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THE REPORT OF THE

STATE OF SOUTH CAROLINA
OFFICE OF THE ATTORNEY GENERAL

INSURANCE FRAUD DIVISION

1998 ANNUAL REPORT



JANUARY, 1999

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STATE DOCUMENTS

GREETINGS

Preface

As Attorney General of South Carolina, I am deeply concerned about insurance fraud, and its effect on the citizens and businesses of our state. Auto, home and business insurance scams cost Americans more than \$20 billion each year, and South Carolinians pay their share of the bill for these illegal activities.

I am committed to maintaining a strong stand against insurance fraud, and am particularly committed to aggressively investigating and prosecuting these cases. The message must be clear that cheating an insurance company is a reprehensible crime.

I hope you will join me in working to reduce the amount of insurance fraud in South Carolina, and in doing so, reduce future premiums for our citizens.

A handwritten signature in black ink, appearing to read "Charlie Condon", with a stylized, cursive script.

Charlie Condon
Attorney General

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Preface

In order to accurately reflect the mission and activities of the Insurance Fraud Division, the format of the Annual Report has been changed.

The information contained in this report reflects statistics that relate to the number and types of cases prosecuted on an annual basis, rather than a cumulative basis. Tracking caseloads, fines, and similar data in this fashion will ensure accountability and efficiency within the program itself, as well as areas for improvement.

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CUMULATIVE STATISTICS OF THE INSURANCE FRAUD DIVISION

TOTAL FILES OPENED

1135

INTRODUCTION

TOTAL COMPLAINTS UNFOUNDED

395

In 1994, the General Assembly passed the Omnibus Insurance Fraud and Reporting Immunity Act, and it was signed into law on July 1, 1994 by Governor Campbell. Its purpose is to confront the widespread occurrence of insurance fraud in our state, enabling its investigation and prosecution.

This law established the Insurance Fraud Division of the Attorney General's office. It directs the State Law Enforcement Division to investigate cases of insurance fraud, and mandates the prosecution of those cases by the Attorney General.

South Carolina's law states that:

"...any person, insurer or authorized agency having reason to believe that another has made a false statement or misrepresentation or has knowledge of a suspected false statement or misrepresentation shall, for purposes of reporting and investigation, notify the Insurance Fraud Division of the Office of the Attorney General of the knowledge and belief and provide any additional information within his possession relative thereto."

The Insurance Fraud Division receives referrals from the S.C. Department of Insurance, the Workers' Compensation Commission, insurance companies, law enforcement agencies, attorneys, and private citizens.

The Division consists of two Assistant Attorneys General, who work under the direction of the Chief Deputy Attorney General and the Attorney General. Assistant Attorney General Michelle La Venture is located in the Columbia office. Assistant Attorney General Dean Campbell is located in the satellite office in Greenville.

Criminal Fines	\$254,855.62
Criminal Restitution	\$1,011,675.33
Civil Penalties	\$515,585.23
Civil Restitution	\$181,497.26
TOTAL	\$1,963,613.46

CUMULATIVE STATISTICS OF THE INSURANCE FRAUD DIVISION

TOTAL FILES OPENED **1135**

TOTAL COMPLAINTS UNFOUNDED **395**

CRIMINAL CONVICTIONS **232**

CIVIL REMEDIES **55**

Type of Fraud	Amount Reported
Premium Fraud	\$3,079,050.51
Disability	\$112,689.14
Auto Insurance	\$3,708,009.85
Workers' Compensation	\$3,040,802.54
Life Insurance	\$1,242,278.26
Health Insurance	\$1,787,978.17
Personal Property	\$4,182,127.18
Other	\$408,667.11
TOTAL	\$17,561,602.76

Monies Collected	
Criminal Fines	\$254,855.62
Criminal Restitution	\$1,011,675.35
Civil Penalties	\$515,585.23
Civil Restitution	\$181,497.26
TOTAL	\$1,963,613.46

**SELECTED STATUTES
FROM THE SOUTH CAROLINA CODE OF LAWS
PERTAINING TO THE INVESTIGATION AND PROSECUTION
OF INSURANCE FRAUD**

SECTION 38-55-170. Presenting false claims for payment.

