FILED
JUL 08 2025
INSURANCE REGULATION
Docketed by: EP

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

Index: OIR 2025-95

IN THE MATTER OF:

CASE NO.: 401362-25-CO

INSURANCE COMPANY OF THE
STATE OF PENNSYLVANIA
_____/

CONSENT ORDER

THIS CAUSE came for consideration as the result of INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA's ("INSURANCE COMPANY") failure to timely file its Property & Casualty Calendar Year ("PCCY") Experience Reporting data with the FLORIDA OFFICE OF INSURANCE REGULATION ("OIR") as required by sections 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. INSURANCE COMPANY is an insurer authorized to transact business in Florida and is subject to regulation by the OIR under the Florida Insurance Code.

2. Insurers subject to section 627.915(2) were required to submit data for the annual PCCY Experience Reporting data requirement for calendar year 2024 to the 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. INSURANCE COMPANY failed to timely file its 2024 PCCY Experience Reporting data with the OIR by the April 1, 2025 due date.

5. On April 23, 2025, INSURANCE COMPANY 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 INSURANCE COMPANY has violated sections 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. INSURANCE COMPANY 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. INSURANCE COMPANY shall not provide payment before the Commissioner executes this Consent Order. INSURANCE COMPANY 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. INSURANCE COMPANY 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 INSURANCE COMPANY's certificate of authority in this state, in accordance with sections 120.569(2)(n) and 120.60(6).

11. INSURANCE COMPANY 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 INSURANCE COMPANY to such administrative action as the OIR deems appropriate, as specifically authorized by law.

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

13. INSURANCE COMPANY 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. INSURANCE COMPANY 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.

[REMAINDER OF PAGE LEFT BLANK INTENTIONALLY]

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 INSURANCE COMPANY.

WHEREFORE, the agreement between INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA 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 8th day of July, 2025.

Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA 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 INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA to the terms and conditions of this Consent Order.

INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

By: _____

[Corporate Seal]

Print Name: STEVEN R HARRIS

Title: VICE PRESIDENT

Date: JULY 7, 2025

STATE OF New York

COUNTY OF New York

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 7 day of July 2025, by Steven Harris (name of person) as Vice President (type of authority; e.g., officer, trustee, attorney in fact) for Insurance Company of the State of Pennsylvania (company name)

_____
(Signature of the Notary)

Laura Lazo
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires _____

Laura A. Lazo
Notary Public, State of New York
Reg. No. 01LA6427238
Qualified in Nassau County
Commission Expires December 27, 25

COPIES FURNISHED TO:

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