



**FILED**

**JAN 05 2016**

OFFICE OF  
INSURANCE REGULATION

OFFICE OF INSURANCE REGULATION

Docketed by: 1088

**KEVIN M. MCCARTY**  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 184075-15-CO

HISCOX INSURANCE COMPANY (BERMUDA) LIMITED  
\_\_\_\_\_ /

CONSENT ORDER

THIS CAUSE came on for consideration as a result of an agreement between HISCOX INSURANCE COMPANY (BERMUDA) LIMITED (hereinafter referred to as "HISCOX") and the FLORIDA OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE") regarding HISCOX's status as a Certified Reinsurer in the state of Florida. Following a complete review of the 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 of the parties herein.
2. HISCOX is a Certified Reinsurer in the state of Florida pursuant to Section 624.610(3)(e), Florida Statutes, Rule 69O-144.007, Florida Administrative Code, and the Consent Order that was executed by HISCOX and the OFFICE on November 4, 2010, case number 113060-10-CO ("Consent Order 113060-10-CO," attached as Exhibit A).

3. The Consent Order was amended twice; both, by Order of the OFFICE dated December 31, 2013 and December 29, 2014, to extend HISCOX's status as a Certified Reinsurer<sup>1</sup>. (collectively, the "Amendments," attached as Exhibits B and C, respectively).

4. To consolidate the Amendments and Consent Order 113060-10-CO and extend HISCOX's status as a Certified Reinsurer in the state of Florida, HISCOX and the OFFICE hereby execute this Consent Order and agree that it shall supersede Consent Order 113060-10 and govern HISCOX's status as a Certified Reinsurer in the state of Florida.

5. HISCOX represents that its purpose for being a Certified Reinsurer under Section 624.610(3)(e), Florida Statutes, and Rule 690-144.007, Florida Administrative Code, is to allow ceding insurers to take credit in their accounting and in financial statements on account of such reinsurance ceded without HISCOX posting full collateral.

6. HISCOX has represented and the OFFICE finds that HISCOX is still in compliance with all of the requirements of the Florida Insurance Code and Florida Administrative Code to being a Certified Reinsurer in the state of Florida.

7. HISCOX is also a certified reinsurer in the state of New York, an NAIC accredited jurisdiction.

8. Section 2.E.(7) of the National Association of Insurance Commissioners ("NAIC") Credit for Reinsurance Model Law states:

If an applicant for certification has been certified as a reinsurer in an NAIC accredited jurisdiction, the commissioner has the discretion to defer to that jurisdiction's certification, and has the discretion to defer to the rating assigned by that jurisdiction, and such assuming insurer shall be considered to be a certified reinsurer in this state.

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<sup>1</sup> HISCOX was previously referred to as an "Eligible Reinsurer" in Florida. However, Rule 690-144.007, Florida Administrative Code, was amended effective July 28, 2015, to substitute the term "certified reinsurer" for "eligible reinsurer." Therefore HISCOX is now classified as a Certified Reinsurer in Florida.

9. Based on HISCOX's certified reinsurer status in the state of New York, pursuant to Section 2.E.(7) of the NAIC Credit for Reinsurance Model Law and Rule 69O-144.007, Florida Administrative Code, this Consent Order shall remain in effect and HISCOX's status as a Certified Reinsurer shall continue until either HISCOX is no longer a Certified Reinsurer in the state of New York or HISCOX surrenders its status, fails to meet the requirements of the Florida Insurance Code or Rule 69O-144.007, Florida Administrative Code, or has its status withdrawn pursuant to Rule 69O-144.007, Florida Administrative Code, or this Consent Order.

10. The minimum collateral a Certified Reinsurer is required to post for the ceding insurer to take one hundred percent (100%) credit in its financial statements on account of such reinsurance ceded is based on the secure rating the Certified Reinsurer is assigned by the OFFICE. Pursuant to Rule 69O-144.007(8)(e)1., Florida Administrative Code:

The maximum rating that a certified reinsurer may be assigned will correspond to its financial strength rating as outlined in subsection (4) of this rule. The Office shall use the lowest financial strength rating received from a rating agency indicated in paragraph 3(a)-(e) of this rule in establishing the maximum rating of a certified reinsurer.

11. HISCOX represents that it currently has secure financial strength ratings of "A" from A.M. Best, "A" from Standard and Poor's, and "A+" from Fitch.

12. Effective July 28, 2015, Rule 69O-144.007(4), Florida Administrative Code, was amended so that, among other things, a rating of A from A.M. Best, A from Standard and Poor's, and A+ from Fitch now corresponds to a Secure – 3 rating and a collateral requirement of twenty percent (20%).

13. For purposes of Rule 69O-144.007(4), Florida Administrative Code, HISCOX acknowledges the collateral required for the ceding insurer to take one hundred percent (100%) credit in its financial statement on account of such reinsurance ceded be no less than twenty percent (20%), unless otherwise amended by the OFFICE. Said collateral requirement shall take

effect for agreements incepting on or after January 1, 2015, up until such time as the collateral requirement may be further amended by the OFFICE. For agreements incepting after November 4, 2010 and before January 1, 2015, twenty percent (20%) is still the minimum collateral HISCOX is required to post for a ceding company to take one hundred percent (100%) credit in its financial statements on account of such reinsurance ceded to HISCOX. The OFFICE and HISCOX acknowledge that HISCOX's collateral requirement is unchanged by the modified security requirements in Rule 69O-144.007, Florida Administrative Code, as amended and effective July 28, 2015.

14. HISCOX represents that it has established collateral security in the form of Letters of Credit and Single-Cedant Trusts for purposes of securing its U.S. liabilities to U.S. cedant insurers. HICOX affirms that such Letters of Credit comply with Section 624.610(4)(c), Florida Statutes, and Rule 69O-144.005(6), Florida Administrative Code. HISCOX further affirms that such Single-Cedent Trust Agreements are held in a qualified United States financial institution, as defined in Section 624.610(5)(b), Florida Statutes and comply with Section 624.610, Florida Statutes, and Rule 69O-144.005(5), Florida Administrative Code. HISCOX agrees that any other form of security it utilizes in lieu of Letters of Credit or Single-Cedant Trusts shall comply with Section 624.610, Florida Statutes, and Rule 69O-144.007, Florida Administrative Code.

15. HISCOX acknowledges and agrees that pursuant to Rule 69O-144.007(8)(d)(2), Florida Administrative Code, HISCOX shall assume only the kind or kinds of reinsurance ceded by ceding insurers for which HISCOX is authorized in its domiciliary jurisdiction.

16. HISCOX acknowledges that in order to maintain its status as a Certified Reinsurer, it is required to file annually with the OFFICE all documentation required by Rule

69O-144.007(8)(h), Florida Administrative Code, on or before the dates on which HISCOX is required to file documentation with respect to its status as a Certified Reinsurer.

