A passion for progress:

Eight trends that shaped fraud and fraud fighting in 2016
What metrics best gauge our progress in combatting insurance fraud? Number of arrests and convictions? Referrals to SIUs or state fraud bureaus?

How about impact studies of insurer bottom lines? Or changes in people’s tolerance of fraud?

Perhaps all of them, some, or maybe others.

In a Coalition study last year, two-thirds of insurers said they saw more fraud. Is there really more fraud? Or are insurers just getting better at detecting scams? Perhaps the best question is how much fraud would we face if insurers and government weren’t spending many millions of dollars to combat this crime?

The Coalition Against Insurance Fraud is the only organization that monitors the fraud fight from a mile high. We gather and analyze data from all sectors of the anti-fraud community — taking the pulse of the fraud fight. Our Major Case Monitor (see opposite page) saw an increase of nearly 14 percent from 2015 to 2016, mostly due to more arrests and convictions in medical, workers comp and life insurance.

Is progress being made in curbing fraud? The answer is yes — with caveats. Most available metrics reveal a continuing, robust, anti-fraud effort that is better countering fraud schemes across the insurance spectrum ... from different lines, from private insurers to public payers.

With few exceptions, this anti-fraud force grows stronger each year. In 2016, we saw the continued evolution of technology as a vital tool to detect and investigate schemes. More organized rings were taken down — and longer prison sentences handed out. Insurers also launched more affirmative litigation against crooked medical providers.

Outreach to consumers — honest people and those tempted — has never been greater.

We also saw moderate success in enacting laws to crack down
All and all, 2016 was a positive year of progress in combatting fraud. But challenges did emerge. At least two states backtracked on procedures that made it tougher for investigators and prosecutors. A court ruling limiting the use of examinations under oath also hampered fraud fighters. State fraud bureaus say good case referrals from insurers are declining.

And severe weather events are rising — from Hurricane Matthew to tornadoes in Georgia to damaging hail storms in the Midwest. Fraud artists flock to storms and other weather events, but alert insurers work hard to keep scams in check.

So looking back on 2016, how would you grade the nation’s anti-fraud efforts? How well did your organization combat this crime? More to the point ... how are you strengthening your efforts for the challenges ahead?
People’s emotions can run high during claims — fear, anxiety, hope, anger. Consumers who think their insurer treats them well are less-likely to defraud. That’s one meaning of a recent study of how anger can drive people’s ethical choices.

Angry consumers are more-emboldened to defraud — especially businesses, the research says. The study probed people’s ethical decisions in general. Still, it helps to show why many normally honest people bilk insurers with smaller home or auto claims — or may want to.

People who feel they had a positive claim experience tolerate fraud less than people with negative experiences, the Coalition’s national consumer-attitude study confirmed in 2007.

Implication. Customers who think they’re treated fairly and well are more likely to stay honest in their insurance dealings. Elevated service thus becomes an anti-fraud strategy.

Rebellion. Yet rebellion is underway. Young, tech-savvy insurance entrepreneurs are making waves. Fair or not ... they contend insurance customer service needs a lot of improving. The raw emotions of difficult claims can encourage more people to defraud, they believe. The surge of insurtech experiments is catalyzing new thinking over what makes a good customer insurance experience.

Online peer-to-peer insurer startups, for instance, claim they’re more transparent and make insurance easier. Happy customers have less desire to defraud an insurer, the thinking goes.

The new insurer Lemonade features a mobile app that proclaims a simple, fast insurance experience. Ease of use, transparency and investing underwriting profits in social causes make customers more likely to play fair in return, Lemonade contends.

Whatever the truth ... the surge of novel experiments challenges all insurers to better examine how service, trust and claim experience can inspire honesty or inflame fraud.
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Plentiful and powerful detection tools persist

Anti-fraud tech continued its inexorable maturing, gaining more potential to help investigators tilt the balance against insurance crime. Tech’s greatest value stems from its muscular support of the savvy, instincts and 360 vision of fraud fighters. That partnership is flourishing, at the right time.

