FILED

NOV 12 2025

INSURANCE REGULATION
Docketed by:

OFFICE OF INSURANCE REGULATION

Index: OIR 25-212

IN THE MATTER OF:

CASE NO.: 402038-25-CO

PHYSICIANS MUTUAL INSURANCE COMPANY, INC.
_____/

CONSENT ORDER

THIS CAUSE came for consideration upon the filing of a request by PHYSICIANS MUTUAL INSURANCE COMPANY, INC. (PHYSICIANS, INC.), formerly known as Physicians Mutual Insurance Company ("Physicians"), to use previously approved Physicians forms with the PHYSICIANS, INC. name without re-filing same for approval pursuant to section 627.410, Florida Statutes.[1] Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE"), hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.

2. PHYSICIANS, INC. is a foreign property and casualty insurer domiciled in Nebraska and authorized to transact insurance business in Florida pursuant to a certificate of authority issued by the OFFICE.

3. The OFFICE accepted Physicians name change to PHYSICIANS, INC. on September 5, 2025. The letter approving the name change is attached as Exhibit A.

[1] All statutory citations contained herein refer to Florida Statutes (2025), unless otherwise noted.

4. In conjunction with the request to use previously approved Physicians forms, PHYSICIANS, INC. filed with the OFFICE a Name Change Endorsement, which reflects the corporate name change from Physicians to PHYSICIANS, INC. The endorsement is attached as Exhibit B.

5. PHYSICIANS, INC. states that it made no material changes to the corporate structure.

6. As a material condition to approval of the above request, PHYSICIANS, INC., by execution of this Consent Order, certifies to the OFFICE that all policy forms previously utilized by Physicians in Florida comply with applicable provisions of the Florida Insurance Code. PHYSICIANS, INC. further certifies that the only change required to achieve compliance prospectively is the substitution of the name PHYSICIANS, INC. in lieu of Physicians and the only change in the forms is the corporate name. If the above certification is not correct, PHYSICIANS, INC. acknowledges that such misrepresentations may be considered willful, and penalties assessed accordingly.

7. Attached as Exhibit C is a list of all policy forms PHYSICIANS, INC. will modify with the new corporate name.

8. PHYSICIANS, INC. shall mail to each of its insureds a copy of the name change endorsement.

9. PHYSICIANS, INC. may continue to use the old policy forms, with the name change endorsement, for a period of ninety days after the date the Commissioner signs this Consent Order. After ninety days from the date the OFFICE executes this Consent Order, PHYSICIANS, INC. shall only sell policy forms containing the new company name and is not authorized to sell

previously approved policies containing the old information with a name change endorsement affixed.

10. PHYSICIANS, INC. shall pay costs in the amount of $3,000 U.S. Dollars within thirty days of the date this Consent Order's execution by the OFFICE. PHYSICIANS, INC. shall send payment for the administrative costs to the payment address on the attached invoice.

11. PHYSICIANS, INC. shall continue to comply with all statutes and applicable rules of the OFFICE governing form filings and rate filings.

12. PHYSICIANS, INC. agrees that 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 written approval by the OFFICE is subject to statutory or administrative regulation limitations.

13. PHYSICIANS, INC. 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 PHYSICIANS, INC.'s certificate of authority in this state in accordance with sections 120.569(2)(n) and 120.60(6).

14. PHYSICIANS, INC. 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. PHYSICIANS, INC. hereby knowingly and voluntarily waives all rights of any kind 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.

15. PHYSICIANS, INC. affirms that all requirements set forth herein are material to the issuance of this Consent Order.

16. Except as set forth in this Consent Order, each party to this section shall bear its own costs and fees.

17. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has executed a copy of this Consent Order bearing the signature of the authorized representative of PHYSICIANS, INC., notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, PHYSICIANS, INC. agrees that the signature of its authorized representative, as affixed to the Consent Order, shall be under the seal of a Notary Public.

WHEREFORE, the agreement between PHYSICIANS MUTUAL INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms, and conditions of which are set forth above, is APPROVED, and the request to use previously approved Physicians forms with the new name without re-filing same for approval pursuant to section 627.410 is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 10 day of NOVEMBER, 2025.

OFFICE OF INSURANCE REGULATION STATE OF FLORIDA

Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, PHYSICIANS MUTUAL INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind PHYSICIANS MUTUAL INSURANCE COMPANY to the terms and conditions of this Consent Order.

PHYSICIANS MUTUAL INSURANCE COMPANY

(Corporate Seal-if any)

By: David P. Woods

Print Name: David P. Woods

Title: VP - Compliance Officer

Date: 10/31/25

STATE OF Nebraska

COUNTY OF Douglas

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 31 day of October 2025, by David P. Woods (name of person signing for company) as Officer (type of authority; e.g., officer, trustee, attorney in fact) for Physicians Mutual (company name).