17. HISCOX submits to the jurisdiction of the United States' courts and has appointed an agent for service of process in Florida (attached as Exhibit D). Furthermore, HISCOX agrees to post one hundred percent (100%) collateral for its Florida liabilities if it resists the enforcement of a valid and final judgment from a court in the United States or if otherwise required by the OFFICE pursuant to Rule 69O-144.007, Florida Administrative Code.

18. HISCOX affirms that all representations made herein and in connection with this Consent Order are true and material to the issuance of this Consent Order. HISCOX further acknowledges that all requirements set forth herein are material to the issuance of this Consent Order.

19. HISCOX agrees that it will adhere to the continuing requirements for a Certified Reinsurer as described in Rule 69O-144.007, Florida Administrative Code.

20. HISCOX shall report to the OFFICE, Bureau of Property & Casualty Financial Oversight, any time that it is named as a party defendant in a class action lawsuit within fifteen (15) days after the class is certified, and HISCOX shall include a copy of the complaint at the time it reports the class action lawsuit to the OFFICE.

21. HISCOX agrees that, upon execution of this Consent Order by the OFFICE, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the withdrawal of HISCOX's status as a Certified Reinsurer in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

22. The deadlines set forth in this Consent Order may be extended by written approval of the OFFICE. Approval of any deadline extension is subject to statutory or administrative regulation limitations.

23. Each party to this action shall bear its own costs and attorneys' fees.

24. Executive Order 13224, signed by President George W. Bush on September 23, 2001, blocks the assets of terrorists and terrorist support organizations identified by the United States Department of the Treasury, Office of Foreign Assets Control. The Executive Order also prohibits any transactions by U.S. persons involved in the blocked assets and interests. The list of identified terrorists and terrorist support organizations is periodically updated at the Treasury Department's Office of Foreign Assets Control website, <http://www.treas.gov/ofac>. HISCOX shall maintain and adhere to procedures necessary to detect and prevent prohibited transactions with individuals and entities that have been identified at the Treasury Department's Office of Foreign Assets Control website.

25. HISCOX 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 rules of the OFFICE. HISCOX hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum now or in the future available to it, including the rights to any administrative proceeding, circuit or federal court action, or any appeal.

26. HISCOX and the OFFICE agree that this Consent Order shall be deemed to be executed when the OFFICE has signed a copy of this Consent Order bearing the signature of HISCOX or its authorized representative notwithstanding the fact that the copy was transmitted

to the OFFICE electronically. Further, HISCOX agrees that its signature as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between HISCOX INSURANCE COMPANY (BERMUDA) LIMITED and the OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions above are hereby ORDERED.

DONE and ORDERED this 5<sup>th</sup> day of January, 2016.



A handwritten signature in blue ink that reads "Kevin M. McCarty". The signature is written in a cursive style and is positioned above a horizontal line.

Kevin M. McCarty, Commissioner  
Office of Insurance Regulation

By execution hereof, HISCOX INSURANCE COMPANY (BERMUDA) LIMITED 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 he or she has the authority to bind HISCOX INSURANCE COMPANY (BERMUDA) LIMITED to the terms and conditions of this Consent Order.



HISCOX INSURANCE COMPANY (BERMUDA) LIMITED

By: [Signature] [Signature]  
Print Name: REEVA BAKSHI Jeremy Pinchin  
Title: CFO CEO  
Date: 5/1/16

City  
-STATE OF Hamilton  
COUNTY OF Bermuda

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of January 2015, 2016

by Keivon Simons as Notary Public  
(name of person) (type of authority/e.g., officer, trustee, attorney in fact)

for Hiscox Smith & Co  
(company name)

[Signature]  
(Signature of the Notary)

**KEIVON SIMONS, Notary Public**  
for and in the City of Hamilton, in the  
Islands of Bermuda

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known \_\_\_\_\_ or Produced Identification ✓

Type of Identification Produced Drivers Licence



COPIES FURNISHED TO:

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OFFICE OF INSURANCE REGULATION

OFFICE OF  
INSURANCE REGULATION  
Checked by: ES

KEVIN M. MCCARTY  
COMMISSIONER

IN THE MATTER OF:

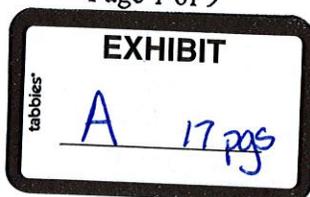
CASE NO.: 113060-10-CO

HISCOX INSURANCE COMPANY (BERMUDA) LIMITED

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of an application with the OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE") by HISCOX INSURANCE COMPANY (BERMUDA) LIMITED (hereinafter referred to as "APPLICANT") to become an Eligible Reinsurer (hereinafter referred to as "Application"), pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 690-144.007, Florida Administrative Code (which is hereby incorporated by reference and attached as Exhibit A). 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 of the parties herein.
2. APPLICANT has applied for and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, met all of the conditions precedent to becoming an Eligible Reinsurer in Florida, pursuant to the requirements set forth by the Florida Insurance Code.



3. APPLICANT is a stock insurer that was organized under the laws of Bermuda, and whose shares are owned and controlled one hundred percent (100%) by HISCOX LTD; a Bermuda-domiciled corporation whose shares are traded on the London Stock Exchange under the symbol "HSX".

4. APPLICANT has represented that the purpose of its Application to become an Eligible Reinsurer under Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code, is to allow ceding insurers (defined in the Rule as domestic insurers) to take credit in their accounting and in financial statements on account of such reinsurance ceded without full collateral.

5. In determining APPLICANT's qualifications as an Eligible Reinsurer pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Florida Administrative Code, the OFFICE has considered the following information submitted by APPLICANT or obtained by the OFFICE:

a. APPLICANT's statutory capital and surplus of eight hundred seven million, eight hundred seventy-two thousand U.S. Dollars (\$807,872,000) as reported in its statutory financial statement as of December 31, 2009, which exceeds the one hundred million U.S. Dollars (\$100,000,000) surplus required under Section 624.610(3)(e), Florida Statutes, and Rule 69O-144.007, Section (3) and Subparagraph (8)(c)1., Florida Administrative Code;

b. APPLICANT's secure financial strength rating from at least two (2) nationally recognized statistical rating organizations;

c. The domiciliary regulatory jurisdiction of the APPLICANT;

d. APPLICANT's domiciliary regulator structure and authority with regard to solvency regulation requirements and financial surveillance;

e. The substance of financial and operating standards for reinsurers of APPLICANT's domiciliary regulator;

f. The form and substance of financial reports or other public financial statements required to be filed by the reinsurers in APPLICANT's domiciliary regulator in accordance with generally accepted accounting principles;

g. APPLICANT's domiciliary regulator's willingness to cooperate with United States regulators in general and the OFFICE in particular;

h. The history and performance of reinsurers in APPLICANT's domiciliary jurisdiction; and

i. Other pertinent information submitted by APPLICANT pursuant to Section 624.610(3)(e), Florida Statutes, and Rule 690-144.007, Florida Administrative Code.

