

The Great Seal of the State of Florida is a circular emblem. It features a central scene with a woman in a blue dress holding a basket of flowers, a palm tree, and a ship on the water. The outer ring contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom, separated by two stars.

2001 PROPERTY AND CASUALTY TARGET MARKET CONDUCT EXAMINATION

OF

**AMERICAN HORIZON INSURANCE COMPANY
(AMERICAN HORIZON HOLDINGS, INC.)**

BY

THE FLORIDA DEPARTMENT OF INSURANCE

FILED DATE: 12/16/02

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INTRODUCTION

AMERICAN HORIZON INSURANCE COMPANY (Company) is a foreign property and casualty insurer licensed to conduct business in the State of Florida during the scope of this property and casualty market conduct examination. The scope of this examination was January 1999 through December 2001. The examination began October 7, 2001 and ended December 1, 2001. This is the first property and casualty market conduct examination, by the Florida Department of Insurance, of this insurer.

The purpose of the current examination was to perform an initial property and casualty market conduct examination of the Company to verify compliance with Florida Statutes and Administrative Rules.

During this examination, records reviewed included private passenger automobile policies, cancellations/nonrenewals, agent licensing, claims, and consumer complaints as reflected in the report. This report contains examination results addressing all areas of noncompliance found during the course of the examination. In all instances the Company was requested to take corrective action as required, issue appropriate refunds, make all necessary filings with the Department and immediately cease any activity that continues to place the Company in noncompliance with Florida Statutes/Rules.

As a result of the findings of this examination, an estimated \$247,754.49 will be refunded to an estimated three hundred and seventy (370) Florida consumers due to underpayments of claims. In addition, an estimated \$6,300.00 is due the Florida Department of Insurance for non-resident agent license fees and an estimated \$1,800.00 is due the Florida Department of Insurance for unappointed non-resident adjusters fees.

CERTIFICATE OF AUTHORITY – AUTHORIZED LINES

GENERAL COMMENTS

The Certificate of Authority/Renewal Invoices were reviewed for all years within the scope of the examination.

EXAM FINDINGS

The review included verification of the lines of business the Company was authorized to write during the scope of the examination versus those lines actually being written. It also included verification that notification requirements were met for any lines of business that were discontinued.

No errors were found.

COMPANY OPERATIONS/MANAGEMENT

HISTORY/MANAGEMENT

American Horizon Insurance Company is corporately-owned by American Horizon Holdings, Inc., a Delaware corporation. American Horizon Holdings, Inc., purchased Arcadia Insurance Company, a foreign corporation licensed to do business in the State of Florida, on February 22, 1999, and changed its name to American Horizon Insurance Company. The Company's home office is located in Lincolnshire, IL, and the Company maintains a branch office call center in Denver, CO. The Company has no affiliates at this time.

The following is a list of the Company's corporate officers:

Raymond W. Tibbits, Jr.	Chairman of the Board and Chief Executive Officer
Scott Carter	President and Chief Operating Officer
Craig G. Musgrave	Executive Vice President
Paul V. Polacheck	Senior Vice President, Treasurer and Chief Financial Officer
Myron J. Resnick	Secretary and General Counsel
David M. Elkins	Vice President and Chief Actuary
Jeffrey A. Robinson	Vice President
Barbara J. Miller	Assistant Secretary

COMPANY PROCESSES/STATISTICAL AFFILIATIONS

Computer System

The Company's computer system is a client server based system and utilizes a Windows NT operating system that is networked using Microsoft. The system allows employees to access e-mail, administrative systems, policy and claim data and other on-line resources needed to perform job functions.

Anti-Fraud Plan

The Company has filed a Plan with the Florida Department of Insurance as required by Section 626.9891, Florida Statutes.

The Plan does meet the requirements by establishing a Special Investigation Unit.

Disaster Recovery Plan

The Company has developed a Disaster Recovery Plan for use with Florida business.

Internal Audit Procedures

The Company has developed Internal Audit Procedures for use in reviewing Florida business.

Privacy Plan

The Company has developed a Plan to meet the requirements of Emergency Rule 4ER-01.

Statistical Affiliations

Insurance Services Office acts as the Company's official statistical agent.

Credit Reports

The Company does not use credit reports as an underwriting tool.

OPERATIONS/MARKETING

Marketing

The Company writes non-standard private passenger automobile insurance coverages in the State of Florida. No change has occurred in the business operations of the Company since it began writing insurance in the State of Florida.

