

# JANE D. BROWN

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## SUMMARY OF QUALIFICATIONS

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- Performance-driven professional with more than 30 years of insurance industry experience at all levels. In-depth knowledge of claim procedures and practices.
- Expertise in investigation and handling of claims, development, and implementation of claims procedures, as well as litigation and expense management. Proven track record of extraordinary bottom-line results.
- Diverse background in personal and commercial lines insurance such as workers' compensation, reinsurance, employers' liability, professional liability, auto insurance, bodily injury, and errors and omissions liability.
- Effective leader with the ability to direct multiple areas of responsibility while maintaining excellent relationships with all members of the team. Outstanding capacity for interpersonal communication and a strong work ethic.
- Experienced in personnel management, hiring, training, and supervision, including talent building and succession planning directed toward achieving organizational results.
- Superior critical thinking and analytical skills. Unparalleled ability to articulate strategic initiatives.

## EXPERIENCE

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**XXXX COMPANY NAME XXXX**, Westlake, CA

*Director of Workers' Compensation & Reinsurance Claims*, 2001–Present

WORKERS' COMPENSATION: Oversee nationwide operations and technical management of claims as National Director of Workers' Compensation Claims.

- Reorganized and consolidated California field offices into single division.
- Created two major Centers of Excellence in Illinois and Colorado to oversee claims handling outside of California.
- Implemented technical discipline to stabilize and standardize loss evaluations and reserving.
- Established vendor programs to reduce benefit delivery costs.
- Reduced loss adjustment expense by 14% in single year.

REINSURANCE: Created Reinsurance Claims Department from ground up. Developed and implemented department-wide business plan, claims handling protocols, and consolidation plans. Manage identification, reporting, and collections of a variety of claims such as casualty, property, workers' compensation, professional liability, and no-fault catastrophic. Create job descriptions, recruit and hire professionals, and develop and implement training programs.

- Increased reinsurance claims collections by 20% on an average each year, over a three-year period.
- Added \$11 million to surplus via reduction in annual statement penalties in single year.
- Received key performance bonuses.

**XXXX COMPANY NAME XXXX**, Simi Valley, CA

*Claims & Claims Operations Consultant*, 2000–2001

Advised, managed, and consulted client managing general agent to ensure that developed processes and workflows met organizational and regulatory requirements for personal and commercial lines specific to auto insurance programs. Provided guidance, directed technical claim handling issues, and streamlined existing procedures. Conducted file and operational audits, and acted as troubleshooter for internal and external non-compliant procedures and file handling matters.

**XXXX COMPANY NAME XXXX** (Various Divisions), 1986–2000

XXXX Company, Hartford and San Francisco, CA

*Vice President, North American Claims*, 1999–2000

Oversaw claim operations for the entire North American region, including U.S., Canada, and Latin America. Supervised and managed domestic technical and administrative claim handling functions. Directed staff in audit function of client ceding companies for all business underwritten by U.S. branches and Toronto office, with authority over structure of North American claim areas and branches.

## EXPERIENCE (cont'd.)

**XXXX Company (cont'd.)****Assistant Vice President**, 1997–1999

Established and managed San Francisco claim branch of Hartford RE upon its expansion to West Coast. Responsible for claim operations of branch, including recruitment, selection, and training of all personnel; management and supervision of claim technical and clerical staff; oversight of audit function for West Coast operations; and supervision of large loss claims within branch.

**Assistant Director**, 1993–1997

Managed caseload of more than 5,000 treaty and facultative reinsurance files. Supervised administrative and technical claim units. Performed claim audits of client ceding companies, reviewing their claim operations and handling, providing suggestions for improvement, and reporting results and recommendations to senior management. Served as liaison and project leader for development and implementation of company reinsurance claim system.

**XXXX Company Name XXXX**, Boston, MA**Assistant Vice President**, 1986–1993

Directed investigation, evaluation, supervision, and settlement of excess and surplus lines claims stemming from policies written from managing general agency business. Key areas included commercial general liability, auto liability, workers' compensation and employers' liability, public official liability, law enforcement liability, umbrella liability, medical and legal malpractice, directors' and officers' liability, errors and omissions liability, and various manuscript policies. Responsible for sophisticated claims litigation involving complex coverage claims throughout the U.S.

- Received numerous bonuses for performance.

**XXXX COMPANY NAME XXXX**, Brockton, MA**Claim Supervisor/Training & Education Coordinator**, 1981–1986

Investigated, evaluated, and settled claims. Supervised and trained bodily injury claim representatives from several state units. Planned and directed investigations, litigation, and subrogation recoveries. Oversaw personnel issues and interviewed and trained candidates. Coordinated educational program for personal lines claim branch, enlisted instructors for specialty courses, and instructed various basic claim skills courses.

- Held office record for subrogation recoveries in single year.
- Won contest for most structured settlements negotiated.
- Reduced bodily injury loss costs through early settlements and by employing effective subrogation recovery and innovative settlement methods such as structured settlements.
- Received numerous bonuses throughout tenure at the company.

**XXXX COMPANY NAME XXXX.**, Boston, MA**Casualty Claim Adjuster**, 1976–1981

Investigated, evaluated, and settled personal and commercial lines casualty claims.

## EDUCATION

**Bachelor of Arts, Public Management** ~ **XXXX Name of the University XXXX**, Orono, ME ~ 1975

**Insurance Industry Education:**

- GAB Basic Casualty School
- GAB Intermediate Casualty School
- GAB Workers' Compensation School
- Aetna Supervisory Skills School
- ARE 141, Principles of Reinsurance
- ARE 142, Reinsurance Practices
- CPCU 5, Insurance Operations

## LICENSE/PROFESSIONAL MEMBERSHIPS

- California DOI Qualified Manager Insurance Adjuster License, 2001
- Member of Board of Directors, California Workers' Compensation Institute, 2006–Present
- Member, Pacific Claims Executive Assn., 1997–2000; Independent Reinsurance Underwriters Assn., 1993–2000