Insurance fraud is spreading, and more insurers are deploying automated systems to detect false claims, insurers say in the Coalition’s 2016 survey of insurer use of technology. Automated systems are detecting false claims as more insurers adopt the technology, insurers also say.

Especially, analytics help investigators dismantle organized fraud rings and crooked medical providers, insurers say in the Coalition survey. Technology thus continues playing an ever-larger role in support of astute fraud fighters.

New tech is helping investigators discover and analyze remarkably more data, faster, and about larger insurance crimes. The constant challenge is to protect lawful privacy rights along the way. Among the welcome advances of 2016:

- **Telematics.** So-called black boxes plus sensors embedded throughout vehicles are large vaults of clues that can help sleuth out auto schemes. Was painful whiplash from a claimed crash real? A driver’s moves can be tracked from telematics data. Speed, braking reaction, G-force, vehicle location all give investigators a fuller grasp of a claim’s truth.

- **Drones.** Look for more drones buzzing overhead, scouting for evidence. The FAA relaxed rules to allow commercial drone use last year.

  *Coming soon:* Wide-angle drone images and video routinely recording home damage after storms — thus preventing contractors or homeowners from inflating roof damage. Also viewed from above: building fires ... vehicle crash scenes ... supposedly injured workers in action ... crop damage. Drones especially can search in hard-to-reach places.

- **License readers.** Live in high-premium New York but falsely say you drive in lower-premium state? Auto insurers use the devices to discover garaging schemes that illegally shave auto premiums. Motorists with fake or expired insurance cards can be found out. Workers comp and disability carriers are using the
New tech is helping investigators discover and analyze remarkably more data, faster, and about larger insurance crimes.

technology as well to monitor the travels of supposedly shut-in injured claimants.

**Social-media searches.** Many people have an irresistible urge to post life details on social sites —no matter how incriminating. Investigators are growing increasingly adept at combing social media for case-breaking messages, photos, videos and other evidence.

Powerful analytics are unlocking larger insurance crimes. Close ties among members of large medical or crash-rings are being connected from their social postings. Ever-improving analytics also unlock more consumer-level scams, even privacy-protected: An “injured” worker posts video of his surfing vacation on Facebook.

**Big Data.** Insurers store and have access to vast troves of data that can help gain ground on fraudsters. Data equals investigative power. Unlocking the petabytes of crime clues will impel fraud fighting to the next level of efficiency, speed and accuracy. Crunching Big Data using high-IQ analytics is a limitless anti-fraud tech frontier.

**Internet of Things.** Tens of billions of things everywhere can gather information. Spiderwebs of connected, sensor-driven devices could reveal motherlodes of clues for managing claims and discovering scams.

Sensors embedded into work clothing for instance, can help validate or debunk an employee’s workers-comp injury claim. So-called “wearables” is an emerging world of sensor-sourced data with anti-fraud impact. Investigators also mined a homeowner’s heart pacemaker data, intending to disprove his version of a home fire. Tapping into all this web-connected data still is new and formative; it’s another exciting new frontline awaiting investigators.
Imagine a world where anyone can legally say “no” when an insurer requests an interview about a claim. More criminals could defraud with less fear of being found out.

Critics sought to water down long-held insurer rights to interview claimants in Washington state’s legislature and Kentucky’s courts. At stake was the time-tested Examination Under Oath, or simply EUO.

Respectful questioning of claimants can expose scams, and validate honest claims. Clues to the truth often can be uncovered only by EUOs. Many fraudsters don’t bother showing up, essentially dropping their claim under the threat of questioning.

A major victory came down in Washington state early in 2017. Fraud fighters quashed an ill-advised bill narrowing the statute of limitations for using EUOs. Staged-crash rings, especially, can take years longer to break open. Opposing the bill was a united front of insurance regulators, Coalition and other allies.

In Kentucky, a court rule members of a suspected staged-crash ring could refuse to show up for insurer EUOs, a Kentucky court ruled. More fraud rings likely will escape detection without EUOs, the Coalition and NICB contended in a joint amicus brief. The state Supreme Court to preserve insurer EUO rights. More claimants also will answer truthfully if they know they could face jail time for stretching the truth.