6. APPLICANT shall adhere to the continuing requirements for an Eligible Reinsurer as described in Rule 690-144.007, Florida Administrative Code.

7. For purposes of Rule 690-144.007(4), Florida Administrative Code, APPLICANT acknowledges the collateral required for the ceding insurer to take one hundred percent (100%) credit in its financial statements on account of such reinsurance ceded be no less than twenty percent (20%), unless otherwise amended by the OFFICE. Said collateral requirement shall only apply to property catastrophe reinsurance being provided by the APPLICANT to ceding insurers in Florida and shall take effect for agreements incepting on or after the date of execution of this Consent Order up until such time as the collateral requirement may be amended by the OFFICE.

8. APPLICANT represents in its Application that it will establish collateral security in the form of Letters of Credit and Single-Cedant Trusts for purposes of securing its U.S.

liabilities to U.S. cedant insurers. Such Letters of Credit and Single-Cedant Trusts shall comply with Section 624.610(4)(c), Florida Statutes, and Rule 690-144.005(6), Florida Administrative Code. Further, any other form of security utilized by APPLICANT in lieu of Letters of Credit or Single-Cedant Trusts shall comply with Section 624.610, Florida Statutes, and Rule 690-144.007, Florida Administrative Code.

9. Pursuant to Rule 690-144.007(8)(c)(2), Florida Administrative Code, APPLICANT shall assume only the kind or kinds of reinsurance ceded by ceding insurers for which APPLICANT is authorized in its domiciliary jurisdiction. Further, APPLICANT acknowledges that the eligible reinsurer status shall only apply to property catastrophe reinsurance.

10. APPLICANT acknowledges that in order to maintain its eligible reinsurer status it is required to file annually with the OFFICE all documentation required by Rule 690-144.007(8)(e)1.-5., Florida Administrative Code, on or before the anniversary date of the execution of this Consent Order.

11. APPLICANT submits to the jurisdiction of the United States courts and has appointed an agent for service of process in Florida (attached as Exhibit B). Furthermore, APPLICANT agrees to post one hundred percent (100%) collateral for its Florida liabilities if it resists the enforcement of a valid and final judgment from a court in the United States or if otherwise required by the OFFICE pursuant to Rule 690-144.007, Florida Administrative Code.

12. This Consent Order shall expire on December 31<sup>st</sup>, 2013 at 11:59 PM.

13. APPLICANT shall report to the OFFICE, Bureau of Property & Casualty Financial Oversight, any time that it is named as a party defendant in a class action lawsuit,

within fifteen (15) days after the class is certified, and APPLICANT shall include a copy of the complaint at the time it reports the class action lawsuit to the OFFICE.

14. APPLICANT shall pay within thirty (30) days of execution of this Consent Order, two thousand, five hundred U.S. Dollars (\$2,500) for legal costs associated with this Consent Order.

15. The deadlines set forth in this Consent Order may be extended by written approval of the OFFICE. Approval of any deadline extension is subject to statutory or administrative regulation limitations.

16. APPLICANT affirms that all representations are true and all requirements set forth herein are material to the issuance of this Consent Order.

17. APPLICANT shall report to the OFFICE within sixty (60) days from the date of the execution of this Consent Order a certification evidencing compliance with all of the requirements of this Consent Order. Any exceptions shall be so noted and contained in the certification. Exceptions noted in the certification shall also include a timeline defining when the outstanding requirements of the Consent Order will be complete. Said certification shall be submitted to the OFFICE via electronic mail and directed to the attention of the Assistant General Counsel representing the OFFICE in this matter and as named in this Consent Order.

18. APPLICANT agrees that, upon execution of this Consent Order by the OFFICE, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the withdrawal of APPLICANT's status as an Eligible Reinsurer in this state, in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

19. Executive Order 13224, signed by President George W. Bush on September 23, 2001, blocks the assets of terrorists and terrorist support organizations identified by the United

States Department of the Treasury, Office of Foreign Assets Control. The Executive Order also prohibits any transactions by U.S. persons involved in the blocked assets and interests. The list of identified terrorists and terrorist support organizations is periodically updated at the Treasury Department's Office of Foreign Assets Control website, [www.treas.gov/ofac](http://www.treas.gov/ofac). APPLICANT shall adhere to the requirements of Executive Order 13224 or maintain compliance with the European Union's anti-terrorism laws.

20. 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 herein to which the parties may be entitled by law or rules of the OFFICE. APPLICANT hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum now or in the future available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

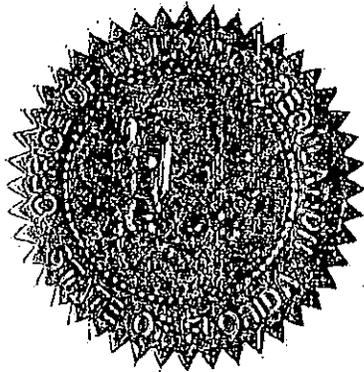
21. Except as noted in this Consent Order, each party to this action shall bear its own costs and fees.

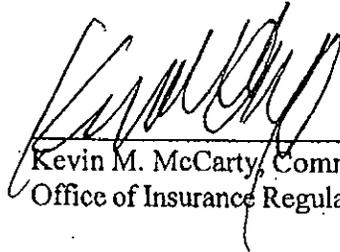
22. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has executed a copy of this Consent Order bearing the signature of APPLICANT or its authorized representative, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, APPLICANT agrees that its signature as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between HISCOX INSURANCE COMPANY (BERMUDA) LIMITED and the OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

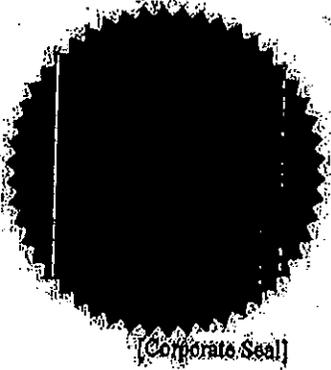
FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 4<sup>th</sup> day of November, 2010.



  
\_\_\_\_\_  
Kevin M. McCarty, Commissioner  
Office of Insurance Regulation

By execution hereof, HISCOX INSURANCE COMPANY (BERMUDA) LIMITED, 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 he/she has the authority to bind HISCOX INSURANCE COMPANY (BERMUDA) LIMITED to the terms and conditions of this Consent Order.



