


Florida Department of Financial Services

DIVISION OF INSURANCE FRAUD

Annual Report

Fiscal Year 2008/2009

Colonel Vicki Cutcliffe, Director

OUR MISSION

To serve and safeguard the public and businesses operating in the State of Florida against acts of Insurance Fraud


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COLONEL'S MESSAGE

***On behalf** of Chief Financial Officer (CFO) Alex Sink, Deputy Chief Financial Officer Brian London, and the men and women of the Division of Insurance Fraud, I am pleased to present the annual report for the Division of Insurance Fraud for Fiscal Year 2008/2009.*

I am delighted to report that many of the initiatives I envisioned for the Division of Insurance Fraud have come to fruition in spite of tough economic times. One of the greatest accomplishments for the Division and CFO Sink is the receipt of full accreditation from the Commission for Florida Law Enforcement Accreditation (CFA) in February 2009. This prestigious accomplishment recognizes the CFO's commitment to ensure the Division ranks as a top rated law enforcement agency whose mission is to arrest insurance fraud perpetrators and to protect and educate Floridians against fraud and abuse. The accreditation is a highly prized, 260-standard recognition of law enforcement professional excellence.

Another major goal of the Division this past year was to develop strategies and long term plans to effectively and efficiently accomplish our mission. To initiate the process, the Division's management staff met for the first Strategic Planning Meeting in May 2009. This provided an opportunity to analyze the Division's strengths and areas of improvements to assist in accomplishing our goals.

To further promote professionalism in our law enforcement staff, we also completed our first training academy, held at the Pat Thomas Law Enforcement Academy in Quincy, Florida. The academy was an absolute success for new detectives, as well as those in need of refresher training. The eight week training program consisted of an intensive curriculum including new legal developments, investigation techniques, insurance coverage background, computer and electronic devices, and law enforcement policies and procedures.

While the Division faced certain difficulties during the Florida legislative session because of the severe financial crisis in our state, we saw many great successes and exceeded last year's benchmark measurements with 982 cases presented for prosecution and 834 arrests.

As Director of the Division of Insurance Fraud, I appreciate this opportunity to share our accomplishments and challenges with you.

Respectfully,

Colonel Vicki L. Cutcliffe, Director, Division of Insurance Fraud

ACCREDITATION: HIGHEST STANDARDS OF PROFESSIONALISM

An accreditation program has long been recognized as a means of maintaining the highest standards of professionalism. Accreditation is the certification by an independent reviewing authority that an entity has met specific requirements and prescribed standards. Schools, universities and hospitals are some of the most well known organizations that are required to maintain accreditation. Accreditation is the stamp of approval and public recognition for achieving and maintaining "best practices" in a particular profession or industry.

Accredited status for law enforcement agencies is highly prized and difficult to achieve. Nationally, only 7% of law enforcement agencies are accredited, and within the state of Florida, only 30% have achieved this distinction.

Under the leadership and guidance of Chief Financial Officer Alex Sink and Colonel Vicki Cutcliffe, Director of the Division of Insurance Fraud, the process to achieve accreditation was initiated in 2008. The Division received full accreditation from the *Commission for Florida Law Enforcement Accreditation* at a ceremony in Tampa in February of 2009.

Normally this is a two year endeavor, however DIF completed the process in less than a year.

As part of this process, independent assessors conducted a rigorous examination of all aspects of the Division's policies and procedures, management, operations and support services. In addition, interviews were conducted and field offices throughout the state were inspected.

The review of the agency was based on 260 stringent standards covering nine major areas of law enforcement professional excellence:

- ✓ Roles, responsibilities and relationships with other agencies
- ✓ Organization, management and administration
- ✓ Personnel structure
- ✓ Personnel process
- ✓ Operations
- ✓ Operations support
- ✓ Traffic operations
- ✓ Prisoner and court related activities
- ✓ Auxiliary and technical services

Achieving this prestigious accredited status is recognition of CFO Sink's commitment to a top-rated law enforcement division which protects everyday Floridians against insurance fraud and abuse.

CFO Sink stated: "As CFO, I have worked to crack down on fraud and abuse and always stood up for Floridians. This prestigious accreditation for my Division of Insurance Fraud acknowledges our focus on protecting hardworking Floridians from being defrauded. The fact that my Division of Insurance Fraud now joins the proud and proven ranks of accredited law enforcement agencies in Florida is a testament to the Division's relentless pursuit of insurance fraudsters and to our commitment to protect the interests of everyday Floridians."

The CFO's Division of Insurance Fraud has long been recognized as a national leader in the fight against insurance fraud, consistently ranking among the top states in the number of arrests and convictions and making over 800 insurance fraud-related arrests in the last fiscal year.

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The accreditation assessment team, in their final report, stated:

> *"The Division of Insurance Fraud is committed to the accreditation process by policy and by practice; meeting, and at times exceeding, the standards of accreditation in how they conduct their daily business. The entire agency was open for review, and a very positive outlook towards the process was standard.*
>
> *The Division of Insurance Fraud personnel and officials from the Department of Financial Services Human Resources, as well as the Inspector General's Office were appreciative of the team's effort, and fully supported Colonel Cutcliffe's initiative to achieve accredited status."*

It was the unanimous recommendation of the assessment team that the Division of Insurance Fraud be favorably reviewed for initial accredited status by the Commission for Florida Law Enforcement Accreditation.

Law enforcement agencies undergo another difficult review process every three years after receipt of accreditation and must maintain the highest standards of professionalism and excellence to retain accredited status.