Agents/Agencies/MGA/Exchange of Business/Direct Response/Internet Adjusters and Claims Handling

The Company uses the direct response method for developing new business in the State of Florida. The distribution system includes direct mail and a telephone call center with bilingual (English/Spanish) non-resident Florida agents in the Company's regional office located in Denver, Colorado. The Company's website is www.americanhorizon.com.

The Company has contracted with Metropolitan Property & Casualty (MET) for the handling of its claims. MET maintains non-resident Florida adjusters on staff to handle the Company's claims from inception to conclusion, however, these adjusters have not been appointed by the Company. Exhibit X. See Pending Issues.

Lines of Business

During the scope of this examination, the Company wrote only non-standard private passenger automobile insurance.

REVIEW OF POLICIES

PRIVATE PASSENGER AUTOMOBILE

Description of Product/Lines of Business

The current examination involved a complete review of private passenger automobile coverages including bodily injury liability, property damage liability, personal injury protection, uninsured motorist, comprehensive, collision, towing and rental reimbursement.

The Company has five (5) rating levels for the placement of new business policies based on the qualifying characteristics of the risks being rated. The qualifications used to determine which rating level is used for an individual risk are: accident/violation history, prior insurance coverage, driving experience, coverages desired, homeownership requirement, and required number of insured vehicles.

Premium and Policy Counts

Direct Premiums Written and in-force policy counts for the scope of the examination are as follows:

<u>Year</u>	<u>DPW</u>	<u>Policy Count</u>
1999	\$ 477,981.45	784
2000	\$6,956,486.02	7,506
2001	\$4,286,542.17	4,817

The premiums and policy count for 2001 reflect only the policies written through July 31, 2001.

The premiums and policy count for 1999 are a reflection of the Company's initial policy writings in the State of Florida beginning in September 1999.

Examination Findings

One hundred (100) policy files were examined.

One hundred fifteen (115) errors were found.

The errors are broken down as follows:

1. One (1) error was due to failure to comply with personal injury protection (PIP) benefit requirements. This constitutes a violation of Section 627.736, Florida Statutes. This error was due to failure of the Company to provide PIP coverage.
2. Four (4) errors were due to failure to offer/obtain/maintain a signed uninsured motorist (UM) acceptance/rejection form. This constitutes a violation of Section 627.727, Florida Statutes. These errors were due to the Company providing non-stacked UM coverage on a policy covering two (2) or more vehicles without obtaining a signed UM acceptance/rejection form from the insured requesting non-stacked UM coverage.
3. Twelve (12) errors were due to failure to provide bodily injury liability coverage when providing uninsured motorist (UM) coverage. This constitutes a violation of Section 627.727, Florida Statutes, and is considered a business practice of the Company. Exhibit I.
4. Forty-three (43) errors were due to failure to offer/obtain/maintain a signed uninsured motorist (UM) acceptance/rejection form. This constitutes a violation of Section 627.727, Florida Statutes, and is considered a business practice of the Company. These errors were due to the Company rejecting UM coverage on policies without obtaining a signed UM rejection form. Exhibit I.
5. Fifty-five (55) errors were due to failure to comply with personal injury protection (PIP) coverage requirements. This constitutes a violation of Section 627.739, Florida Statutes, and is considered a business practice of the Company. These errors were due to the Company providing PIP coverage with a deductible without providing the applicant, at the time of initial application, a form of notice of deductible options approved by the Department as outlined in Section 627.739, Florida Statutes. Exhibit I.

CANCELLATIONS/NONRENEWALS REVIEW

DESCRIPTION OF CANCELLATION/NONRENEWAL PROCEDURES

The cancellation/nonrenewal procedures followed by the Company for its private passenger automobile insurance policies do not comply with laws regarding the timely issuance of notices of cancellation/nonrenewal. In many cases, the Company does not provide the required forty-five (45) day advanced notice of cancellation/nonrenewal. The notices of cancellation/nonrenewal are mailed to the policyholder and lienholder, when applicable, and proper dates are used for calculating unearned premiums.

CANCELLATION REVIEW

Forty (40) canceled policies were examined.

One hundred six (106) errors were found.

