

liability, private passenger automobile physical damage, commercial automobile physical damage, directors' and officers', or other liability insurance to file Form OIR-D0-308, "Florida Property and Casualty Insurance Calendar Year Experience," with OIR covering the preceding calendar year on or before April 1 of each year.

4. PIE INSURANCE failed to file its 2023 PCCY Experience Reporting data with OIR, which was due on April 1, 2024.

5. On April 9, 2024, PIE INSURANCE filed its 2023 PCCY Experience Reporting data with OIR.

6. Section 624.4211(1), Florida Statutes, provides that if 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, OIR may, in lieu of such revocation or suspension, impose a fine upon the insurer.

7. OIR finds that PIE INSURANCE has violated Sections 627.915(2) and/or 627.915(5), Florida Statutes, and Rule 690-171.008, Florida Administrative Code. OIR deems the violation as non-willful warranting a fine in the amount of \$3,000 for the violation pursuant to Section 624.4211(2), Florida Statutes.

8. PIE INSURANCE agrees that within 10 days of the execution of this Consent Order, PIE INSURANCE shall pay an administrative fine in the amount of \$3,000 U.S. Dollars ("USD") and administrative cost of \$1,000 to OIR.

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

10. PIE INSURANCE 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 OIR suspending, revoking, or taking other administrative action as it deems appropriate upon PIE INSURANCE's license in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

11. PIE INSURANCE 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 PIE INSURANCE to appropriate penalties and fines.

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

13. PIE INSURANCE expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by OIR, and all further and other proceedings herein to which it may be entitled by law or rules of OIR. PIE INSURANCE 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.

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

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

WHEREFORE, the agreement between PIE INSURANCE COMPANY (THE) 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 28th day of May, 2024.



A handwritten signature in blue ink, appearing to read "Michael Yaworsky". The signature is written in a cursive, flowing style.

Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, PIE INSURANCE COMPANY (THE), 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 PIE INSURANCE COMPANY (THE), to the terms and conditions of this Consent Order.

PIE _____ IPANY (THE)

Holly Wallinger

By: _____

Holly Wallinger

[Corporate Seal]

Print Name: _____

Sr. Director, Legal & Regulatory Compliance; Asst. Secretary

Title: _____

Date: 5/9/2024

STATE OF NEW JERSEY

COUNTY OF CAMDEN

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

or online notarization, this 9 day of MAY 2024, by HOLLY WALLINGER

(name of person)

as SR.DIRECTOR, LEGAL& REGULATORY COMPLIANCE; ASST. SECRETARY PIE CASUALTY INSURANCE COMPANY
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

Nicolette Hall
Notary Public, State of New Jersey
My Commission Expires 01/17/2027

Nicolette Hall
(Signature of the Notary)

Nicolette Hall

Nicolette Hall 50182507

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification X

Type of Identification Produced DRIVERS LICENSE

My Commission Expires 01/17/2027

Nicolette Hall
Notary Public, State of New Jersey
My Commission Expires 01/17/2027

Nicolette Hall 50182507

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DAX CRAIG

PRESIDENT

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ALEX MAY IV

DIRECTOR

Florida Office of Insurance Regulation

P&C Financial Oversight

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