

DEC 2,9 2021

INSURANCE REGULATION
Docketed by:



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 290125-21-CO

Application for the Issuance of a
Certificate of Authority to
FORTITUDE LIFE & ANNUITY SOLUTIONS, INC.

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of an application with the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") for the issuance of a Certificate of Authority to FORTITUDE LIFE & ANNUITY SOLUTIONS, INC. ("APPLICANT"), as an Insurance Administrator pursuant to the provisions of Chapter 626, Part VII, Florida Statutes ("Application"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

- 1. The OFFICE has jurisdiction over the subject matter and the parties herein.
- 2. Subject to the present and continuing satisfaction of the requirements set forth for such licensure in the Florida Insurance Code, APPLICANT has met all of the conditions precedent to the granting to it of a Certificate of Authority to operate as an Insurance Administrator in Florida.
 - 3. APPLICANT is a foreign corporation domiciled in Delaware.
- 4. If the OFFICE determines that any individual for whom APPLICANT is required to submit background information as part of this Application is unacceptable under the Florida Insurance Code, APPLICANT shall remove or cause the removal of said person within 30 days

of notice from the OFFICE and replace them with a person or persons acceptable to the OFFICE or shall undertake such other corrective action as directed by the OFFICE. Failure to act would constitute an immediate serious danger to the public, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes, and the OFFICE may take administrative action as it deems appropriate upon the Certificate of Authority of APPLICANT without further proceedings.

- 5. APPLICANT will submit documentation evidencing the completion of its divesture from American International Group, Inc. and a copy of the fidelity bond covering applicant within 10 business days of completion of divestiture.
- 6. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such written approval must be requested in writing prior to any proposed deviation from the terms of this Consent Order.
 - 7. Each party to this action shall bear its own costs and fees.
- 8. APPLICANT expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings to which it may be entitled by law or by rules of the OFFICE. APPLICANT hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.
- 9. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the notarized signature of the authorized representative of APPLICANT.

WHEREFORE, subject to the requirements, terms, and conditions detailed above, the Application for issuance of a Certificate of Authority to FORTITUDE LIFE & ANNUITY SOLUTIONS, INC., as an Insurance Administrator is APPROVED.

DONE and ORDERED this 29 day of December, 2021.

David Altmaier, Commissioner Office of Insurance Regulation By execution hereof, Fortitude Life & Annuity Solutions, Inc. consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind Fortitude Life & Annuity Solutions, Inc. to the terms and conditions of this Consent Order.

Fortitu	de Life & Annuity Solutions, Inc.
By:	troy Glover
Print N	ame:
Title: _	President and CEO
Date:	12/27/2021 3:24 PM CST
STATE OF: <u>Tennessee</u> COUNTY OF: <u>Davidson</u>	
The foregoing instrument was acknowledged before me by means of □ physical presence	
or online notarization, this 27th day of Ocember 2021, by Tray Glover	
as Resident & CEO (type of authority; e.g., officer, trustee, attorney in fact)	for Fortitude Life of Annuity Solutions, Inc.
(type of authority; e.g., officer, trustee, attorney in fact)	halndra Itkersell (Signature of the North
OAVIDSON COURT	halondra Fitzgerald (Print, Type or Stamp Commissioned Name of Notary)
Personally Known OR Produced Identification	
Type of Identification Produced	
My Commission Expires: 7-7-2025	

COPIES FURNISHED TO:

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