



**FILED**

**AUG 30 2021**

**INSURANCE REGULATION**  
Docketed by: *RJZ*

**OFFICE OF INSURANCE REGULATION**

**DAVID ALTMAIER**  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 283284-21-CO

AMTRUST TITLE INSURANCE COMPANY /

AMENDMENT TO CONSENT ORDER 216773-17-CO

THIS CAUSE came on for consideration upon the request of AMTRUST TITLE INSURANCE COMPANY (“AMTRUST”) to the FLORIDA OFFICE OF INSURANCE REGULATION (“OFFICE”), to amend Consent Order 216773-17-CO (“2017 Consent Order”), docketed on November 6, 2017, by striking paragraph 10 as AMTRUST has satisfied the conditions therein. A true and correct copy of the 2017 Consent Order is attached hereto as Exhibit A. Following a complete review of the entire record and upon consideration thereof, and otherwise being fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.
2. AMTRUST is a New York-domiciled property and casualty insurance company that is authorized to transact title insurance in the state of Florida through a subsisting Certificate of Authority issued by the OFFICE in accordance with Sections 624.401, 624.404, and 624.413, Florida Statutes.
3. Paragraph 10 of the 2017 Consent Order provided certain terms and conditions to which AMTRUST agreed, including AMTRUST being treated as commercially domiciled in Florida, until such time as it could demonstrate to the OFFICE that it had produced 3 consecutive

years of net income as evidenced in its Annual Statements filed with the National Association of Insurance Commissioners.

4. The OFFICE hereby acknowledges that AMTRUST has reported a net income on its Annual Statements for the years 2018, 2019, and 2020. Accordingly, paragraph 10 of the 2017 Consent Order is hereby stricken in its entirety and AMTRUST shall be henceforth regulated as a foreign insurer in Florida.

5. AMTRUST agrees that the only modification to the 2017 Consent Order is as set forth in paragraph 4 above. All other previous terms and conditions of the 2017 Consent Order, not otherwise modified, are unchanged and remain in full force and effect.

6. Any prior orders, consent orders, or corrective action plans that AMTRUST has entered into with the OFFICE prior to the execution of this Consent Order shall apply and remain in full force and effect for AMTRUST, except where provisions of such orders, consent orders, or corrective action plans have expired; have been superseded by subsequent orders, consent orders, or corrective action plans; or are inconsistent with this Consent Order.

7. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such approval must be requested in writing prior to any proposed deviation from the terms of this Consent Order.

8. AMTRUST agrees and affirms that all information, submissions, explanations, representations, and documents provided to the OFFICE in connection with this matter, including all attachments and supplements thereto, are material to the issuance of this Consent Order.

9. AMTRUST 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

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

10. AMTRUST expressly agrees that this Consent Order shall be binding on the company and any successor in interest. AMTRUST further agrees to notify any successors in interest that this Consent Order and the 2017 Consent Order are in force.

11. Each party to this action shall bear its own costs and fees.

12. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the notarized signature of the authorized representative of AMTRUST.

WHEREFORE, subject to the terms and conditions set forth above, the agreement between AMTRUST TITLE INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION is APPROVED.

All terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 30<sup>th</sup> day of August, 2021.



*David Altmaier*

David Altmaier, Commissioner  
Office of Insurance Regulation

By execution hereof, AMTRUST TITLE INSURANCE COMPANY 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 they have the authority to bind AMTRUST TITLE INSURANCE COMPANY to the terms and conditions of this Consent Order.



AMTRUST TITLE INSURANCE COMPANY

By: [Signature]

Print Name: Stephen Ungar

Title: Director, Secretary

Date: 8/27/21

STATE OF New York

COUNTY OF New York

The foregoing instrument was acknowledged before me this 27 day of August, 2021

by Stephen Ungar as Director, Secretary  
(Name of Person) (Type of Authority – e.g. officer, trustee, attorney-in-fact)

for AmTrust Title Insurance Company  
(Company Name)



[Signature]  
(Signature of the Notary)

Patricia A Nelson  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires 03/05/2022

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**FILED**

NOV 06 2017

OFFICE OF  
INSURANCE REGULATION  
Docketed by:                     

**OFFICE OF INSURANCE REGULATION**

**DAVID ALTMAIER**  
COMMISSIONER

**IN THE MATTER OF:**

**CASE NO.: 216773-17-CO**

**Application for the Issuance of a  
Certificate of Authority to  
AMTRUST TITLE INSURANCE COMPANY**

**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") for the issuance of a Certificate of Authority to AMTRUST TITLE INSURANCE COMPANY (hereinafter referred to as "APPLICANT") as an authorized foreign insurer, pursuant to Sections 624.401, 624.404, and 624.413, Florida Statutes, to write the (0285) Title line of insurance in this state (hereinafter referred to as "Application"). 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 the granting to it of a Certificate of Authority as a foreign insurer in Florida, pursuant to the requirements set forth for such licensure in the Florida Insurance Code.**

