowed due to abundant reinsurance capital, observers say. Sidecar formations also are expected to be limited until reinsurance prices harden.

If reinsurance rates do rise, however, activity in the insurance-linked securities market should pick

up across the board, observers say.

“We expect reinsurance rates to rise with upcoming renewals, and there will be a demand for well-structured alternative risk solutions because of the collateral they provide,” said Beat Holliger, managing director of Munich Re Capital Markets Inc. in New York.

Currently, he said, reinsurance rates are showing signs of firming that will be evident in upcoming renewals.

While interest in insurance-linked securities may resume as the pricing cycle turns, credit market upheaval is likely to pose a barrier to future growth, other observers say.

In such transactions, the credit market crisis has shifted the focus away from the natural perils covered by the contracts toward the stability of the return swap counterparties—usually investment banks that line up investors for the transactions, Mr. Modu said. With concerns about the security of the banks themselves, attention has focused on banks’ ability to make good on the collateral backing catastrophe bonds, he said.

Cat bonds use collateral accounts in which investor money is deposited to pay losses triggered by the contract. The collateral could be exposed if the accounts also contain mortgage-related securities, thereby diminishing the value of the collateral, he said.

Last month, Standard and Poor’s Corp. downgraded to “junk” status the four cat bonds guaranteed by failed investment bank Lehman Bros. According to New York-based S&P, the bonds were backed by Lehman Bros. Special Financing Inc. as the swap counterparty and totaled \$584.5 million in catastro-

See **CAPITAL** next page

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Lloyd’s: Gets back into electronic placements

CONTINUED FROM PAGE 30

supports Lloyd’s Exchange. Universal Messaging Gateway OnLine enables companies, regardless of size or volume of business, to pay a monthly fee, which starts at £1,500 (\$2,595), to “gain immediate access to electronic placing, endorsements and other market initiatives,” the company said. The service allows messaging peer-to-peer, via the Lloyd’s Exchange and via other trading platforms.

Lloyd’s Exchange “will give people the confidence that they should now be making the investment” into electronic reinsurance trading, said Ian Summers, director of change strategy for Aon Re Global in London and managing director of eBusiness and market reform for Aon U.K.

“It’s like the person with the first fax machine. You can’t send it to anybody. You need other people at

‘What this exchange will do is let everybody know you make one connection and it will connect you to everyone that’s out there.’

Ian Summers,
Aon Re Global

the other end to send the fax,” Mr. Summers said. “What this exchange will do is let everybody know you make one connection and it will connect you to everyone that’s out there.”

That’s an easier sell to the information technology department, Mr. Summers said.

Capital: Catastrophe bond market falls on continued low reinsurance prices

CONTINUED FROM PREVIOUS PAGE

the capacity. Best took similar action and downgraded three of the four Lehman-backed bonds, citing "the unlikelihood of finding a total return swap counterparty replacement" for Lehman Bros. Special Financing and "the uncertainty surrounding the securities in the collateral account."

The fallout from the Lehman Bros. bonds jeopardizes both the cedents, which will not have the catastrophe coverage they thought they had, and investors, who may suffer losses, said Gary Mantucci, director, financial institutions ratings at Standard & Poor's Corp. in New York.

Credit risk concerns are prompting some changes in the structure of cat bonds.

Mr. Mantucci said he has seen at least three deals in which quarterly mark-to-market checks are being used to try to minimize the risk and cushion any losses. The agreement calls for the return swap counterparty to post additional collateral if the mark-to-market value of the collat-

eral account drops 5%. If it drops further, the agreement calls for the counterparty to start posting the difference between the current market value of the assets vs. the notional amount of the outstanding notes to "top it off," Mr. Mantucci said.

"We expect to see more restrictive guidelines appear in these transactions regarding what are permitted investments," Mr. Mantucci said. He also said he expects more frequent marks, possibly weekly or even daily, as collateral concerns persist.

Experts say the structure of cat bonds will continue to evolve to respond to market conditions. For example, several transactions this year have included "hybrid triggers" to achieve greater transparency for investors while satisfying cedents' concerns.

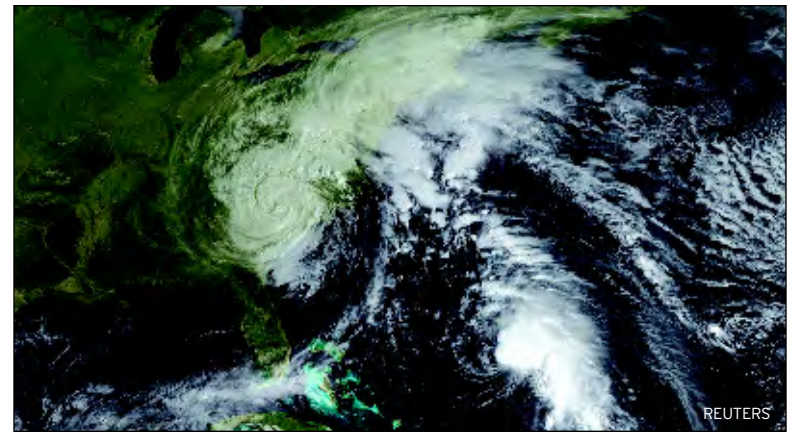
For example, the \$120 million Blue Coast Ltd. cat bond issued by Allianz Risk Transfer (Bermuda) Ltd. for U.S. hurricanes used a trigger mechanism at the county level rather than the state level, which has been the norm. This allowed Allianz to vary the triggers

and payouts based on portfolio exposures, thereby reducing the basis risk to Allianz without using an indemnity trigger, said Chi H. Hum, global head of distribution GC Securities Ltd. in New York, a unit of Marsh & McLennan Cos. Inc. that served as co-lead manager and joint book-runner of the bond covering U.S. coastal risks through 2010 from North Carolina to Texas.

"It was a modified index approach, which seemed to be a happy medium in that it minimized the basis risk for the sponsor and provided enough transparency for investors, much more than an indemnity transaction," Mr. Hum said.

Issuers typically have favored an indemnity approach given that the structure provides a payout when a loss occurs while capital market investors favor a parametric index approach to achieve transparency, Mr. Hum said. A parametric index is based on the measurable intensity of the loss event.

"We think there's going to be a lot more of these structures given that it seems to bridge the gap in terms of what each party needs to have a successful transaction," Mr. Hum said.



REUTERS

8%
of GLOBAL CATASTROPHE LIMITS are covered by catastrophe bonds in 2008.

CATASTROPHE BOND MARKET GROWTH

Year	Principal [in billions of dollars]	% Change [year to year]
1997	\$0.63	N.A.
1998	0.85	34.9%
1999	0.98	15.3%
2000	1.13	15.3%
2001	0.97	(14.2%)
2002	1.26	29.9%
2003	1.73	37.3%
2004	1.14	(34.1%)
2005	1.99	74.6%
2006	4.69	135.7%
2007	7.33	56.3%
2008*	2.73	N.A.

*Through Sept. 30
Source: A.M. Best Co. Inc.

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Forum: Katie School panelists see rising insurance rates

CONTINUED FROM PAGE 4

harden.

For risk managers, market conditions will be challenging, said Dan Kugler, assistant treasurer and corporate risk manager for Kenosha, Wis.-based Snap-on Inc. This type of market and cycle force risk managers to go "back to the basics" and to look at alternative risk financing,

safety and loss control, he said.

"Risk managers are always anticipating that the market will change," Mr. Kugler said.

Rating importance only grows

As part of that process, risk managers pay particular attention to insurer ratings, he said.

"We have to keep looking at the ratings, look at the strength of the

organizations and make solid choices," Mr. Kugler said.

And it's important to look at the general ratings environment, he said.

"Ratings are critical and I look at rating trends as well," Mr. Kugler said. "Risk managers will be judged by the quality of the product they are buying and they will be judged by their superiors if they don't do

due diligence when selecting a product."

With that in mind, Ms. Murphy said that ratings are "more valuable than they have ever been" when it comes to selecting a company to do business with, adding that there is more pressure on rating agencies than there has been in the past.

"There is pressure on them to not be wrong," Ms. Murphy said.

Prices may be heading up: RIMS

By SALLY ROBERTS

The soft commercial market continued throughout the third quarter of 2008 despite two major hurricanes and a global credit crunch, but deteriorating underwriting results in the quarter may signal that a turn in the pricing cycle is near, according to a quarterly survey of risk managers.

