

FLORIDA INSURANCE REPORT

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Scott's War on Rules Continues, Despite Supreme Court Ruling

By: Donna E. Blanton

Florida Gov. Rick Scott's war on administrative rules suffered a setback last month when the Florida Supreme Court held unconstitutional the Governor's suspension of agency rulemaking. The court determined that rulemaking is the province of the Legislature, and the Governor had no authority to require prior approval by his office before executive branch agencies under his control could propose new rules.

Undaunted, the Governor's staff has continued its detailed review of all proposed and existing agency rules, and Scott recently announced he wants 1,000 rules repealed. Agencies have been advised they no longer need the Governor's Office of Fiscal Accountability and Regulatory Reform (OFARR) to sign off on proposed rules, but most are still waiting on OFARR's blessing before proceeding. The Governor has repeatedly said he reviews most administrative rules as unnecessarily burdensome to businesses and professionals.

The court's opinion, *Whiley v. Scott*, 2011 WL 3568804 (Fla. Aug. 16, 2011), concerned an executive order issued by Scott on his first day in office halting rulemaking by all agencies under his control and requesting other agencies (those led by independent constitutional officers or by the Governor and Cabinet, collectively) to voluntarily stop rulemaking. A subsequent executive order, slightly modifying the original order but still suspending rulemaking, also was at issue.

Applying the Florida Constitution's separation of powers provision, the Court reasoned that the Governor overstepped his authority by intruding into executive branch rulemaking, which is the province of the Legislature, pursuant to chapter 120, Florida Statutes, the Administrative Procedure Act (APA). "Rulemaking is a derivative of lawmaking," the unsigned opinion stated. "An agency is empowered to adopt rules if two requirements are satisfied. First, there must be a statutory grant of rulemaking authority, and second, there must be a specific law to be implemented. . . . 'When an agency promulgates a rule having the force of law, it acts in place of the legislature.'" *Whiley*, *5, quoting *Gen. Tel. Co. of Fla. v. Fla. Pub. Serv. Comm'n*, 446 So. 2d 1063, 1066 (Fla. 1984).

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Interview with Robin Smith Westcott—Florida's New Insurance Consumer Advocate

By: Karen Asher-Cohen

Ms. Westcott is currently serving as the Florida Insurance Consumer Advocate, having been recently appointed by Chief Financial Officer Jeff Atwater. Robin began her legal career in 1993 with the Florida Department of Insurance, Division of Rehabilitation and Liquidation as an attorney handling legal matters relating to the receivership estates of insolvent companies. Robin served with the Receiver until 2001 when she left to enter private practice. Robin returned to the public sector in 2002 with the Florida Agency for Workforce Innovation where she served as Assistant General Counsel and Counsel to the Florida Partnership for School Readiness. In 2004, Robin returned to the Office

of Insurance Regulation as an Assistant General Counsel. Robin was appointed as the Director of Property and Casualty Financial Oversight in 2007 and served as the Acting Deputy Commissioner for Property & Casualty prior to accepting the position of Executive director with the Medicaid and Public Assistance Strike Force in March of this year.

Robin earned a Juris Doctor from The Florida State University College of Law and was admitted to the Florida Bar in 1993. She received her Bachelor's of Science from Florida State University in 1991.

What do you see as your mission as the new Consumer Advocate?

Of course my goal is to use the Office to promote good consumer choices for the people of our State. I really think that is achieved by trying to pursue policymaking that promotes competition and

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a free market for the insurance industry. So I see us as trying to be that conduit to bring back a vibrant competitive market here in the state. That's the best thing for the consumers of our state. That's where prices will go down and they will be able to have new and innovative products introduced into the marketplace.

How do you make that happen because OIR has to approve the new and innovative products?

