



THE TREASURER OF THE STATE OF FLORIDA  
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF:

CASE NO.: 41106-01-CO

**INSURANCE COMPANY OF NORTH AMERICA**

2000 Property and Casualty Market Conduct Examination  
/

**CONSENT ORDER**

THIS CAUSE came on for consideration as the result of an agreement between **INSURANCE COMPANY OF NORTH AMERICA** (hereinafter referred to as “**INSURANCE COMPANY OF NORTH AMERICA**”) and the **FLORIDA DEPARTMENT OF INSURANCE** (hereinafter referred to as the “**DEPARTMENT**”). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the Treasurer and Insurance Commissioner, as head of the **FLORIDA DEPARTMENT OF INSURANCE**, hereby finds as follows:

1. The Treasurer and Insurance Commissioner, as head of the **DEPARTMENT**, has jurisdiction over the subject matter of, and parties to, this proceeding.
2. **INSURANCE COMPANY OF NORTH AMERICA** is a foreign property and casualty insurer authorized to transact insurance business in Florida and is subject to the jurisdiction and regulation of the **DEPARTMENT** pursuant to the Florida Insurance Code.

3. The **DEPARTMENT** conducted a property and casualty market conduct examination of **INSURANCE COMPANY OF NORTH AMERICA** covering the period of January 1996 through February 1998, pursuant to Section 624.3161, Florida Statutes. As a result of such examination, the **DEPARTMENT** determined that **INSURANCE COMPANY OF NORTH AMERICA** committed the following violations of the Florida Insurance Code or Florida Administrative Code as outlined in total in the Fine Worksheet provided with the Report of Examination Findings.

a. Homeowners

1. Failure to Attach Hurricane Deductible Notice. In violation of Section 627.701, F.S.
2. Failure to Follow Filed Rate, Rating Schedule or Rating Rule-Incorrect Rate in violation of Section 627.062, F.S.

b. Claims

1. Failure to Communicate Timely in violation of Rule 4-166.024, F.A.C.

4. The **DEPARTMENT** and **INSURANCE COMPANY OF NORTH AMERICA** expressly waive a hearing in this matter and the making of Findings of Fact and Conclusions of Law by the **DEPARTMENT** and all further and other proceedings herein to which the parties may be entitled by law. **INSURANCE COMPANY OF NORTH AMERICA** hereby knowingly and voluntarily waives the rights to challenge or to contest this Order, in any forum now available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. For each violation noted in Paragraph 3, which was not corrected during the examination and verification provided to the **DEPARTMENT, INSURANCE COMPANY OF NORTH AMERICA** shall provide written documentation to the **DEPARTMENT** no later than June 15, 2001, detailing the corrective action taken in

order to comply with Florida Statutes for each of the remaining violations noted in Paragraph 3. All pending refunds shall be completed within 60 days of the execution of the Consent Order and documentation provided to the **DEPARTMENT**.

6. **INSURANCE COMPANY OF NORTH AMERICA** agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

(a) **INSURANCE COMPANY OF NORTH AMERICA** shall pay an administrative penalty of \$100 and administrative costs of \$25 on or before the 30th day after this Consent Order is executed.

(b) **INSURANCE COMPANY OF NORTH AMERICA** shall henceforth comply with all of the provisions of the Florida Insurance Code and Florida Administrative Code, and will implement the recommendations contained in this report within 90 days after execution of Consent Order.

(c) **INSURANCE COMPANY OF NORTH AMERICA** 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 **INSURANCE COMPANY OF NORTH AMERICA** may be deemed willful, subjecting **INSURANCE COMPANY OF NORTH AMERICA** to appropriate penalties.

7. **INSURANCE COMPANY OF NORTH AMERICA** agrees that the failure to adhere to one or more of the above terms and conditions of this Order shall constitute a violation of a lawful order of the **DEPARTMENT**, and shall subject **INSURANCE COMPANY OF NORTH AMERICA** to such administrative action as the Treasurer and Insurance Commissioner may deem appropriate.

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

9. **THEREFORE**, the agreement between **INSURANCE COMPANY OF NORTH AMERICA** and the **DEPARTMENT**, the terms and conditions of that are set forth above, is approved.

**FURTHER**, all terms and conditions above are hereby **ORDERED**.

**DONE AND ORDERED** this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

\_\_\_\_\_  
**KEVIN MCCARTY**  
Deputy Insurance Commissioner

By execution hereof **INSURANCE COMPANY OF NORTH AMERICA** consents to entry of this Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. I am authorized to execute this document.

**INSURANCE COMPANY OF NORTH AMERICA**

By: \_\_\_\_\_

\_\_\_\_\_  
(Printed or Typed Name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**COPIES FURNISHED TO:**

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