A person who knowingly causes to be presented a false claim for payment to an insurer transacting business in this State, to a health maintenance organization transacting business in this State, or to any person, including the State of South Carolina, providing benefits for health care in this State, whether these benefits are administered directly or through a third person, or who knowingly assists, solicits, or conspires with another to present a false claim for payment as described above, is guilty of a:

- (1) felony if the amount of the claim is five thousand dollars or more. Upon conviction, the person must be imprisoned not more than ten years or fined not more than five thousand dollars, or both;
- (2) felony if the amount of the claim is more than one thousand dollars but less than five thousand dollars. Upon conviction, the person must be fined in the discretion of the court or imprisoned not more than five years, or both;
- (3) misdemeanor triable in magistrate's court if the amount of the claim is one thousand dollars or less. Upon conviction, the person must be fined or imprisoned not more than is permitted by law without presentment or indictment by the grand jury.

SECTION 38-55-530. Definitions.

As used in this article:

(A) "Authorized agency" means any duly constituted criminal investigative department or agency of the United States or of this State; the Department of Insurance; the Department of Revenue; the Department of Public Safety; the Workers' Compensation Commission; the State Accident Fund; the Second Injury Fund; the Employment Security Commission; the Department of Consumer Affairs; the Human Affairs Commission; the Department of Health and Environmental Control; the Department of Social Services; the Department of Health and Human Services; the Department of Labor, Licensing and Regulation; all other state boards, commissions, and agencies; the Office of the Attorney General of South Carolina; or the prosecuting attorney of any judicial circuit, county, municipality, or political subdivision of this State or of the United States, and their

respective employees or personnel acting in their official capacity.

(B) "Insurer" shall have the meaning set forth in Section 38-1-20(25) and includes any authorized insurer, self-insurer, reinsurer, broker, producer, or any agent thereof.

(C) "Person" means any natural person, company, corporation, unincorporated association, partnership, professional corporation, or other legal entity and includes any applicant, policyholder, claimant, medical providers, vocational rehabilitation provider, attorney, agent, insurer, fund, or advisory organization.

(D) "False statement and misrepresentation" means a statement or representation made by a person that is false, material, made with the person's knowledge of the falsity of the statement, and made with the intent of obtaining or causing another to obtain or attempting to obtain or causing another to obtain an undeserved economic advantage or benefit or made with the intent to deny or cause another to deny any benefit or payment in connection with an insurance transaction and such shall constitute fraud.

(E) "Immune" means that neither a civil action nor a criminal prosecution may arise from any action taken pursuant to this article unless actual malice on the part of the reporting person or gross negligence or reckless disregard for the rights of the reported person is present.

SECTION 38-55-540. Criminal penalties for making false statement or misrepresentation, or assisting, abetting, soliciting or conspiring to do so; restitution to victims.

Any person or insurer who makes a false statement or misrepresentation, and any other person knowingly, with an intent to injure, defraud, or deceive, who assists, abets, solicits, or conspires with such person or insurer to make a false statement or misrepresentation, is guilty of a:

(1) misdemeanor, for a first offense violation, if the amount of the economic advantage benefit received is less than one thousand dollars. Upon conviction, the person must be punished by a fine not to exceed five hundred dollars or by imprisonment not to exceed thirty days;

(2) misdemeanor, for a first offense violation, if the amount of the economic advantage benefit received is one thousand dollars or more. Upon conviction, the person must be punished by a fine not to exceed fifty thousand dollars or by imprisonment for a term not to exceed three years, or by both such fine and imprisonment;

(3) felony, for a second or subsequent violation, regardless of the amount of the economic advantage benefit received. Upon conviction, the person must be punished by a fine not to exceed fifty thousand dollars or by imprisonment for a term not to exceed ten years, or by both such fine and imprisonment.

Any person or insurer convicted under this section must be ordered to make full restitution to the victim or victims for any economic advantage or benefit which has been obtained by the person or insurer as a result of that violation.

SECTION 38-55-550. Civil penalties for violations of article; costs; payment; use of revenues; Attorney General to assist Insurance Fraud Division; consent agreements.

(A) In addition to any criminal liability, any person who is found by a court of competent jurisdiction to have violated any provision of this article, including Section 38-55-170, is subject to a civil penalty for each violation as follows:

(1) for a first offense, a fine not to exceed five thousand dollars;

(2) for a second offense, a fine of not less than five thousand dollars but not to exceed ten thousand dollars;

(3) for a third and subsequent offense, a fine of not less than ten thousand dollars but not to exceed fifteen thousand dollars.