I agree. I just think that will be one of those things we build on. I think they are open to that idea. I think sometimes we just had a very difficult time because we are so tied to statutory accounting and other things that make us have to react or make regulators have to react in a certain way. But I do think that there is a lot we can do even initially just to start the conversation about how we look at risk in our state – and I'm really speaking a lot more to property now more than anything, because that's what I know best. How we look at risk in our state and how we really underwrite risk in our state. And how do we mitigate risk in our state. And when we start doing those things and companies can really look at what the risk is and appropriately respond to that, I think that's when we'll start getting more people who are interested, to bring capital into the state and deploy it into insurance products.

Are you actually meeting with the companies to try and attract either existing companies to bring more capital or companies that left or companies that have never been here before – are you reaching out to the companies directly?

I have done some of that. I mean I have obviously had meetings with some companies. Really, right now, I think the immediate focus has been responding to the Citizens rate increase, especially the sinkhole portion of that rate filing. And PIP being a huge issue now, coming into the Legislative session, but beyond that and when we can hopefully get some direction on those issues and get that set up long range, for this office, yes, it will be about reaching out to insurance companies.

But, to also really work on getting consumers to understand that we have to respond in a different way in our state. We have to do a couple of different things. One of the things we have to do, is consumers have to understand and start to realize that the fraud and the other types of abuse that happen in our state – as long as they tolerate it, they are going to pay for it.... I think that is how you change behavior, to make people understand the economic impact to them. And you remember, when we did civil cases in the receiver's office, in an economic crime, unless you had a victim there that the jury could see and touch and feel and absorb their "pain" from it, it's very difficult to get juries to reach an award on economic crimes or to convict or to even, on the civil

side, award damages, because they want to see a victim. We have to get people to understand they are the victim in a very practical way.

Do you see your office taking part in the Citizens rate process?

Yes. We will be appearing at the rate hearing on the 13th. I am very concerned that the Legislature did some very bold things with Senate Bill 408. The reforms in there have really tried to target the fraud that was in that system. I don't believe that that rate filing really adequately accounts for what 408 effectively did with changing the rules and changing the ways sinkhole claims are processed – and what is and is not a sinkhole. So I just don't think you can spring that kind of rate increase – because rate is prospective in nature – you can't do that without considering the reform that is going to come from that.... If you do a glide path approach to that, you might get a couple of years into that and discover those reforms were far more effective than you thought they were going to be, and the data will support that and then there wouldn't be any need to implement further rate increase – so it gives you some time because you don't have a really great way to quantify what 408 meant yet but you will in a couple of years as you see their claims come in – then give it the credit and the credibility that it has and it may be that it leads us to a place where they don't need any more rate than maybe some of the first implementation of rate need. So I think that they should be obliged to give that some time to see how the claims develop.

At one time, there was some legislation for the Consumer Advocate's Office to be statutorily a party to rate filings. Do you see that coming back up? Are you going to advocate for that?

I'm not. I'd like to see how the relationship works. I feel very comfortable, I mean I know almost everyone at OIR. I've worked with them for years. I have a good working relationship. And I really feel that if I bring forward issues – if I bring forward petitions to either them or to DFS – I've worked with many of the DFS people for much of my career as well – I think those will be given credit and things like subpoena powers and things that they already possess, that they will deploy if it's a credible concern or a request on my part – I think that they will oblige this office by following up on that. So I don't see the need for expanding the power at this point.

Is there any legislation you would want to advocate for?

Well I do think we do have to have some PIP reform this year. And we'll be starting the working group in a couple of weeks for PIP reform. The format for that will be the members will be

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asked very pointed questions about reform and how it affects them and what data they have to support whatever position it is that they are taking. And the product will be a paper that gives all of that data and compiles all of those positions to say, these are all the things that people believe or support that would reform PIP.

And then the second part of that exercise will be, if those cannot be accomplished for whatever reason – What’s next? If you had mandatory BI – what does that mean? How does that affect rates? How does that shift some of the costs in the system over into the healthcare arena? Because I think that is key. I think that the Legislature needs to be able to look at something substantive and understand that if they make a decision one way or the other, this is what they are affecting on the periphery. Things like, if we decided to go with something complicated like a workers’ comp. system, to try and address some of the fraud issues. How much does that cost? Even from a governmental standpoint – we had an entire division at DFS that handles workers’ comp. So are you talking about overlaying that kind of system on a \$10,000 benefit? Does that really make sense? Let’s talk dollars and cents here.

