



**OFFICE OF INSURANCE REGULATION**

**DAVID ALTMAIER**  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 285330-21

Application for the Issuance of a Certificate of Authority to  
**ROCK RIDGE INSURANCE COMPANY**

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**CONSENT ORDER**

THIS CAUSE came on for consideration upon the filing of an application with the FLORIDA OFFICE OF INSURANCE REGULATION (“OFFICE”) for the issuance of a Certificate of Authority to ROCK RIDGE INSURANCE COMPANY (“APPLICANT”) as an authorized foreign insurer, pursuant to Sections 624.401, 624.404, and 624.413, Florida Statutes, to write the following lines of insurance in this state: (0010) Fire, (0020) Allied Lines, (0050) Commercial Multi Peril, (0090) Inland Marine, (0120) Earthquake, (0170) Other Liability, (0194) Commercial Auto Liability, (0212) Commercial Auto Physical Damage, (0260) Burglary and Theft, (0270) Boiler and Machinery, and (0290) Livestock (“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 the parties herein.
2. Subject to the present and continuing satisfaction of the requirements set forth for such licensure in the Florida Insurance Code, APPLICANT has met all of the conditions precedent to the granting to it of a Certificate of Authority to operate as a foreign insurer in Florida.

3. APPLICANT is a foreign property and casualty insurer domiciled in the state of Indiana.

4. APPLICANT shall submit, or cause to be submitted, to the OFFICE any outstanding background information, including Biographical Affidavit, supplemental information, third-party verification report produced by an approved vendor, and fingerprint cards within 90 days of execution of this Consent Order.

5. If the OFFICE determines that any individual for whom APPLICANT is required to submit background information as part of this Application is unacceptable under the Florida Insurance Code, APPLICANT shall remove or cause the removal of said person within 30 days of notice from the OFFICE and replace them with a person or persons acceptable to the OFFICE or shall undertake such other corrective action as directed by the OFFICE. Failure to act would constitute an immediate serious danger to the public, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes, and the OFFICE may take administrative action as it deems appropriate upon the Certificate of Authority of APPLICANT without further proceedings.

6. APPLICANT shall within 30 days of execution of this Consent Order make, and thereafter maintain, a deposit with the Bureau of Collateral Management in the amount of at least \$200,000 U.S. Dollars, as required by Section 624.411, Florida Statutes, and provide written confirmation to the OFFICE.

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.

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

9. APPLICANT expressly waives its rights to 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 APPLICANT may be entitled, either by law or by 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, state or federal court action, or any appeal.

10. 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 APPLICANT.

WHEREFORE, subject to the requirements, terms, and conditions detailed above, ROCK RIDGE INSURANCE COMPANY's Application for a Certificate of Authority as an authorized foreign insurer is APPROVED.

DONE and ORDERED this 16 day of September, 2021.



*David Altmaier*

David Altmaier, Commissioner  
Office of Insurance Regulation

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

ROCK RIDGE INSURANCE COMPANY

By: AK

Print Name: Daniel Kennedy

Title: Sr. Vice President & Chief Legal Officer

Date: 9.15.21

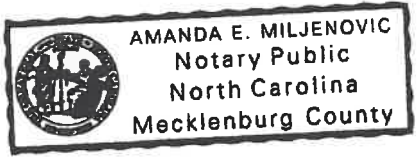
STATE OF NC

COUNTY OF Mecklenburg

The foregoing instrument was acknowledged before me by means of  physical presence

or  online notarization, this 15 day of September 2021, by Daniel Kennedy  
(name of person)

as SVP + Chief Legal Officer for Rock Ridge Insurance Company  
(type of authority; e.g., officer, trustee, attorney in fact) (company name)



[Signature]  
(Signature of the Notary)

Amanda E. Miljenovic  
(Print, Type or Stamp Commissioned Name of Notary)

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

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

My Commission Expires: 11/2/2021

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