LEFT PHOTO: Left to Right: Accreditation Commission Executive Director Peg Gant; Capt. Bob Brongel; CFO Alex Sink; Colonel Vicki Cutcliffe; St. Lucie County Sheriff Ken Mascara, Accreditation Commission Chair

STRATEGIC PLANNING MEETING

The Division of Insurance Fraud concluded its Strategic Planning Meeting on May 28, 2009. Prior to the meeting, the Crime Intelligence Analyst Unit conducted a rigorous analysis of the Division's outputs over the past several fiscal years. The Division utilized the services of Dr. Scott Helzer, Florida State University, to facilitate the process of the meeting and development of *Strategic Plan 2009*. This plan will serve as a high-level road map, with strategic goals and objectives that address the mission of the Division. The primary goal of *Strategic Plan 2009* is to achieve and retain the number one ranking among Fraud Divisions and Bureaus across the nation.

This document is the first of its kind for the Division and reflects profound and far-reaching changes to our investigative priorities and business practices. The Division's efforts to remake and re-engineer itself continue, and this plan will serve as a primary guide to the new realities of the war on insurance fraud and other financial crimes.

Short term results from the meeting were quickly realized. For example, we finalized the new “Tips Database” policy and the “Crime Intelligence Analyst Unit’s” checklist. These changes and additions will streamline the tip (referral) review and assignment process and ensure the most important and solvable cases are investigated. Additionally, the Crime Intelligence Analysts (CIA’s) continue to play a key role in the development and management of complex investigations. The CIA’s provide a vital contribution to the Division’s mission by identifying emerging and existing crime trends, criminal activity and crime patterns, and applying analytical resources to the prevention of fraudulent activities affecting the Florida citizenry.

Now formalized, we will link our Strategic Plan with tactical execution, to include personnel realignment, office re-structure, and the establishment of clear and concise performance measurements which have been developed and affirmed by the Division's command staff. It is recognized that executing strategy requires the work of the entire Division and to that end, all personnel are being integrated into the process. As we proceed, strategic review meetings will be regularly scheduled to identify and respond to changing trends and conditions and make adjustments where needed.

DIF members work on strategic planning exercises in Tallahassee.

Certified Fraud Examiners

During fiscal year 2008-2009, the Division of Insurance Fraud proudly joined a growing list of agencies, including the Federal Bureau of Investigation, Department of Defense, and the Naval Criminal Investigative Service, who have recognized the value of professional certification of their members through the Association of Certified Fraud Examiners (ACFE); the world's largest anti-fraud organization with more than 50,000 members.

The Certified Fraud Examiner (CFE) designation, which denotes expertise in fraud prevention, detection and deterrence, is awarded to candidates who meet a strict set of criteria involving professional experience, education and character; after successfully passing a vetting process and a rigorous examination. The CFE examination, which involves 500 questions and takes 10 hours to complete, is comprised of four sections focusing on criminology and ethics, financial transactions, fraud investigation and legal elements of fraud. A minimum score of 85% must be achieved in each section in order to obtain the coveted CFE designation. In addition, in order to keep their designation, Certified Fraud Examiners are required to complete a minimum of 20 hours of continuing professional education (CPE) each year, with at least 10 hours related directly to the detection and deterrence of fraud.

Fourteen sworn members of the Division of Insurance Fraud have achieved the distinguished Certified Fraud Examiner designation.

LAW ENFORCEMENT INVESTIGATOR'S ACADEMY

On July 7, 2008, the first "Law Enforcement Investigator's Academy" was kicked off at the Pat Thomas Law Enforcement Academy in Quincy, Florida as a joint effort between the Division of Insurance Fraud, the State Fire Marshal's Office, and the Division of Workers' Compensation. The inaugural class combined twelve full-time and almost eighty part-time students from the three Divisions/Bureaus.

Students participated in eight grueling weeks of training which included all aspects of DFS operations and law enforcement techniques. Training topics ranged from annuities, mortgage and title fraud and workers' compensation issues to use of force, arrest procedures, firearms training, evidence, interviews/interrogations and courtroom procedures. Students were also required to demonstrate their physical fitness abilities three days a week on the arduous "Cooper Physical Fitness" course.

Academy firing range exercise

Veteran members from the Division of Insurance Fraud, State Fire Marshals' Office, and Division of Workers' Compensation volunteered as counselors during the academy to ensure a smooth transition to state law enforcement. These volunteers also assisted students with their studies and special projects.

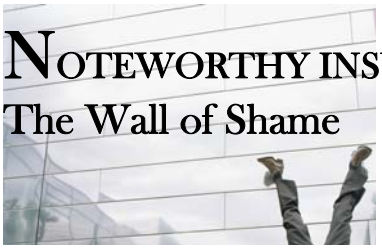
The first Law Enforcement Investigator's Academy class graduated on August 29, 2008.

Back Row L-R: Dwight Murphy, James Bartoszak, Laquanda Coachman, Steven Bosch; **Middle Row** L-R: William Hill, Jan Cary, Gina Narcisse, Laura Migala; **Front Row** L-R: Tommy Pudlo - SFM, Gloria Fribley-Lykes, Emmanuel Merced, Monty Taylor-SFM.

Academy firing range exercise

Academy classroom

NOTEWORTHY INSURANCE FRAUD CASES



Case 1:

Insurance agent failing to forward premiums

Paris David Henderson, a licensed insurance agent, collected insurance premiums totaling $15,232 from several clients for homeowners' coverage with Citizens Insurance, but failed to forward those premiums to the insurance carrier. As a result, the policies were either cancelled for non-payment, or were never issued. Two of the victims' homes sustained damage from Hurricane Wilma. While trying to file a claim, the victims discovered that their applications had been cancelled because Citizens Insurance never received the premium payments.

A warrant for Grand Theft was issued for Henderson who was later arrested in Tempe, Arizona and extradited to Florida.

Henderson was sentenced to five years probation, and was ordered to pay restitution in the amount of $14,918.62 to the victims.