The errors are broken down as follows:

1. Thirteen (13) errors were due to failure to cancel in accordance with ab initio requirements. This constitutes a violation of Rule 4-167.002, Florida Administrative Code, and is considered a business practice of the Company. These errors were due to failure of the Company to file Form DI4-493, Report of Rescinded Policy, with the Florida Department of Insurance, within ninety (90) days of canceling the policy ab initio. Exhibit I.
2. Ten (10) errors were due to failure to maintain records. This constitutes a violation of Section 627.318, Florida Statutes, and is considered a business practice of the Company. These errors were due to failure of the Company to maintain copies of notices of cancellation. Exhibit I.
3. Twenty-two (22) errors were due to failure to provide a specific reason for cancellation. This constitutes a violation of Section 627.4091, Florida Statutes, and is considered a business practice of the Company. These errors were due to failure of the Company to give a specific reason for canceling the policy on the notice of cancellation. Exhibit I.
4. Thirty (30) errors were due to use of unfiled forms. This constitutes a violation of Section 627.410, Florida Statutes, and is considered a business practice of the Company. These errors were due to the use of a notice of cancellation that had not been filed with the Florida Department of Insurance. Exhibit I.

5. Twenty-three (23) errors were due to failure to provide the required language in the notices of cancellation. This constitutes a violation of Section 627.728, Florida Statutes, and is considered a business practice of the Company. These errors were due to failure of the Company to include the proper language regarding the insured's right to appeal the cancellation and the insured's possible eligibility for insurance through the Florida Automobile Joint Underwriting Association. Exhibit I.
6. Eight (8) errors were due to failure to provide timely notice of cancellation. This constitutes a violation of Section 627.728, Florida Statutes, and is considered a business practice of the Company. These errors were due to failure of the Company to provide the required forty-five (45) day notice of cancellation. Exhibit I.

NONRENEWAL REVIEW

Ten (10) nonrenewed policies were examined.

Nineteen (19) errors were found.

The errors are broken down as follows:

1. Three (3) errors were due to failure to maintain records. This constitutes a violation of Section 627.318, Florida Statutes, and is considered a business practice of the Company. These errors were due to failure of the Company to maintain copies of notices of nonrenewal. Exhibit I.
2. Seven (7) errors were due to use of unfiled forms. This constitutes a violation of Section 627.410, Florida Statutes, and is considered a business practice of the Company. These errors were due to the use of a notice of non-renewal that had not been filed with the Florida Department of Insurance. Exhibit I.
3. Seven (7) errors were due to failure to provide the required language in the notices of nonrenewal. This constitutes a violation of Section 627.728, Florida Statutes, and is considered a business practice of the Company. These errors were due to failure of the Company to include the proper language regarding the insured's right to appeal the nonrenewal and the insured's possible eligibility for insurance through the Florida Automobile Joint Underwriting Association. Exhibit I.
4. Two (2) errors were due to failure to provide timely notice of nonrenewal. This constitutes a violation of Section 627.728, Florida Statutes, and is considered a business practice of the Company. These errors were due to failure of the Company to provide the required forty-five (45) day notice of nonrenewal. Exhibit I.

COMPLAINTS/INVESTIGATION REVIEW

A complete record of all the complaints received by the Company since the Company began writing business in Florida has not been maintained as is required by Section 626.9541(1)(j), Florida Statutes. Procedures for handling these complaints have not been completely established by the Company.

One (1) error was found.

The error did not affect premium.

The error is described as follows:

1. One (1) error was due to failure to maintain a complete record of all complaints received. This constitutes a violation of Section 626.9541(1)(j), Florida Statutes. This error was due to failure of the Company to maintain a record of complaints received by the Company.

Consumer complaints received during the scope of examination were reviewed and the findings are as follows:

DOI COMPLAINTS RECEIVED/INVESTIGATIONS REFERRAL

Consumer Services Ref. Number	Consumer's Last Name	Alleged Violation	Violation Found	Corrective Action Requested
S-0001-0058430	Stubbs	Company canceled policy without sending notice of cancellation to the insured	Violation of Section 627.728, F.S.—Failure to provide notice of cancellation	Company reinstated policy

One (1) DOI investigation referral was examined.

One (1) error was found.

The error did not affect premium.

The error is described as follows:

1. One (1) error was due to failure to provide a notice of cancellation. This constitutes a violation of Section 627.728, Florida Statutes. This error was due to the Company advising the insured that her policy had been canceled and refunding her premium knowing that a notice of cancellation had never been sent. The Company then advised the Florida Department of Insurance that the policy had been canceled effective the inception date of the policy, again knowing that a notice of cancellation had never been sent.

