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FILED

JUN 30 2025

INSURANCE REGULATION
Docketed by:

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

Index: OIR 2025-84

IN THE MATTER OF: CASE NO.: 401367-25-CO

NEW HAMPSHIRE INSURANCE COMPANY
_____/

CONSENT ORDER

THIS CAUSE came for consideration as the result of NEW HAMPSHIRE INSURANCE COMPANY's ("NEW HAMPSHIRE") 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. NEW HAMPSHIRE 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 for calendar year 2024 to the OIR by April 1, 2025.

3. Rule 69O-171.008, *Florida Administrative Code*, requires each insurer authorized to transact fire, homeowner's, multiple peril, commercial multiple peril, medical malpracitce,

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

product liability, workers' compensation, private passenger automobile liability, commercial automobile liability, private passenger automobile physical damage, commercial automobile physical damage, directors' and officers' liability insurance, or other liability insurance to file, for each line of insurance, 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. NEW HAMPSHIRE failed to timely file its 2024 PCCY Experience Reporting data with the OIR by April 1, 2025.

5. NEW HAMPSHIRE filed its 2024 PCCY Experience Reporting data with the OIR after the due date on April 23, 2025.

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 NEW HAMPSHIRE has violated section 627.915. 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. NEW HAMPSHIRE agrees that within ten days of the execution of this Consent Order, NEW HAMPSHIRE shall pay an administrative fine in the amount of $12,500 U.S. Dollars ("USD") and administrative costs of $2,000 USD to the OIR. NEW HAMPSHIRE shall not provide payment before the Commissioner executes this Consent Order. NEW HAMPSHIRE 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

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must be requested in writing prior to any proposed deviation from the terms of this Consent Order.

10. NEW HAMPSHIRE 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 NEW HAMPSHIRE's license in this state in accordance with Sections 120.569(2)(n) and 120.60(6).

11. NEW HAMPSHIRE 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 NEW HAMPSHIRE to appropriate penalties and fines.

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

13. NEW HAMPSHIRE 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. NEW HAMPSHIRE 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 OIR has signed a copy of this Consent Order bearing the notarized signature of the authorized representative of NEW HAMPSHIRE.

WHEREFORE, the agreement between NEW HAMPSHIRE 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 20 day of JUNE, 2025.

OFFICE OF INSURANCE REGULATION STATE OF FLORIDA

Michael Yaworsky, Commissioner
Office of Insurance Regulation

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

NEW HAMPSHIRE INSURANCE COMPANY

Signed by:
By: Steven Harris
75D028DE90404DA...

[Corporate Seal]

Print Name: Steven Harris

Title: Vice President

Date: 6/23/2025

STATE OF NJ

COUNTY OF Union

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☒ online notarization, this ____ day of 6/23/2025 2025, by Steven Harris (name of person) as Vice President (type of authority; e.g., officer, trustee, attorney in fact) for New Hampshire Insurance Company (company name).

JENNIFER LEUNG
NOTARY PUBLIC
STATE OF NEW JERSEY
My Comm. Expires Apr. 29, 2026

DocuSigned by:
Jennifer Leung
091720B032AD446...
(Signature of the Notary)

Jennifer Leung
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known x OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires 04/29/2026

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COPIES FURNISHED TO:

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P&C Market Regulation
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FLORIDA OFFICE OF
Insurance
Regulation

MICHAEL YAWORSKY
INSURANCE COMMISSIONER

INVOICE

NEW HAMPSHIRE INSURANCE COMPANY
1271 AVENUE OF THE AMERICAS, 37TH FLOOR
NEW YORK, NY 10020

ATTN: DONALD BAILEY

INVOICE DATE: June 19, 2025

INVOICE #: OIR 25-035326

P&C Casualty Market Regulation/ Requested Courtney Colston-Hayes/ Matter Number 401367-25-CO

Description	Units	Rate	Price
1249J: ADMINISTRATIVE COSTS	1.00	$2,000.00	$2,000.00
1105J: FINE	1.00	$12,500.00	$12,500.00

TOTAL: **$14,500.00**

PAYMENT DUE UPON RECEIPT: **$14,500.00**

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.