

Exhibit 1 – 1999 – Terminated from Liberty Insurance for Fraud Misrepresentation

Ref: Sections 628.11 and 601.42 (1) (a), Wis. Stat.
Section Ins 6.57, Wis. Adm. Code

State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 268-6699
ociagt@mail.state.wi.us

INSTRUCTIONS: Type or print all required information into space provided and return to above address. This form must be filed within 15 calendar days following agent termination. You can utilize this form for up to five (5) company terminations per agent. Submission of this form constitutes company certification that each agent was properly listed with your company. No fees are required for terminations. Fill in date of mailing at bottom of page. Validation and reject reports will be mailed directly to the company address on file. If a report is not received by your company on any or all agents identified within 30 days, please resubmit.

Company Name	OCI Company Number
Liberty Insurance Corporation	03-0316876

Agent Name(s): Last, First, Middle Initial	Wisconsin Agent License Number	Termination/Problem Code(s) (follow instructions on reverse side)
COSTANZA, OWEN	02359827	15 17

Over

Date Mailed 03/08/2000

OCI11-011 (R 10/99)

INSTRUCTIONS FOR COMPLETION OF NOTICE OF TERMINATION FORM

List all codes describing complaints received or problems experienced by your company involving the agent(s) and all codes indicating reason(s) for termination.

If any of the codes 10 through 19 are identified, complete explanations and documentation must be attached to this form. This documentation need not prove violations, but should include situation where possible violations exist.

The Office of the Commissioner of Insurance will investigate these situations and take appropriate action based upon the investigation. Section 601.42 (6), Wis. Stat., provides immunity for the insurer from an action for damages or defamation in the absence of actual malice, as a result of filing this report.

If your company discovers any problem regarding an agent following submission of this form, supplemental information, including documentation must be promptly forwarded to the Agent Licensing Section.

If Code 21 is identified, a complete explanation must be attached to this form.

If Code 05 is identified, additional documentation must be attached to substantiate the death such as an obituary, newspaper article, death certificate, or a letter from the company identifying the date of death.

CODES FOR PROBLEMS EXPERIENCED AND TERMINATION INFORMATION

- | | |
|----|---|
| 01 | Voluntary Termination |
| 02 | Inadequate Production |
| 03 | Cancelled by General Agent |
| 05 | Death |
| 08 | Company Defunct or Liquidation |
| 10 | Company Indebtedness |
| 13 | Forgery |
| 14 | Altering Policies |
| 15 | Fraud |
| 16 | Misappropriation |
| 17 | Misrepresentation |
| 18 | Failure to Promptly Submit Applications or Premiums |
| 19 | Poor Policyholder Service |
| 21 | Other |

Deane County, IL

The Company believes the agent in question filed a fraudulent claim on a vehicle he owned that was insured by the Liberty Mutual Companies, in the state of Illinois.