3. APPLICANT is a stock title insurer that is domiciled in the state of New York and is wholly owned by AMTRUST FINANCIAL SERVICES, INC. (hereinafter referred to as "AMTRUST FINANCIAL"), a Delaware corporation whose stock is traded on the NASDAQ under the symbol "AFSP". The Application represents that AMTRUST FINANCIAL is owned fifteen percent (15%) by Barry D. Zyskind, sixteen and six tenths percent (16.6%) by George Karfunkel, and eleven and four tenths percent (11.4%) by Leah Karfunkel, with no other ten percent (10%) or greater shareholders of the outstanding stock of AMTRUST FINANCIAL. Said representations are material to the issuance of this Consent Order.

4. APPLICANT and AMTRUST FINANCIAL have made material representations that, except as disclosed in the Application, none of the officers and directors of APPLICANT, and none of the officers, directors, or ten percent (10%) or greater shareholders of AMTRUST FINANCIAL have been found guilty of, or have pleaded guilty or nolo contendere to, a felony or a misdemeanor, other than a minor traffic violation, without regard to whether a judgment of conviction was entered by the court.

5. APPLICANT and AMTRUST FINANCIAL represent that they have provided complete background information on all individuals referenced in paragraph four (4) above. If said information has not been provided, or if the sources utilized by the OFFICE in its investigation process reveal that the representations made in paragraph four (4) above are inaccurate, any individual involved shall be removed as officer, director, or ten percent (10%) or greater shareholder of APPLICANT or AMTRUST FINANCIAL within thirty (30) days of receipt of notification from the OFFICE and replaced with a person or persons acceptable to the OFFICE.

6. If, upon receipt of such notification from the OFFICE, pursuant to paragraph five (5) above, APPLICANT or AMTRUST FINANCIAL does not timely take the required corrective

action, APPLICANT and AMTRUST FINANCIAL agree that such failure to act would constitute an immediate serious danger to the public and the OFFICE may immediately suspend, revoke, or take other administrative action as it deems appropriate upon the Certificate of Authority of APPLICANT without further proceedings, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

7. APPLICANT has filed, and the OFFICE has relied upon, the representations in the Plan of Operation and supporting documents that APPLICANT has submitted with its Application. Written approval must be secured from the OFFICE prior to any material deviation from said Plan of Operation.

8. APPLICANT and AMTRUST FINANCIAL affirm that all explanations, representations, and documents provided to the OFFICE in connection with APPLICANT's Application, including all attachments and supplements thereto, are material to the issuance of this Consent Order and fully describe all transactions, agreements, and understandings regarding the operation of APPLICANT.

9. The OFFICE has determined that APPLICANT, under current ownership, has not operated satisfactorily for at least three (3) years in its state of domicile. Pursuant to Section 624.404(2)(a), Florida Statutes, APPLICANT has requested that the OFFICE waive the seasoning requirement on the basis that it has capital and surplus in excess of five million U.S. Dollars (\$5,000,000) and that it has operated successfully.

10. In furtherance to paragraph nine (9) above, APPLICANT agrees to comply with the following until such time as APPLICANT can demonstrate to the OFFICE that it has produced three (3) consecutive years of Net Income, as evidenced in its Annual Statement filed with the National Association of Insurance Commissioners:



- a) APPLICANT agrees to be treated as a commercially domiciled insurer in Florida, in accordance with Section 624.075, Florida Statutes, and shall otherwise comply with the Florida Insurance Code as if APPLICANT were a domestic insurer;
- b) Any proposed amendment to APPLICANT's Articles of Incorporation shall be submitted to the OFFICE for prior written approval before adoption;
- c) APPLICANT shall maintain capital and surplus as to policyholders of no less than ten million U.S. Dollars (\$10,000,000);
- d) APPLICANT shall maintain an A.M. Best rating of no less than "A-", as represented in the Application;
- e) APPLICANT shall provide to the OFFICE on a going-forward basis copies of any new executed reinsurance contracts, in addition to its current Title Insurance Excess of Loss Amended and Restated Reinsurance Contract with its affiliate, AmTrust International Insurance, Ltd. In addition, APPLICANT shall provide to the OFFICE any amendments to the foregoing reinsurance contract with AmTrust International Insurance, Ltd.;
- f) APPLICANT shall provide to the OFFICE on a going-forward basis any changes, including extension of expiry period, to the Guaranty Agreement, effective November 16, 2015, which APPLICANT is a party to with AMTRUST FINANCIAL;
- g) APPLICANT shall provide to the OFFICE on a going-forward basis any changes, with explanation, to the current Intercompany Management Agreement between APPLICANT and AmTrust North America, Inc., or the current Tax Allocation Agreement between APPLICANT and AMTRUST FINANCIAL, which were both approved on September 5, 2014, by the New York Department of Financial Services;