"It was a rocky third quarter for insurers, but risk managers still saw prices improve on average," John R. Phelps, director of business risk solutions at Blue Cross and Blue Shield of Florida Inc. and a board member of the Risk & Insurance Management Society Inc., said in a statement. "It is increasingly clear, though, that premiums cannot continue to fall at this pace, especially with the global economy in chaos."

"Nearly five years of deteriorating rate levels are taking a toll on underwriting profits," said Dave Bradford, executive vp of Advisen Ltd., which produced the quarterly benchmark survey for New York-based RIMS. "A.M. Best forecasts a 2008 combined ratio of 104.0 for the commercial property/casualty industry. Together with lower investment

9.6%
DROP IN THE AVERAGE PREMIUM
 for general liability risks that were renewed in the third quarter

returns as a result of the global credit crunch, conditions may be ripe for a reversal in the market cycle in 2009."

In the third quarter, though, it remained a buyers' market.

According to the survey, the average premium for general liability risks renewing in the quarter fell 9.6%, the largest single quarterly drop since 2005. And the average property premium fell 8.5% despite as much as \$20 billion in insured losses from Hurricanes Gustav and Ike.

The average directors and officers liability premium fell 2.1% in the quarter, hampered by "skyrocketing" claims triggered by the subprime mortgage meltdown, RIMS said. However, excluding financial and real estate companies from the survey, the average D&O premium fell 7.4%, RIMS said.

The average workers compensation premium fell less than 1% in the quarter, the survey found.

The RIMS Benchmark Survey is based on risk managers' premium renewal rates, which are submitted to RIMS. New York-based Advisen then compares the renewal premiums with the previous year's rates and reports the differences. Approximately 1,200 risk managers report their renewal information during the course of a year.

Full results of the RIMS Benchmark Survey are available at www.rims.org/benchmark.

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FEMA: Agency clarifies disaster payment policy for public entities

CONTINUED FROM PAGE 3

first disaster, FEMA officials said (*BI*, Aug. 25, Aug. 4).

But for some perils, such as flood, wind and earthquake, many public entity risk managers have trouble finding affordable coverage, and the coverage typically carries high deductibles, brokers say.

The Stafford Act allows a public entity that cannot find enough insurance to meet FEMA's coverage requirements to apply to its state regulator for a waiver from the requirements. Under Louisiana's program, the Insurance Department will certify that a public entity is eligible for the waiver if the entity can show it has spent a department-prescribed percentage of its budget on insurance and still has not met FEMA's requirements.

But earlier this month, Louisiana public entities that obtained the waiver faced the prospect of losing a portion of their anticipated FEMA aid if buildings that were damaged or destroyed in a previous national disaster were struck again in a subsequent national disaster of

the same nature.

A state negotiator who chaired discussions with local FEMA representatives on the issue said FEMA representatives led the state to believe that a public entity with a waiver would face aid reductions equal to the amount of the insurance deductible that the entity carried at the time of the first disaster (*BI*, Oct. 13).

The negotiator and risk management representatives said they were frustrated with that stance from FEMA because of earlier indications from the agency that the waiver would remove all barriers to FEMA aid for uninsured losses.

Mr. Walke agreed that reducing FEMA aid to a public entity that obtained an insurance waiver would put the entity "back at square one before the waivers."

Dan Jilek, who chaired the state's meeting with the local FEMA officials, said he was happy to hear Mr. Walke's evaluation of how the Louisiana waiver program would work for public entities.

"That's wonderful news. That's not the way his staff has told me

they're going to interpret it," said Mr. Jilek, a Baton Rouge-based insurance specialist with James Lee Witt Associates who consults with the Louisiana Governor's Office of Homeland Security & Emergency Preparedness. Mr. Jilek conducts the first reviews of waiver applications and then sends them to the Insur-

'How is a public entity supposed to know what to do? How is a broker supposed to advise a public entity?'

Nancy Sylvester, Gallagher Risk Management Services Inc.

ance Department for separate reviews.

Mr. Jilek added that the local FEMA representatives likely did not feel authorized to promise as much

aid as Mr. Walke said would be available.

But Mr. Walke had indicated in separate e-mails to *Business Insurance* and a broker in August that public entities with waivers would not face aid cuts.

Louisiana FEMA officials refused to comment and referred all questions to Mr. Walke.

Risk management representatives welcomed Mr. Walke's comments but questioned whether the conflicting signals from him and local FEMA officials portend confusion if they ever do seek FEMA aid under the Louisiana program.

"It's a shame that this many years after the 2005 hurricane season...that we're still dealing with confusion with FEMA and how it pays," said Nancy Sylvester, a Baton Rouge-based managing director in the Public Entity & Scholastic Division at Gallagher Risk Management Services Inc., a unit of Arthur J. Gallagher & Co.

"How is a public entity supposed to know what to do? How is a broker supposed to advise a public entity?" Ms. Sylvester said.

"It's a step in the right direction," said Ron Hayes, a board director and incoming president for the Alexandria, Va.-based Public Risk Management Assn.

But, "I would advocate something in writing that we could use as direction from FEMA," said Mr. Hayes who also is risk manager for the Calcasieu Parish School Board in Lake Charles, La. "It's still a vapor to me. It's still hard to get a grip on."

Meanwhile, Mr. Walke said FEMA

has discovered that its regulations are inconsistent on how much insurance public entities must purchase before the agency will release funds to cover uninsured losses after an initial disaster. The inconsistency also would affect how much FEMA aid that public entities without a state waiver would be eligible to receive if the same buildings were damaged in a subsequent disaster of the same nature.

Under current regulations, public entities with flood losses would have to purchase insurance up to the amount of FEMA aid they expect to receive after the first disaster. But for losses caused by other types of disasters, public entities must purchase insurance that would cover the amount of damage they sustained.

That means under current FEMA regulations, public entities with inadequate insurance and without a state waiver would face different levels of reductions in FEMA aid in subsequent disasters. In floods, FEMA would reduce its aid by the amount of assistance that the agency provided after the first disaster. But for all other disasters, FEMA would reduce its aid by the amount of damage the public entity sustained in the first disaster.

Mr. Walke said he expects that FEMA would be able to reconcile the regulations by sometime next year so that the agency would provide aid in all disasters as it currently would in the case of floods.

Until then, FEMA will continue to provide aid as current regulations prescribe, he said.

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Market Moves

ACA Financial reorganizes, appoints new board

NEW YORK—Following the approval of a restructuring plan by the Maryland Insurance Administration, New York-based ACA Financial Guaranty Corp. has reorganized with a new board of directors and restructured its balance sheet and obligations.

ACA, a financial guarantee insurer of municipal bonds that began running into financial difficulties in 2007, is incorporated in Maryland.

Willis King, executive chairman of Lake Mary, Fla.-based, First Protective Insurance Co. and Fidelity Fire & Casualty Insurance Co., and a former longtime reinsurance brokerage executive, is the new chair of the reorganized board.

Raymond Brooks Jr., former managing director with New York-based

Alvarez & Marsal Holdings L.L.C., is the new chief executive officer and a board director.

As a result of the restructuring, ACA Capital Holdings Inc. no longer controls ACA Financial Guaranty Corp., the insurer said. Former counterparties to the transactions guaranteed by ACA now control ACA, which said it manages about 700 policies nationwide representing more than \$7 billion in principal.

UnitedHealth's Ingenix buys IT firm Integris

CHELMSFORD, Mass.—Eden Prairie, Minn.-based Ingenix Inc., a UnitedHealth Group Inc.-owned data warehouse, has purchased business intelligence firm Integris Inc., according to Ingenix.

Integris, also known as Bull Services, is an information technology firm previously owned by Groupe Bull of France. Deal terms were not disclosed.

Integris specializes in public sector health and human services while Ingenix specializes in financial and care management applications, Ingenix said in a statement.

Integris' IT products manage one-third of the \$330 billion in annual Medicaid spending nationwide, Ingenix said in citing data from the U.S. Centers for Medicare and Medicaid Services' data.

Arthur J. Gallagher adds Fuller & O'Brien

ALBANY, N.Y.—Arthur J. Gallagher & Co. has purchased retail broker Fuller & O'Brien Inc. in Albany, N.Y., the Itasca, Ill.-based brokerage said.

Terms of the deal were not disclosed.

