



The Office of the Commissioner of Insurance (OCI) assists consumers with their insurance problems. In order for us to investigate your complaint, please complete this form as thoroughly as you can and return it to us at the address shown above. A copy of your complaint will be sent to the company or agent with a request to respond directly to you and to advise our office of the action taken. You should hear from the company or agent in about 25 days from the date you send us your complaint. When we receive the information from the company or agent, we will review the file to determine what action we can take. We will notify you of our determination. If our office is unable to obtain the resolution you desired, you may consider contacting a private attorney for advice. If your complaint involved a claim dispute, you may want to contact your county's small claims court.

TYPE OR PRINT CLEARLY WITH A BLACK PEN. COMPLETE BOTH SIDES OF THIS FORM.

1. Your Name <u>Philip J. Torticill</u>	
Mailing Address <u>[REDACTED]</u>	
City <u>ROBINS</u>	State <u>IOWA</u> Zip Code <u>52328</u>
E-mail Address <u>[REDACTED]</u> (initial correspondence from OCI will be sent via e-mail)	
Phone number where we can reach you between 8:00 - 4:30 p.m. <u>[REDACTED]</u>	
2. Name of Insurance Company Involved <u>Western Fraternal Life and National Mutual Benefit</u> (Please provide the PRECISE NAME of the insurance company. Incorrect names will delay the handling of your complaint. The name of the company can be found on your insurance policy, usually on the first page.)	
3. I am filing this complaint as:	
<input type="checkbox"/> Insured <input type="checkbox"/> Agent <input type="checkbox"/> Third-Party <input type="checkbox"/> Provider <input checked="" type="checkbox"/> Other (specify) <u>concerned certificate holder</u>	
4. Type of Insurance	
<input type="checkbox"/> Auto <input type="checkbox"/> Individual Acc/Health <input type="checkbox"/> Business <input type="checkbox"/> Life/Annuity <input type="checkbox"/> Home <input type="checkbox"/> Group Acc/Health <input checked="" type="checkbox"/> Other (specify) <u>Fraternal</u>	
5. Name of Insurance Agent Who Sold the Insurance or the name of the Public Adjuster (Not the same as 2., above)	
6. Name and Address of Insurance Agency or Public Adjusting Company If Applicable (Not the same as 2., above)	
7. Name of Policyholder (if other than 1., above)	8. Policy or Certificate #
9. Date Policy or Certificate Was Sold	10. State in Which Policy or Certificate Was Sold
11. Claim or File #, If Applicable	12. Date Loss Occurred or Began, If Applicable

13. Please describe your problem in detail. Attach additional pages, if necessary. Please include copies of important papers, letters, or other information, if they relate to your problem.

PLEASE SEND COPIES ONLY—NO ORIGINALS AND NO PHOTOS.

Attached

14. Please indicate how you think your problem should be resolved.

Disallow merger

15. Have you previously reported this problem to us or any other governmental agency?

Yes

No

If yes, state which agency and what action was taken?

Consent to Release Information

The information I have given above is true and accurate to the best of my knowledge and belief. This information may be forwarded to the insurance company and/or agent involved. Any medical information which I have provided, may be shared with the insurance company, if necessary for the investigation of this matter. I understand that under Wisconsin's Open Records Law all information which is in my file, including personal and health information, may become a public record once my file is closed. Only actual medical records which are obtained from a health care provider are confidential under s. 146.82, Wis. Stat.

Philip J. Tortorello
Signature

8-25-2020
Date

ATTACHMENT TO COMPLAINT DATED AUGUST 25, 2020

Merger Agreement

Between Western Fraternal Life Association and National Mutual Benefit

This complaint concerns the proposed merger between Western Fraternal Life Association and National Mutual Benefit.

The impetus to effect this merger would be corporate greed on the part WFLA's President Craig Van Dyke. Voting irregularities.

Western Fraternal Life Association has no need to merge. It is a financially viable Iowa Fraternal Benefit Society. It was incorporated in 1897, domiciled in Cedar Rapids, Iowa, and doing the business of a fraternal benefit society since that date.

There was not full disclosure by the management of WFLA to its membership of this merger. This merger affair has been in process since early 2019. At WFLA's National Convention in July 2019, in Green Bay, Wisconsin, it was obvious that something was in the air. Nothing, however, was discussed. The directors of WFLA were required to sign confidentiality agreements. Presumably, management wanted no discussion with the membership. It was communicated to the membership in February 2020. The tone of the communication was financial problems of WFLA.

The main reason to disallow this merger is voter fraud. All the votes were not counted. My vote was not counted nor was the vote of my wife. Other votes were not counted. It passed the membership of WFLA by only four votes. At the board meeting held to canvass the votes some directors said there should be a recount. Van Dyke said proceed we got what we wanted. This is concerning.

I have talked to Election America and they said because of covid there were mail problems. They also said Van Dyke would be informed all votes were not counted.

I do not want this complaint to appear as sour milk. If this merger is the desire of WFLA membership it should go forward. However, if all the votes had been counted it would not have passed and there would be no need for this letter.

Thank you for reading this complaint and allowing me to submit same.