Case 2:

Advisor luring elderly to purchase bad investments

A financial advisor used deceptive means to lure elderly victims to make investments into products that were not in their best interest. Even though the advisor was terminated from the company he represented, he continued to broker deals. The agent convinced the elderly victims to surrender their annuities and invest in a penny stock. As a result, the agent received high commissions. The total amount of loss is estimated at $1.5 million. Investigators believe there may be as many as thirty-five victims.

Case 3:

State employee misrepresenting injury while collecting benefits

An employee with the Citrus County Board of County Commissioners filed a workers' compensation claim for a work related injury in 2004. It was later discovered the employee was collecting benefits at the same time he was working for the State of Florida. *Adding insult to the injury*, the employee was also engaging in activities that were in direct conflict with his purported injuries. During a deposition, the employee denied he was employed. As a result of misrepresenting his injuries and lying about his employment status, the employee collected over $267,000 in worker's compensation benefits. The employee was arrested for Workers' Compensation Fraud.

Case 4:

Insurance agent forging signatures

A licensed insurance agent conducting business with two Hernando County elders, forged the residents' signatures on a Request to Surrender, an annuity valued at approximately $25,519. The agent subsequently redirected the annuity to another insurance company; resulting in paid commission in the amount of $2,296. The collateral financial damage to the victims included maturity penalties from the previous insurance company as well as IRS penalties.

During an interview with Division of Insurance Fraud detectives, the insurance agent confessed to unlawfully transferring the victim's funds from one annuity to another, and to forging the endorsement to facilitate the funds transfer. The insurance agent was arrested for Forgery, Uttering, and Grand Theft and faces up to twenty years in prison for his actions.

Case 5:

Insurance agent taking advantage of the elderly

A licensed insurance agent was caught on videotape by Division of Insurance Fraud detectives after his second visit to the residence of a 71 year old female victim, to whom he allegedly "sold" a high-yield annuity through Mutual of Omaha. The investigation revealed that no annuity was transacted and the victim's checks were never deposited into a Mutual of Omaha Annuity investment product. Rather, the victim's money was deposited into the insurance agent's personal bank account.

During a telephone conversation, the insurance agent told the victim that her investments were "currently earning 20-40% interest," and that her money was being moved between several companies in order to secure the best interest rate. The agent further explained to the victim that he would "continue to move her money until he could secure an interest rate with a guaranteed 50% return on her investment," knowing that the money had never been invested in the annuity, and was being deposited into his personal account.

The agent, who preyed on elderly victims, was arrested on charges of Organized Fraud, Grand Theft and Exploitation of an Elderly Person, and faces up to fifteen (15) years in prison and a $10,000 fine if convicted.

Case 6:

Doctor prescribing drugs to addicts

Dr. Robert Ignasiak, a licensed physician who owned and operated the Freeport Medical Clinic, prescribed controlled substances to patients without determining sufficient medical necessities in quantities and dosages that would cause patients to abuse and misuse the substances. The prescriptions were determined to be false and fraudulent and were not based upon medical necessity. The prescriptions were issued outside the usual course of professional practice. Additionally, Dr. Ignasiak lacked documentation in patient files justifying the necessity of the prescriptions. As a result of his actions, Dr. Ignasiak caused pharmacies to file false insurance claims with Medicaid and private insurance plans.

Furthermore, Dr. Ignasiak prescribed controlled substances to patients knowing the patients were addicted and misusing the prescriptions. These patients were known to "doctor shop," requesting additional quantities of controlled substances for their drug habits. Controlled
substances prescribed by Dr. Ignasiak resulted in the deaths of two patients.

A federal jury found Dr. Ignasiak guilty of forty-three charges including health care fraud, two counts that resulted in the deaths of two patients under Dr. Ignasiak's care, and the unlawful dispensing of controlled substances.

Dr. Ignasiak was sentenced to serve 292 months (24.3 years) in federal prison, ordered to pay $1 million dollars in fines and $4,300 in court costs. Dr. Ignasiak also agreed to forfeit his assets, including $260,000 cash and the building where he operated his medical practice in Freeport, Florida, which had an estimated value of $575,000.

Case 7:

Insurance Agent involved in "Ponzi Scheme"; borrowed nearly $2 million dollars

Over a period of several years, a Palm Beach insurance agent operated a premium financed "Ponzi Scheme" from his home business, borrowing nearly $2 million dollars from a finance company for insurance policies on entities that never existed.

The finance company discovered that the amounts financed by the agent increased from year to year in order to make the principal and interest payments on previously written contracts, *a classic "Ponzi Scheme".*

The insurance agent was charged with illegally obtaining premium financing in violation of Florida Organized Fraud and Grand Theft statutes.

Case 8

Employee stealing premium checks

Kelly Killelea, a licensed Insurance Customer Representative, misappropriated a total of seventy-seven insurance premium checks totaling more than $188,000 over an eighteen month period.

Between March 2006 and August 2007, Killelea cashed seventeen insurance premium checks, totaling approximately $50,000 and misappropriated over $122,000 in premium payments. She also deposited another thirty-eight checks between September 2006 and August 2007 and accessed the funds by inappropriate withdrawals.

Killelea was charged with two counts of misappropriating insurance funds; she pled guilty and was sentenced to ten years imprisonment (commuted to 21.9 months with special provisions), twenty years probation and ordered to pay $194,000 in restitution.

Case 9

Mortgage Brokers solicit buyers to participate in scheme

Two mortgage brokers utilized their businesses to induce unsuspecting citizens to participate in a mortgage fraud scheme, of which one was a non-profit church. The mortgage brokers solicited buyers on a local radio program for the purpose of teaching and mentoring them to buy and sell real estate, with the goal of profiting $50,000 in ninety days without any out of pocket expenses. The brokers solicited listeners to call in to their program to become "qualified." The callers would then "qualify" based on their credit, and were assured they would learn the real estate investing "cash out technique," which would produce almost immediate profits.