Fuller & O'Brien provides property/casualty, workers compensation, surety bonding and risk management services in the Northeast, specializing in construction and related industries.

The firm will continue to work out of its Albany office.

Collins provides consulting to Brazilian reinsurer

RIO DE JANEIRO, Brazil—Minneapolis-based reinsurance intermediary John B. Collins Associates Inc. said it has signed an agreement to serve

as a consultant to newly established Brazilian firm Especializada Re Corretora de Resseguros, which will broker reinsurance in Brazil.

Earlier this year, Brazil opened its reinsurance market to private companies, ending the monopoly of government-owned IRB Brasil Resseguros SA.

Especializada Re received its license to operate in Brazil in July.

Mercer, Tesi merge operations in Italy

MILAN, Italy—A Milan, Italy-based division of New York-based benefits consultant Mercer L.L.C. has merged with Italian management consultant Tesi to form a new consulting company.

The combined Mercer Tesi will have 105 employees in Milan and Rome.

Mercer, a unit of Marsh & McLennan Cos. Inc., did not disclose financial details of the merger.

Lockton forms partnership with Canadian broker

MONTREAL—Lockton Cos. L.L.C. has formed a formal partnership with BFL Canada to better serve the brokers' clients, the firms said.

Kansas City, Mo.-based Lockton said in a statement that the companies formed the partnership after working together for the past year. Both firms offer commercial insurance products, risk management and employee benefits consulting services.

BFL will help Lockton with its Canadian customers and Lockton will help BFL with its customers in the United States, according to the statement. A BFL official said that the company's growth and the demands of its larger clients required such an alliance.

HSBC opens branch in Qatar

DOHA, Qatar—HSBC Insurance Brokers Ltd. has opened a branch office in Doha, Qatar.

In a statement, HSBC said it has received regulatory approval

from the Qatar Financial Centre Authority for the new office, which will broker insurance to corporate customers in the Persian Gulf nation.

The company, part of the London-based HSBC Holdings P.L.C., also has offices in Saudi Arabia and the United Arab Emirates.

ICAT, OnPoint form partnership

ATLANTA—London-based underwriter ICAT Holdings L.L.C. and its Lloyd's of London Syndicate 4242 have formed a partnership with Atlanta-based OnPoint Underwriting Inc. to offer specialized insurance products, including a builders risk program, ICAT said in a statement.

Both firms offer commercial and specialty insurance products, with ICAT underwriting risks in areas of the United States that are commonly exposed to catastrophes.

RMS opens office in Beijing

BEIJING—Newark, Calif.-based catastrophe modeler Risk Management Solutions Inc. has opened an office in Beijing.

RMS unveiled its China earthquake model in 2007. The country has the largest earthquake risk exposure in the world, according to RMS.

The firm has tapped Zifa Wang, an earthquake engineering expert and the former director of China's Institute of Engineering Mechanics in Harbin, China, to head the office.

TO SUBMIT ITEMS

BI's Market Moves column reports on activities by insurance industry companies and related entities. New product offerings appear in *Products & Services*. Please send *Market Moves* news to: Zack Phillips, zphillips@businessinsurance.com. P&S items should be sent to Colleen McCarthy at cmccarthy@businessinsurance.com

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The meeting will be held at KPMG's offices, 1-2 Dorset Rise, London EC4Y 8EN on Monday 15 December 2008 at 10.30am. A report concerning the progress made in implementing the Scheme and the conduct of the Company's affairs generally since the last such report was prepared will be laid before the meeting pursuant to Clause 8.1.2. Scheme Creditors will have the opportunity to address questions to the Scheme Administrators concerning the report at the meeting.

A copy of the report is being sent to the last known addresses of all known creditors, potential creditors and brokers of the Company. Any person entitled to attend the meeting who has not received the report by 25 November 2008 can obtain a copy free of charge from the Scheme Administrators of the Company at KPMG LLP, 8 Salisbury Square, London EC4Y 8BB.

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industry has the unfortunate tendency to fluctuate in terms of pricing policies and core products, which is the insurance capacity, which I think puts clients in a position of never quite knowing what is going to happen to renewal cycles. Our objective at FM Global, as a mutual company, is to try to provide that stability. Stability comes about when prices don't fluctuate too much and capacities stay the same. It gives people the opportunity to focus on more important things like managing their business. I don't think the insurance industry has done a particularly good job of that. It fluctuates a lot and I think we ought to do a little better.

ADVICE: Business is the client. Whatever we do in the insurance business, we need to keep in mind that this really isn't about our own company. It really is much more about the fact that there is a marketplace out there and they have product needs and these needs change and evolve. In order for the insurance industry to do well, we need to have that external focus.

OUTSIDE THE INDUSTRY, A DREAM JOB: I always wanted to be a professional golfer. That would be nice. That or an Olympic skier.

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International NEWS

Turkish law may spark talent hunt

Country may make risk management mandatory for public companies

By MICHAEL BRADFORD

ISTANBUL, Turkey—Risk management at publicly traded companies will become mandatory in Turkey if legislation is passed by the country's lawmakers.

This change could spark a search for talent in a market where such resources already are scarce, say local experts.

"Listed companies would have to have a risk management function, and this would be a direct obligation of the board," said Atiç Yılmaz, managing director at Marsh Sigorta ve Reasürans Brokerliği A.Ş. in Istanbul. The Grand National Assembly—Turkey's parliament—is expected to take action on the proposed law soon, he said.

Mr. Yılmaz said the change will mean that risk management is coming to the daily life of companies. He was among risk managers and other members of the Turkish market who commented on the proposed legislative change during a *Business Insurance Europe* Risk Management Horizons roundtable discussion in Istanbul earlier month.

Raise profile

Turkish market sources have welcomed the proposed change, saying it will raise the profile of risk management in a country where it is not as widely embraced as in other parts of the world. But they are concerned that an already shallow talent pool will become even shallower, as companies go on the hunt for risk management personnel.

The change will mean that hundreds of companies will suddenly need risk management professionals, said Alper Uğural, risk management-senior vp at Doğu Holding Co., an Istanbul-based conglomerate that operates in financial services, construction and other industries. That creates a problem in a country where risk management expertise is not widely available, he said.

The lack of trained risk managers in Turkey means that employers need to look for staff with similar skills in other disciplines and then train them in risk management, noted Mr. Uğural.

Skills shortage

George Sartorel, chief executive officer of Koç Allianz Sigorta A.Ş., an Istanbul-based unit of Allianz S.E. in Munich, Germany, said he agrees with that approach, but acknowledged that it is difficult to find people with skills similar to those of risk managers who are able to make the shift.

The proposed law could serve as an important catalyst to accelerate the development of risk management in a culture where risk awareness traditionally has not been great, according to the roundtable participants.

"Regulation is not the most efficient way to make companies implement any process," said Mr. Uğural, but in this case it will force more attention onto risk management. "Awareness will grow," he said. "And the talented and successful people in risk management



Few businesses in Turkey have a risk manager, which could change if the country's parliament passes a proposed mandate.

departments will figure out that they have to become more proactive regarding events that will impact the company."

It is not surprising that it will take legislative action to force greater risk management awareness onto Turkish companies, said Ferhan Güzey, group risk manager at Borusan Holding A.Ş., an Istanbul-based company with operations in steel, telecommunications and other industries.

"When I look at the development of the risk management concept in Turkish companies, it comes mostly from external drivers," such as regulatory changes, she said.

Association to focus on ERM

By MICHAEL BRADFORD

ISTANBUL, Turkey—Turkey's risk management association is expected to officially launch its operations within a few weeks.

Government approval of the Turkish Enterprise Risk Management Assn. should come in late October or early November, said Tamer Saka, president of the new group and chief risk officer at Hacı Ömer Sabancı Holding A.S.

"We will act as the voice of the insurance buyer in Turkey," said Mr. Saka. "Risk managers have no platform right now. There are platforms for insurance companies, brokers and agents, but not for buyers."

Turkish businesses, many of which are family-owned, are not as well-versed in risk management as are companies in many other countries, Mr. Saka pointed out. "Enterprise risk management is a new topic for Turkish businesses," he said. "First, we have to train them in what enterprise risk management means."

In a country where the con-

cept of risk management is still in development, the new association will be the prime mover in the education of companies in the value of the discipline, Mr. Saka said.