(B) The civil penalty must be paid to the director of the Insurance Fraud Division to be used in accordance with subsection (D) of this section. The court may also award court costs and reasonable attorneys' fees to the director. When requested by the director, the Attorney General may assign one or more deputies attorneys general to assist the bureau in any civil court proceedings against the person.

(C) Nothing in subsections (A) and (B) shall be construed to prohibit the director of the Insurance Fraud Division and the person alleged to be guilty of a violation of this article from entering into a written agreement in which the person does not admit or deny the charges but consents to payment of the civil penalty. A consent agreement may not be used in a subsequent civil or criminal proceeding relating to any violation of this article.

(D) All revenues from the civil penalties imposed pursuant to this section must be used to provide funds for the costs of enforcing and administering the provisions of this article.

MONIES SUMMARY IN 1998
Civil P Status of Cases - 1998

The following tables indicate the **Complaints** fines, penalties, restitution and attorneys' fees that have been ordered paid by the Courts or by a Memorandum of Understanding.

Received	610
Complaints Unfounded	261
Files Opened	349

Monies Ordered Paid By Court

Prior Criminal Collapsed in 1998	\$ 9,542.22
Cases on Docket	
Files Opened	349
Still Under Investigation	219
1998 Criminal Restitution	\$ 199,426.38
TOTAL	\$ 217,082.00

Indicted Cases*

True Bills	89
No Bills	2
Pending Indictments	41

**Indictments may include, but not be limited to, related crimes such as breach of trust, forgery, obtaining goods under false pretenses, and arson.*

Penalties	\$ 348,165.91
Restitution	\$ 413,775.53
TOTAL	\$ 413,775.53

Cases Disposed Of

Criminal Convictions	26
Civil Remedies	33

MONIES COLLECTED IN 1998

Civil Penalties, Fines and Restitution

The following tables indicate the amounts of fines, penalties, restitution and attorneys' fees that have been ordered paid by the Courts or by a Memorandum of Understanding.

Monies Ordered Paid By Court

Prior Criminal Fines Collected in 1998	\$ 9,542.22
1998 Criminal Fines Collected	\$ 8,113.40
1998 Criminal Restitution	\$ 199,426.38
TOTAL	\$ 217,082.00

Monies Paid By Civil Penalties

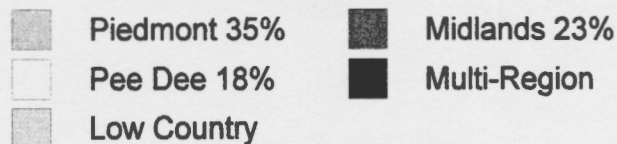
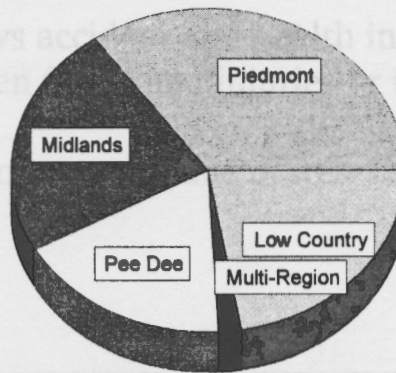
Penalties	\$ 348,165.91
Restitution	\$ 65,609.62
TOTAL	\$ 413,775.53

BREAKDOWN OF CASES BY REGION

During 1998, 349 cases were reported to the Insurance Fraud Division of the Attorney General's office. As the chart below indicates, reports were received from all areas of the state:

REGION	NUMBER OF CASES	PERCENTAGE OF TOTAL
Low Country	75	21%
Piedmont	122	35%
Midlands	81	23%
Pee Dee	64	18%
Multi-Region	7	2%