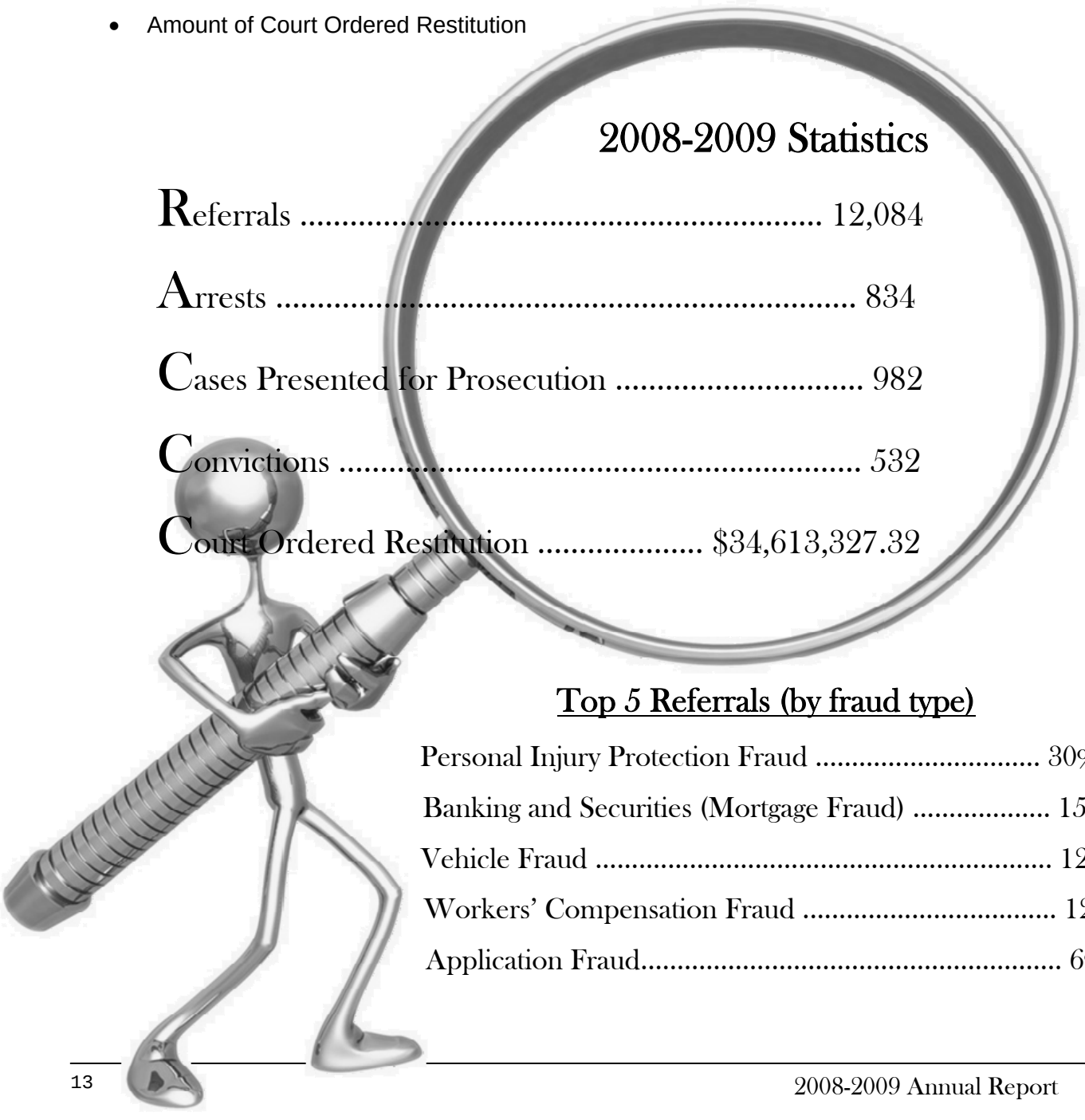
The investment scheme was perpetrated through the preparation and submission of false and fraudulent loan application documents. Based on the fraudulent loan applications, mortgages in excess of the properties actual worth were obtained. The mortgage brokers skimmed all the profits and left the victims with mortgage payments they were unable to make. All of the properties are currently in foreclosure or reportedly anticipated to be in foreclosure in the immediate future.

The mortgage brokers were arrested for Racketeering, Conspiracy to Commit Racketeering, Grand Theft, and Obtaining a Mortgage by False Representation.

PERFORMANCE AND PRODUCTIVITY

Since its inception in 1976, the Division of Insurance Fraud has served as a national leader in the fight against insurance fraud, continuously ranking in the top five (5) among all state's fraud bureaus and divisions in every key measurement of success established by the Coalition Against Insurance Fraud. These measurements include:

- Number of Referrals
- Number of Cases Opened for Investigation
- Number of Cases Presented for Prosecution
- Number of Arrests
- Amount of Court Ordered Restitution



2008-2009 Statistics

Referrals 12,084

Arrests 834

Cases Presented for Prosecution 982

Convictions 532

Court Ordered Restitution $34,613,327.32

Top 5 Referrals (by fraud type)