DOI COMPLAINTS RECEIVED BY THE COMPANY

Company Received	Consumer's Last Name	Alleged Violation	Violation Found	Corrective Action Requested
1	Faison	Failure to respond to attorney within thirty (30) days	Violation of Section 627.4137, F.S.—failure to disclose information	The Company should respond to the attorney's request for policy information within thirty (30) days.
2	Cardenas	Delay in claim payment	Violation of Rule 4-166.024, Florida Administrative Code—failure to acknowledge communications promptly	The Company should acknowledge claims correspondence within fourteen (14) days.
3	Iverson	Delay in claim payment	No violation found	None
4	Heafy	Delay in claim payment	No violation found	None
5	Frazier	Underpayment of claim	No violation found	None
6	Walters	Request for claim status	No violation found	None
7	Tarver	Delay in handling claim	No violation found	None
8	Kusuk	Delay in claim payment	No violation found	None
9	Stocklen	Delay in claim payment	No violation found	None
10	Jones	Company denied coverage	No violation found	None

Ten (10) complaints received by the Company from the DOI were examined.

Two (2) errors were found.

The errors did not affect premium.

The errors are broken down as follows:

1. One (1) error was due to failure to disclose information. This constitutes a violation of Section 627.4137, Florida Statutes. This error was due to failure of the Company to respond within thirty (30) days to the request from an attorney for a copy of the policy declaration page.
2. One (1) error was due to failure to acknowledge communications promptly. This constitutes a violation of Rule 4-166.024, Florida Administrative Code. This error was due to failure of the Company to communicate with the insured within fourteen (14) days of notification of the loss.

CLAIMS REVIEW

DESCRIPTION OF CLAIMS REVIEWED – NON-PPA/MEDICAL REVIEWS

Examination Findings

Fifty (50) claims were examined. This examination included the review of claims made under private passenger automobile insurance policies and included the following types of coverage: bodily injury and property damage liability, personal injury protection benefits, uninsured motorist, physical damage including comprehensive and collision, rental reimbursement and towing/labor.

Ninety-two (92) errors were found.

Eleven (11) errors resulted in underpayments totaling \$4,905.44, of which \$52.95 were waived due to the waiver rule, resulting in underpayments totaling \$4,852.49 due insureds. In addition, thirty (30) errors resulted in unpaid appointment fees totaling \$1,800.00, which should be paid to the Florida Department of Insurance due to unappointed adjusters used by the Company. In addition, during the scope of this examination, the Company inappropriately applied a deductible to personal injury protection (PIP) benefits on an estimated three hundred sixty-two (362) claims. As a result, there is an estimated \$242,902.00 due Florida consumers. See Pending Issues.

The errors are broken down as follows:

1. Eight (8) errors were due to failure to comply with personal injury protection (PIP) coverage requirements. This constitutes a violation of Section 627.739, Florida Statutes, and is considered a business practice of the Company. These errors were due to application of a deductible or modification to PIP benefits due the consumer under policies in which there was no election form completed for a deductible or modification to the PIP coverage. These errors resulted in underreturns totaling \$4,686.23 which have not been paid as the Company disagrees with these findings. Exhibits II, III, IV, V, VI, VII, VIII. See Pending Issues.
2. Fifty-two (52) errors were due to failure to comply with personal injury protection (PIP) coverage requirements. This constitutes a violation of Section 627.736, Florida Statutes, and is considered a business practice of the Company. These errors were due to failure by the Company to pay PIP benefits within thirty (30) days of receipt of covered charges. These errors resulted in underreturns totaling \$219.21. However, due to the premium waiver rule, the total underreturns required to be made by the Company are \$166.26. These underreturns have not been paid as the Company disagrees with these findings. Exhibit IX. See Pending Issues.
3. One (1) error was due to failure to disclose policy information. This constitutes a violation of Section 627.4137, Florida Statutes. This error was due to failure by the Company to respond to an attorney request for policy information within thirty (30) days.