Regional Breakdown of 1998 Cases

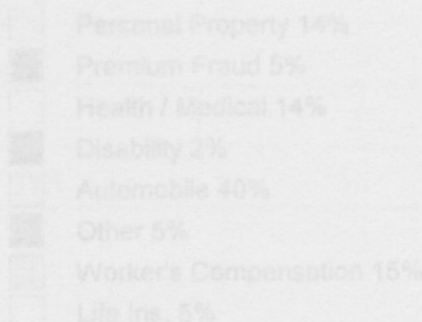
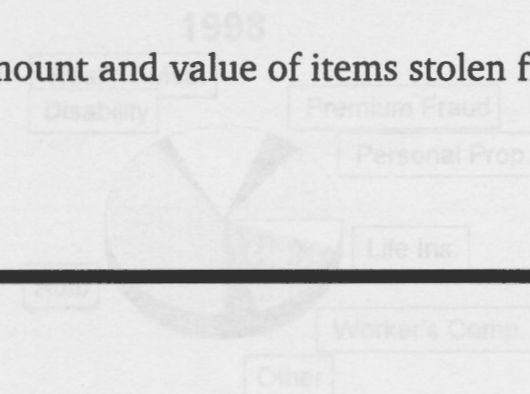


BREAKDOWN OF CASES BY TYPE

The reports of fraud received during 1998 by the Insurance Fraud Division consisted of the following types of cases:

SEVEN OF THE MOST COMMON TYPES OF INSURANCE FRAUD

- Under-reporting the number of miles you drive on your auto policy.
- Failing to report an accurate medical history when applying for health insurance.
- An employee of a company who fakes or exaggerates injuries to avoid work and draws workers' compensation payments.
- An auto accident victim who falsifies or overstates injuries – or even fakes the accident – to obtain a large settlement or award.
- Staging automobile accidents which result in inflated injury claims.
- An insured who draws accident and health insurance benefits because of exaggerated or even fabricated injuries or illness.
- Exaggerating the amount and value of items stolen from a home or business.



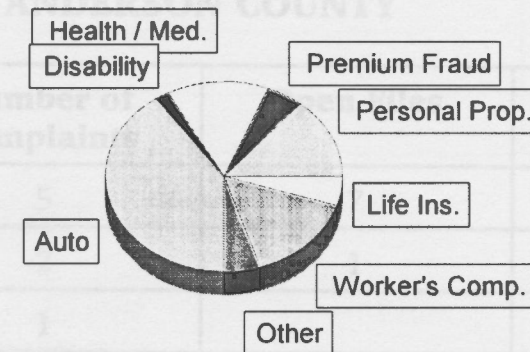
BREAKDOWN OF CASES BY TYPE

The reports of fraud received during 1998 by the Insurance Fraud Division consisted of the following types of cases:

TYPE OF FRAUD	NUMBER OF CASES	PERCENTAGE OF TOTAL	AMOUNT REPORTED
Health/Medical Fraud	48	14%	\$ 581,960.98
Workers' Compensation	52	15%	\$ 544,606.59
Personal Property	48	14%	\$ 749,186.48
Automobile	139	40%	\$ 1,393,668.21
Life Insurance	19	5%	\$ 364,236.44
Premium Fraud	17	5%	\$ 367,203.67
Disability	8	2%	\$ 54,772.44
Other	18	5%	\$ 408,667.11
TOTAL	349		\$ 4,464,301.92

Breakdown of Cases by Type of Fraud

1998



- Personal Property 14%
- Premium Fraud 5%
- Health / Medical 14%
- Disability 2%
- Automobile 40%
- Other 5%
- Worker's Compensation 15%
- Life Ins. 5%

BREAKDOWN OF CASES BY COUNTY

Note: Tables may show cases reported with no corresponding dollar amounts. In these cases, no dollar amount can be determined, or the claim has been withdrawn or denied.

AIKEN COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	2	2	\$15,500.00
Workers' Comp.	1	1	
Personal Property	1	1	\$10,921.61
Other		1	
TOTAL	4	5	\$26,421.61

ALLENDALE

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	1	
TOTAL	1	1	

ANDERSON COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	5	7	\$78,765.00
Workers' Comp.	2	1	\$1,800.00
Premium Fraud	1		\$223.12
Medical/Health Ins.	1	1	
Personal Property	3	3	\$50,040.00
Other	1	2	
TOTAL	13	14	\$130,828.12

BAMBERG COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	2	1	\$5,261.00
Medical/Health Ins.	2	2	
TOTAL	4	3	\$5,261.00

BARNWELL COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Personal Property	1	2	\$3,500.00
Other			
TOTAL	1	2	\$3,500.00

BEAUFORT COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Workers' Comp.	1	2	
Medical/Health Ins.	1	1	\$3,924.41
Personal Property	2	2	\$7,622.19
TOTAL	4	5	\$11,546.60