Personal Injury Protection Fraud 30%

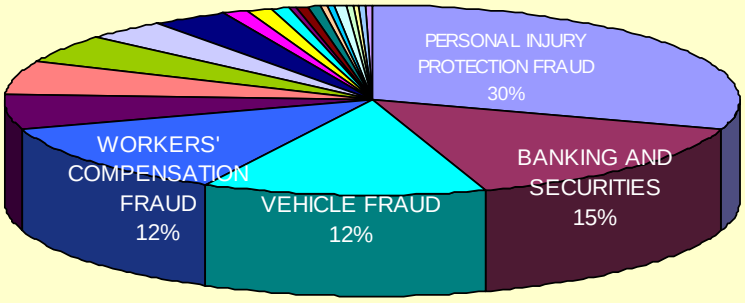
Banking and Securities (Mortgage Fraud) 15%

Vehicle Fraud 12%

Workers' Compensation Fraud 12%

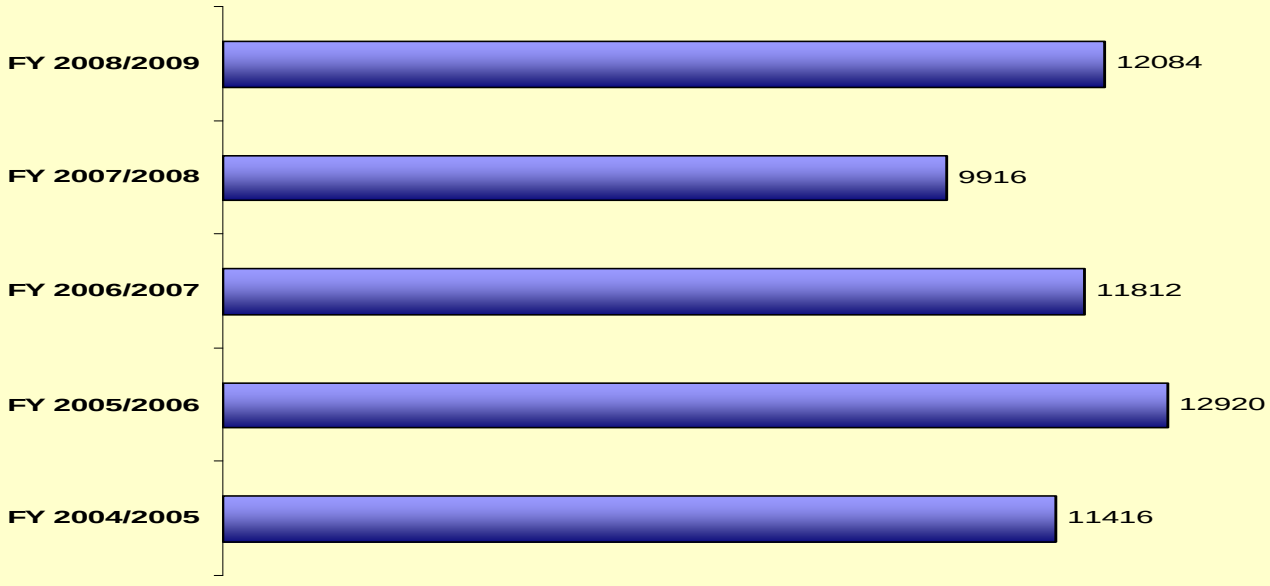
Application Fraud..... 6%

Referrals (Tips)

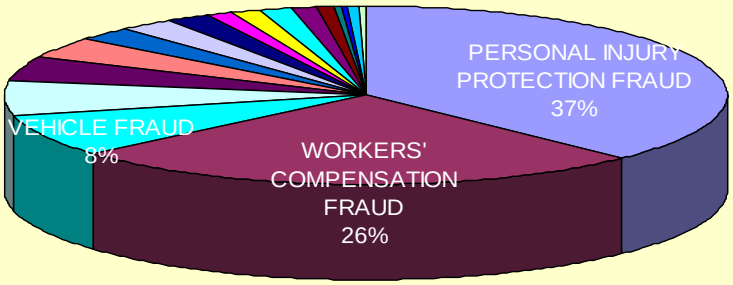


- PERSONAL INJURY PROTECTION FRAUD
- BANKING AND SECURITIES
- VEHICLE FRAUD
- WORKERS' COMPENSATION FRAUD
- APPLICATION FRAUD
- HEALTHCARE
- LICENSEE FRAUD
- HOMEOWNERS
- COMMERCIAL
- ARSON FOR PROFIT
- DISABILITY FRAUD
- TITLE FRAUD
- DUPLICATE ENTRIES
- NON-INSURANCE FRAUD RELATED REFERRAL
- ADMINISTRATIVE
- FINANCIAL INVESTIGATION
- LIFE INSURANCE FRAUD
- UNAUTHORIZED ENTITIES FRAUD
- MARINE FRAUD
- IDENTITY THEFT
- OTHER AGENCY ASSISTANCE
- WARRANTY FRAUD
- MY SAFE FLORIDA HOME
- RISK MANAGEMENT
- BONDS