4. One (1) error was due to failure to communicate timely. This constitutes a violation of Rule 4-166.024, Florida Administrative Code. This error was due to failure by the Company to contact the claimant within fourteen (14) days of notification of the accident.
5. Thirty (30) errors were due to use of unappointed adjusters. This constitutes a violation of Section 626.112, Florida Statutes. These errors were due to failure of the Company to appoint twenty (20) adjusters employed by Metropolitan Property and Casualty Insurance Company, an outside vendor, which the Company uses to adjust its claims. The Company has used Metropolitan Property and Casualty Insurance Company to adjust its claims since May 2000. In addition, the Company failed to appoint ten (10) adjusters employed by CCC, an outside vendor, used to adjust the Company's claims between September 1999 and May 2000. The Company owes an estimated \$1,800.00 in appointment fees to the Florida Department of Insurance. Exhibit X. See Pending Issues.

DESCRIPTION OF CLAIMS REVIEWED – PPA/MEDICAL REVIEWS

Examination Findings

Fourteen (14) claims were examined. This examination included the review of claims made under private passenger automobile insurance policies for personal injury protection benefits.

No errors were found.

MGA REVIEW/AGENTS/ADVERTISING/MARKETING

DESCRIPTION OF MGA ARRANGEMENTS

The Company does not have or utilize an MGA.

The Company uses direct marketing and all sales originate in its Denver, Colorado Call Center. Agents handle sales calls and Customer Service Representatives handle all policy changes following the initial sale.

Examination Findings

Ten (10) applications/policies written during the scope of examination were examined.

One hundred six (106) errors were found.

The errors are broken down as follows:

1. One hundred five (105) errors were due to use of unlicensed employees to bind additional and/or replacement coverages. This constitutes a violation of Rule 4-222.060, Florida Administrative Code. A review of the Company's customer service representatives working in the Denver, Colorado Call Center revealed that these employees are binding additional and/or replacement coverages on existing policies and do not have a Florida non-resident agent license as required. A list supplied by the Company shows that from June 2000 to December of 2001, one hundred five (105) unlicensed individuals have acted in an agent's capacity by binding additional and/or replacement coverage on existing policies. The Company owes the Department \$60.00 in license fees for each of these individuals for a total of \$6,300.00. Exhibit XI. See Pending Issues.
2. One (1) error was due to failure to maintain records. This constitutes a violation of Section 627.318, Florida Statutes. From September 1999 to June 2000, Sitel Corporation, an outside vendor, handled the acquisition and maintenance of the Company's Florida policies. The Company failed to maintain records regarding the license status of individuals employed by Sitel Corporation and acting in an agent's capacity.

PENDING ISSUES

MONETARY ISSUES

The following issues were pending at the conclusion of the examination fieldwork:

Claims Review

1. The Company failed to comply with personal injury protection (PIP) benefits by failing to pay PIP benefits within thirty (30) days from the receipt of covered charges. The files reviewed contained twenty-three (23) individual charges for covered PIP benefits that were not paid within thirty (30) days of receipt. The Company was requested to pay a total of \$166.26 in interest for these late payments. The Company disagrees with these findings. Exhibit IX.
2. The Company applied deductibles to personal injury protection (PIP) benefits on claims made under policies which improperly provided a deductible to the PIP coverage. The Company was requested to refund the applicable PIP deductibles totaling \$4,250.00, plus interest of \$436.23, for total refunds of \$4,686.23 to the claimants. The Company disagrees with these findings. Exhibits II, III, IV, V, VI, VII, VIII.
3. The Company was requested to reopen all personal injury protection (PIP) claims wherein a PIP deductible or modification was applied to benefits and to refund all applied deductibles or modifications, plus interest at eight (8) percent per annum, to the appropriate consumers. An estimated \$242,902.00 is due to an estimated three hundred sixty-two (362) Florida consumers due to deductibles the Company applied inappropriately to PIP claim benefits. The estimate was developed as follows: \$4,694.59 in underreturns were developed as a result of applying un-requested PIP deductibles to seven (7) claims. This is an average of \$671.00 per claim. There are approximately three hundred sixty-two (362) claims with improperly applied PIP deductibles. By multiplying three hundred sixty-two (362) by the per claim average of \$671.00, the result is \$242,902.00. Exhibit I.
4. The Company owes an estimated \$6,300.00 to the Florida Department of Insurance for non-resident agent license fees. The estimate was calculated as follows: one hundred five (105) past and current employees multiplied by the non-resident agent license fee of \$60.00 results in \$6,300.00. Exhibit XI.
5. The Company owes an estimated \$1,800.00 to the Florida Department of Insurance for unappointed adjusters. The estimate was calculated as follows: thirty (30) past and current employees of Metropolitan Property & Casualty Insurance Company and CCC multiplied by the non-resident adjuster appointment fee of \$60.00 results in \$1,800.00. Exhibit X.