Attacking policy provisions allowing insurers to question claimants likely will continue as a strategy for personal injury lawyers. The Coalition thus will continue to defend EUOs vigorously.
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Stormy weather

**Stormy times for swindlers?**

Global warming has triggered widespread changes in weather patterns. Extreme weather events such as California’s extended drought could become the new norm in many regions of the U.S. These events bring more opportunities for contractors and ethically challenged homeowners to inflate damage claims.

North America saw more loss occurrences in 2016 than in any other year since 1980, with 160 events recorded.

Hurricane Matthew caused serious damage on the East Coast. Tornados flattened towns in central Georgia. Flooding in Louisiana and other states imposed $10 billion in losses.

**Potential fraud impact:** Drought could spur more false crop-insurance claims by aggrieved farmers. Floods, hurricanes, hail and tornados routinely attract inflated loss claims by opportunist homeowners. Dishonest contractors also thrive by exploiting desperate homeowners.

More insurers are working to understand how extreme weather patterns will affect the fraudscape — and how to better head off bogus weather-inspired claims.

Forensic weather tools such as Doppler radar add remarkably detailed, high-altitude precision to ground-level investigations. Drones soon will gather yet more evidence now that the FAA has approved commercial use. Even claims for vehicle crashes involving slippery pavement, rain, fog or sun glare can be more-accurately analyzed.
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Painkillers

America’s opioid epidemic is part drug high and part insurance high. We’re a nation struggling to contain addictive pain pills, muscle relaxants, anti-anxiety meds. The tragic price in overdoses, deaths, lost productivity and ruined lives is well-chronicled.

The untold story: Insurance fraud is a major bankroller of America’s pill contagion, the Coalition’s research shows. Workers-compensation and health Insurers lose up to up to $72 billion a year in bogus prescription claims a year. Fraud is helping finance a national health threat. Much progress in countering the epidemic and insurance losses was afoot in 2016.

The epidemic took many forms. Crooked pain doctors hand out insurer-paid painkiller prescriptions to addicts. The providers barely examine patients for medical need. Doctors then overbill private insurers, Medicare or Medicaid. Phantom exams, tests and other bogus care are inflated. Crooked pharmacies often fill the prescriptions.

Doctor-shopping addicts may fool doctors into pain prescriptions. Internet pharmacies make it easier to fill false prescription claims. Much is being done to tamp down false claims and opioid abuse. Among the positive signposts:

Some 49 states have prescription-monitoring databases. Doctors, pharmacists, health insurers and others can track opioid use by patients. Law enforcement can check if medical providers are overbilling;

Insurers are better discovering bogus prescription claims with improved analytics and stepped-up investigations;

More doctors are being cautious about prescribing opioids especially to doctor-shopping addicts; and

Partnerships of insurers, law enforcement and government are catching more pill mills and dishonest pharmacies in the act.

America still needs a coordinated national opioid strategy, and far more joint efforts are essential. That welcome day seems closer than ever.
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Fraud fighters enjoyed a vibrant year of ever-growing agility in reaching consumers with deterrent messages. Creative experiments abounded — even daffy ideas — working to gain people’s attention in a message-saturated society.

We’re reshaping how we champion consumers to stay honest. The next-gen era of public outreach is asserting itself, along with traditional approaches that also persuade well.

Some 83 million Millennials are coming of age as insurance buyers. So make our anti-fraud consumer appeals brief ... blunt ... loud ... social ... visual. Increasingly, that’s true for Americans of every age and lifestyle.

This means tapping the persuasive power of social media as a digital message carrier and conversation starter. Also humanizing fraud with eye-grabbing visuals. Our brains are DNA-wired image processors. Consumer videos, infographics and animated cartoons told the anti-fraud story quickly ... optically ... at a glance.