HISCOX INSURANCE COMPANY (BERMUDA) LIMITED

By: [Signature]  
Print Name: CHARLES D. PALIN Kayville Tobin  
Title: CEO CFO  
Date: October 20, 2010

CITY OF HAMILTON

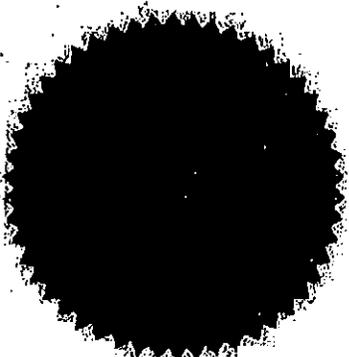
COUNTRY OF BERMUDA

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of October, 2010

by MICHAEL E. SMITH as NOTARY PUBLIC / BARRISTER  
(name of person) (type of authority, e.g. officer, trustee, attorney in fact)  
for SMITH CO.  
(company name)

[Signature]  
(Signature of Notary Public)  
[Print Name]  
(Print Type or Surname of Notary Public)

Personally Known OR Produced Identification for and in the City of Hamilton, in the islands of Bermuda  
Type of Identification Produced DL  
My Commission is unlimited as to time.



COPIES FURNISHED TO:

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**690-144.007 Credit for Reinsurance from Eligible Reinsurers.**

(1) Purpose. Paragraph (3)(e) of Section 624.610, F.S., gives the Commissioner the option to allow credit for reinsurance without full collateral for transactions involving assuming insurers not meeting the requirements of Sections 624.610(3)(a)-(d), F.S. These rules implement that paragraph. This rule does not apply to reinsurers that meet the requirements of Sections 624.610(3)(a)-(d), F.S. This rule is not an attempt to assert extra-territorial jurisdiction. Insurers that write in states other than Florida will need to comply with the laws of those states. This rule applies only to property and casualty insurance; it does not apply to life and health.

(2) Definitions. As used in this rule the following terms have the following meanings:

(a) "Ceding insurer" means a domestic insurer, as defined by paragraph (1) of Section 624.06, F.S.

(b) "Eligible reinsurer" means an assuming insurer which does not meet the requirements of paragraphs (3)(a), (3)(b) or (3)(c) of Section 624.610, F.S., and which has been determined by the commissioner by order to have met the requirements set forth in subsections (7) and (8) of this rule.

(c) "Eligible jurisdiction" means a jurisdiction which has met the requirements set forth in subsection (8) of this rule.

(3) With respect to reinsurance contracts entered into or renewed on or after the effective date of this rule, a ceding insurer may elect to take credit, as an asset or deduction from reserves, for reinsurance ceded to an eligible reinsurer, provided that the eligible reinsurer holds surplus in excess of \$100 million and maintains, on a stand-alone basis separate from its parent or any affiliated entities, a secure financial strength rating from at least two of the rating agencies indicated in paragraphs (a) through (d) of this subsection. The credit is subject to the limitations set forth in this rule. The rating agencies are:

- (a) Standard and Poor's;
- (b) Moody's Investors Service;
- (c) Fitch Ratings;
- (d) A.M. Best Company; or

(4) The collateral required to allow 100% credit shall be no less than the percentage specified for the lowest rating as indicated below:

Collateral Required	Best	S&P	Moody's	Fitch
0%	A++	AAA	Aaa	AAA
10%	A+	AA+, AA, AA-	Aa1, Aa2, Aa3	AA+, AA, AA-
20%	A, A-	A+, A, A-	A1, A2, A3	A+, A, A-
75%	B++, B+	BBB+, BBB, BBB-	Baa1, Baa2, Baa3	BBB+, BBB, BBB-
100%	B, B-, C++, C+, C, C-, D, E, F	BB+, BB, BB-, B+, B, B-, CCC, CC, C, D, R, NR	Ba1, Ba2, Ba3, B1, B2, B3, Caa, Ca, C	BB+, BB, BB-, B+, B, B-, CCC+, CCC, CC, C-, DD

For reinsurance ceded by Florida domestic property insurers for short-tailed lines as defined below, any collateral required to be posted may be subject to a one-year deferral from the date of the first instance of a liability reserve entry as a result of a catastrophic loss from a named Hurricane. For these purposes, a short-tailed line of business is defined as any one of the following lines of business as reported on the NAIC annual financial statement:

- Line 1 Fire
- Line 2 Allied Lines
- Line 3 Farmowners multiple peril
- Line 4 Homeowners multiple peril
- Line 5 Commercial multiple peril
- Line 9 Inland marine
- Line 12 Earthquake
- Line 21 Auto physical damage

(5) Nothing in this rule shall be construed to deny the ceding insurer the ability to take credit for reinsurance for the remainder of its liabilities with an eligible reinsurer so long as those amounts are secured with acceptable collateral pursuant to Section 624.610(4), F.S.



(6) In addition to the trust fund required under paragraph (3)(c) of Section 624.610, F.S., the commissioner shall permit an assuming insurer that maintains a trust fund in a qualified United States financial institution, as that term is defined in paragraph (5)(b) of Section 624.610, F.S., for the payment of the valid claims of its United States cedent insurers and their assigns and successors in interest to also maintain in a qualified United States financial institution a trust fund constituting a trustee amount at least equal to the collateral required in accordance with subsection (4) of this rule to secure the liabilities attributable to United States cedent insurers under reinsurance policies (contracts) entered into or renewed by such assuming insurer on or after the effective date of this rule or such other date as may be established in other states for cedent insurers domiciled in such states, but only when maintenance of such a trust fund serves to protect the interests of the public and the interests of insurer solvency.

(7) A ceding insurer may not take credit pursuant to this rule unless:

(a) The reinsurer has been determined, by order of the commissioner, to be an eligible reinsurer, pursuant to subsection (8) of this rule;

(b) The ceding insurer maintains satisfactory evidence that the eligible reinsurer meets the standards of solvency, including standards for capital adequacy, established by its domestic regulator;

(c) All reinsurance contracts between the ceding insurer and the eligible reinsurer must provide:

1. For an insolvency clause in conformance with Section 624.610(8), F.S.;
2. For a service of process clause in conformance with Section 624.610(3)(f)1. and 2, F.S.; and
3. For a submission to jurisdiction clause in conformance with Section 624.610(3)(f)1. and 2, F.S.

(8) Status as eligible reinsurer:

(a) Application for a determination as an eligible reinsurer under this rule shall be made by cover letter from the insurer requesting a finding of eligibility as a reinsurer pursuant to this rule. The cover letter shall be accompanied with the following:

1. Audited financial statements from inception or for the last 3 years, whichever is less, filed with its domiciliary regulator by the reinsurer or, in the case of a rated group, by the group, pursuant to or including a reconciliation to U.S. GAAP, U.S. Statutory Accounting Principles, or International Financial Property Standards (IFRS); the requirement for 3 years reconciliation shall be waived by the office if the commissioner determines that other provided financial information will be as useful in the determination of financial health of the reinsurer;

2. Documentation that the applicant submits to the jurisdiction of the United States courts, appoints an agent for service of process in Florida, and agrees to post 100% collateral for its Florida liabilities if it resists enforcement of a valid and final judgment from a court in the United States, or if otherwise required by the Office pursuant to this rule;

3. A report that provides information to the office as to its ceded and ceding insurance; the information may be provided in the form of the NAIC Property and Casualty Annual Filing Blank Schedule F, or in any manner that provides the Office with the same information about its ceded and ceding insurance that is disclosed by the NAIC Property and Casualty Annual Filing Blank Schedule F;

4. A list of all disputed or overdue recoverables due to or claimed by ceding insurers, whether or not the claims are in litigation or arbitration;

5. A certification from the domiciliary regulator of the insurer that the company is in good standing and that the regulator will provide financial and operational information to the Office.

