



**FILED**

**NOV 20 2023**

**INSURANCE REGULATION**  
Docketed by: 97

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY  
COMMISSIONER

IN THE MATTER OF:

CASE NO.:312895-23-CO

LYNDON SOUTHERN INSURANCE COMPANY

CONSENT ORDER

THIS CAUSE came on for consideration as the result of a market conduct investigation of LYNDON SOUTHERN INSURANCE COMPANY ("LYNDON SOUTHERN") conducted by the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE"). 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. LYNDON SOUTHERN is a foreign property and casualty insurer domiciled in Delaware and authorized to transact in the Motor Vehicle Service Agreement Line of Business in Florida, pursuant to a Certificate of Authority issued by the OFFICE on August 4, 2006.
3. The OFFICE conducted a market conduct investigation of LYNDON SOUTHERN pursuant to the applicable provisions of Chapter 634, Part I, Florida Statutes, after receiving a consumer complaint relating to a solicitation of a motor vehicle service agreement.
4. The OFFICE's investigation determined that between January 1, 2023, through May 31, 2023, a seller for LYNDON SOUTHERN circulated a misleading sales solicitation to consumers that did not reflect the correct name of a licensed and appointed sales representative, in

violation of section 634.282(2)(b), Florida Statutes. The sales representative's name on the circulated sales solicitation was listed as "SAP," a non-existent sales representative.

5. LYNDON SOUTHERN has represented that the sales representative's name on the sales solicitation should have been SAC Admin, Inc., who was licensed on April 21, 2021, but not appointed. LYNDON SOUTHERN failed to appoint a salesperson, in violation of section 634.171, Florida Statutes.

6. Pursuant to section 634.081, Florida Statutes, the OFFICE may, in its discretion, suspend or revoke the license of any motor vehicle service agreement company if the OFFICE finds that a motor vehicle service agreement company has violated any provision of Chapter 634, Part I, Florida Statutes. Section 634.211, Florida Statutes, allows for an administrative fine in lieu of suspension, or revocation if the OFFICE finds that grounds exist for the discretionary suspension or revocation, of any license issued under Chapter 634, Part I, Florida Statutes.

7. Pursuant to section 624.418(2)(a), Florida Statutes, the OFFICE may, in its discretion, suspend or revoke the Certificate of Authority of an insurer if the OFFICE finds that the insurer has violated any provision of the Florida Insurance Code. Section 624.4211, Florida Statutes, allows for an administrative fine in lieu of suspension if the OFFICE finds that grounds exist for the discretionary revocation or suspension of a Certificate of Authority issued under Chapter 624, Florida Statutes.

8. The OFFICE recognizes and acknowledges that LYNDON SOUTHERN has taken the actions to address and correct the violations addressed in this Consent Order.

9. On May 31, 2023, LYNDON SOUTHERN instructed the seller to stop circulating the referenced sales solicitation.

10. On June 14, 2023, LYNDON SOUTHERN appointed SAC Admin, Inc., who was licensed on April 21, 2021.

11. LYNDON SOUTHERN agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions and shall comply and certify compliance to the OFFICE within 10 days after the execution of this Consent Order, as follows:

12. LYNDON SOUTHERN shall pay an administrative fine of \$2,500. LYNDON SOUTHERN shall send its payment to the address reflected on the invoice (attached as Exhibit A).

13. LYNDON SOUTHERN shall furnish the OFFICE with a corrective action plan to include actions already taken to rectify all deficiencies listed and to mitigate future similar occurrences, within 30 days of execution of this Consent Order.

14. LYNDON SOUTHERN 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 may result in the OFFICE revoking, suspending, or taking other action as the OFFICE deems appropriate upon LYNDON SOUTHERN'S Certificate of Authority in the state of Florida.

15. The deadlines set forth in this Consent Order may be extended by prior written approval of the OFFICE. Approval of any deadline extension is subject to statutory or administrative regulation limitations.

16. LYNDON SOUTHERN 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 to which it may be entitled, either by law or by the rules of the OFFICE. LYNDON SOUTHERN 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.

