



OFFICE OF INSURANCE REGULATION

FILED

MAR 9 2007

KEVIN M. McCARTY
COMMISSIONER

Docketed by: DM

IN THE MATTER OF:

CASE NO: 88564-06-CO

PODIATRY INSURANCE COMPANY OF
AMERICA, A MUTUAL COMPANY

2005 Market Conduct Examination
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration upon the agreement between PODIATRY INSURANCE COMPANY OF AMERICA, A MUTUAL COMPANY, (hereinafter referred to as "PODIATRY INSURANCE") 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. PODIATRY INSURANCE is a foreign 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 PODIATRY INSURANCE, pursuant to Section 624.3161, Florida Statutes, in 2005, and as a result of that

examination it has been determined that PODIATRY INSURANCE, 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. PODIATRY INSURANCE 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. PODIATRY INSURANCE 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. PODIATRY INSURANCE agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

(a) PODIATRY INSURANCE shall pay a penalty of \$11,000 and administrative costs of \$3,000 on or before the 30th day after this Consent Order is executed.

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

(c) PODIATRY INSURANCE 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 PODIATRY INSURANCE subject PODIATRY INSURANCE to appropriate penalties.

(d) PODIATRY INSURANCE 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.

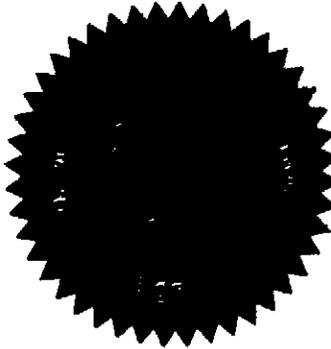
6. PODIATRY INSURANCE agrees that the failure to adhere to one or more of the above terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject PODIATRY INSURANCE to such administrative action as the OFFICE may deem appropriate.

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

THEREFORE, the agreement between PODIATRY INSURANCE 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 9th day of March, 2007.



KEVIN M. McCARTY
Commissioner
Office of Insurance Regulation

By execution hereof, PODIATRY INSURANCE COMPANY OF AMERICA, A MUTUAL 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 PODIATRY INSURANCE COMPANY OF AMERICA, A MUTUAL COMPANY to the terms and conditions of this Consent Order.

PODIATRY INSURANCE COMPANY OF AMERICA,
A MUTUAL COMPANY

By: _____

Print Name: Jerry D. Brant, DPM

Title: President/CEO

Date: February 21, 2007

STATE OF: Tennessee

COUNTY OF : Williamson

The foregoing instrument was acknowledged before me this 21st day of February 2007, by _____, who is personally known to me or has produced the following identification _____.



My Commission Expires JAN. 17, 2010

My Commission Expires:

Signature of Notary _____

Barbara J. Garner

Print or Type Name