"We will have to create the image of ERM; that will be our major issue," he said, noting that his aim is to have a staff that will handle the association's operations.

In addition, "we have to generate enough funds to have professionals manage this kind of organization," he said. Part of TERMA's income will come from annual membership fees, which are likely to be set at \$300 to \$400, he said.

As soon as its license is issued, TERMA will apply for membership in the Federation of European Risk Management Assns., Mr. Saka said. That also involves application with the Turkish government for permission to establish the international relationship.

Mr. Saka said his efforts to raise the profile of risk management in Turkey involve lobbying FERMA to hold its 2011 forum in Istanbul.



Lloyd's of London expects net claims of \$2.34 billion for hurricanes Gustav and Ike. Seabrook, Texas, was inundated by a tidal surge from Galveston Bay caused by Ike.

Lloyd's loses over \$2B from Gustav and Ike

By SARAH VEYSEY

LONDON—Lloyd's of London expects net claims of \$2.34 billion from hurricanes Gustav and Ike.

Lloyd's said in a statement that the provisional estimate is based on analysts' expectations of an industry loss of \$20 billion to \$25 billion from the two hurricanes and covers both onshore and offshore claims.

Lloyd's said the estimated claims lie well within the outcomes of its realistic disaster scenarios stress tests. The current estimates would have "negligible impact" on the

market's capital and not touch its Central Fund, which pays the claims of syndicates that are unable to do so, Lloyd's said in its statement.

"While industry losses from Hurricanes Gustav and Ike are likely to exceed initial forecasts, the claims to Lloyd's will be manageable and in the normal course of business," Richard Ward, chief executive of Lloyd's, said in the statement.

At the beginning of the year, Lloyd's reported marketwide underwriting capacity of £15.95 billion (\$31.61 billion).

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Crisis: Benefits staff battle to address worker concerns over losses

CONTINUED FROM PAGE 1

firm Hewitt Associates Inc. in Lincolnshire, Ill. "I think everyone is working a little overtime."

Ms. Hess said some benefits departments have seen as much as a 20% increase in call volumes from concerned employees.

Barrie Christman, vp of the individual investor segment at Principal Financial Group in Des Moines, Iowa, said call volume at the 401(k), mutual fund, retirement and investor provider's call center has increased by 50% compared with normal volumes.

However, the increase in calls doesn't necessarily correlate with the number of people deciding to move their money or cease invest-

whelming amounts.

Mr. Towarnicky said employees seem most concerned about whether their money is safe. Mr. Pikelny said employees commonly call to find out whether the financial plan administrator is stable and what happens to their money if the plan administrator goes out of business. Employees also want to know if their investments are well diversified, according to the mutual fund firms.

Once their questions have been answered, so far, few people have changed their investments, they said. However, Mr. Pikelny said, some employees have cut back on the amounts they are contributing to their accounts.

A spokeswoman for investment management company Vanguard Group in Valley Forge, Pa., said it's still too early in the financial downturn to tell if people will continue to resist pulling their money, out of the market entirely or transferring their money into different investment options.

While most employees are not making significant changes to their investments, Ms. Hess said, more calls inevitably result in more transactions and more activity. According to a report released by the AARP in early October, 13% of Americans ages 45 and older are prematurely withdrawing funds from their 401(k)s, IRAs or other investments to cover day-to-day expenses.

"Retirement Security or Insecurity? The Experience of Workers Aged 45 and Older," which surveyed 1,628 workers age 45 or older, also found that because of economic changes over the past 12 months, 20% of respondents have stopped contributing to a 401(k), IRA or other retirement account. Additionally, the report concluded 65% of respondents will delay retirement and work longer should the economy not improve significantly.

Bill McClain, a Seattle-based principal for human resources consulting firm Mercer L.L.C., said while some individuals will move their investments to the most conservative funds, he doesn't foresee a rush to invest in stable value accounts. He said most people will probably stay the course with their current investment vehicles.

"I don't think it's going to be a wholesale movement," he said. "The power of inertia is still pretty powerful."

Preventing employees from making rash decisions about their investments requires a robust and

timely communication plan from either the employer or plan sponsor, or both, experts said. Sam Templeton, a communications consultant for Watson Wyatt Worldwide in Seattle, said to keep up with the ever-changing news in the markets, employers should respond quickly, communicating through intranets, e-mail and human resource contacts or managers, rather than through printed brochures.

Challenging situation

"The situation is so fluid, it's somewhat of a challenge," Mr. Templeton said. "It's keeping benefits departments quite busy. They need to get information out very quickly."

Employers should reassure employees of the safeguards and

protections on their investment accounts; reiterate the importance of diversifying investments; and encourage employees to review their investments, but discourage them from panicking, he said.

Mr. Towarnicky said the Nationwide benefits department has increased communication regarding investment portfolios to its employees, particularly through e-mail and the company's human resources portal.

The company is reminding employees that retirement saving requires long-term, not short-term, thinking, and that the company matches contributions and is encouraging them to continue saving, he said. Nationwide directs all other specific financial questions to its investment administrator.

Mr. Pikelny said Hartmarx, for the most part, is simply directing employees to its mutual fund provider, Vanguard, for information. He said the firm is offering webinars and has a plethora of information on its Web site that typically answers any concerns.

Ms. Hess said it's critical employers are careful to not offer financial advice for which they could be held liable. She said employers should simply make sure employees understand the resources available to guide them through turbulent times.

"It's a fine line employers have to walk," she said. "They want to give out information to reassure employees, but they don't want to overwhelm them and tell them what to do."

'The situation is so fluid, it's somewhat of a challenge....It's keeping benefits departments quite busy. They need to get information out very quickly.'

Sam Templeton,
Watson Wyatt Worldwide

ing in their retirement accounts, Ms. Hess said: "In times like these we do see some movement, but by and large, people are staying the course."

In September, the latest period for which figures are available, she said about 1% of the assets in plans Hewitt tracks experienced changes. She said employees moved \$900 million in assets from equities into fixed income accounts. Nearly two-thirds of those assets were moved into stable value funds, while the rest were shifted to bonds and money market investments.

Concerned employees

Michael Pikelny, employee benefits manager for Hartmarx Corp. in Chicago, and Jack Towarnicky, associate vp for benefits planning at Nationwide Insurance in Columbus, Ohio, said calls from concerned employees to either their benefits departments or their investment plan administrators have increased, but not by over-

Pensions: Crashing markets hit assets

CONTINUED FROM PAGE 3

reported investment losses last week. As of Oct. 10, CalPERS' fund has lost more than 20% of its value since July 1, 2008, according to a report to a CalPERS committee.

As of June 30, 2008, the CalPERS fund had an estimated 92% funding ratio, which represents the market value of assets divided by total pension obligations for all 1.6 million members, according to the report. Any level above 90% is considered "quite good," according to a

CalPERS spokesman.

But if that 20% drop persists, the investment return as of June 30, 2009, will decline to 68%, according to the report.

A spokesman said this change would not lead to a call for additional funding from employers in either this fiscal year or next, because CalPERS spreads the impact of changes in its fund over a 15-year period, thus smoothing over dramatic annual changes.

CalPERS Chief Actuary Ron Seeling, who helped prepare the report,

said in a statement: "Cushioning the impact of investment setbacks is the fact that CalPERS experienced double-digit gains in the four years leading up to the 2007-2008 fiscal year. We had saved 14% of the fund for cushioning the blow of a future market downturn, and our smoothing policy is working as it should."

The CalPERS fund had a total market value of \$188.8 billion as of Oct. 22.

Jerry Geisel contributed to this report.

FMLA: Court rules in favor of worker

CONTINUED FROM PAGE 4

erty's termination was motivated by unlawful, discriminatory animus," the appeals court panel ruled.

"Alexander was Daugherty's immediate supervisor and a decisionmaker at Sajar. A fact finder would not be required to draw any inferences to determine that Alexander retaliated against Daugherty when Alexander explicitly threatened such retaliation and the threat—that Daugherty would not have a job waiting for him when he returned from leave—was realized," the court said in its opinion.

The case was remanded for further proceedings.

Reacting to the ruling, Jonathan T. Hyman, an employer attorney with Kohrman Jackson & Krantz

P.L.L. in Cleveland, said, "The human resources director made his comment right before the guy was going out on leave," which supports the court's decision.

However, "a recall offer was made," which "could suggest that retaliation might not have been the motive here. There might have been a legitimate reason why this guy was laid off," Mr. Hyman said.

