



FILED

JUL 31 2023

INSURANCE REGULATION
Docketed by:

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 311418-23

AMERICAN FEDERATION INSURANCE COMPANY
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration as the result of AMERICAN FEDERATION INSURANCE COMPANY's ("AMERICAN FEDERATION") failure to timely file its no claim submission Professional Liability Claims Report ("PLCR") with the FLORIDA OFFICE OF INSURANCE REGULATION ("OIR") as required by Section 627.912(1), Florida Statutes, and Rule 690-171.003, Florida Administrative Code. Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OIR hereby finds as follows:

1. The OIR has jurisdiction over the subject matter and the parties herein. AMERICAN FEDERATION is an insurer authorized to transact business in Florida and subject to regulation by the OFFICE, pursuant to the Florida Insurance Code.
2. In March 2023, OIR issued a data call notice for professional liability claims reporting to each insurer or insurer group required to submit this data.
3. Insurers were required to file professional liability closed claim reports within 30 days after a claim resulted in a final judgment or a settlement; or file a no claim submission report by April 1, 2023, for the preceding calendar year.

4. Rule 69O-171.003, Florida Administrative Code, requires each insurer that issues professional liability insurance to a practitioner of medicine licensed pursuant to the provisions of chapter 458, F.S., to a practitioner of osteopathic medicine licensed pursuant to the provisions of chapter 459, F.S., to a podiatric physician licensed pursuant to the provisions of chapter 461, F.S., to a dentist licensed pursuant to the provisions of chapter 466, F.S., to a hospital licensed pursuant to the provisions of chapter 395, F.S., to crisis stabilization units licensed under part IV of chapter 394, F.S., to a health maintenance organization certified under part I of chapter 641, F.S., to clinics included in chapter 390, F.S., to an ambulatory surgical center as defined in section 395.002, F.S., or to a member of the Florida Bar, to file Form OIR-303, "Florida Medical Professional Liability Insurance Claims Report", or OIR-304 "Lawyers Professional Liability Closed Claim Reporting Form" with OIR if a claim resulted in a final judgment in any amount or settlement in any amount within 30 days following the final judgment or settlement.

5. AMERICAN FEDERATION failed to timely file its 2022 no claims submission report with OIR, which was due on April 1, 2023.

6. On May 10, 2023, AMERICAN FEDERATION filed its no claims submission report with OIR.

7. Section 624.4211(1), Florida Statutes, provides that if the OIR finds that one or more grounds exist for the discretionary revocation or suspension of a certificate of authority issued under Chapter 624, Florida Statutes, the OIR may, in lieu of such revocation or suspension, impose a fine upon the insurer.

8. The OIR finds that AMERICAN FEDERATION has violated Section 627.912(1), Florida Statutes. The OIR deems the violation as non-willful warranting a fine in the amount of \$1,000 for the violation pursuant to Section 624.4211(2), Florida Statutes.

9. AMERICAN FEDERATION agrees that within 10 days of the execution of this Consent Order, AMERICAN FEDERATION shall pay an administrative fine in the amount of \$1,000 U.S. Dollars (“USD”) and administrative costs of \$1,000 USD to the OIR. AMERICAN FEDERATION shall send its payment to the address reflected on the invoice attached hereto as “Exhibit A.”

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

11. AMERICAN FEDERATION agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OIR suspending, revoking, or taking other administrative action as it deems appropriate upon AMERICAN FEDERATION’s license in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

12. AMERICAN FEDERATION additionally agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may be considered willful and subject AMERICAN FEDERATION to appropriate penalties and fines.

13. AMERICAN FEDERATION additionally agrees that any future violations of the statutes or rules named herein may be deemed willful, subjecting AMERICAN FEDERATION to penalties as OIR deems appropriate.

14. AMERICAN FEDERATION expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OIR, and all further and other proceedings herein

to which it may be entitled by law or rules of the OIR. AMERICAN FEDERATION 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.

15. Except as noted above, each party to this action shall bear its own costs.

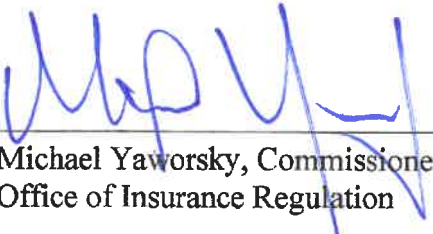
16. The parties agree that this Consent Order shall be deemed to be executed when the OIR has signed and docketed a copy of this Consent Order bearing the notarized signature of the authorized representative of AMERICAN FEDERATION.

WHEREFORE, the agreement between AMERICAN FEDERATION INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

All terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 31st day of July, 2023.




Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, AMERICAN FEDERATION INSURANCE COMPANY, consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind AMERICAN FEDERATION INSURANCE COMPANY, to the terms and conditions of this Consent Order.

AMERICAN FEDERATION INSURANCE COMPANY

By: Victoria L. McCarthy

[Corporate Seal]

Print Name: Victoria L. McCarthy

Title: Vice President

Date: 7/27/23

STATE OF California

COUNTY OF Orange

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

or online notarization, this 27th day of July 2023, by Victoria L. McCarthy

as Vice President for American Federation Insurance Company

(type of authority; e.g., officer, trustee, attorney in fact)

(company name)

See attached C.A. Notary Form
(Signature of the Notary)

Daniel Angelo Sanchez
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced C.A. Drivers License

My Commission Expires August 23rd, 2026

Satisfactory Proof of Identification

California Notary Form Attached

Per California Law

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Orange }

On July 27th, 2023 before me, Daniel Angelo Sanchez, Notary Public,
(Here insert name and title of the officer)

personally appeared Victoria L. McCarthy,
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]

Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Consent Order
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 7 Document Date 07/27/23

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer
- _____ (Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

COPIES FURNISHED TO:

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