

FILED

FEB 05 2021

INSURANCE REGULATION
Docketed by: 



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 274899-21-CO

Application for the Issuance of a Certificate of Authority to
TOGGLE INSURANCE COMPANY

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 TOGGLE INSURANCE COMPANY (“APPLICANT”) as an authorized foreign insurer, pursuant to Sections 624.401, 624.404, and 624.413, Florida Statutes, to write the (0040) Homeowners Multi-Peril, (0090) Inland Marine, (0192) Private Passenger Auto Liability, and (0211) Private Passenger Auto Physical Damage lines of insurance in this state (“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 Delaware.

4. APPLICANT shall submit, or cause to be submitted, to the OFFICE any outstanding background information for all officers and directors of APPLICANT, Mid-Century Insurance Company, Farmers Insurance Exchange, Fire Insurance Exchange, and Truck Insurance Exchange 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 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. Within 30 days of execution of this Consent Order, Applicant shall 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 available to it, now or in the future, 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, TOGGLE INSURANCE COMPANY's Application for a Certificate of Authority as an authorized foreign insurer is APPROVED.

DONE and ORDERED this 5 day of February, 2021.



David Altmaier

David Altmaier, Commissioner
Office of Insurance Regulation

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

TOGGLE INSURANCE COMPANY

By:  _____

Print Name: Stephanie Taylor Lloyd

Title: President

Date: 2/3/2021

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 2/3/2021 day of 2021, by Stephanie Lloyd as Officer for Toggle Insurance Comapny.
(type of authority; e.g., officer, trustee, attorney in fact) (name of person) (company name)





(Signature of the Notary)

Delia Rodriguez

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification X

Type of Identification Produced CA. D/L# D2400023

My Commission Expires: Oct. 10, 2024

COPIES FURNISHED TO:

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