FILED

SEP 15 2025

INSURANCE REGULATION
Docketed by

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

Index: OIR 2025-191

IN THE MATTER OF:

CASE NO.: 401879-25-CO

KIN INTERINSURANCE NETWORK
_____/

CONSENT ORDER

THIS CAUSE came for consideration as the result of a market conduct examination of KIN INTERINSURANCE NETWORK ("KIN") conducted by the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE"). The OFFICE having considered the records in this case and being otherwise fully advised in the premises, finds as follows:

JURISDICTION AND PARTIES

1. The OFFICE has jurisdiction over KIN and the subject matter of this proceeding.

2. KIN is a Florida domiciled property and casualty reciprocal insurer that became authorized to transact property and casualty insurance in Florida through a subsisting certificate of authority. KIN is operated by its attorney-in-fact, Kin Risk Management, LLC. KIN is authorized to write Fire, Allied Lines, Homeowners Multi-Peril, Mobile Home Multi-Peril and various other lines of business in the State of Florida.

BACKGROUND

3. On or about August 6, 2025, the OFFICE completed a targeted Market Conduct Examination of KIN ("Exam"). The OFFICE completed the Exam in accordance with section 624.3161(7)(b), Florida Statutes (2025). As part of the Exam, the OFFICE reviewed KIN'S

Hurricane Ian and Hurricane Idalia claims-handling operations and issued a report with the OFFICE's findings.

4. The OFFICE documented the following violations of the Florida Insurance Code:

   a. KIN failed to include the disclosure statement with the preliminary or partial estimate of damage for Hurricane Ian claims as required by (section 627.70131(6)(a), Florida Statutes (2025));

   b. KIN failed to include the disclosure statement with the payment when providing a payment on a claim that was not the full and final payment for Hurricane Ian claims and Hurricane Idalia claims as required by (section 627.70131(6)(b), Florida Statutes (2025)); and

   c. KIN failed to pay or deny a claim or portion of a claim within ninety days after notice of an initial, reopened, or supplemental property insurance claim for Hurricane Ian claims (section 627.70131(7)(a), Florida Statutes (2022)).[1]

VIOLATIONS OF THE FLORIDA INSURANCE CODE

KIN violated section 627.70131(6)(a) because it failed to include the disclosure statement with the preliminary or partial estimate of damage.

5. Section 627.70131(6)(a) provides that when providing a preliminary or partial estimate of damage regarding a claim, an insurer shall include with the estimate the disclosure statement printed in at least 12-point bold, uppercase type.

6. In sixty-six instances, the OFFICE either:

[1] Section 627.70131, Florida Statutes (2023), has reduced the 14-day timeframe to 7 days, the 45-day timeframe to 30 days and the 90-day timeframe to 60 days. Other revisions were also made to the law.

a. documented that KIN failed to include the disclosure statement with the preliminary or partial estimate of damage; or

b. documented that KIN included the disclosure statement with the estimate but the disclosure statement was not printed in a 12-point bold, uppercase type.

KIN violated section 627.70131(6)(b) because it failed to include the disclosure statement when providing a payment on a claim that was not the full and final payment.

7. Section 627.70131(6)(b) provides that when providing a payment on a claim which is not the full and final payment for the claim, an insurer shall include with the payment the disclosure statement printed in at least 12-point bold, uppercase type.

8. In 115 instances,[2] the OFFICE documented that KIN did not include the disclosure statement when providing a payment on a claim that was not the full and final payment.

KIN violated section 627.70131(7)(a), Florida Statutes (2022), because it failed to pay or deny initial, supplemental, or reopened claims within ninety days.

9. Section 627.70131(7)(a), Florida Statutes (2022), provides that within ninety days after an insurer receives notice of an initial, reopened, or supplemental property insurance claim from a policyholder, the insurer shall pay or deny such claim or a portion of the claim.

10. In twenty-three instances, the OFFICE documented that KIN did not, within ninety days, pay or deny initial, supplemental, or reopened claims.