Mobile users gained much to cheer about as well. A new app made fraud information convenient for millions of mobile-reliant Americans. Numerous initiatives drove home anti-fraud messages in diverse ways last year. Several of the many 2016 highlights:

**Persuasive power.** Generous doses of social media, video and mobile friendliness defined much of the Coalition’s success in reaching consumers last year.

Dan, on Twitter: “Hello everyone. If I wanted to make a stain on a wall — one that I could remove after — how could I do it. Insurance scam reasons.”

Coalition: “Well, one, don’t. Two... you’d probably get called out, embarrassed or arrested for that easy a scam.”

Yet another flash moment of advising consumers to make smart life choices on @Insurance_Fraud. It’s the busiest insurance-fraud hub on Twitter. Daily messages on Facebook, Instagram and other social platforms further urged upright insurance dealings.
“You'll get busted. Criminal record follows you everywhere. Your job and income — gone.” So warns a new consumer video the Coalition produced — the only video of its kind.

Did you know the nifty noses of arson dogs are 100,000 times stronger than yours? Memorable fraud facts came alive visually in a new infographic.

Mobile users can quickly dial up daily fraud news and other useful information with FraudWire, the first mobile app for insurance fraud.

See how they lie. Blunt title, tough medicine from a shaming campaign showing quick-hit videos featuring “real life, real lies, real foolish” insurance schemes. Aimed at younger people, they’re from the fertile imagination of the Pennsylvania Insurance Fraud Prevention Authority. The spots fanned out through Pennsylvania via digital ads and social-media channels throughout the year.

An animated cartoon weasel fraudster is thwarted by an investigator at every turn. Daily memes, animated videos, online interactive content, and other grassroots marketing. This campaign exposes the “BUTS” (lies and excuses) and consequences of schemes to Millennials (18-35) via social media, YouTube, live events and more.

Fraud hurts. “Insurance fraud made me feel ashamed of my Dad,” says a teen whose father went to jail for a bogus health claim.

“My life will never be the same because of insurance fraud,” says a guy whose wife set a fire and claimed it was an accident.
Strong medicine in quick deterrent TV spots by fraud “victims.” They’re part of expansive statewide outreach campaigns by the New York Alliance Against Insurance Fraud. The spots aired in urban areas around the state. Fraud lays down damage on all New Yorkers, the message goes.

**Barbie-size scam busting.** “Errgh,” grunted a little girl doll as she pushed a plastic tree onto her tiny roof to scam a new master bedroom from her insurer. It was an animated video by the energetic anti-fraud outreach program of the Virginia State Police.

The state agency ramped up efforts to reach consumers on YouTube. A pair of 30-second video spots were released through the Google video network. The program grew its digital footprint by more than 50,000 views in four months. The Google video ad partner network spans more than two million websites.

**Eyes on fraud, theft.** Strong video warnings about automobile ploys flowed from the National Insurance Crime Bureau. NICB trekked to disaster scenes, warning consumers with TV public service announcements and TV news. Watch for flooded cars being sold to unwitting drivers after the record rainfall in the Baton Rouge area. News stories went out after hail storms blasted Colorado and Hurricane Matthew deluged the Carolinas.

NICB also aired national PSAs on contractor scams and cars stolen when owners left the keys inside.

**Stirring lemonade.** Want a glass of lemonade from the neighborhood kid’s stand? Price tag: only $1,300. That’s what fraud costs each New Jersey resident a year, warned an amusing video public service announcement that aired throughout the state.

Want to duel fraud zombies or dive into a whirlpool that’s pulling stolen insurance money down into oblivion? Consumers had their photos taken with 3-D street art and shared virally on social media. The walking dead highlighted an outreach campaign by the New Jersey Office of Insurance Fraud Prosecutor.
Moral compasses whirred out of control for America’s eight worst schemers named to the Insurance Fraud Hall of Shame. The No-Class of 2016 serves an important deterrent purpose. The Shamers put a human face on fraud. Publicly naming, shaming and blaming extreme schemers makes insurance fraud stand out, be memorable and grab people’s limited attention. Among last year’s eight masters of disaster:

Burning desire. “Oh well, they died,” Bob Leonard remarked with zero remorse after botching a home arson that blew up a house and incinerated two next-door neighbors in an Indianapolis neighborhood.