BERKELEY COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	2	2	\$18,295.00
Workers' Comp.	2		
Premium Fraud		1	
Personal Property	1	1	\$4,523.00
TOTAL	5	4	\$22,818.00

CALHOUN COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	2	\$5,000.00
Personal Property	1	1	\$5,850.00
TOTAL	2	3	\$10,850.00

CHARLESTON COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	7	8	\$38,331.15
Workers' Comp.	4	5	\$83,312.66
Premium Fraud	2	4	\$2,034.59
Medical/Health Ins.	3	4	\$679.00
Life Insurance	1		
Personal Property	8	7	\$212,665.39
Other		4	
TOTAL	25	32	\$337,022.79

CHEROKEE COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	2	\$4,215.00
Workers' Comp.	1		\$3,000.00
Medical/Health Ins.	1		\$10,000.00
Personal Property	2	3	
Other	9		
TOTAL	5	14	\$17,215.00

CHESTER COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	2	1	\$2,400.00
Medical/Health Ins.	1	1	\$692.24
Other	1	1	\$8,000.00
TOTAL	1	3	\$38,500.00

CHESTERFIELD COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Premium Fraud	1		\$3,873.21
Medical/Health Ins.	2	1	\$7,702.75
Personal Property	1	1	\$1,000.00
TOTAL	3	2	\$11,575.96

CLARENDON COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	1	\$12,822.00
Workers' Comp.		1	
Personal Property		1	
TOTAL	1	3	\$12,822.00

COLLETON COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	2	3	\$ 2,400.00
Medical/Health Ins.	1	1	\$692.24
Life Insurance	1	1	\$8,000.00
Personal Property	3	3	\$38,500.00
Other		1	
TOTAL	7	9	\$49,592.24

DARLINGTON COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1		\$1,000.00
Workers' Comp.		1	
Life Insurance	1		\$20,000.00
Personal Property		1	
TOTAL	2	2	\$21,000.00

DILLON COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance		1	
Personal Property	1	2	\$9,900.00
Other	1		\$14,000.00
TOTAL	2	3	\$23,900.00

DORCHESTER COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	4	4	\$124,722.51
Premium Fraud	3	1	\$33,983.52
Medical/Health Ins.	1	1	\$6,000.00
Personal Property	1	1	\$1,590.00
Other	1	1	
TOTAL	10	7	\$166,296.03

FAIRFIELD COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance		1	
Disability	2	2	\$10,000.00
Workers' Comp.	1	1	\$29,772.44
Other	1	1	\$9,299.74
TOTAL	4	4	\$19,299.74

FLORENCE COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	3	5	\$29,750.00
Workers' Comp.	3	3	\$6,385.70
Premium Fraud	1	1	\$15,000.00
Medical/Health Ins.	1	1	\$5,507.46
Life Insurance	1	2	\$6,000.00
Personal Property	1	2	\$5,736.00
TOTAL	10	14	\$68,379.16

GEORGETOWN COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	1	\$4,500.00
Workers' Comp.		1	
Premium Fraud	1	1	\$122.98
Life Insurance	1	1	\$2,065.74
Personal Property	1	1	
Other		1	
TOTAL	4	6	\$6,688.72

GREENVILLE COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	24	16	\$223,737.35
Disability	4	3	\$29,772.44
Workers' Comp.	7	8	\$71,000.00
Premium Fraud	1	2	\$106,000.00
Medical/Health Ins.	8	4	\$13,544.52
Life Insurance	3	6	\$59,318.21
Personal Property	1	2	\$6,500.00
Other	5	4	\$286,867.37
TOTAL	53	39	\$796,739.89

GREENWOOD COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Workers' Comp.	1	1	
Premium Fraud			
Personal Property		1	
Other		1	
TOTAL	1	3	

HAMPTON COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Medical/Health Ins.		1	
Personal Property		1	
TOTAL		2	

HORRY COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	7	6	\$318,052.84
Workers' Comp.	9	5	\$32,726.48
Premium Fraud		1	
Medical/Health Ins.	3	2	\$10,000.00
Life Insurance		1	
Personal Property	2	2	\$22,889.00
Other		2	
TOTAL	21	19	\$383,668.32

