FILED

JUN 16 2025

INSURANCE REGULATION
Docketed by: EP

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

Index: OIR 2025-66

IN THE MATTER OF: CASE NO.: 401365-25-CO

ILLINOIS NATIONAL INSURANCE COMPANY
_____/

CONSENT ORDER

THIS CAUSE came for consideration as the result of ILLINOIS NATIONAL INSURANCE COMPANY's ("ILLINOIS NATIONAL") failure to timely file its Property & Casualty Calendar Year ("PCCY") Experience Reporting data with the FLORIDA OFFICE OF INSURANCE REGULATION ("OIR") as required by section 627.915(2), (5), Florida Statutes (2024).[1] 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. ILLINOIS NATIONAL is an insurer authorized to transact business in Florida. ILLINOIS NATIONAL is subject to regulation by the OIR pursuant to the Florida Insurance Code.

2. Insurers subject to section 627.915(2) were required to submit data for the annual PCCY Experience Reporting data for calendar year 2024 to OIR by April 1, 2025.

3. Rule 69O-171.008, *Florida Administrative Code*, requires each insurer that is authorized to transact fire, homeowner's, multiple peril, commercial multiple peril, medical malpractice, product liability, workers' compensation, private passenger automobile liability,

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

commercial automobile 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 the OIR covering the preceding calendar year on or before April 1 of each year.

4. ILLINOIS NATIONAL failed to timely file its 2024 PCCY Experience Reporting data with the OIR by April 1, 2025.

5. On April 23, 2025, ILLINOIS NATIONAL filed its 2024 PCCY Experience Reporting data with the OIR.

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

7. The OIR finds that ILLINOIS NATIONAL violated section 627.915(2), (5). The OIR deems the violation as non-willful warranting a fine in the amount of $12,500 for the violation pursuant to section 624.4211(2)(a)2.

8. ILLINOIS NATIONAL agrees to pay an administrative fine in the amount of $12,500 U.S. Dollars ("USD") and administrative costs of $2,000 USD to the OIR within ten days of the execution of this Consent Order. ILLINOIS NATIONAL shall not provide payment before the Commissioner executes this Consent Order. ILLINOIS NATIONAL shall send its payment to the address reflected on the invoice attached hereto as "Exhibit A."

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. ILLINOIS NATIONAL 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 ILLINOIS NATIONAL's license in this state in accordance with sections 120.569(2)(n) and 120.60(6), Florida Statutes.

11. ILLINOIS NATIONAL 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 ILLINOIS NATIONAL to appropriate penalties and fines.

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

13. ILLINOIS NATIONAL 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. ILLINOIS NATIONAL 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.

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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 the Commissioner has signed a copy of this Consent Order bearing the notarized signature of the authorized representative of ILLINOIS NATIONAL.

WHEREFORE, the agreement between ILLINOIS NATIONAL 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 16th day of June, 2025.

Michael Yaworsky, Commissioner
Office of Insurance Regulation

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

ILLINOIS NATIONAL INSURANCE COMPANY

[Corporate Seal]

By: _____

Print Name: Tanya Kent

Title: Vice President

Date: June 13, 2025

STATE OF Vermont

COUNTY OF Chittenden

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 13th day of June 2025, by Tanya Kent (name of person) as Vice President (type of authority; e.g., officer, trustee, attorney in fact) for Illinois National Insurance Co. (company name)

FATIMA HERNANDEZ
Notary Public - State of Vermont
Commission # 157.0012303
My Commission Expires Jan 31, 2027

_____
(Signature of the Notary)

Fatima Hernandez
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced VT Drivers License

My Commission Expires January 31, 2027

COPIES FURNISHED TO:

DONALD BAILEY
PRESIDENT
ILLINOIS NATIONAL INSURANCE COMPANY
1271 Avenue of the Americas, 37th Floor
New York, New York 10020
Telephone: (212) 770-7000
Email: regulatory.relations@aig.com

ALEX MAY IV
DIRECTOR
Florida Office of Insurance Regulation
P&C Market Regulation
200 East Gaines Street
Tallahassee, Florida 32399

KEVIN NEJA
ASSISTANT GENERAL COUNSEL
Florida Office of Insurance Regulation
200 E. Gaines Street
Tallahassee, Florida 32399
Telephone: (850) 413-4144
Email: Kevin.neja@floir.com