Comp sex romp. A sex partner shot and paralyzed John Alfonzo Smiley after Smiley and his wife swapped partners with the shooter and his wife at a San Francisco sex club. Smiley was a prison guard. He made a false $4-million workers-compensation claim by lying that a former inmate with a grudge shot him.

Starving teen. Home caregiver Mollie Parsons let bedridden teen Makayla Norman starve to death while Parsons fleeced Medicaid with phony homecare claims in Dayton, Ohio.
Phony whiplash claims stole hundreds of millions of insurance dollars around the U.S. last year, helping drive up premiums. Thwarting four-wheeled fraudsters was a driving theme in statehouses throughout last year. Fraud fighters sought stronger penalties to tamp down staged-crash rings — and other automobile schemes.

Auto-related bills surfaced in more than 20 percent of states last year — by far the largest category of fraud legislation. Several became law. More than 100 anti-fraud bills of all kinds were introduced last year, with a respectable 20 signed into law. Thwarting dishonest contractors was another state theme important to fraud fighters consumers.

Astute statecraft exerted its impact in the process. Many bills required two or more years to build the support needed to become law. This involved the steady work of crafting buy-in among statehouse committees, bill sponsors, governors. Many bills thus were carefully positioned last year for deeper runs for potential enactment into law during 2017.

Shared destiny also abounded. Fraud fighters built diverse alliances to support bills last year, making more progress jointly than any one group acting alone. State agencies, anti-fraud groups, responsible consumer advocates, law enforcement, state-federal task forces and others came together in varied combinations.

Among the highlight states last year:

**Seeking stronger crash penalties.** Jail time for staging crashes in Nevada should be much stronger. Prosecutors will gain more incentive to take on crash cartels spreading in the state, stealing millions of dollars in bogus whiplash claims. A bill with stiff penalties was filed late in 2016, and will surface for an enactment run in 2017.

**Creating a state auto-fraud agency.** Crash rings are looting auto insurers in Michigan. This means an urgent need to create a state agency to help lead a counter-insurgency. Fraud
fighters played a lead role in getting a proposal into play. The much-needed agency likely will become law only if its parent bill — reforms of the whole auto system — is enacted in 2017.

**Corralling evasive premium evaders.** Dishonest drivers use a clever dodge to cheat their insurers: Register their vehicle in a state where auto premiums are lower — maybe use a P.O. box, or address of a friend or relative.

Some New York drivers are registering in states like North Carolina. Anti-fraud allies of insurers, state agencies, the Coalition and others had a bill with strong sanctions introduced. It’s now in motion for a full run in 2017.

Dodging auto premiums also is a problem in Maryland. The Coalition worked with the Maryland Insurance Administration to have sanctions introduced last year. Potential next steps for 2017 are being discussed.

**No-fault auto in Florida: Keep or repeal?** Are reforms intended to reign in crooked medical clinics working? Or is the state’s no-fault auto-
insurance system too expensive and fraud-ridden to fix? That’s the short version of a long debate over repealing no-fault that swirled in 2016.

Bills repealing no-fault are rearing up in 2017. Consumer groups, auto insurers, trial lawyers, chiropractors and other interest groups will weigh in.

**Hide and crash seek.** Texas could become a haven for crash rings if they can camouflage bogus claims among legitimate ones, the Coalition said in an amicus brief to the state Supreme Court. The Coalition supported Allstate’s suit against a medical clinic that allegedly inflated crash-injury claims. Success will prevent the damaging precedent from spreading to other states, given the stature of Texas courts. The Coalition and Allstate seek to overturn a lower-court decision.

**Deflating airbag scams.** Dai Zhensong tried to flood the U.S. with fake airbags secretly forged in China. His counterfeits exploded or never inflated in federal crash tests. Crooked body shops also bill insurers full price for cheap knockoffs. Drivers have died in crashes without working airbags.