CORRECTIVE ACTIONS

Private Passenger Automobile

1. Due to violations of Section 627.739, Florida Statutes, the Company should endorse all existing policies to provide personal injury protection (PIP) benefits with no deductible or modification. The Company should develop procedures that will provide future insureds with the required written offer of PIP deductibles and modifications before applying any PIP deductibles or modifications. Exhibit I.
2. Due to violations of Section 627.727, Florida Statutes, the Company must obtain a signed uninsured motorist acceptance/rejection form on all policies written to date and any and all future policies which provide bodily injury liability coverage. In the absence of a signed uninsured motorist acceptance/rejection form, the Company should provide uninsured motorist coverage with limits equal to the bodily injury liability limits. In situations where a policy covers two or more vehicles and there is no signed uninsured motorist acceptance/rejection form, the Company should provide stacked uninsured motorist coverage with limits equal to the bodily injury liability limits. Exhibit I.
3. Due to violations of Section 627.727, Florida Statutes, the Company should add bodily injury liability coverage to all existing policies that provide uninsured motorist coverage and no bodily injury liability coverage. The Company should refrain from adding uninsured motorist coverage on future policies that do not provide bodily injury liability insurance. Exhibit I.

Cancellations/NonRenewals

1. Due to violations of Rule 4-167.002, Florida Administrative Code, the Company should file form DI4-493, Report of Rescinded Policy, with the Florida Department of Insurance, Division of Insurer Services, Bureau of Market Conduct, on all policies that have been voided ab initio and file this form within ninety (90) days of voiding an insurance policy ab initio in the future. Exhibit I.
2. Due to violations of Section 627.318, Florida Statutes, the Company should maintain a record of all future notices of cancellation and nonrenewal issued on policies in the State of Florida. Exhibit I.
3. Due to violations of Section 627.4091, Florida Statutes, the Company should give a specific reason to the insured for canceling or nonrenewing all future policies in the State of Florida. Exhibit I.
4. Due to violations of Section 627.728, Florida Statutes, the Company should file with the Florida Department of Insurance its notices of cancellation and nonrenewal to include the language as required in Section 627.728, Florida Statutes. Exhibit I.

5. Due to violations of Section 627.728, Florida Statutes, the Company should include the required language regarding the insured's possibility of eligibility in the FAJUA and the insured's right to appeal in all notices of cancellation and nonrenewal.
6. Due to violations of Section 626.728, Florida Statutes, the Company should provide at least forty-five (45) days advanced notice of cancellation or nonrenewal with the exception of a cancellation for non-payment of premium. Exhibit I.

Claims

1. Due to violations of Section 627.739, Florida Statutes, the Company should reopen all personal injury protection (PIP) claims involving Florida policies wherein a PIP deductible or modification was applied to benefits and refund all applied deductibles or modifications to the consumer, plus interest at eight percent (8%) per annum. The Company should not apply a PIP deductible or modification to any future claims under a Florida policy unless the insured was provided at the time of initial application with a form of notice approved by the Florida Department of Insurance as outlined in Section 627.739, Florida Statutes. Exhibit I.
2. Due to violations of Section 627.736, Florida Statutes, the Company should pay all personal injury protection (PIP) benefits within thirty (30) days of receipt of documented covered charges. Exhibit I.

EXHIBITS

<u>SUBJECT</u>	<u>EXHIBIT NUMBER</u>
REQUEST TO AMERICAN HORIZON INSURANCE COMPANY	I
PRELIMINARY ADVISORY POLICY HFL 013808901	II
PRELIMINARY ADVISORY POLICY HFL 020991301	III
PRELIMINARY ADVISORY POLICY HFL 027810601	IV
PRELIMINARY ADVISORY POLICY HFL 039212801	V
PRELIMINARY ADVISORY POLICY HFL 041219801	VI
PRELIMINARY ADVISORY POLICY HFL 010485601	VII
PRELIMINARY ADVISORY POLICY HFL 032498003	VIII
PRELIMINARY ADVISORY POLICY HFL 013921901	IX
PRELIMINARY ADVISORY ON UNAPPOINTED ADJUSTERS	X
PRELIMINARY ADVISORY ON UNLICENSED AGENTS	XI