Are you looking at the unintended consequences?

I don’t know that anyone has set out to put on paper – here is what you can do and here are the possible consequences of those actions because we have looked at data from other places and we’ve asked the stakeholders in this to bring their data forward, and they either have and supported their arguments or they haven’t. And there isn’t any support for what they are saying would happen in the marketplace as a result of taking any certain actions. That’s our focus. I hope that there are some recommendations that are kind of the “of course, why wouldn’t we do that”. ... So I’m hopeful that this paper, this product, can be used by the CFO, by the Insurance Commissioner, by the Governor’s Office, to formulate good policy recommendations for the Legislature and for the Legislature to use in that evaluation. So that is probably the biggest thing we will be addressing this session.

Your task force that you created for PIP – how many members does it have?

We are at about 22-23 members. But it is important if we have people who are stakeholders, like, say chiropractors - they are not in the FMA – so they really should have another seat at the table. So we try to include everyone we can think of as far as the medical community that will address the issues – we even have managed care - someone from Blue Cross that we have asked to join the group simply from that perspective, that if we put it in a managed care type juncture – what does that mean? And health care

costs. If we put in a mandatory BI healthcare carrier, what does that mean for you? And so we tried to include people that have that perspective and can come back to us with some of the data of what they see if you made certain adjustments or shifts. And they can give us good advice on, if you’re going to do it, do it this way, because it just makes more sense to do it this way. So we tried to include people like that – we certainly have the trial lawyers and a couple of consumer advocates. And I think PERC will be one of our members on the panel. And then we have the people who are kind of the more neutral bodies like the Legislature. We have asked for representatives from the Speaker and from the President of the Senate as to who they would like to participate on the panel. The Governor’s Office has also given us a name to participate. So OIR will be there, DFS Fraud will be there. AHCA will be there because of the clinic licensure issues. So we have asked those people that are the implementation people too – because it is always important to consider what they have to say – since they are going to have to hold the gate open or closed. So we have tried to include all of those people in the discussion.



Robin Smith Westcott

Do you have a first meeting set?

We are tentatively looking at September 15th as the first meeting.

How do your goals work with those of the CFO?

Obviously, we have the same overall view about the marketplace – that right now Florida is suffering – and consumers are very much suffering – because there isn’t a great deal of choice on the property side as far as homeowners insurance. And we are starting to see rate increases and pressure on rates to go up. We both have a very similar vision in that a competitive marketplace for Floridians is the best thing for us. How do we get those folks back and deploying capital in our state? And so I think we have a very consistent view that we have to stimulate Florida’s economy and we have to get our state growing again and we have to get to a place where businesses understand what it means to do business here and aren’t afraid of it. And I think that is a very consistent message from both of us.

In the past, this Office has been pro-industry or pro-consumer.

What’s your philosophy? Do you see these as mutually exclusive? Or do you see an approach that can perhaps meet the needs of both?

Yes I really do. Most people, when they come here and want to do business – they want to give a good product at a fair price – it is good business. And their brand name is important to them.

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Senate Committee Reviews Public Records Exemption for DFS Service Requests

By: Travis Miller

The Banking & Insurance Committee of the Florida Senate has completed its review of a public records exemption for information submitted to the Department of Financial Services or Office of Insurance Regulation in connection with consumer service requests. The exemption applies to information submitted by consumers to the DFS Division of Consumer Services and to the Division of Workers' Compensation. Consumers provide the information in connection with service requests, which also are commonly referred to as consumer complaints.

Florida's public records laws are among the broadest in the country. Information in the hands of state government generally is available to any party requesting it. However, the legislature has the authority to enact exemptions from the public records laws when necessary to protect consumers or businesses from harm that might be associated with public dissemination of sensitive

information.