"There was enough of an issue for the case to be decided by the jury, which is ultimately what the court decided," he said.

Mr. Daugherty's attorney, Richard N. Selby II of Painesville, Ohio-based Dworken & Bernstein Co. L.P.A. said, "There were definitely some issues of fact that should be determined by the jury,

as opposed to on summary judgment."

Sajar's attorney could not be reached.

James Daugherty vs. Sajar Plastics Inc., 6th U.S. Court of Appeals No. 06-4608, Oct. 16, 2008

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Massachusetts health care law reducing ranks of uninsured

Employer-sponsored plans fuel increase in number of covered

By JERRY GEISEL

BOSTON—More than two years since Massachusetts enacted landmark legislation to move the state toward universal health care coverage, that goal is drawing nearer.

From June 2006, when the reform law first began to kick in, through March 31, 2008, the number of people covered by health insurance increased by 439,000, most of whom were previously uninsured, according to a report by the Massachusetts Division of Health Care Finance and Policy.

While estimates vary, all surveys conducted on the issue show a dramatic drop in the uninsured rate since that law went into effect. For example, a report by a state agency

reported that 5.3% of Massachusetts adults were uninsured in 2007, down from 8.4% in 2006.

The uninsured rate could fall even lower. Jon Kingsdale, executive director of the Commonwealth Health Insurance Connector Authority, the state agency implementing key provisions of the reform law, predicts that the uninsured rate by the end of the year could fall within a range of 2% to 4%, by far the lowest of any state.

"That would be really remarkable," Mr. Kingsdale said.

Some of the reasons for the drop are obvious. Under the reform law, Massachusetts subsidizes health insurance premiums of eligible low-income uninsured residents. In some cases, the state pays

the entire premium through a Connector program known as Commonwealth Care.

Currently, nearly 170,000 state residents are receiving coverage through Commonwealth Care.

Even greater growth has occurred



'Long-term sustainability depends on getting a better handle on health care costs. That remains the major challenge for health care reform in Massachusetts.'

Jon Kingsdale, Commonwealth Health Insurance Connector

in the private insurance market. Coverage in the private market increased by 191,000 through March 31 compared with June

2006, due mainly to employer-sponsored plans, Mr. Kingsdale said.

"There has been tremendous growth in the employer market," said Bob Carey, the Connector Authority's director of planning and development.

That increase in employer-provided coverage is being driven in strong part by a key feature of the reform law: Individuals, unless they can prove that coverage is not affordable, are required to enroll in a health insurance plan. Starting this year, the penalty can be more than \$900 for failure to enroll.

That penalty has encouraged more people—such as young, healthy residents, who previously believed they didn't need insurance—to enroll in plans, Mr. Kingsdale said.

Contrary to some early predictions, the law has not resulted in employers dropping coverage. Except for very small firms, employers not offering health care coverage are assessed an annual penalty of \$295 per employee.

"The fear that employers would drop coverage and pay the \$295 penalty has not played out at all," Mr. Carey said. In fact, the percent of employers offering health insurance coverage crept up slightly to 72% in 2007 from 70% in 2006, according to a state report.

And as insurance coverage has increased, payments made through a state program known as Health Safety Net to hospitals and community medical centers to reimburse them for treating the remaining uninsured has declined dramatically.

Health Safety Net payments to health care providers fell 41% to \$98 million in the first quarter of fiscal 2008 compared with the same period a year ago, according to the Division of Health Care Finance and Policy.

At the same time, political support for the reform law remains strong. A survey conducted by the Harvard School of Public Health found that in June, 69% of likely voters viewed the reform law favorably, up from 61% in September 2006.

Support also remains strong at the executive branch, Mr. Kingsdale noted. For example, while Massachusetts faces a challenging economic environment, Gov. Deval Patrick recently said programs offered through the health care reform law would be exempt from cuts.

Still, the final chapter on the reform effort is far from being written. The biggest unknown, experts concur, is whether the cost of such an expansion of coverage is affordable over the long term.

"Long-term sustainability depends on getting a better handle on health care costs. That remains the major challenge for health care reform in Massachusetts," Mr. Kingsdale said.

"It will take several years to see this all through," said Bill Vernon, state director of the National Federation of Independent Business/Massachusetts in Boston.

Still, some lessons of Massachusetts' experience are applicable to other states looking to reduce the number of uninsured, he said. One is that an individual coverage mandate is very effective in expanding coverage.

"Clearly, the impact of the individual mandate is very strong," Mr. Kingsdale said.

Additionally, passing and implementing health care reform is possible only through developing a consensus among different interest groups.

"We have had so much support in implementing the law because the broad coalition that supported enactment of the legislation stayed together during implementation. That has made a tremendous difference," he said.

"It is not just about enactment. Equally important is implementation," Mr. Kingsdale said.

Massachusetts: Employer rules eased

CONTINUED FROM PAGE 3

level plans, which generally provide the lowest level of benefits offered through Connector.

Connector officials said the addition of the safe harbor was the result of discussions with employers, insurers and consultants, who argued that plans should be judged on the full range of benefits offered,

not a rigid set of benefit requirements.

"An employer might set a \$2,100 deductible but have fairly generous coverage after that. We wanted to recognize the value of the entire package," said Connector Authority Executive Director Jon Kingsdale.

This "is a safety valve for those offering real coverage and that for one reason or another do not meet the letter of the regulation," said Bob Carey, Connector's director of planning and development.

State business groups and others welcome the change.

"This truly is a victory for common sense. It is a recognition that you shouldn't try to micromanage the benefits employers are offering in their health care plans," said Richard Lord, president and chief executive officer of employer group the Associated Industries of Massachusetts in Boston.

Prior to the change, "coverage offered by employers could be more generous than" the floor set through the minimum creditable coverage and still not pass muster, said J.D. Piro, a consultant with Hewitt Associates Inc. in Norwalk, Conn.

From a policy standpoint, "there was no reason to penalize employees enrolled in such plans," he said.

It isn't clear how many employers will need to use the safe harbor approach. Mr. Carey, for example, said most employer plans already meet the minimum creditable coverage requirements.

Others, though, say the number could be considerable.

Among larger employers, many did not meet all of the various requirements, said Rich Stover, a principal with Buck Consultants L.L.C. in Secaucus, N.J. "In many cases, there were failings around the edges. In some cases, even the most generous plans could have failed," added Andy Anderson, of counsel with Morgan, Lewis & Bockius

L.L.P. in Chicago.

While welcoming the safe harbor, benefit experts say more safe harbor-related guidance is needed, which Connector officials say may be coming within a month.

"We recognize that it is very important to get this information out to the market," Mr. Carey said.

Upcoming guidance will deal with such issues as how and when the actuarial equivalence certification will be provided.

Aside from the safe harbor provision, the final rules address other minimum creditable coverage issues in ways that employers welcome.

For example, health care plans that are the result of collective bargaining agreements will not have to comply with the minimum creditable coverage requirements until one year following the expiration of those agreements.

In addition, high-deductible health insurance plans that are linked to health savings accounts will automatically comply with the minimum creditable coverage rules in 2009.

Starting in 2010, HSA-linked plans will be considered in compliance if they include a broad range of medical benefits, the deductible and out-of-pocket maximums are based on federal requirements and the plan sponsor or insurer facilitates employee access to HSAs, among other things.

Meeting those requirements should pose no problems for employers. "This basically means HSAs are going to be OK in 2009 and beyond," said Mr. Stover of Buck Consultants.

In addition, the final rules retain an earlier provision in which employer contributions to a health reimbursement arrangement linked to a high-deductible health insurance plan would be recognized as an offset to the deductible, increasing the chances that the plan will satisfy the coverage requirements.

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BI kicks off video series on property/casualty insurance

Business Insurance and *BI* supplement *Industry Focus* will present a series of video programs on property/casualty insurance topics, starting with coverage from the Property Casualty Insurers Assn. of America annual meeting Oct. 27-29 in Scottsdale, Ariz.

The Des Plaines, Ill.-based PCI represents more than 1,000 U.S. companies writing personal and commercial lines property/casualty business. Its annual meeting is a major event for primary insurers, bro-

kers and reinsurance companies. Coverage of the event will appear online and in printed editions of *BI* and *Industry Focus*.