(b) The determination of eligibility will be made by order executed by the Commissioner.

(c) To become an eligible reinsurer, the reinsurer, at a minimum:

1. Shall hold surplus in excess of \$100 million;
2. Shall be authorized in its domiciliary jurisdiction to assume the kind or kinds of reinsurance ceded by the ceding insurer; and,
3. Shall be domiciled in an eligible jurisdiction as defined in subsection (9).

(d) If the Commissioner determines, based upon the material submitted, and any other relevant information, that it is in the best interests of market stability and the solvency of ceding insurers, the Commissioner will find, by order, that the insurer is an eligible reinsurer and will set an amount of credit allowed for the reinsurer if lower than the amount set forth in subsection (4).

(e) Every eligible reinsurer shall file the following information annually with the Office, on the anniversary of the order granting it eligibility:

1. A statement certifying that there has been no change in the provisions of its domiciliary license or any of its financial strength ratings, or a statement describing such changes and the reasons therefor;

2. A copy of all financial statements filed with their domiciliary regulator;

3. Any change in its directors and officers;  
4. An updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers; and

5. Any other information that the Office may require to assure market stability and the solvency of ceding insurers.

(f) An eligible reinsurer must immediately advise the Office of any changes in its ratings assigned by rating agencies, or domiciliary license status.

(g) At any time, if the Commissioner determines that it is in the best interests of market stability and the solvency of ceding insurers, the Commissioner will withdraw, by order, any determination of an insurer as an eligible reinsurer or require the reinsurer to post additional collateral.

(h) If the rating of an eligible reinsurer rises above that used by the Commissioner in his or her determination of the credit allowed for the reinsurer, an affected party may petition the Commissioner for a redetermination of the credit allowed. If it is in the best interests of market stability and the solvency of ceding insurers, the Commissioner will raise the credit allowed for the reinsurer.

(9) Status as an eligible jurisdiction:

(a) The determination of a jurisdiction as an eligible jurisdiction is to be made by the Commissioner. No jurisdiction shall be determined to be an eligible jurisdiction unless:

1. The insurance regulatory body of the jurisdiction agrees that it will provide information requested by the Office regarding its eligible domestic reinsurers;

2. The Office has determined that the jurisdiction has a satisfactory structure and authority with regard to solvency regulation, acceptable financial and operating standards for reinsurers in the domiciliary jurisdiction, acceptable transparent financial reports filed in accordance with generally accepted accounting principles, and verifiable evidence of adequate and prompt enforcement of valid U.S. judgments or arbitration awards;

3. The Office has determined that the history of performance by reinsurers in the jurisdiction is such that the insuring public will be served by a finding of eligibility;

4. For non-US jurisdictions, the jurisdiction allows U.S. reinsurers access to the market of the domiciliary jurisdiction on terms and conditions that are at least as favorable as those provided in Florida law and regulations for unaccredited non-U.S. assuming insurers; and

5. There is no other documented information that it would not serve the best interests of the insuring public and the solvency of ceding insurers to make a finding of eligibility.

(b) If the NAIC issues findings that certain jurisdictions should be considered eligible jurisdictions, the Commissioner shall, if it would serve the best interests of the insuring public and the solvency of ceding insurers, make a determination that jurisdictions on the NAIC list are eligible jurisdictions.

(c) If the Commissioner determines that it is in the best interests of market stability and the solvency of ceding insurers, the Commissioner shall withdraw, by order, the determination of a jurisdiction as an eligible jurisdiction.

(10)(a) If the rating of an eligible reinsurer is below or falls below that required in subsection (4) for the respective amount of credit, the existing credit to the ceding insurer shall be adjusted accordingly. Notwithstanding the change or withdrawal of a eligible reinsurer's rating, the Commissioner, upon a determination that the interest of ensuring market stability and the solvency of the ceding insurer requires it, shall, upon request by the ceding insurer, authorize the ceding insurer to continue to take credit for the reinsurance recoverable, or part thereof, relating to the rating change or withdrawal for some specified period of time following such change or withdrawal, unless the reinsurance recoverable is deemed uncollectible.

(b) If the ceding insurer's experience in collecting recoverables from any eligible reinsurer indicates that the credit to the ceding insurer should be lower, the ceding insurer shall notify the office of this.

(11) The ceding insurer shall give immediate notice to the Office and provide for the necessary increased reserves with respect to any reinsurance recoverables applicable, in the event:

(a) That obligations of an eligible reinsurer for which credit for reinsurance was taken under this rule are more than 90 days past due and not in dispute; or

(b) That there is any indication or evidence that any eligible reinsurer, with whom the ceding insurer has a contract, fails to substantially comply with the solvency requirements under the laws of its domiciliary jurisdiction.

(12) The Commissioner shall disallow all or a portion of the credit based on a review of the ceding insurer's reinsurance program, the financial condition of the eligible reinsurer, the eligible reinsurer's claim payment history, or any other relevant

information when such action is in the best interests of market stability and the solvency of the ceding insurer. At any time, the Commissioner may request additional information from the eligible reinsurer. The failure of an eligible reinsurer to cooperate with the Office is grounds for the Commissioner to withdraw the status of the insurer as an eligible reinsurer or for the disallowance or reduction of the credit granted under this rule.

(13)(a) Upon the entry of an order of rehabilitation, liquidation, or conservation against the ceding insurer, pursuant to Chapter 631, Part I, F.S., or the equivalent law of another jurisdiction, an eligible reinsurer, within 30 days of the order, shall fund the entire amount that the ceding insurer has taken, as an asset or deduction from reserves, for reinsurance recoverable from the eligible reinsurer. The insurer may request a variance and waiver from this provision as provided by Section 120.542, F.S.

(b) If an eligible reinsurer fails to comply on a timely basis with paragraph (a) of this subsection, the Commissioner shall withdraw the reinsurer's eligibility under this rule.

(14) The Commissioner may, by order, determine that credit shall not be allowed to any insurer for reinsured risk pursuant to this rule if it appears to the Commissioner that granting of the credit to the ceding insurer would not be in the public interest or serve the best interests of the ceding insurer's solvency.

(15) Nothing in this rule prohibits a ceding insurer and a reinsurer from entering into agreements establishing collateral requirements in excess of those set forth in this rule.