Under Florida law, these public records exemptions have automatic expirations and must be reviewed by the legislature periodically to determine whether to reenact them or let them expire.

The Senate Banking & Insurance Committee reviewed a law that exempts consumers' personal financial and health information from disclosure. Consumers sometimes submit this information when presenting service requests to the Department of Financial Services. Protecting this information from dissemination helps guard against identity theft, and also protects individuals in certain unique capacities (for example, witnesses or victims) from retaliation or other adverse consequences of being named in service requests. The exemption does not, however, prohibit disclosure of the name and address of a person submitting a service request.

Based on the nature of the exemption tailored to prevent specific harm, the Banking & Insurance Committee recommends reenactment of the exemption.



Banking & Insurance Committee Completes PIP Open Government Review

By: Travis Miller

The Florida Senate Banking & Insurance Committee recently released its open government review relating to an exemption from public records law for certain information related to auto insurance policies. Florida has broad public records laws that make most information in the hands of state government available to interested members of the public. However, the Florida legislature has the authority to create exemptions from the public records law when it believes dissemination of the information would be harmful to consumers, businesses or other interests.

Public records exemptions have automatic expirations, requiring the legislature to periodically review them to determine if the exemptions are still appropriate. In the case of auto insurance, insurers must report information to the Florida Department of Highway Safety and Motor Vehicles in connection with the re-

newal, cancellation or nonrenewal of policies. This information contains personally identifiable information about consumers, and also reveals an insurer's specific book of business. This information has been exempted from the public records laws under an exemption set to expire October 2, 2012. The Senate Banking & Insurance Committee therefore reviewed the exemption to assess whether the legislature should reenact it or allow it to expire.

The Banking & Insurance Committee believes the exemption should be reenacted because it remains necessary to protect consumers and a competitive auto insurance market in Florida. The committee notes that public dissemination of the information would threaten an individual's personal safety. In addition, insurers would lose their competitive advantage because releasing the information in essence would result in the release of their specific books of business to the public and to competitors.

The committee correctly identifies concerns for both consumers and insurers in making its recommendation. As a result, the legislature should continue the current exemptions by reenacting them in the 2012 legislative session.



Citizens Issue Brief Released by Banking and Insurance Committee

By: David Yon

The Florida Senate Banking and Insurance Committee released its issue brief (2012-226) regarding Citizens Property Insurance Corporation on September 1, 2011. As one would expect, all of the numbers are very large.

The brief provided up to date information on the total policies in force and the surplus in each of the three statutorily created accounts: Personal Lines (PLA); Commercial Lines (CLA); and Coastal Account (Coastal). As of July 31, 2011, there were a total of 1,408,584 policies in force and a total surplus of \$5.742 billion, with \$2.686 billion of that amount allocated to the Coastal or high risk account. On the exposure side, the paper reports the exposure numbers for Citizens remain very high. The probable maximum loss for a 1-in-100 year event is \$24.518 billion with \$15.99 billion representing coastal account risks and \$8.52 billion in the PLA/CLA account.

The brief went on to discuss what would happen in the event Citizens incurred a deficit and the sequence of how assessments would be levied to make up the shortfall. The first to be assessed would be Citizens' policyholders at a rate of up to 15% of pre-

mium per account for a total maximum of 45% collected over a 12-month period. Citizens estimates its current total surcharge capacity to be \$1.172 billion - \$391 million for the Coastal account and \$781 million for the commercial and personal lines accounts. Once the surcharge of Citizens' policyholders is exhausted, regular assessments and emergency assessments are the next to be levied. Citizens' regular assessment capacity (those assessments levied on insurers rather than directly on policyholders) is projected at approximately \$5.580 billion.

The paper also looked at how Citizens would respond to some recent storm years. A repeat in 2011 and 2012 of the storm seasons of 2004 and 2005, which saw Florida hit with a total of eight major storms, would produce losses of \$7.649 billion. These losses would require assessments of \$391 million from Citizens' policyholders and \$1,553 billion from insurers. Interestingly, the paper states this scenario would not trigger coverage from the Florida Hurricane Cat Fund.