The video series, sponsored by IBM Corp., will include reports on the PCI meeting, insurance and reinsurance market conditions, trends, application

of technology to core processes and strategies, and more. To view the reports, visit www.BusinessInsurance.com/knowledgecenter or www.IndustryFocus.com.

AIG: Federal lobbying halt could have unintended consequences

CONTINUED FROM PAGE 1

prises have not been successful.

"We're stopping lobbying (to influence legislation), but not shutting down offices or firing people," an AIG spokesman said in an e-mail. "We will continue to monitor policy and have general discussions."

While AIG is an associate member of the National Assn. of Mutual Insurance Cos. that lobbies Washington, Jimi Grande, its vp-federal and political affairs in Washington, said that "NAMIC advocates on behalf of all its members and no one member in particular."

Meanwhile on the other side of Capitol Hill, AIG came under fire from Rep. Paul Kanjorski, D-Pa., who said he plans to introduce legislation limiting the compensation of AIG executives if the federal government does not do so.

"I must rebuke the greed of some AIG executives and agents," said Rep. Kanjorski, chairman of the House Financial Services Committee's Subcommittee on Capital Markets, Insurance and Government Sponsored Enterprises, during a hearing last week on financial industry regulation. He said if federal authorities do not take steps to rein in AIG executive compensa-

tion, "I will do it legislatively."

Late in the week, New York Attorney General Andrew Cuomo said AIG had agreed to freeze payments to former CEO Martin Sullivan and freeze distribution of any funds from the \$600 million deferred compensation and bonus pools to AIG's Financial Products unit, which has been blamed for AIG's financial problems (see related story.)

Observers say AIG's lobbying halt could have unintended consequences.

"The first thing, it is not surprising and in fact could have been fully anticipated that someone in Congress would raise the issue that people getting federally supported assistance could not engage in lobbying," said Tom Blank, vice chairman of Wexler & Walker Public Policy Associates, a Washington-based lobbying firm. Mr. Blank does not represent AIG or any financial services clients.

But lobbyists can keep lawmakers and regulators informed of policy nuances, said Mr. Blank, a former acting deputy administrator of the U.S. Transportation Security Administration and a former communications director for then-House Speaker Newt Gingrich, R-Ga.

"Oftentimes, people on Capitol Hill, given the nature of their work, are a mile wide and couple of inches deep on the issues they have jurisdiction over," Mr. Blank said. "That's not a criticism. That's just the nature of the reality of how Capitol Hill works." Without informed input, "the result can be legislation that can be costly to implement, it can have negative effects in terms of its workability on the industries that are impacted by it. Laws can be made without the benefit of a lot of useful real world information that lobby-

ists provide."

"We shouldn't assume that everyone or an entity that lobbies is always seeking selfish interests," Mr. Blank said. "There are ways to advocate for good public policy."

He noted that that he had regulatory responsibility for airline security at TSA after the Sept. 11, 2001, terrorist attacks. "We implemented the new security regime after 9/11 through security directives. It would have caused chaos if I had not had representatives of the airline industry working with me in shaping those orders," he said.

Flow of information

If interested parties aren't or can't be heard, "the result is vital flow of information to the two branches of government gets shut down. It makes everybody's job harder to do," Mr. Blank said.

He said he sympathized with Sen. Feinstein's position. It "is not an unreasonable one in my view. That's because you really shouldn't have federally engaged entities seeking competitive advantage. AIG has gotten itself bailed out. I can see a concern where, if AIG is going to seek competitive advantage over its rivals, federal dollars shouldn't be paying for AIG to do that."

Veteran insurance industry lobbyists also stressed the need for two-way communication on Capitol Hill.

"AIG has always had an extremely effective presence in Washington, as well should any firm with so many billions of dollars on the line," said Joel Wood, senior vp of the Council of Insurance Agents & Brokers in Washington. "There is ample history of companies that didn't have a presence in D.C. who ultimately paid a steep price for failing to do so. Hopefully, given the intensity of congressional interest

in all of the issues surrounding AIG and insurance regulation, AIG will continue to provide substantive resources so that Congress remains fully informed of the marketplace consequences of regulatory reform, without crossing over any political lines of lobbying and advocacy."

"I believe that policymakers here in D.C. benefit from any input from any significant company or presence," said Maria Berthoud, a senior vp who specializes in insurance and health issues at B&D Consulting, the Washington-based consulting arm of law firm Baker & Daniels L.L.P.

"The more information that members of Congress have, the better able they are to make the best decisions possible. It is in best interest of not only AIG but the policymakers as well, who benefit from having complete information available.

"AIG is not a GSE that has been nationalized like Freddie and Fannie Mae, so there is a significant distinction. They should not lose their ability to lobby because of the benefit to all involved," Ms. Berthoud said.

A consumer advocate said that banning AIG from lobbying is justified.

"It is very appropriate to ban AIG form lobbying as has been done Freddie Mac and Fannie Mae," said Craig Holman, legislative representative for consumer advocacy group Public Citizen in Washington. "These entities are now primarily governmental entities, and it's a contradiction to have a government entity lobbying the government. It suggests that the government entity has its own private interest that is distinct from the public's interest. Once they become government entities they should not be lobbying."

AIG freezes executives' pay and bonus packages

NEW YORK—New York Attorney General Andrew M. Cuomo said American International Group Inc. has agreed to freeze the \$19 million plus other benefits provided for former Chief Executive Officer Martin Sullivan in his employment package.

In a letter Wednesday to current AIG Chairman and CEO Edward M. Liddy, and at a press conference, Mr. Cuomo said that AIG also has agreed that no funds will be distributed out

and a priority responsibility of your company," Mr. Cuomo said in his letter. "Taxpayers are, in many ways, now like shareholders of your company, and the new AIG has a responsibility to them in the first instance."

At the press conference, Mr. Cuomo was asked whether he would pursue payments that have been made to former Chairman and CEO Maurice R. Greenberg. Mr. Cuomo responded, "We have a separate case pending against Mr. Greenberg, and that's been an ongoing matter."

At the conference, Mr. Cuomo said, "My position is until the taxpayers recoup their investment in AIG, which is now \$120 billion, plus interest, there should not be any contemplation of...executive bonuses, because I find it hard to conceive of a situation where executives could justify performance bonuses for management that virtually bankrupts the company. I don't want to add insult to injury."

Mr. Cuomo said his first step would be to freeze compensation and bonuses. Step two, he said, "which is more ambitious" is to determine "to what extent you can actually recapture money that has already been paid," which is an issue that is now being reviewed under New York's Uniform Fraudulent Conveyance Act.

"Everyone's talking about toxic assets," he said. "But let's also realize there were toxic practices that created the problem of the toxic assets."

Last week, Mr. Liddy agreed to help Mr. Cuomo recover bonuses and other payments to former executives. Mr. Liddy also agreed to end "all junkets and perks" for executives, canceling scores of planned AIG events that would have cost the company more than \$80 million.

—By Judy Greenwald



AP PHOTOS

New York Attorney General Andrew Cuomo said until AIG pays back its federal loan, it should not pay executive bonuses.

of the \$600 million deferred compensation and bonus pools of AIG's Financial Products subsidiary, which was the source of the credit default swaps that have caused the insurer's current problems.

"It is my understanding that Joseph Cassano, the former head of the subsidiary, has a share totaling approximately \$69 million of these funds," said Mr. Cuomo in his letter. "In addition, after Cassano, five other top executives in AIG Financial Products have a combined share in these funds totaling approximately \$93 million.

"The American taxpayer is now supporting AIG, making the preservation of these taxpayer funds a vital obligation

AIG increases borrowing from government

NEW YORK—American International Group Inc. last week upped the amount has borrowed from the federal government and named two executives to key roles in its restructuring efforts.

New York-based AIG has now borrowed more than \$90.3 billion from the government, according to a document posted by the Federal Reserve Board last Thursday. Total borrowings now have surpassed the initial \$85 billion revolving credit facility the Fed's rescue plan granted AIG in September. That loan was followed by an additional \$37.8 billion credit agreement earlier this month related to securities lending.

In an interview on PBS' "NewsHour with Jim Lehrer" Wednesday, Edward Liddy, AIG's chairman and chief executive officer, said that he thought and hoped that the nearly \$123 billion in government assistance would be all the federal help AIG would need.