Five Year Comparison Statistics

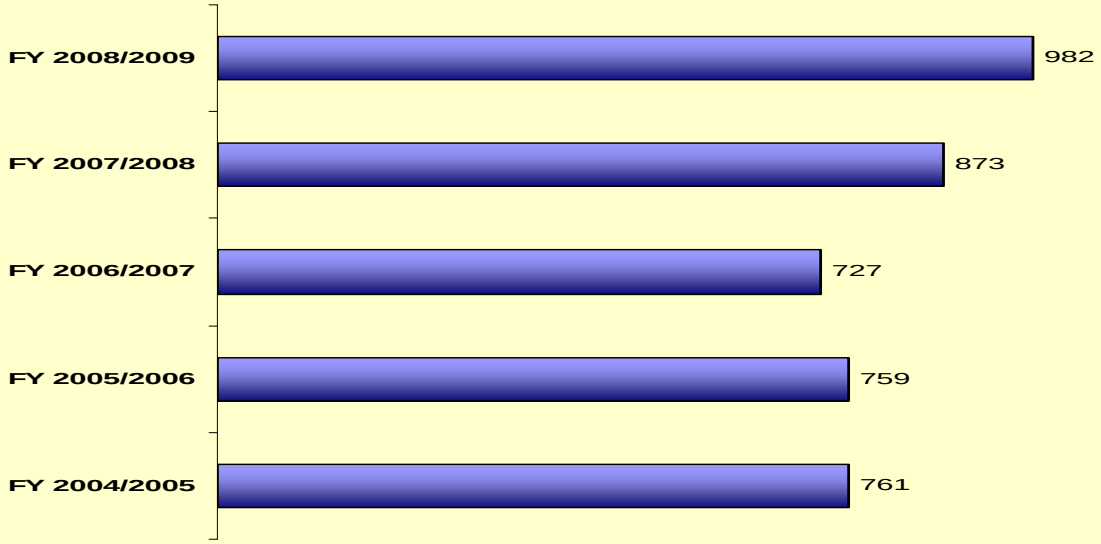


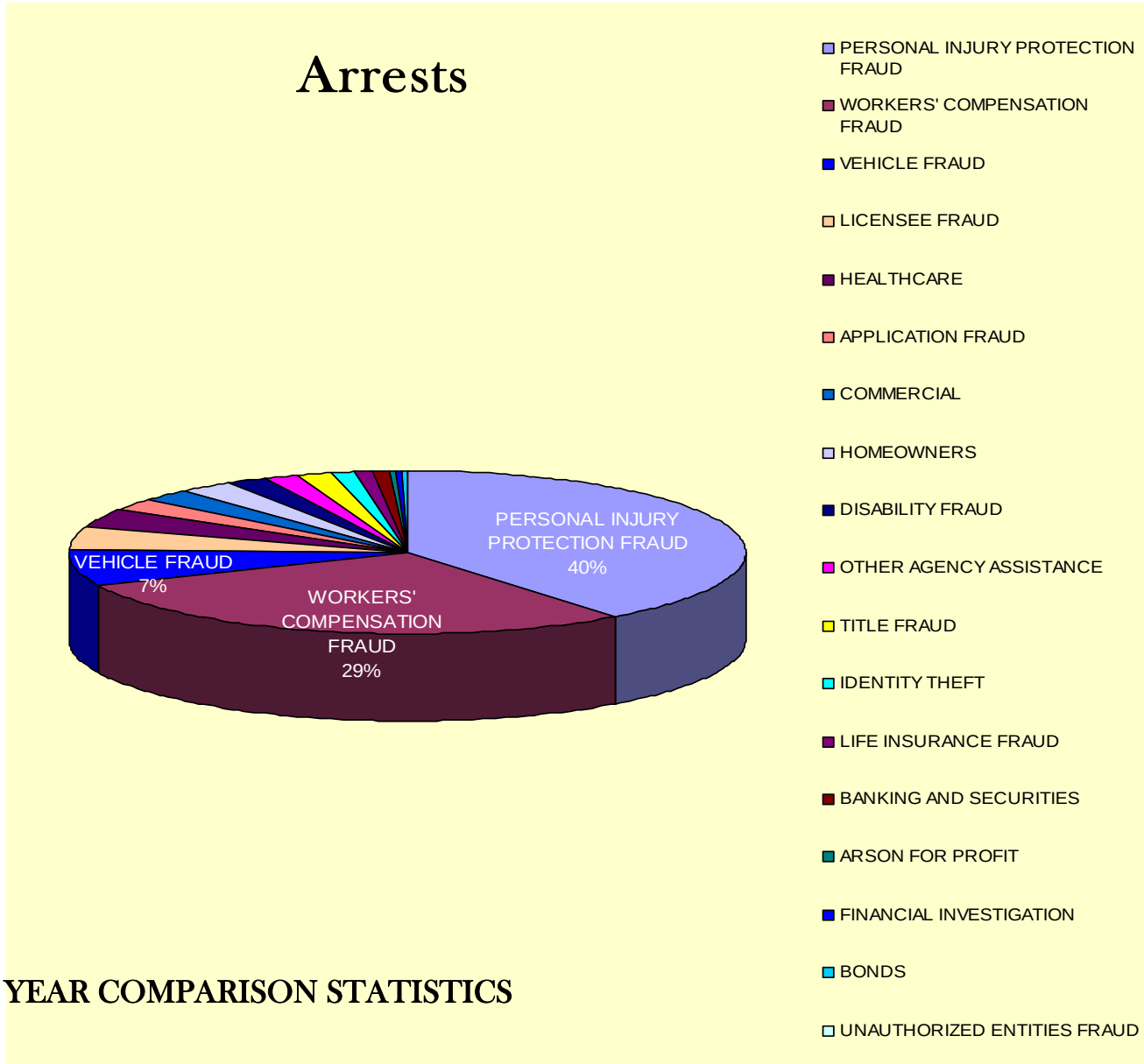
Cases Presented for Prosecution



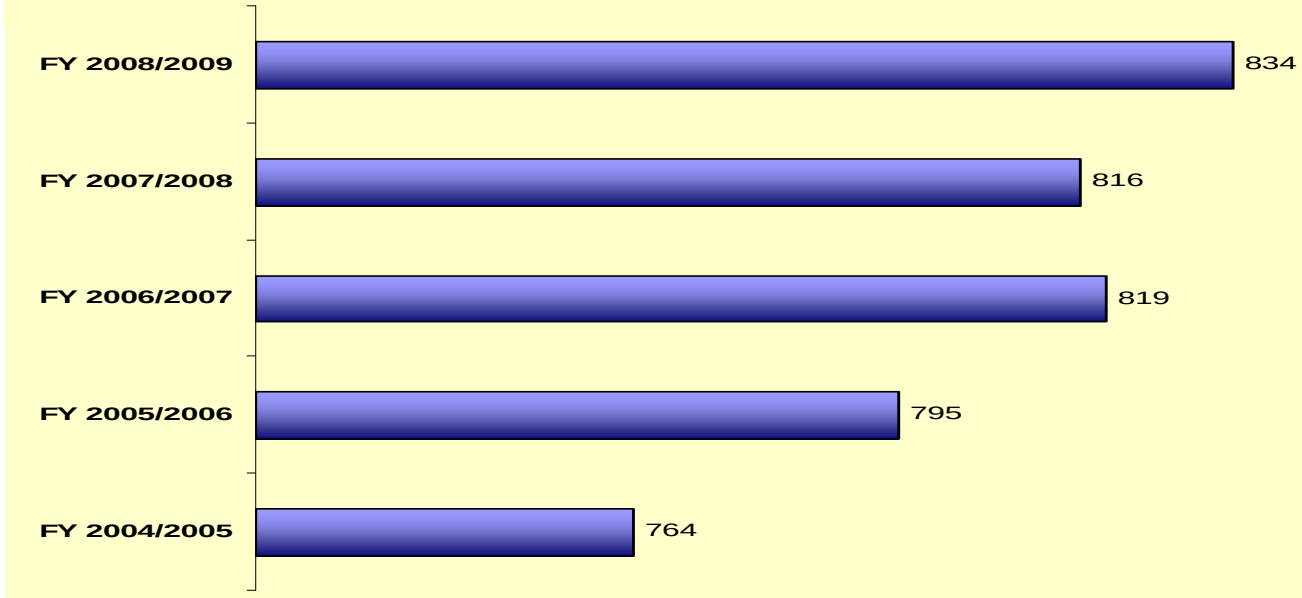
- PERSONAL INJURY PROTECTION FRAUD
- WORKERS' COMPENSATION FRAUD
- VEHICLE FRAUD
- LICENSEE FRAUD
- HEALTHCARE
- APPLICATION FRAUD
- HOMEOWNERS
- COMMERCIAL
- DISABILITY FRAUD
- ADMINISTRATIVE
- TITLE FRAUD
- FINANCIAL INVESTIGATION
- IDENTITY THEFT
- LIFE INSURANCE FRAUD
- BANKING AND SECURITIES