h) APPLICANT shall not exceed the direct, assumed, or net premiums written as projected in the Pro Forma Financial Statement submitted by APPLICANT with the Application, without the prior written approval of the OFFICE;

i) APPLICANT shall pay only those dividends that have been approved in advance and in writing by the OFFICE;

j) APPLICANT shall ensure that any agreement APPLICANT is party to or governed by, with respect to any reinsurance coverage, shall provide for terms and pricing to be procured at open market terms. APPLICANT shall conduct sufficient due diligence, through a broker or otherwise, and shall solicit legitimate written quotes from potential third party reinsurers through a firm order prior to entering into any such quota share or excess of loss agreement;

k) APPLICANT shall be subject to all requirements of Section 628.461, Florida Statutes, with regard to acquisition filings as if APPLICANT were domiciled in Florida;

l) APPLICANT shall notify the OFFICE and provide supporting documentation within ten (10) business days of any regulatory action taken by a state regulator, including New York;

m) APPLICANT shall provide the OFFICE with a copy of any revisions to its business plan as filed with its state of domicile, including any corrective action plan;

n) APPLICANT shall keep the OFFICE informed of all quarterly and annual financial filings that are submitted to the U.S. Securities and Exchange Commission on behalf of APPLICANT'S parent company, AMTRUST FINANCIAL;

o) Any agreements that APPLICANT enters into with any affiliated person, entity, or related party, as defined in Statement of Statutory Accounting Principles No. 25 of the National Association of Insurance Commissioners Accounting Practices and Procedures Manual,

shall be in writing and shall be submitted to the OFFICE for review and prior written approval. "Affiliate" and "affiliated person" shall have the same meaning as in Section 624.10, Florida Statutes; and

p) APPLICANT shall file updates to its holding company registration statement with the OFFICE in addition to such filings made to its state of domicile.

If APPLICANT has not produced the three (3) consecutive years of Net Income required by this paragraph, but APPLICANT has complied with the terms and conditions of this Consent Order and is otherwise in compliance with the Florida Insurance Code, APPLICANT may submit a request to the OFFICE to no longer be subject to the conditions in this paragraph. If the OFFICE approves such request in writing, APPLICANT will no longer be subject to the conditions in this paragraph.

11. Notwithstanding the provisions of Section 625.340, Florida Statutes, APPLICANT shall be subject to the requirements of Parts I and II of Chapter 625, Florida Statutes. Non-qualifying assets or investments in excess of limitations shall be non-admitted by the OFFICE and its surplus as to policyholders adjusted accordingly.

12. APPLICANT shall file with the OFFICE, via the National Association of Insurance Commissioners' electronic filing system, full and true statements of its financial condition, transactions, and affairs, as required by Section 624.424, Florida Statutes, in a complete and timely manner.

13. APPLICANT shall maintain an anti-fraud plan that complies with Section 626.9891, Florida Statutes, and Chapter 69D-2, Florida Administrative Code.

14. APPLICANT shall notify the OFFICE within ten (10) business days of any breach, non-performance of, or default under, any servicing agreement with affiliates or third-party

vendors providing services, directly or indirectly, to APPLICANT that could result in or cause, a material adverse change in the financial condition, business performance, operations, or property of APPLICANT.

15. APPLICANT shall ensure that any agent it utilizes in Florida shall be properly appointed, pursuant to Section 626.8419, Florida Statutes.

16. APPLICANT shall maintain sufficient and adequate internal controls and supervision of any external contractor(s) providing services in connection with the insurance transactions of APPLICANT and shall further assume responsibility for the actions of said contractor(s) as they relate to any performance under the service agreements.

17. As a condition of the OFFICE's issuance of a Certificate of Authority to APPLICANT, APPLICANT shall make and thereafter maintain a deposit with the Bureau of Collateral Management in the amount of one hundred thousand U.S. Dollars (\$100,000), as required by Section 624.411, Florida Statutes.

18. APPLICANT acknowledges that it shall maintain compliance with Section 624.404(4), Florida Statutes.

19. APPLICANT acknowledges that it shall maintain compliance with Section 624.610, Florida Statutes.

20. APPLICANT acknowledges that it is subject to Chapter 627, Part XIII (Title Insurance Contracts), Florida Statutes, and Chapter 690-186 (Title Insurance Rates), Florida Administrative Code.