*Specific Authority 624.308, 624.610(14) FS. Law Implemented 624.307(1), 624.610 FS. History—New 10-29-08.*

Applicant Name \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

### Uniform Consent to Service of Process

Original Designation

Amended Designation  
(must be submitted directly to states)

Insurer Name: Hiscox Insurance Company (Bermuda) Limited

Previous Name (if applicable): Hiscox Global Insurance Limited (see attached Secretary's Certificate)

Home Office Address: 45 Reid Street, Wessex House

City, State, Zip: Hamilton, HM 12, Bermuda

NAIC CoCode: AA-3190875

The entity named above, organized under the laws of Bermuda, for purposes of complying with the laws of the State(s) designate hereunder relating to obtaining status as an eligible reinsurer within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

### Applicant Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed in Hamilton, Bermuda on 19 July, 2010.

19.7.10

Date

Signature of President

CHARLES WILLIAM HAWLEY HAY

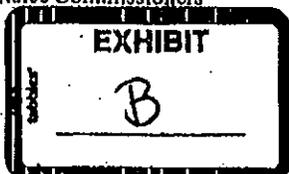
Full Legal Name of President

VISCOUNT HAY

19 July 2010

Signature of Secretary

Cindy Christiane Samuels



Uniform Consent to Service of Process

Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

<input type="checkbox"/> AL	Commissioner of Insurance # and Resident Agent*	<input type="checkbox"/> MT	Commissioner of Insurance #
<input type="checkbox"/> AK	Director of Insurance #	<input type="checkbox"/> NE	Officer of Company* or Resident Agent* (circle one)
<input type="checkbox"/> AZ	Director of Insurance # ^	<input type="checkbox"/> NH	Commissioner of Insurance #
<input type="checkbox"/> AR	Resident Agent *	<input type="checkbox"/> NV	Commissioner of Insurance of Insurance Commission # ^
<input type="checkbox"/> AS	Commissioner of Insurance #	<input type="checkbox"/> NJ	Commissioner of Banking and Insurance # ^
<input type="checkbox"/> CO	Commissioner of Insurance # or Resident Agent* (circle one) ^	<input type="checkbox"/> NM	Superintendent of Insurance #
<input type="checkbox"/> CT	Commissioner of Insurance #	<input type="checkbox"/> NY	Superintendent of Insurance #
<input type="checkbox"/> DE	Commissioner of Insurance #	<input type="checkbox"/> NC	Commissioner of Insurance
<input type="checkbox"/> DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	<input type="checkbox"/> ND	Commissioner of Insurance # ^
<input checked="" type="checkbox"/> FL	Chief Financial Officer # ^	<input type="checkbox"/> OH	Resident Agent*
<input type="checkbox"/> GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	<input type="checkbox"/> OR	Resident Agent*
<input type="checkbox"/> GU	Commissioner of Insurance #	<input type="checkbox"/> OK	Commissioner of Insurance #
<input type="checkbox"/> HI	Insurance Commissioner # and Resident Agent*	<input type="checkbox"/> PR	Commissioner of Insurance #
<input type="checkbox"/> ID	Director of Insurance # ^	<input type="checkbox"/> RI	Commissioner of Insurance ^
<input type="checkbox"/> IL	Director of Insurance #	<input type="checkbox"/> SC	Director of Insurance #
<input type="checkbox"/> IN	Resident Agent* ^	<input type="checkbox"/> SD	Director of Insurance # ^
<input type="checkbox"/> IA	Commissioner of Insurance #	<input type="checkbox"/> TN	Commissioner of Insurance #
<input type="checkbox"/> KS	Commissioner of Insurance # ^	<input type="checkbox"/> TX	Resident Agent*
<input type="checkbox"/> KY	Secretary of State #	<input type="checkbox"/> UT	Resident Agent* ^
<input type="checkbox"/> LA	Secretary of State #	<input type="checkbox"/> VT	Secretary of State #
<input type="checkbox"/> MD	Insurance Commissioner #	<input type="checkbox"/> VI	Lieutenant Governor/Commissioner#
<input type="checkbox"/> ME	Resident Agent* ^	<input type="checkbox"/> WA	Insurance Commissioner #
<input type="checkbox"/> MI	Resident Agent *	<input type="checkbox"/> WV	Secretary of State # @
<input type="checkbox"/> MN	Commissioner of Commerce #	<input type="checkbox"/> WY	Commissioner of Insurance #
<input type="checkbox"/> MS	Commissioner of Insurance and Resident Agent* BOTH are required.		

# For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with full name and address where service of process is to be forwarded. Use additional pages as necessary. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.).

\* Attach a completed Exhibit B listing the Resident Agent for the Insurer (one per state). Include state name, Resident Agent's full name and street address. Use additional pages as necessary. (DC\* requires an agent within a ten mile radius of the District).

^ Initial pleadings only. Kansas requires two signatures.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the applicant when the approval process reaches that point.

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State Florida Name of Entity Tom Dawson

Phone Number 212-259-8011 Fax Number 212-259-6333

Email Address tdawson@dl.com

Mailing Address 1301 Avenue of the Americas, New York, NY 10019-6092

Street Address 1301 Avenue of the Americas, New York, NY 10019-6092

State \_\_\_\_\_ Name of Entity \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Name of Entity \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Name of Entity \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Name of Entity \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Exhibit B

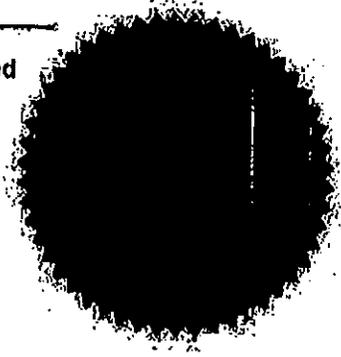
**Hiscox Insurance Company (Bermuda) Limited**  
(the "Company")

I, Cindy Samuels, Secretary of Hiscox Insurance Company (Bermuda) Limited, a Company incorporated and existing under the laws of the Islands of Bermuda, DO HEREBY CERTIFY that the following is a true and correct excerpt of minutes containing a resolution passed at a Meeting of the Board of Directors of the Company held on the 19 day of July, 2010 at which a quorum was present and voting throughout and that the same has not been amended or rescinded and is in accordance with the provisions of the Bye-Laws of the said Company:-

"RESOLVED THAT the President or Secretary of the Company be and is hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state of Florida in which the action shall arise, or in which plaintiff may reside, by service of process in the state indicated above and irrevocably appoints the officer of the state and their successors in such offices or appoints the agent so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state."

IN WITNESS WHEREOF I have hereunto set my signature and affixed the Seal of Hiscox Insurance Company (Bermuda) Limited this 19 day of July, 2010.