GENERAL NOTARY - State of Nebraska
JACQUELINE A. BLUM
My Comm. Exp. July 25, 2026

Jacqueline A Blum
(Signature of the Notary)

Jacqueline A Blum
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification ____

Type of Identification Produced n/a

My Commission Expires: July 25, 2026

COPIES FURNISHED TO:

ROBERT REED
President & Director
Physicians Mutual Insurance Company, Inc.
2600 Dodge Street
Omaha, NB 68131
Robert.Reed@physiciansmutual.com

RICHIE FREDERICK
Director
Property and Casualty Product Review
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, FL 32399-0329

BRITTANY BARNHART
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Property & Casualty Product Review
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Assistant General Counsel
Florida Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0329
Phone: (850) 413-4293
Email: jeffrey.joseph@floir.com

Exhibit A

FINANCIAL SERVICES COMMISSION

RON DESANTIS
GOVERNOR

JAMES UTHMEIER
ATTORNEY GENERAL

BLAISE INGOGLIA
CHIEF FINANCIAL OFFICER

WILTON SIMPSON
COMMISSIONER OF AGRICULTURE

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

September 5, 2025

Ms. Jennie Bell
Physicians Mutual
2600 Dodge Street
Omaha, NE 68131

Re: Name Change from Physicians Mutual Insurance Company to Physicians Mutual Insurance Company, Inc.

Dear Ms. Bell:

Please be advised that the Florida Office of Insurance Regulation ("Office") has accepted the requested name change on September 4, 2025, as this was the date all necessary information was received into the Office. Our records now reflect the following:

Old Name: Physicians Mutual Insurance Company
Old FEIN: 47-0270450

New Name: Physicians Mutual Insurance Company, Inc.
New FEIN: 47-0270450

As a result of this name change, the insurer will need to file a name change endorsement form with the Property and Casualty Product Review unit, Office of Insurance Regulation (Office), within 10 days. Once stamped for approval or informational purposes by the Property and Casualty Product Review unit, the insurer will mail the endorsement form to each insured to notify them of the name change. A rate filing indicating the name change will also need to be submitted to the Property and Casualty Product Review unit.

In addition, pursuant to Section 627.410 or 627.4102, Florida Statutes, the insurer's policy forms will need to be modified to reflect this name change and must be filed with the Office before they can be used in Florida. There are two options available to accomplish this form requirement. The first option is for the insurer to submit all forms containing the new name for individual stamping. The second option is for the insurer to enter into a Consent Order in lieu of re-submitting all prior approved or certified forms.

ALISON STERETT • PROPERTY & CASUALTY FINANCIAL OVERSIGHT - COMPANY ADMISSIONS
200 EAST GAINES STREET • TALLAHASSEE, FLORIDA 32399-3299 • (850) 413-5201 • FAX (850) 488-2935
WEBSITE: FLOIR.COM • EMAIL: ALISON.STERETT@FLOIR.COM

The insurer may continue to use the old policy forms for a period of (90) days after the date the Consent Order is executed by the Office, or the re-submitted forms have been stamped for approval or informational purposes. When filing the name change endorsement, please state which of these options the company will exercise. If option two is chosen, you must provide, along with the name change endorsement, a list of forms you will modify with the name change. Please note: Option two can only be used if the name change (including any logo update) is the only modification being made to the forms.

For further information regarding the name change endorsement form, the modification of policy forms (including option one or two), or the name change rate filing, please contact the Property and Casualty Product Review unit at 850-413-3146.

If you have any questions regarding this letter, please contact me.

Sincerely,

Alison Sterett

Alison Sterett
Financial Administrator

cc: Mike Covington
Destiny Patterson

FLORIDA OFFICE OF INSURANCE REGULATION

PHYSICIANS MUTUAL INSURANCE COMPANY, INC.

Is hereby authorized to transact insurance in the State of Florida.

This certificate signifies that the company has satisfied all requirements of the Florida Insurance Code for the issuance of a PROPERTY AND CASUALTY INSURER CERTIFICATE OF AUTHORITY and remains subject to the laws of Florida.

Original Issuance: 02/26/1965
Replacement Issuance: Thursday, September 4, 2025

No. 25 - 470270450

Michael Yaworsky
Commissioner
Office of Insurance Regulation

Applicant Company Name: PHYSICIANS MUTUAL INSURANCE COMPANY, INC. NAIC No: 80578
FEIN: 470270450

Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance

STATE OF FLORIDA OFFICE OF INSURANCE REGULATION

I, MICHAEL YAWORSKY, hereby certify that I am the* INSURANCE COMMISSIONER of the State of FLORIDA and have supervision of insurance business in said State and as such I hereby certify that **PHYSICIANS MUTUAL INSURANCE COMPANY, INC.** of OMAHA, NE is duly organized under the laws of said State and is authorized to transact the business of D 290 LIVESTOCK,D 450 ACCIDENT AND HEALTH,** insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Tallahassee, Florida on this 12th day of September A.D. 2025.