CONCLUSION

11. Section 624.418, Florida Statutes, provides that the OFFICE may, in its discretion, suspend or revoke the certificate of authority of an insurer if it finds that the insurer has violated any provision of the Florida Insurance Code.

[2] Eighty out of the 115 instances relate to Hurricane Ian. Thirty-five out of the 115 instances relate to Hurricane Idalia.

12. Section 624.4211, Florida Statues, provides that if the OFFICE finds that one or more grounds exist for the discretionary revocation or suspension of a certificate of authority issued under chapter 624, it may, in lieu of such revocation or suspension, impose a fine upon the insurer.

13. The OFFICE finds that KIN has violated sections 627.70131(6)(a), (6)(b), Florida Statutes (2025), and section 627.70131(7)(a), Florida Statutes (2022).

14. KIN agrees to pay an administrative fine in the amount of $250,000 U.S. Dollars ("USD") and administrative costs in the amount of $2,000 USD to the OFFICE within ten days of the execution of this Consent Order. KIN shall not provide payment before the Commissioner executes this Consent Order. KIN shall send its payment to the address reflected on the invoice attached hereto as "Exhibit A."

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

16. KIN 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 OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon KIN's certificate of authority in this state, in accordance with sections 120.569(2)(n) and 120.60(6), Florida Statutes.

17. KIN 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 KIN to appropriate penalties and fines, as specifically authorized by law.

18. KIN additionally agrees that any future violations of the statutes or rules named herein may be deemed willful, subjecting KIN to penalties as the OFFICE deems appropriate.

19. KIN 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 herein to which it may be entitled by law or rules of the OFFICE. KIN 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.

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

21. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed a copy of this Consent Order bearing the notarized signature of the authorized representative of KIN.

WHEREFORE, the agreement between KIN INTERINSURANCE NETWORK 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 15 day of SEPTEMBER, 2025.

Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, KIN INTERINSURANCE NETWORK 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 KIN INTERINSURANCE NETWORK, to the terms and conditions of this Consent Order.

KIN INTERINSURANCE NETWORK

By: Sean Harper

[Corporate Seal]

Print Name: Sean Harper

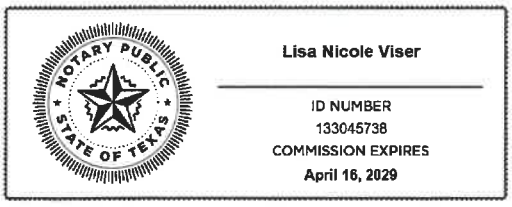
Title: CEO

Date: 09/09/2025

STATE OF Texas

COUNTY OF Harris

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☑ online notarization, this 9th day of September 2025, by Sean Harper (name of person) as CEO (type of authority; e.g., officer, trustee, attorney-in-fact) for KIN INTERINSURANCE NETWORK (company name).



Lisa Nicole Viser
(Signature of the Notary)

Lisa Nicole Viser
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced DRIVER LICENSE

My Commission Expires 04/16/2029

Electronically signed and notarized online using the Proof platform.

COPIES FURNISHED TO:

SEAN HARPER
PRESIDENT
Kin Interinsurance Network
450 Carillon Parkway, Suite 130
St. Petersburg, FL 33716
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Exhibit A

FLORIDA OFFICE OF Insurance Regulation

MICHAEL YAWORSKY
COMMISSIONER

INVOICE

KIN INTERINSURANCE NETWORK
450 CARILLON PARKWAY, SUITE 130
ST. PETERSBURG, FL 33716

INVOICE DATE: August 20, 2025

INVOICE #: OIR 25-043523

P&C Market Regulation/ Requested by Carson Gaines/ Matter Number: 401879-25-CO

Description	Units	Rate	Price
1105J: FINE	1.00	$250,000.00	$250,000.00
1249J: ADMINISTRATIVE COSTS	1.00	$2,000.00	$2,000.00

TOTAL: **$252,000.00**

PAYMENT DUE UPON RECEIPT: **$252,000.00**

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@floir.com if you have any questions regarding your invoice.