JASPER COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	1	\$26,000.00
Medical/Health Ins.	1	1	
TOTAL	2	2	\$26,000.00

KERSHAW COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	6	5	\$18,204.64
Medical/Health Ins.	1	1	
Life Insurance	1		
Personal Property	2	2	\$19,300.00
Other	1	1	
TOTAL	11	8	\$37,504.64

LANCASTER COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	2	2	\$ 7,500.00
Workers' Comp.	1	4	\$45,000.00
Medical/Health Ins.	2	2	\$134,500.00
TOTAL	5	4	\$187,000.00

LAURENS COUNTY

Type of Fraud	Open Files	Number of Complaints	Total Amount Reported
Auto Insurance	1	5	\$1,200.00
Disability	1		\$100,000.00
Workers' Comp.		1	\$173,995.00
Medical/Health Ins.	2	1	\$3,000.00
TOTAL	4	2	\$4,200.00

LEE COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1		\$9,600.00
Personal Property	2	1	\$75,000.00
TOTAL	1	1	\$9,600.00

LEXINGTON COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	5	8	\$17,174.61
Workers' Comp.	4	5	
Premium Fraud	1	1	\$3,040.11
Medical/Health Ins.	3	4	\$43,173.29
Life Insurance		2	\$101,088.82
Personal Property	3	3	\$26,587.92
TOTAL	16	23	\$188,024.64

MARION COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	5	5	\$73,995.00
Life Insurance	1		\$100,000.00
TOTAL	6	5	\$173,995.00

NEWBERRY COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	1	
Workers' Comp.	1		\$75,000.00
Medical/Health Ins.	1		
TOTAL	2	1	\$75,000.00

OCONEE COUNTY

Type of Fraud	Number of Complaints		Total Amount Reported
Workers' Comp.	2	1	\$3,040.11
Medical/Health Ins.	1	1	
Other	3	1	
TOTAL	3	3	\$3,040.11

RICHLAND COUNTY

ORANGEBURG COUNTY			
Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	10	11	\$11,890.04
Workers' Comp.	1	1	\$24,182.00
Premium Fraud	1		
Life Insurance	1	1	\$40,000.00
Personal Property	1	1	\$5,000.00
Other	1	1	
TOTAL	15	15	\$81,072.04

PICKENS COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	2	\$11,592.83
Disability	1		
Premium Fraud	1	1	
Personal Property		3	
TOTAL	3	6	\$11,592.83

RICHLAND COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	19	27	\$213,923.62
Disability	1	2	\$15,000.00
Workers' Comp.	4	8	\$23,072.32
Premium Fraud	2	2	\$201,934.16
Medical/Health Ins.	8	9	\$243,237.31
Life Insurance	2	3	\$6,537.00
Personal Property	4	12	\$ 35,054.37
Other	2	20	\$8,500.00
TOTAL	42	83	\$747,258.78

SALUDA COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	1	1	\$2,083.90
TOTAL	1	1	\$2,083.90

SPARTANBURG COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	14	11	\$60,451.72
Disability		1	
Workers' Comp.	3	2	
Medical/Health Ins.	2	1	
Life Insurance	1		
Personal Property	5	4	\$283,007.00
Other	1	2	\$90,000.00
TOTAL	26	21	\$483,057.72

SUMTER COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	6	5	\$29,000.00
Disability		1	
Workers' Comp.	3	2	\$64,383.76
Premium Fraud	1	2	\$4,032.09
Medical/Health Ins.		1	
Life Insurance		1	
Personal Property		1	
TOTAL	10	13	\$97,415.85

UNION COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Workers' Comp.	1	1	
Medical/Health Ins.	1		
Life Insurance	2	1	\$1,223.47
TOTAL	4	2	\$1,223.47

WILLIAMSBURG COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	4	1	\$6,600.00
Medical/Health Ins.			
Life Insurance	2	2	\$10,003.20
TOTAL	6	3	\$16,603.20

YORK COUNTY

Type of Fraud	Number of Complaints	Open Files	Total Amount Reported
Auto Insurance	2	1	\$22,100.00
Workers' Comp.	1	2	\$62,104.56
Medical/Health Ins.	2	2	\$100,000.00
Life Insurance	1	1	\$10,000.00
Other		2	
TOTAL	6	8	\$194,204.56

Insurance Fraud Division Office of the Attorney General