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

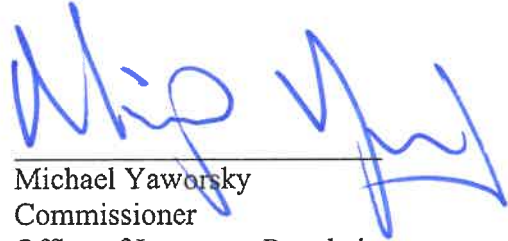
18. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the notarized signature of the authorized representative of LYNDON SOUTHERN.

WHEREFORE, the agreement between LYNDON SOUTHERN 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 above are hereby ORDERED.

DONE AND ORDERED this 20<sup>th</sup> day of November, 2023.



  
Michael Yaworsky  
Commissioner  
Office of Insurance Regulation

By execution hereof, LYNDON SOUTHERN 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 he/she has the authority to bind LYNDON SOUTHERN INSURANCE COMPANY to the terms and conditions of this Consent Order.

LYNDON SOUTHERN INSURANCE COMPANY

By: [Signature]

Corporate Seal

Print Name: Robby H. Birnbaum

Title: counsel

Date: 11/14/2023

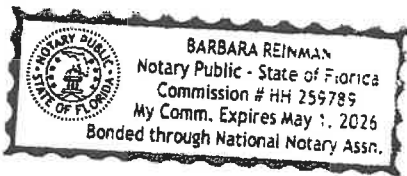
STATE OF Florida

COUNTY OF Palm Beach

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

online notarization, this 14 day of November 2023, by Robby H. Birnbaum  
(name of person)

as attorney for Lyndon Southern Insure Co.  
(type of authority; e.g., officer, trustee, attorney in fact) (company name)



Barbara Reinman  
(Signature of the Notary)

Barbara Reinman  
(Print Type of Stamp Commissioned Name of Notary)

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

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

My Commission Expires \_\_\_\_\_

COPIES FURNISHED TO:

Mr. Richard Stephen Kahlbaugh

PRESIDENT

Lyndon Southern Insurance Company

10751 Deerwood Park Blvd, Suite 200 Jacksonville, FL 32256

(800) 888-2738

fcannualstatement@fortega.com

ALEX MAY IV

DIRECTOR

Florida Office of Insurance Regulation

P&C Market Regulation

200 East Gaines Street

Tallahassee, Florida 32399-0331

KEVIN NEJA

ASSISTANT GENERAL COUNSEL

Florida Office of Insurance Regulation

200 E. Gaines Street

Tallahassee, Florida 32399

Telephone: (850) 413-4144

KEVIN.NEJA@flor.com



MICHAEL YAWORSKY  
INSURANCE COMMISSIONER

### INVOICE

LYNDON SOUTHERN INSURANCE COMPANY  
1807 NORTH MARKET STREET  
WILMINGTON, DE 19802

INVOICE DATE: November 13, 2023  
INVOICE #: OIR 23-046128

Employee filing request: Olivia Jacob, Administrative Assistant I for OIR, (850) 443-4245  
Invoice requested by Kevin Neja for matter #312895-23

Description	Units	Rate	Price
1105J: FINE	1.00	\$2,500.00	\$2,500.00

**TOTAL:** \$2,500.00  
**PAYMENT DUE UPON RECEIPT:** **\$2,500.00**

Pay by Wire (ACH) Instructions:

1. Do not alter the amount due
2. Remember to include the OIR invoice number in the body of the wire payment
3. Include company name

**Bank:** WELLS FARGO, N.A.  
1 INDEPENDENT DRIVE, JACKSONVILLE, FL 32202

**Account Title:** STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DFS –  
**OFFICE OF INSURANCE REGULATION – LOCATION 4300430**

**Account Number:** 4834783854

**ACH and Incoming Wire and ABA/Routing Number:** 121000248

Pay by Check Instructions:

1. Do not alter the amount due
2. Make check payable to the Florida Office of Insurance Regulation
3. Include a copy of this invoice to ensure your payment is applied correctly

Mail check and a copy of this invoice to:  
Florida Department of Financial Services  
Revenue Processing Section  
P.O. Box 6100  
Tallahassee, FL 32314-6100



Please contact Lisa Stinson at (850) 413-2458 or [Lisa.Stinson@flor.com](mailto:Lisa.Stinson@flor.com) if you have any questions regarding your invoice.