- ARSON FOR PROFIT
- MARINE FRAUD
- BONDS
- UNAUTHORIZED ENTITIES FRAUD
- DUPLICATE ENTRIES
- INFORMATION ONLY
- MY SAFE FLORIDA HOME
- NON-INSURANCE FRAUD RELATED REFERRAL
- OTHER AGENCY ASSISTANCE
- RISK MANAGEMENT
- WARRANTY FRAUD

FIVE YEAR COMPARISON STATISTICS

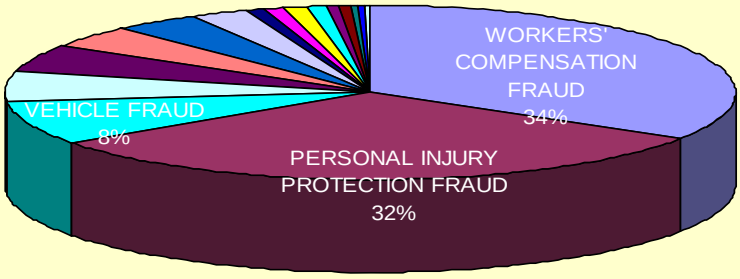




Five Year Comparison Statistics



Convictions



- WORKERS' COMPENSATION FRAUD
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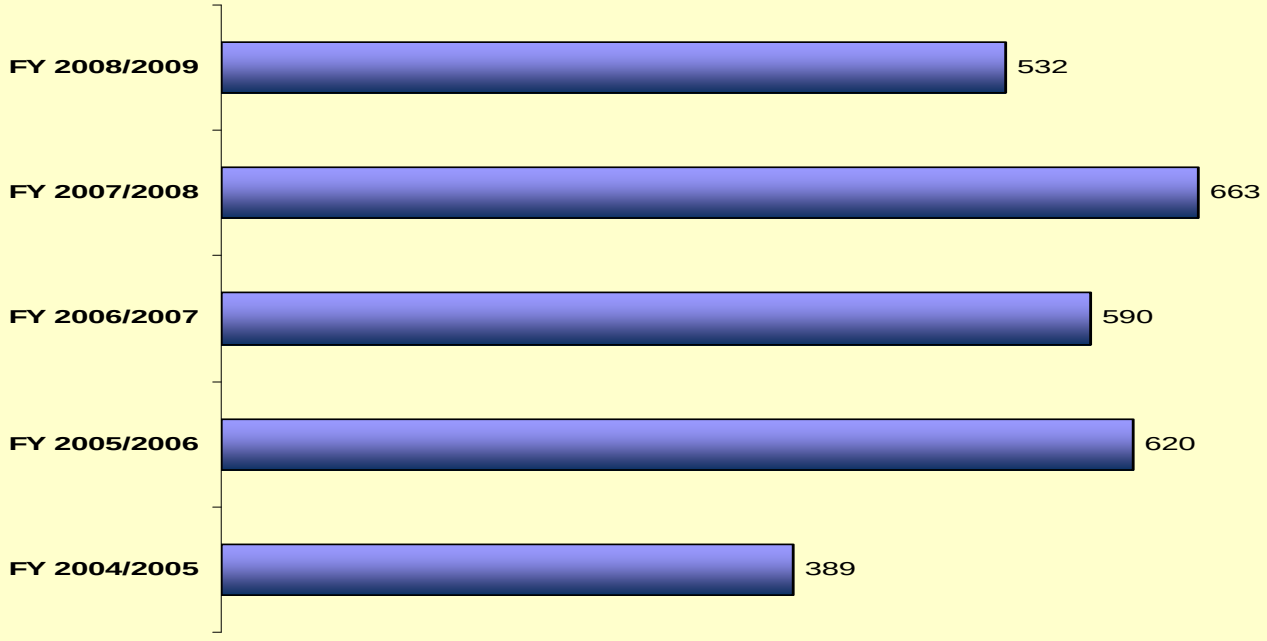