21. APPLICANT shall at all times comply with Section 627.778, Florida Statutes, as regards any one single risk for contracts issued in Florida.

22. APPLICANT shall maintain an information security program for the security and protection of confidential and proprietary information under its control that complies with all applicable laws and regulations regarding information security. APPLICANT agrees that it shall continually monitor and enhance its information security program in order to mitigate data security breaches. APPLICANT further agrees that it shall notify the OFFICE within five (5) business days of identifying a data breach.

23. Within sixty (60) days from the date of the execution of this Consent Order, APPLICANT or AMTRUST FINANCIAL shall submit, or cause to be submitted, to the OFFICE 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.

24. APPLICANT shall report to the OFFICE, 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. APPLICANT shall include a copy of the complaint at the time it reports the class action lawsuit to the OFFICE.

25. Executive Order 13224 prohibits any transactions by U.S. persons involving the blocked assets and interests of terrorists and terrorist support organizations. APPLICANT shall maintain and adhere to procedures necessary to detect and prevent prohibited transactions with these individuals and entities, which have been identified at the Treasury Department's Office of Foreign Assets Control website, <http://www.treas.gov/ofac>.

26. 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. Additionally, the various reporting requirements and any other provision or requirement set forth in this Consent Order may be altered or terminated by written approval of the OFFICE.

27. APPLICANT and AMTRUST FINANCIAL affirm that all representations made herein are true, and all requirements set forth herein are material to the issuance of this Consent Order.

28. APPLICANT and AMTRUST FINANCIAL agree 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 OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon APPLICANT's Certificate of Authority in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

29. APPLICANT and AMTRUST FINANCIAL expressly waive 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 they may be entitled by law or rules of the OFFICE. APPLICANT and AMTRUST FINANCIAL hereby knowingly and voluntarily waive all rights to challenge or to contest this Consent Order in any forum now or in the future available to them, including the right to any administrative proceeding, state or federal court action, or any appeal.

30. Each party to this action shall bear its own costs and fees.

31. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signatures of the authorized representatives of APPLICANT and AMTRUST FINANCIAL, notwithstanding the

fact that the copy may have been transmitted to the OFFICE electronically. Further, APPLICANT and AMTRUST FINANCIAL agree that the signatures of their authorized representatives as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between AMTRUST TITLE INSURANCE COMPANY, AMTRUST FINANCIAL SERVICES, INC., and the OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and the Application for the issuance of a Certificate of Authority to AMTRUST TITLE INSURANCE COMPANY, pursuant to Sections 624.401, 624.404, and 624.413, Florida Statutes, is APPROVED.

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

DONE and ORDERED this 6 day of November, 2017.



*David Altmaier*  
David Altmaier, Commissioner  
Office of Insurance Regulation

By execution hereof, AMTRUST TITLE INSURANCE COMPANY 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 AMTRUST TITLE INSURANCE COMPANY to the terms and conditions of this Consent Order.



[Corpor

AMTRUST TITLE INSURANCE COMPANY

By: Felice K Shapiro

Print Name: FELICE K. SHAPIRO

Title: EVP & CHIEF UNDERWRITER

Date: 11/03/2017

STATE OF NEW YORK

COUNTY OF NEW YORK

The foregoing instrument was acknowledged before me this 3rd day of November, 2017  
by Felice K. Shapiro as EVP + Chief Underwriter  
(Name of Person) (Type of Authority - e.g. officer, trustee, attorney-in-fact)  
for AmTrust Title Insurance Company.  
(Company Name)

Jinat S. Rahman  
(Signature of the Notary)

JINAT S. RAHMAN  
Notary Public, State of New York  
No. 01RA5052250  
Qualified in Bronx County  
Commission Expires November 20, 2021

Jinat S. Rahman  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

My Commission Expires Nov. 20, 2021



By execution hereof, AMTRUST FINANCIAL SERVICES, INC. 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 AMTRUST FINANCIAL SERVICES, INC. to the terms and conditions of this Consent Order.



AMTRUST FINANCIAL SERVICES, INC.

By: [Signature]

Print Name: Stephen Ungar

Title: Secretary

Date: 11/2/17

STATE OF NY

COUNTY OF NY

The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of November, 2017

by Stephen Ungar as Secretary  
(Name of Person) (Type of Authority - e.g. officer, trustee, attorney-in-fact)

for AmTrust Financial Services, Inc  
(Company Name)

[Signature]

(Signature of the Notary)  
ERIN M HARKER

Notary Public - State of New York  
No. 01HA6266190

Qualified in Westchester County  
My Commission Expires Sept. 24, 2020

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires 9/24/20

**COPIES FURNISHED TO:**

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