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INSURANCE REGULATION
Docketed by: EP

# OFFICE OF INSURANCE REGULATION

**MICHAEL YAWORSKY**
COMMISSIONER

**Index: OIR 2025-81**

**IN THE MATTER OF:**

**CASE NO.: 401155-25-CO**

**HARTFORD CASUALTY INSURANCE COMPANY**

/

## CONSENT ORDER

THIS CAUSE came for consideration as the result of a market conduct investigation of HARTFORD CASUALTY INSURANCE COMPANY ("HARTFORD CASUALTY") conducted by the FLORIDA OFFICE OF INSURANCE REGULATION ("OIR"). 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.

2. HARTFORD CASUALTY is an Indiana domiciled property and casualty insurer that became authorized to transact business in Florida on July 1, 1987. The OIR issued a certificate of authority to HARTFORD CASUALTY, in accordance with chapter 624, Part III, Florida Statutes (2024)[1]. HARTFORD CASUALTY is authorized to write homeowners multi-peril and various other lines of business in Florida.

3. On or about January 15, 2025, representatives from HARTFORD CASUALTY contacted the OIR to advise of programming delays that caused HARTFORD CASUALTY to fail to apply premium deductions required by section 624.5108 to policies in a timely manner.

[1]All statutory references contained herein refer to Florida Statutes (2024), unless otherwise noted.

HARTFORD CASUALTY proposed a plan of action to correct the error(s), which the OIR subsequently approved. In response, on or about January 16, 2025, the OIR conducted a market conduct investigation of HARTFORD CASUALTY pursuant to sections 624.307(3) and 624.318 to determine whether HARTFORD CASUALTY failed to provide policyholders with premium deductions required by section 624.5108.

4. Section 624.5108(2) requires premium deduction amounts to be "separately stated" on the homeowners multi-peril policy declarations page for policies that provide coverage for a twelve-month period, with effective dates between October 1, 2024, and September 30, 2025.

5. The OIR finds that HARTFORD CASUALTY violated section 624.5108.

6. HARTFORD CASUALTY shall issue refunds to affected policyholders totaling approximately $2,830.88 in overcharged premiums and $294.27 in interest. HARTFORD CASUALTY delivered the first round of refunds on or about March 17, 2025, relating to policies with effective dates between October 1, 2024, and February 28, 2025. HARTFORD CASUALTY shall deliver the remaining refunds to policyholders on a monthly basis, to include those policies renewed in the previous month, until all refunds are issued.

7. HARTFORD CASUALTY shall issue the refunds with a letter explaining the refund until September 30, 2025, for policies that provide coverage as described in paragraph 4 of this Consent Order.

8. HARTFORD CASUALTY shall provide the OIR with monthly reports of all policies for which refunds and interest payments have been issued until all policyholders are refunded in full. The first report was due to the OIR on March 31, 2025.

9. 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.

10. HARTFORD CASUALTY 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 HARTFORD CASUALTY's certificate of authority in this state, in accordance with sections 120.569(2)(n) and 120.60(6).

11. HARTFORD CASUALTY additionally agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may subject HARTFORD CASUALTY to such administrative action as the OIR deems appropriate, as specifically authorized by law.

12. HARTFORD CASUALTY 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 to by law or the rules of the OIR. HARTFORD CASUALTY 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.

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

14. The parties agree that this Consent Order shall be deemed to be executed when the OIR has signed a copy of this Consent Order bearing the notarized signature of the authorized representative of HARTFORD CASUALTY.

**WHEREFORE, the agreement between HARTFORD CASUALTY 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** 30th **day of** June, **2025.**

**Michael Yaworsky, Commissioner**
**Office of Insurance Regulation**

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

[Corporate Seal]

HARTFORD CASUALTY INSURANCE COMPANY

By: _____

Print Name: Stephanie Raymond

Title: AVP

Date: 6/25/2025

STATE OF Connecticut

COUNTY OF Hartford

The foregoing instrument was acknowledged before me by means of ☑ physical presence or ☐ online notarization, this 25th day of June 2025, by Stephanie Raymond (name of person) as AVP (type of authority; e.g., officer, trustee, attorney in fact) for Hartford Casualty Ins Co. (company name)

Rebecca M Bialkowski
(Signature of the Notary)

Rebecca M. Bialkowski
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires 11/30/2028

COPIES FURNISHED TO:

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