TRENDS AND CONDITIONS

When the economy began to decline in late 2007 and early 2008, it was expected that insurance fraud would likely increase. As the unemployment rate, the cost of gasoline and the foreclosure rates all increased, an increase in insurance fraud became a certainty. However, as is the nature of the reporting process of insurance fraud, current data to correlate with current conditions is not readily available and impacts cannot be measured in "real-time."

As the Division of Insurance Fraud began to gather data to identify the exposure of insurance proceeds to fraud as an impact of the economy, other interested entities such as the Coalition Against Insurance Fraud and The National Insurance Crime Bureau, as well as other states' fraud divisions and bureaus, were seeking data as well, hoping to identify the greatest exposure risks and perhaps play a proactive role with projections and safeguards. And, as predicted, the increase in insurance fraud is indisputable. FY 2008/2009 resulted in a 21% increase in referrals received by the Division of Insurance Fraud when compared to FY 2007/2008.

Vehicle claim fraud increased over the last year in several forms. Vehicle "ditching" was the most rapidly and greatest increasing trend. Arson was one means by which unwanted vehicles were reportedly disposed.

Personal injury protection fraud, via staged accidents, increased over the past year as well.

While not a new trend in Florida, states bordering Florida have reported a surge in staged accidents. These accidents have been identified as an emerging predatory act of opportunists who prey on vehicle owners who want or need quick cash.

An increase in marine (watercraft) claims fraud was also reported over the last year, which is not a great surprise, given the numerous coastal communities and the great number of water sport enthusiasts in Florida. Undoubtedly, many have felt the financial impact during the economic downturn and are no longer able to afford recreational hobbies. The slowed economy has lessened resale opportunities for recreational or luxury watercrafts, thereby inspiring creative, illegal plots.

The least surprising trend is the noted increase in reported mortgage fraud schemes, which many believe was the initial culprit of the economic downturn. An over-priced housing market and loose lending practices opened the door for the lending woes that led to the eventual failure of numerous lending institutions.

As the economy began to slide, illicit lending practices surfaced and foreclosure rates increased. While late delivery of statistical information regarding emerging schemes is our unintentional paradigm. Division detectives quickly discovered the link between mortgage fraud and industry insiders.

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Thereafter, once the mortgage crisis took center stage, among the greatest fall-outs was an increase in homeowners' insurance claim fraud.

Because of the increase in the number of people with a need of financial relief for houses they could no longer afford; and those attempting to avoid foreclosure, there were marked increases in fraudulent homeowners' insurance claims, including an alarming increase in related arsons in some states.

Of great consequence is the increase in workers' compensation fraud by employers who have felt forced to cut costs. As a result, some employers chose to cut required workers' compensation insurance coverage – sometimes by deceptive reporting practices. Finally, disability fraud increased over the last year by 17%; providing investors with a possible new trend they should carefully consider.

Florida is not alone in measuring the impact of the economy on insurance fraud. Media reports and data revelations from the Coalition Against Insurance Fraud, the National Insurance Crime Bureau and other states' fraud bureaus and divisions all reveal that insurance fraud has increased as a direct impact of the down-turned economy.

DIF BUDGET

Salaries ……	$12,780,492
OPS ……	$45,000
Expenses ……	$2,192,515
OCO ……	$1,700
Acquisition of Motor Vehicles ……	$297,000
Contracted Services ……	$214,617
Transfer to JAC ……	$1,002,519
Risk Management Services ……	$357,848
Salary Incentive Payments ……	$236,256
Human Resources ……	$78,016
Total	*$17,205,963*

DIF STAFFING

During fiscal year 2008-2009, The Division of Insurance Fraud employed 203 full-time members statewide:

155 Sworn Members: 38 Supervisors; 117 Detectives
48 Non-Sworn Members: 6 Supervisors; 42 support staff

Office of the Director
Colonel Vicki Cutcliffe, Director
Lt. Colonel Jack Kelley
Lt. Colonel Mark Schlein

Office of Professional Standards and Training
Major Donald Frost, Law Enforcement Program Administrator
Captain Tom Gleason
Captain Robert Brongel

Operations and Investigations (General Fraud)
Major Simon Blank
Captain Buddy Hand, Northwest Region
Captain Donald Taylor, North Region
Captain Michael Byrne, Central Region
Captain Vance Akins, South Region
Captain Robert Joura, Broward Region
Captain Steve Smith, Miami-Dade Region

Bureau of Workers' Compensation Fraud
Bureau Chief Geoffrey Branch

Crime Intelligence Analyst Unit
Senior Management Analyst Supervisor Cherri Krall
Crime Intelligence Analyst Supervisor Lori Rodabaugh
Crime Intelligence Analyst Supervisor Kathy Morris
Crime Intelligence Analyst Supervisor Bonita Taitt
Crime Intelligence Analyst Supervisor Janice Caballero

Hotline Unit and Insurer Anti-fraud/Special Investigations Compliance Section
Senior Management Analyst Denise Prather

http://www.MyFloridaCFO.com/Fraud

Fraud Hotline: 1-800-378-0445


DETECTIVE
LAW ENFORCEMENT
STATE OF
GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST
FLORIDA
FRAUD DIVISION
DFS