(Signature) MICHAEL YAWORSKY (Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA

© 2025 National Association of Insurance Commissioners

Exhibit B

APPROVED
Date Received: 09/15/2025 Date Of Action: 10/23/2025
FL OFFICE OF INSURANCE REGULATION

PHYSICIANS MUTUAL INSURANCE COMPANY, INC.
2600 DODGE STREET, OMAHA, NE 68131

NAME CHANGE ENDORSEMENT

This Endorsement should be placed with your insurance contract.

Your insurance contract is amended to reflect that Physicians Mutual Insurance Company, the insurance company that issued your insurance contract, has changed its name to:

Physicians Mutual Insurance Company, Inc.

This endorsement does not change or alter any of the terms or provisions of your insurance contract. Physicians Mutual Insurance Company, Inc. will honor all liabilities in your insurance contract.

All other contract terms remain the same.

We are available if you have questions regarding your coverage or need assistance in resolving complaints. Please contact us at [1-800-228-9100].

Physicians Mutual Insurance Company, Inc.
Robert a. Reed, Jr.
President and CEO

Exhibit C

Physicians Mutual Insurance Company, Inc. - NAIC 80578

(formerly Physicians Mutual Insurance Company)

Form Number	Form Name	IRFS Tracking Number	Approved	
P970FL	Pet Insurance Policy	21-028869	6/13/2023	
M-NB-0562-AA	Pet Insurance Policy Declarations	21-028869	6/13/2023	
PR001	Office Visit and Exam Fees Rider	21-028869	6/13/2023	
PR002	Alternative Care Rider	21-028869	6/13/2023	
PR003	Final Respects Rider	21-028869	6/13/2023	
PR004	Prescription Drug Rider	21-028869	6/13/2023	
PR005	Rehabilitation and Physical Therapy Rider	21-028869	6/13/2023	
PR006	Wellness Rider	21-028869	6/13/2023	
PR007	Pet Parent Assistance Rider	21-028869	6/13/2023	
M-NB-0561-FL	Pet Insurance Application	21-028869	6/13/2023	
PR034	Notice of Cancellation	21-028869	6/13/2023	
PR035	Notice of Cancellation (Non-payment)	21-028869	6/13/2023	
PR036	Policy Renewal Notice	21-028869	6/13/2023	
PR037	Policy Renewal Notification	21-028869	6/13/2023	
PR038	Notice of Change in Policy Terms	21-028869	6/13/2023	
J93	Cancellation Notification (Nonpayment)	23-045887	11/17/2023	
P02	Cancellation (Refund of Premium)	23-045887	11/17/2023	
P03	Cancellation (Loss of Pet)	23-045887	11/17/2023	
P04	Cancellation (Coverage Unavailable)	23-045887	11/17/2023	
P05	Cancellation (Other)	23-045887	11/17/2023	
P07	Cancellation Notification (Final)	23-045887	11/17/2023	
P08	Cancellation (Family of PO)	23-045887	11/17/2023	
P13	Policy Renewal Notification (Monthly_Auto)	23-045887	11/17/2023	
P14	Policy Renewal Notification (Annual_Auto)	23-045887	11/17/2023	
P17	Policy Renewal Notification (Monthly_Bill)	23-045887	11/17/2023	
P18	Policy Renenwal Notificatiopn (Annual_Bill)	23-045887	11/17/2023	
P19	Pet Policy Nonrenenwal	23-045887	11/17/2023	
P20	Notice of Change in Policy Terms	23-045887	11/17/2023	
PR040FL	Insurer Disclosure of Important Policy Provisions	25-035753	7/23/2025	
PR041FL	Amendatory Endorsement	25-035753	7/23/2025	
PET-POL-FL-240701	Pet Health Policy	25-006048	3/7/2025	
PET-BAH-FL-240701	Boarding, Advertising, and Holiday Cancellation Endorsement	25-006048	3/7/2025	
PET-BRE-FL-240701	Breeding Endorsement	25-006048	3/7/2025	
PET-EXF-FL-240701	Exam Fee Endorsement	25-006048	3/7/2025	
PET-HAT-FL-240701	Holistic and Alternative Treatment Endorsement	25-006048	3/7/2025	
PET-VAX-FL-240701	Vaccination Endorsement	25-006048	3/7/2025	
PET-DEC-FL-240701	Declaration Page	25-006048	3/7/2025	
PET-APP-FL-240701	Application for Insurance	25-006048	3/7/2025	
PET-NCP-CW-240701	Notice of Change in Policy Terms	25-006048	3/7/2025	
PET-REN-CW-240701	Notice of Renewal Premium	25-006048	3/7/2025	
PET-CAN-CW-240701	Notice of Cancellation/Nonrenewal	25-006048	3/7/2025	
PET-DISC-CW-240701	Insurer Disclosure of Important Policy Provisions	25-006048	3/7/2025*	Informational