"It's very much a function of two things: one, our ability to stop the bleeding that we have in the financial products areas, and we've made good progress in that," Mr. Liddy said. "But it's also what happens to the capital markets," he said. "To the extent they continue to go down and we have to keep posting collateral...it's possible it may not be enough."

In addition, AIG last week named Paula Rospot Reynolds has been named vice chairman and chief restructuring officer. Ms. Reynolds, a former chairman, president and chief executive officer of Safeco Corp., will oversee divestiture of AIG assets and serve as chief liaison with the Federal Reserve Bank of New York.

AIG plans to sell noncore assets to repay funds borrowed from the government.

Richard H. Booth, AIG senior vp and chief administrative officer, has been named vice chairman-transition planning and chief administrative officer. His responsibilities include restructuring AIG's corporate center, overseeing the separation of companies AIG is selling, and executing AIG's transition to a new organizational structure. He will also continue his current AIG responsibilities.

"Both of these executives will serve us well as we restore AIG as a competitive enterprise that contributes to the economy and returns value to taxpayers and shareholders," AIG Chairman and Chief Executive Officer Edward M. Liddy said in a statement announcing the change. Both of the new vice chairmen will report to Mr. Liddy.

—By Mark A. Hofmann

\$90.3B

AMOUNT of money AIG has borrowed from the federal government's bailout package for the insurer.

News In Brief

CONTINUED FROM PAGE 1

9th U.S. Circuit Court of Appeals seeking a rehearing by the full court of last month's decision by a three-judge panel that approved San Francisco's health care spending mandate. Under the San Francisco ordinance, which went into effect in January, employers in the city must contribute to health care coverage to avoid fines. The three-judge panel had ruled unanimously that the ordinance does not conflict with the Employee Retirement Income Security Act.

Moody's may downgrade XL

Moody's Investors Service Inc. said it is considering a downgrade of the financial strength rating of XL Capital Ltd.'s insurance subsidiaries, in response to the company's

estimated \$1.6 billion to \$1.7 billion third-quarter loss announced last week. The rating agency said it has also placed the Baa1 senior debt rating of XL Capital on review for a possible downgrade. The company currently has a financial strength rating of A1. Commenting on the third-quarter results, Moody's said in a statement that while XL raised substantial additional capital in August, it has since been almost entirely eroded from losses in XL's investment portfolio.

Marsh to form unit for smaller clients

Marsh Inc. plans to launch a unit, Marsh & McLennan Agency L.L.C., in the first quarter of 2009 to serve the needs of U.S.-based companies generating less than \$75 million in revenue. The formation of the agency, which will be independent of Marsh's brokerage operations, recognizes that large and small companies expect distinctly different insurance buying experiences, said Jack Butcher, who was named president and chief executive officer of Marsh & McLennan Agency. Many of the details of the new agency were still being ironed out, including

cities in which it will operate, insurers it will work with and the number of Marsh employees that will work for the agency, Mr. Butcher said.

Workplaces see injury rate drop

The rate of workplace injuries and illnesses in private industry declined in 2007 for the sixth straight year, according to the U.S. Department of Labor's Bureau of Labor Statistics. The number of nonfatal workplace injuries and illnesses reported by private industry employers declined from 4.4 cases per 100 workers in 2006 to 4.2 cases in 2007. Edwin Foulke, assistant secretary of Labor for occupational safety and health, and Elaine Chao, secretary of Labor, said the decline was largely due to workplace safety education, training and enforcement of guidelines.

Florida Supreme Court rejects lawyer fee caps

The Florida Supreme Court has ruled in favor of a workers compensation claimant requesting higher attorney fees as part of her award, effectively overruling a 2003 law passed to limit attorney fees in such cases. In

overruling the state's First District Court of Appeal, the Florida Supreme Court found in *Murray vs. Mariners Health/ACE USA* that awarding attorney fees based strictly on a formula in state law limiting the fees to a percentage of the settlement sometimes results in unreasonably low attorney fees. One example is cases in which the benefits awarded are small but the legal issues involved are complex, meaning the claimant must hire an experienced attorney to perform substantial work; a percentage-based approach would produce inadequate fees for the attorney, the court said.

Flagstone buying Lloyd's agency

Flagstone Reinsurance Holdings Ltd. said it plans to buy Marlborough Underwriting Agency Ltd., the managing agency for Lloyd's of London syndicate 1861, from Berkshire Hathaway Inc. The syndicate writes a specialty portfolio of short-tail insurance and reinsurance. The acquisition does not include the existing Lloyd's corporate member or any liability business written in 2008 or prior years. Terms were not disclosed.

Contractors: Measure calls for single comp insurer

CONTINUED FROM PAGE 1

report released in September.

Before the start of the U.S.-led invasion of Iraq in 2003, only several hundred claimants received DBA benefits a year. In 2002, for example, 430 claimants received less than \$8 million in benefits, according to the report.

DBA insurance costs are usually passed along to the federal government as a contract expense item and benefits must be extended to foreign nationals.

The rising costs driven by the wars in Afghanistan and Iraq led some Democratic lawmakers to accuse DBA insurers of reaping excessive profits (*BI*, May 19). The lawmakers claim that insurers providing DBA coverage have earned a 40% underwriting profit over five years, for a total of \$600 million.

Criticism of excessive profits, however, may be unwarranted because DBA insurers encounter expenses that are not seen in providing domestic workers comp insurance, some industry sources say.

DBA insurers must fund benefits until a claimant is determined to have reached "medical maximum improvement," said Sara Payne, senior vp and a DBA expert at Rutherford International, a broker and managing general agent unit of Thomas Rutherford Inc. in Alexandria, Va.

With catastrophic war injuries, it can be years before a claimant reaches medical maximum improvement, and the insurer can bill the government for reimbursement of those benefit expenses, Ms. Payne said.

In addition, insurers incur additional expenses when they hire experts to handle sensitive claims

payments for foreign nationals in Afghanistan and Iraq who can be killed by opponents of U.S. forces for receiving money from the United States, she said.

Still, the growing DBA expenses spurred Congressional action.

Some insurers and insurance purchasers, however, oppose a single-source insurance system.

Finding a single insurer to provide DBA coverage for all overseas Defense Department contractors will likely prove impossible because of the inherent dangers of war risks, the massive size of Department of Defense contractor operations and lack of information on DBA loss history, several experts agree.

The Department of Defense does not maintain claims loss history that could be used to develop a request for proposal for a single source DBA insurance program, they say.

Additionally, insurers prefer to underwrite and price DBA risks for single entities, rather than providing coverage under a single program arrangement that would require them to accept all risks for a set rate, several sources said.

That became evident when the U.S. Army Corps of Engineers in 2005 launched a pilot program to award a single source contract, they say. Chicago-based CNA Financial Corp. was the only insurer to submit a bid and was awarded the contract. The program is still operating.

A program for Pentagon contractors would be much larger than the one for the Corps contractors, observers say. The Department of Defense accounts for about 90% of all DBA business, according to congressional testimony.

"I don't know that there is one insurance carrier that would take on the entire Defense Department exposure because it's so volumi-

nous," Ms. Payne said.

"The underwriters are resistant or reluctant to pick that up across the board," said Keith Flicker, a partner at Flicker, Garelick & Associates, L.L.P. in New York, who defends DBA insurers and contractors. "The increased volume you get because you are the only underwriter on the contract doesn't mean you are going to turn it into a profitable venture."

Several insurers that provide DBA insurance declined to comment or did not respond to an interview request, including New York-based American International Group Inc., Philadelphia based ACE USA, and CNA.

Opposition

The American Insurance Assn. opposes creating a single source program, said Bruce C. Wood, assistant general counsel for the AIA in Washington.

A competitive insurance market is more likely to reduce costs than turning to a single insurer, said Herbert Chestnut, a claimant attorney specializing in DBA cases at Herbert Chestnut & Associates in Marietta, Ga.

"I don't know why the DBA is so different (from other forms of workers comp insurance) to require the drastic action of having a single insurer," Mr. Chestnut said. "That is going to put way too much power in whatever (single) insurance company that turns out to be."

The Department of State and the U.S. Agency for International Development use a single source contract to provide DBA insurance for their contractors.

Under such programs, all agency contractors buy coverage from one insurer selected through a competitive bidding process. CNA underwrites the program for the Depart-

ment of State and USAID with rates that are fixed annually.

Such pooling of risks is supposed to reduce premiums because of the larger risk pool, according to the Congressional Research Service report.