  
Cindy Samuels, Secretary  
Hiscox Insurance Company (Bermuda) Limited



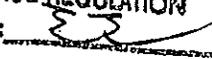
06205



FILED

DEC 31 2013

OFFICE OF  
INSURANCE REGULATION

Docketed by: 

OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 113060-10

HISCOX INSURANCE COMPANY (BERMUDA) LIMITED

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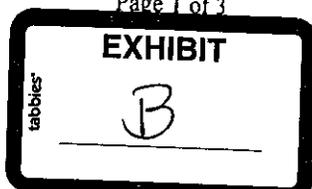
ORDER

To: Hiscox Insurance Company (Bermuda) Limited  
c/o Jeremy Pinchin  
Chief Executive Officer  
Wessex House, 4<sup>th</sup> Floor  
45 Reid Street  
Hamilton, HM 12  
Bermuda

THIS CAUSE came on for consideration upon the expiration of Consent Order 113060-10-CO (attached as exhibit "A" and hereby incorporated by reference) and by the request of HISCOX INSURANCE COMPANY (BERMUDA) LIMITED (hereinafter referred to as "HISCOX"). The OFFICE OF INSURANCE REGULATION (hereinafter referred to as "OFFICE"), following a complete review of the entire record and upon consideration thereof, and otherwise being fully advised in the premises, hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and of the parties herein.
2. HISCOX's status as an Eligible Reinsurer expires pursuant to Consent Order 113060-10-CO on December 31, 2013 at 11:59 P.M.

Page 1 of 3

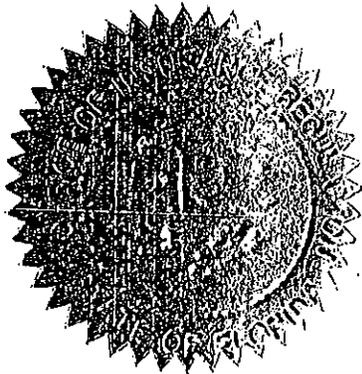


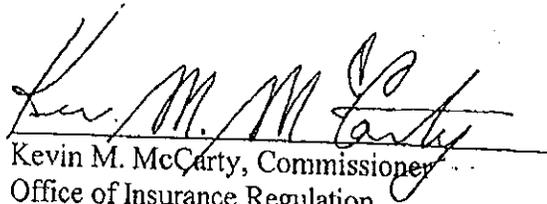
3. HISCOX has petitioned the OFFICE to continue its status as an Eligible Reinsurer.

4. The OFFICE finds that HISCOX is still in compliance with all of the requirements of the Florida Insurance Code, Florida Administrative Code, and Consent Order 113060-10-CO.

WHEREFORE, paragraph 12 of Consent Order 113060-10-CO is hereby modified to "This Consent Order shall expire on December 31, 2014 at 11:59 PM, unless extended by written approval of the OFFICE." All other terms and conditions contained in Consent Order No. 113060-10-CO, not otherwise modified as above, shall remain in full force and effect, and all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 31<sup>st</sup> day of December, 2013.



  
Kevin M. McCarty, Commissioner  
Office of Insurance Regulation

COPIES FURNISHED TO:

JEREMY PINCHIN, CHIEF EXECUTIVE OFFICER  
Hiscox Insurance Company (Bermuda) Limited  
Wessex House, 4<sup>th</sup> Floor  
45 Reid Street  
Hamilton, HM 12  
Bermuda  
E-Mail: [Jeremy.pinchin@hiscox.bm](mailto:Jeremy.pinchin@hiscox.bm)

THOMAS M. DAWSON, ESQ.  
Dewey & LeBoeuf LLP  
1301 Avenue of the Americas  
New York, New York 10019-6092  
Telephone: (212)259-8011  
E-Mail: [tdawson@dl.com](mailto:tdawson@dl.com)

DAVID ALTMAIER, CHIEF ANALYST  
Property & Casualty Financial Oversight  
Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0329  
E-Mail: [david.altmaier@flor.com](mailto:david.altmaier@flor.com)

VIRGINIA A. CHRISTY, ASSISTANT GENERAL COUNSEL  
Legal Services Office  
Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-4206  
Telephone: (850)413-4220  
E-Mail: [virginia.christy@flor.com](mailto:virginia.christy@flor.com)



**FILED**

DEC 29 2014

OFFICE OF  
INSURANCE REGULATION  
Docketed by: 22

OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 113060-10

HISCOX INSURANCE COMPANY  
(BERMUDA) LIMITED

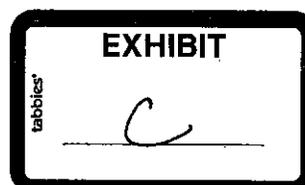
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ORDER

To: Hiscox Insurance Company (Bermuda) Limited  
c/o Jeremy Pinchin  
Chief Executive Officer  
Wessex House, 4<sup>th</sup> Floor  
45 Reid Street  
Hamilton, HM 12  
Bermuda

THIS CAUSE came on for consideration upon the expiration of Consent Order 113060-10-CO (attached as exhibit "A" and hereby incorporated by reference), as extended by Order 113060-10 (attached as exhibit "B" and hereby incorporated by reference), and by the request of HISCOX INSURANCE COMPANY (BERMUDA) LIMITED (hereinafter referred to as "HISCOX"). The OFFICE OF INSURANCE REGULATION (hereinafter referred to as "OFFICE"), following a complete review of the entire record and upon consideration thereof, and otherwise being fully advised in the premises, hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and of the parties herein.



2. Pursuant to Consent Order 113060-10-CO, HISCOX's status as an Eligible Reinsurer was due to expire on December 31, 2013, at 11:59 P.M. Such expiration date was extended to December 31, 2014, at 11:59 P.M. by Order 113060-10, dated December 31, 2013

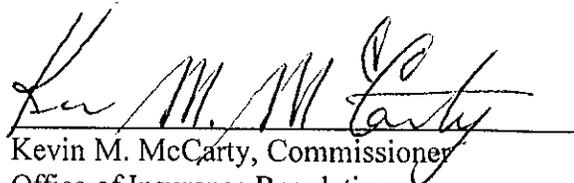
3. HISCOX has petitioned the OFFICE to continue its status as an Eligible Reinsurer.

4. Based on documentation submitted and representations made by HISCOX, HISCOX remains eligible to continue its status as an Eligible Reinsurer.

WHEREFORE, paragraph 12 of Consent Order 113060-10-CO is hereby modified to reflect "This Consent Order shall expire on December 31, 2015, at 11:59 PM, unless extended by written approval of the OFFICE." All other terms and conditions contained in Consent Order 113060-10-CO, not otherwise modified as above, shall remain in full force and effect, and all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 29<sup>th</sup> day of December, 2014.



