



INSURANCE REGULATION
Docketed by:

OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 273277-20-CO

AMERICAN FEDERATION INSURANCE COMPANY Application to Become an Eligible Surplus Lines Insurer

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of an application by AMERICAN FEDERATION INSURANCE COMPANY ("APPLICANT") with the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") for eligibility as a surplus lines insurer, pursuant to Sections 626.915 and 626.918, 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. APPLICANT has applied for and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, has satisfactorily met all of the conditions precedent to be an eligible surplus lines insurer in Florida, pursuant to the requirements set forth in the Florida Insurance Code.
- 3. APPLICANT is a foreign property and casualty insurer domiciled in the state of Texas. Applicant is owned 100% by 21st Century Insurance Group, a Delaware company, which is owned 100% by Mid-Century Insurance Company, a California Company, which is owned 80% by Farmers Insurance Exchange, 10% by Fire Insurance Exchange, and 10% by Truck Insurance

Exchange. Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange are California Insurance Exchanges that are 100% owned by their policy holders.

- 4. APPLICANT shall submit, or cause to be submitted, to the OFFICE fingerprint cards for all officers and directors of APPLICANT within 90 days of execution of this Consent Order.
- 5. 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 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 and the OFFICE may take administrative action as it deems appropriate upon APPLICANT's surplus lines eligibility in this state without further proceedings, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes.
- 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.
 - 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 of AMERICAN FEDERATION INSURANCE COMPANY for eligibility as a surplus lines insurer in Florida, pursuant to Sections 626.915 and 626.918, Florida Statutes, is APPROVED.

David Altmaier, Commissioner Office of Insurance Regulation

By execution hereof, AMERICAN FEDERATION INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind AMERICAN FEDERATION INSURANCE COMPANY to the terms and conditions of this Consent Order.

	AMERICAN FEDERATION INSURANCE COMPANY
I	By: DocuSigned by: SAA11556807458
I	Print Name: _Doren E. Hohl
5	Γitle:Chief Governance Officer
I	Date:February 3, 2021
STATE OFFlorida	
COUNTY OF Broward	
The foregoing instrument was acknowledged before me by means of □ physical presence	
or 🛎 online notarization, this day	of 2/3/2021 2021, by Doren Hohl
as Chief Governance Officer	for American Federation Insurance Company (company name)
(type of authority; e.g., officer, trustee, atto	rney in fact) (company name)
	(e.pa.
DELIA RODRIGUEZ Notary Public - State of Florida	(Signature of the Notary)
Commission # HH 50611 My Comm. Expires Oct 10, 2024	Dalla Da Jaianas
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known OR Produced Identification X	
Type of Identification Produced CA. D/L# N9087412	
My Commission Expires: Oct. 10, 2024	

COPIES FURNISHED TO:

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