The Congressional Budget Office estimates that single source insurance for the Pentagon would produce more than \$33 million in annual savings. And over time, evidence has shown that rates for DBA insurance charged to the Defense Department have been significantly higher than DBA insurance rates for the Department of State and USAID, the Congressional Research Service report states.

But at least one insurance buyer has had a different experience.

Rates for DBA coverage purchased from among competitive insurers for Department of Defense contracts are typically lower than rates for insurance that must be purchased from the single insurer under the Department of State program, said Richard J. Burggraf Jr., senior vp and chief risk officer in Fort Worth, Texas, for DynCorp International Inc.

DynCorp, a commercial and defense contractor, purchases significant amounts of insurance for both the Department of State and Department of Defense programs, Mr. Burggraf said.

To obtain better rates and improved claims service, Mr. Burggraf said he would rather purchase coverage from among competitive insurers than face a mandate of buying from only one.

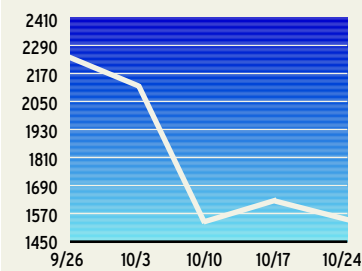
The Congressional Research Service report also suggested that Department of Defense DBA risks could also be self-insured. But the 2009 Defense Authorization Act does not mention that as a possibility.

Stock Index

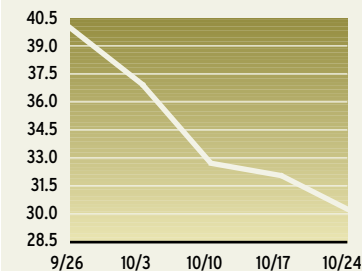
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Up-to-the-minute data for all 82 companies that comprise the BI Stock Index can be found at www.IndustryFocus.com.

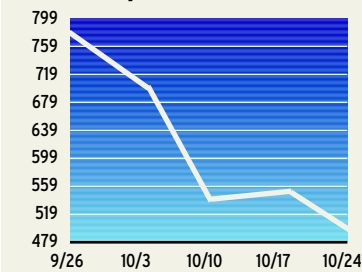
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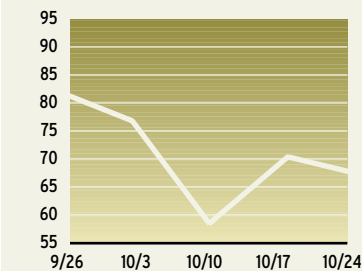
BI BROKERS INDEX



BI INSURER/REINSURERS INDEX



BI MANAGED CARE ORGANIZATIONS INDEX



Percentage change of BI Stock Index vs. key indicators

BI STOCK INDEX	↓
1533.30	-6.56%
DOW JONES	↓
8378.95	-5.35%
S&P 500	↓
876.77	-6.78%

LARGEST GAINS

Endurance Specialty	18.59%
IPC Holdings Ltd.	15.75%
PartnerRe Ltd.	15.58%
Everest Re Group Ltd.	15.22%
Torchmark Corp.	10.56%

LARGEST LOSSES

Ambac Financial Group	-30.95%
MBIA Inc.	-30.64%
XL Capital Ltd.	-26.80%
Allstate Corp.	-19.16%
AIG	-19.05%

Source: Financial Content Inc. <http://financialcontent.com>

Contributing: Jeff Casale, Jerry Geisel,
Mark A. Hofmann

Nobody covered stolen base in taco promo

Taco Bell Corp. will have to eat the cost of its latest World Series tie-in promotion.

Under the chain's "Steal a Base, Steal a Taco" promotion, everyone in America is eligible for a free taco because Tampa Bay Rays shortstop Jason Bartlett stole second base in Game 1 of the 2008 World Series.

Tacos can be claimed Tuesday from 2 p.m. to 6 p.m. local time at any Taco Bell location.

Although Taco Bell has insured some other promotional giveaways—including an offer to give away tacos if the falling Russian Mir spacecraft hit a target (it missed)—the World Series promotion is uninsured, according to a spokesman from Taco Bell.

He added that the chain opted to fund the promotion itself, as it did last year, when Boston Red Sox centerfielder Jacoby Ellsbury gave America free tacos when he swiped second base in Game 2.



Business Insurance END PAGE



NYT PHOTOS

"Mad Money" host Jim Cramer's suggestion that investors harass AIG employees drew a rebuke from chief Ed Liddy. Mr. Cramer apologized.

'Mad' man Cramer enrages AIG chief

It's not as if American International Group Inc. Chairman and Chief Executive Officer Edward M. Liddy hasn't had to deal with more than enough criticism in recent weeks as members of Congress and state officials have laid into AIG for a variety of sins real and maybe not so real.

But when CNBC "Mad Money" host Jim Cramer called on viewers earlier this month to harass AIG employees, Mr. Liddy decided a line had been crossed and fired back. More impressively, he got the volcanic Wall Street analyst to apologize.

According to a letter Mr. Liddy sent, Mr. Cramer said: "We should hound them in the supermarket, we should hound them in the ballpark, we should hound them everywhere they are. We should make fun of them and we should point fingers at them and we should tell them that you have no shame."

"Those comments are outrageous," Mr. Liddy wrote to the CNBC commentator. "I demand they be retracted and that you apologize to AIG's employees. It is one thing to criticize the executive

leadership of AIG—that's fair commentary. But it is way out of bounds to incite people to confront and harass other AIG employees—hard-working, dedicated people who are running good businesses and are committed to our success. The employees of AIG did not cause this mess, but they are paying for it—in diminished 401(k) savings and in some job losses as we sell companies to repay the federal loan. The irony is that AIG employees did not cause the problem, but they will solve it. For that they deserve our praise and our gratitude.

"I await your prompt response."

Mr. Liddy got what he sought.

In an on-air apology, Mr. Cramer called "99.9%" of AIG's employees "fabulous, including most of my neighbors. It was the old guys who did this stuff. I'm sorry I made it seem like it's everybody else.

"Sorry, regular AIG guys. I did not mean you," he said.

Taming Jim Cramer ought to make some of the other challenges facing Mr. Liddy look quite manageable in comparison.

Former judge keeps pressing his pants case

Roy Pearson, a former District of Columbia administrative law judge, is nothing if not tenacious.

Mr. Pearson won national notoriety last year when he sued a local dry cleaner for \$54 million for allegedly losing his pants. The pants were eventually found, and the case was eventually lost. In addition, Mr. Pearson later lost his job, after a District of Columbia judicial commission declined to extend his term.

As might be expected, Mr. Pearson has sued to get this job back. And he last week took litigiousness to a new level by suing to have his original suit against the dry cleaner revived. Mr. Pearson reiterated his claim that a sign at the dry cleaning establishment saying "Satisfaction Guaranteed" was fraudulent and that he was entitled to his millions.

Although appeals court judges hear-



AP

Dry cleaner Jin Nam Chung is the target of a \$54 million lawsuit by an ex-District of Columbia judge.

ing last week's appeal didn't seem overly impressed with Mr. Pearson's argument, they did not issue an immediate decision.

But no matter what they ultimately decide, it appears likely that Mr. Pearson will continue against daunting odds, challenging the very fabric of the legal system until his case has folded.

Bailout bill adds a new spin on benefits

When Congress passed a massive \$700 billion financial institutions bailout bill last month, the small but growing number of employees who commute to work by bicycle had a reason to cheer that was unrelated to the core of the legislation.

Tucked into the Emergency Stabilization Act is a provision, which was introduced originally as free-standing legislation by bike-to-work advocate Rep. Earl Blumenauer, D-Ore., that gives new tax

breaks to bike commuters effective Jan. 1, 2009.

Specifically, employers can provide up to \$20 a month to employees riding their bicycle to work. The entirely tax-free money can be used to help offset the cost of purchasing, maintaining and storing a bicycle.

To qualify, employees must use a bicycle for a substantial part of their commute.

The insertion of the bike commuter tax benefit measure into the bailout bill is one more example

of a time-honored practice on Capitol Hill in which huge so-called must-pass legislation becomes the vehicle for much smaller measures to win the votes needed for passage.

In fact, the bailout bill itself was grafted onto a mental health care benefits parity measure that the House of Representatives approved days earlier as a separate bill.



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