  
Kevin M. McCarty, Commissioner  
Office of Insurance Regulation

COPIES FURNISHED TO:

JEREMY PINCHIN, CHIEF EXECUTIVE OFFICER  
Hiscox Insurance Company (Bermuda) Limited  
Wessex House, 4<sup>th</sup> Floor  
45 Reid Street  
Hamilton, HM 12  
Bermuda  
E-Mail: [jeremy.pinchin@hiscox.bm](mailto:jeremy.pinchin@hiscox.bm)

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DAVID ALTMAIER, DIRECTOR  
Property & Casualty Financial Oversight  
Office of Insurance Regulation  
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E-Mail: [david.altmaier@floir.com](mailto:david.altmaier@floir.com)

RACHIC' A. WILSON, ASSISTANT GENERAL COUNSEL  
Legal Services Office  
Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-4206  
E-Mail: [rachic.wilson@floir.com](mailto:rachic.wilson@floir.com)

Applicant Name \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

### Uniform Consent to Service of Process

Original Designation

Amended Designation  
(must be submitted directly to states)

Insurer Name: Hiscox Insurance Company (Bermuda) Limited

Previous Name (if applicable): Hiscox Global Insurance Limited (see attached Secretary's Certificate)

Home Office Address: 45 Reid Street, Wessex House

City, State, Zip: Hamilton, HM 12, Bermuda

NAIC CoCode: AA-3190875

The entity named above, organized under the laws of Bermuda, for purposes of complying with the laws of the State(s) designate hereunder relating to obtaining status as an eligible reinsurer within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

### Applicant Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant must read the following very carefully and sign:

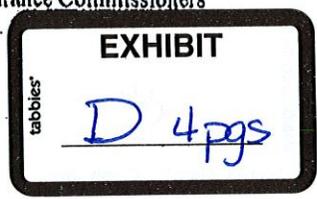
1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed in Hamilton, Bermuda on 19 July, 2010.

19. 7. 10  
Date

[Signature]  
Signature of President  
CHARLES WILLIAM HAWLEY HAY  
Full Legal Name of President

19 July 2010

[Signature]  
Signature of Secretary  
Cindy Christiane Samuels



Uniform Consent to Service of Process

Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

<input type="checkbox"/> AL	Commissioner of Insurance # and Resident Agent*	<input type="checkbox"/> MT	Commissioner of Insurance #
<input type="checkbox"/> AK	Director of Insurance #	<input type="checkbox"/> NE	Officer of Company* or Resident Agent* (circle one)
<input type="checkbox"/> AZ	Director of Insurance # ^	<input type="checkbox"/> NH	Commissioner of Insurance #
<input type="checkbox"/> AR	Resident Agent *	<input type="checkbox"/> NV	Commissioner of Insurance of Insurance Commission # ^
<input type="checkbox"/> AS	Commissioner of Insurance #	<input type="checkbox"/> NJ	Commissioner of Banking and Insurance #^
<input type="checkbox"/> CO	Commissioner of Insurance # or Resident Agent* (circle one) ^	<input type="checkbox"/> NM	Superintendent of Insurance #
<input type="checkbox"/> CT	Commissioner of Insurance #	<input type="checkbox"/> NY	Superintendent of Insurance #
<input type="checkbox"/> DE	Commissioner of Insurance #	<input type="checkbox"/> NC	Commissioner of Insurance
<input type="checkbox"/> DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	<input type="checkbox"/> ND	Commissioner of Insurance # ^
<input checked="" type="checkbox"/> FL	Chief Financial Officer # ^	<input type="checkbox"/> OH	Resident Agent*
<input type="checkbox"/> GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	<input type="checkbox"/> OR	Resident Agent*
<input type="checkbox"/> GU	Commissioner of Insurance #	<input type="checkbox"/> OK	Commissioner of Insurance #
<input type="checkbox"/> HI	Insurance Commissioner # and Resident Agent*	<input type="checkbox"/> PR	Commissioner of Insurance #
<input type="checkbox"/> ID	Director of Insurance # ^	<input type="checkbox"/> RI	Commissioner of Insurance ^
<input type="checkbox"/> IL	Director of Insurance #	<input type="checkbox"/> SC	Director of Insurance #
<input type="checkbox"/> IN	Resident Agent* ^	<input type="checkbox"/> SD	Director of Insurance # ^
<input type="checkbox"/> IA	Commissioner of Insurance #	<input type="checkbox"/> TN	Commissioner of Insurance #
<input type="checkbox"/> KS	Commissioner of Insurance ^	<input type="checkbox"/> TX	Resident Agent*
<input type="checkbox"/> KY	Secretary of State #	<input type="checkbox"/> UT	Resident Agent* ^
<input type="checkbox"/> LA	Secretary of State #	<input type="checkbox"/> VT	Secretary of State #
<input type="checkbox"/> MD	Insurance Commissioner #	<input type="checkbox"/> VI	Lieutenant Governor/Commissioner#
<input type="checkbox"/> ME	Resident Agent* ^	<input type="checkbox"/> WA	Insurance Commissioner #
<input type="checkbox"/> MI	Resident Agent *	<input type="checkbox"/> WV	Secretary of State # @
<input type="checkbox"/> MN	Commissioner of Commerce #	<input type="checkbox"/> WY	Commissioner of Insurance #
<input type="checkbox"/> MS	Commissioner of Insurance and Resident Agent* BOTH are required.		

# For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with full name and address where service of process is to be forwarded. Use additional pages as necessary. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.).

\* Attach a completed Exhibit B listing the Resident Agent for the insurer (one per state). Include state name, Resident Agent's full name and street address. Use additional pages as necessary. (DC\* requires an agent within a ten mile radius of the District).

^ Initial pleadings only. Kansas requires two signatures.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the applicant when the approval process reaches that point.

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State Florida Name of Entity Tom Dawson

Phone Number 212-259-8011 Fax Number 212-259-6333

Email Address tdawson@dl.com

Mailing Address 1301 Avenue of the Americas, New York, NY 10019-6092

Street Address 1301 Avenue of the Americas, New York, NY 10019-6092

State \_\_\_\_\_ Name of Entity \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Name of Entity \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Name of Entity \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

State \_\_\_\_\_ Name of Entity \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

Exhibit B

**Hiscox Insurance Company (Bermuda) Limited**  
(the "Company")

I, Cindy Samuels, Secretary of Hiscox Insurance Company (Bermuda) Limited, a Company incorporated and existing under the laws of the Islands of Bermuda, DO HEREBY CERTIFY that the following is a true and correct excerpt of minutes containing a resolution passed at a Meeting of the Board of Directors of the Company held on the 19 day of July, 2010 at which a quorum was present and voting throughout and that the same has not been amended or rescinded and is in accordance with the provisions of the Bye-Laws of the said Company:-

**"RESOLVED THAT** the President or Secretary of the Company be and is hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give Irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state of Florida in which the action shall arise, or in which plaintiff may reside, by service of process in the state indicated above and Irrevocably appoints the officer of the state and their successors in such offices or appoints the agent so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state."

IN WITNESS WHEREOF I have hereunto set my signature and affixed the Seal of Hiscox Insurance Company (Bermuda) Limited this 19 day of July, 2010,

  
Cindy Samuels, Secretary

**Hiscox Insurance Company (Bermuda) Limited**