Life-saving laws against such airbag schemes were booked in four states last year. Maryland, South Carolina, Washington and California made it illegal for auto body shops to traffic in counterfeits. A Coalition partnership with Honda North America helped shuttle the bills into law. More states are on tap in 2017.

**Bills crash rings love.** Crash and medical rings caught an undeserved break in New Jersey. A new law does away with pre-trial detention of fraud suspects. Low-level recruiters of crash rings have less incentive to turn in the operation’s bigger fish in exchange for lenience.

Staged crashers would gain more freedom to steal in New Orleans under a state bill. Police wouldn’t have to respond to fender benders. Just get an official report at the police station. Who needs to even crash cars? The bill is in play for 2017, though is an uphill challenge for fraud fighters.
Hurricane Sandy barreled into the home of Theadora Wilkes in 2013. The Far Rockaway, N.Y. woman hired a contractor. She handed him $10,000 for a deposit and “materials.” The contractor bolted with her money. He left mold-ridden walls and dangerously exposed wires.

**New York.** Homeowners like Wilkes would gain more protection from storm-chasing contractors under a New York bill fashioned in 2016. An alliance of insurers and other concerned groups is the driving force; the Coalition is a founding member. The bill was carefully negotiated in 2016 to be ready for a 2017 enactment campaign.

**Florida.** Dishonest contractors are convincing trusting homeowners to assign them control of damage claims after storms. The contractors then secretly inflate repair bills, and often sue insurers. Inflated repairs claims are so expensive that insurers are raising homeowner premiums. Reforms will be a priority in 2017.
Crackdowns squeeze crime rings

Zafar Mehmood ran a factory of uncaring homecare. The Ypsilanti, Mich. man hired pretend patients so he could bill for phantom home healthcare services. Mehmood grew rich off the $33 million Medicare handed out from his bogus claims. The federal court returned the favor, handing Mehmood 30 years in prison last year.

An assertive federal-state crackdown continued stanching large taxpayer losses such as Mehmood’s in 2016. And for good reason. Healthcare fraud remained by far the largest form of insurance crime. Looting of Medicare and Medicaid, especially, likely stole tens of billions of taxpayer dollars.

Long sentences. Federal courts routinely sentenced health fraudsters to 10-30 years in federal prison. It’s a deterrent and punitive trend of low judicial tolerance of these crimes. Jorge Lorenzo claimed he got rich working construction. In fact the Miami man ran a network of bogus home-health agencies that stole more than $40 million from Medicare with claims for phantom services. Lorenzo was given 15 1/2 years in federal prison last year.

Caught earlier. More Medicare fraudsters were caught earlier in the claim cycle by predictive analytics. The old and ineffective strategy of chasing suspect claims after paying them is giving way. Medicare is catching more bogus claims earlier in the process, using predictive analysis and other potent analytics.

Strike force strikes back. More Medicare swindlers are being rounded up by an imposing federal strike force. Fraud fighters are asserting their will in hotspot urban redoubts where Medicare crime is prolific — Dallas, Detroit, Los Angeles, Miami and others. Home healthcare, sober homes, blood testing and other high-crime scams were targeted.

The largest strike-force takedown in Medicare history nabbed more than 300 suspects charged last year with stealing more than $900 million in varied false-billing plots in cities around the U.S.

Sharing data. A network of chiropractic clinics in South Florida bilks Medicare and private health insurers. Stolen money is flowing out their doors, reflecting a truth of fraud: The same rings
that fleece private medical insurers often go after Medicare and Medicaid.

Private and public health insurers need far better data sharing. That’s the mission of an ambitious experiment aiming to shave $1 billion in false claims. The Healthcare Fraud Prevention Partnership has 60-plus members from the public and private healthcare sectors, law enforcement and others.

HFPP members already have jointly uncovered more than $280 million in suspect claims. Next comes the $1-billion milestone. The HFPP began in 2012. The Coalition was a founding member and continued a leadership role.
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