



OFFICE OF INSURANCE REGULATION

**FILED**

MAR 9 2007

KEVIN M. McCARTY  
COMMISSIONER

Docketed by: DOM

IN THE MATTER OF:

CASE NO: 88558-06-CO

ANESTHESIOLOGISTS PROFESSIONAL  
ASSURANCE COMPANY

2005 Market Conduct Examination

CONSENT ORDER

THIS CAUSE came on for consideration upon the agreement between ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY, (hereinafter referred to as "ANESTHESIOLOGISTS PROFESSIONAL") and the OFFICE OF INSURANCE REGULATION, (hereinafter referred to as the "OFFICE"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the COMMISSIONER OF THE OFFICE OF INSURANCE REGULATION hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of, and parties to, this proceeding.
2. ANESTHESIOLOGISTS PROFESSIONAL is a domestic property and casualty insurer authorized to transact insurance business in Florida and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Florida Insurance Code.
3. The OFFICE conducted a market conduct examination of ANESTHESIOLOGISTS PROFESSIONAL, pursuant to Section 624.3161, Florida Statutes, in

2005, and as a result of that examination it has been determined that ANESTHESIOLOGISTS PROFESSIONAL, has violated the following provisions of the Florida Insurance Code and/or Florida Administrative Code, to wit:

Medical Malpractice

Section 627.912, Florida Statutes – Failure to Timely Report Closed Claims.

Section 627.912, Florida Statutes – Failure to Accurately Report Closed Claims.

4. ANESTHESIOLOGISTS PROFESSIONAL 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 herein to which the parties may be entitled by law. ANESTHESIOLOGISTS PROFESSIONAL hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. ANESTHESIOLOGISTS PROFESSIONAL agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

(a) ANESTHESIOLOGISTS PROFESSIONAL shall pay a penalty of \$35,000 and administrative costs of \$3,000 on or before the 30th day after this Consent Order is executed.

(b) ANESTHESIOLOGISTS PROFESSIONAL shall henceforth comply with all of the provisions of the Florida Insurance Code and the Florida Administrative Code.

(c) ANESTHESIOLOGISTS PROFESSIONAL is hereby placed on notice of the requirements of the above referenced sections of law and agrees that any future violations of these sections by ANESTHESIOLOGISTS PROFESSIONAL may be deemed willful, subjecting ANESTHESIOLOGISTS PROFESSIONAL to appropriate penalties.

(d) ANESTHESIOLOGISTS PROFESSIONAL shall, within 30 days of the execution of the Consent Order, provide to the OFFICE certification by an officer of the Company that all necessary corrective actions have been completed.

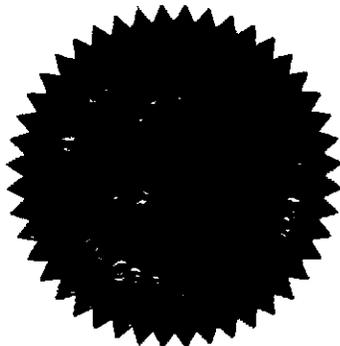
6. ANESTHESIOLOGISTS PROFESSIONAL agrees that the failure to adhere to one or more of the above terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject ANESTHESIOLOGISTS PROFESSIONAL to such administrative action as the OFFICE may deem appropriate.

7. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

THEREFORE, the agreement between ANESTHESIOLOGISTS PROFESSIONAL and the OFFICE, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 9<sup>th</sup> day of March, 2007.



Kevin M. McCarty  
KEVIN M. McCARTY  
Commissioner  
Office of Insurance Regulation

By execution hereof, ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY consents to entry of this Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions therein. The undersigned represents that he or she has the authority to bind ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY to the terms and conditions of this Consent Order.

ANESTHESIOLOGISTS PROFESSIONAL ASSURANCE COMPANY

[Corporate Seal]

By: \_\_\_\_\_  
Print Name: ROBERT E. WHITE, JR  
Title: PRESIDENT  
Date: 2/16/07

STATE OF Florida  
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of February, 2007, by Robert E. White, Jr., who is personally known to me or has produced the following identification \_\_\_\_\_



Signature of Notary \_\_\_\_\_

Aleta M. Towles

Print or Type Name

My Commission Expires: May 9, 2007

**COPIES FURNISHED TO:**

**ROBERT E. WHITE, JR., PRESIDENT**  
Anesthesiologists Professional Assurance Company  
1000 Riverside Avenue, Suite 800  
Jacksonville, FL 32204-4101

**SAM BINNUN, DIRECTOR**  
Office of Insurance Regulation  
Market Investigations  
200 East Gaines Street  
Tallahassee, FL 32399-4210

**JIM L. BENNETT**  
Assistant General Counsel  
Office of Insurance Regulation  
Legal Services  
200 East Gaines Street  
Tallahassee, Florida 32399-4206