The paper then analyzes what impact a repeat of Hurricane Andrew would have on Citizens. The brief reports that Citizens would suffer losses of \$14.651 billion if the storm made landfall during this year. This storm would trigger \$6.726 billion in FHCf loss payments and would require assessments of \$391 million from policyholders and \$1.752 billion from regular assessments.



Insurance Industry - People in the News

By: Karen Asher-Cohen and Tom Crabb

OIR

Florida Insurance Commissioner Kevin McCarty has been elected Secretary of the Non-Admitted Insurance Multi-State Agreement (NIMA) group. The member states of NIMA elected their first Governing Committee, made up of three officers. The Chairman is Insurance Commissioner Mike Chaney from Mississippi and the Vice-Chairman is Director of Insurance Merle Scheiber of South Dakota.

DFS

Sha'Ron James is the new Director of the Division of Rehabilitation and Liquidation at DFS. She is replacing Wayne Johnson, who has gone into the private sector.

Al Willis, the current Acting Deputy Commissioner for P&C at OIR, has announced that he will be leaving OIR to become the Deputy Director of the Division of Rehabilitation and Liquidation

at DFS.

John Askins resigned from his position as Director of the Florida Department of Financial Services Division of Insurance Fraud. A new Director has not yet been named. Director Askins came out of retirement to lead the Division in January, 2010 with the intent of staying through the remainder of Alex Sink's term as CFO, and was asked to remain in the post after CFO Atwater took office at the start of this year.

Citizens Property Insurance Corporation

CFO Jeff Atwater named former state Rep. Carlos Lacasa as chairman of the Citizens Property Insurance Corporation Board of Governors. Lacasa succeeds Jim Malone, who served as Chair since 2008.

Scott's War on Rules - Continued from Page 1

The court found that, absent an amendment to the APA explicitly delegating authority to the Governor to suspend rulemaking, the Governor could not tell the agency heads that he appointed when or how to engage in rulemaking. Two of the seven members of the court, Chief Justice Charles Canady and Justice Ricky Polston, dissented.

The case involved only proposed rules, not those already on the books. The court noted that the 2011 Legislature, by enacting section 120.745, Florida Statutes, essentially approved the process by which OFARR reviews existing rules. Section 120.745 requires all agencies (not just those controlled solely by the Governor) to conduct a comprehensive review of their existing rules and report to the Legislature concerning each rule's economic impact on the private sector. The statute also requires agencies to consider whether the rules have an impact on state revenues, are obsolete, unnecessary, duplicative of statutes, or inefficient, and whether they require data submissions from third parties.

Because the Governor, through his executive orders, already had required agencies under the Governor's control to submit existing rules to OFARR for review, the Legislature exempted agency

rules from much of the Legislature's review requirements if agencies submit their rules to OFARR. Agencies not under the Governor's sole control may "opt in" to the OFARR review process. So far, neither the Department of Financial Services nor the Office of Insurance Regulation has opted in to OFARR review.

OFARR has created a website, http://www.floridahasarighttoknow.com/regulation_rulemaking.html, where the public can follow the rule review process.

According to Gov. Scott, OFARR has already identified about 1,000 rules that should be repealed and another 1,200 that should be amended. He told the *St. Petersburg Times* in early September that he hopes the Legislature will repeal the 1,000 unneeded rules at one time in the 2012 legislative session. Under the APA's usual procedures, repeal of a rule requires notice to the public and opportunity to provide input on the repeal or even to challenge through litigation whether the rule should be repealed.

But the Governor has made clear that he wants burdensome rules off the books as soon as possible. "Every dime a company spends on regulations is a dime they add to what you care about as a purchaser of a product or service," Scott told the *Times*.

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They want to be seen as somebody who answers their telephone and pays claims when they are given a claim. They don't want a reputation of not paying claims. There are the occasional bad apples that the Consumer Advocate is going to be duty bound to call that out when you see it. That's one of those things that you always need to be - I mean the CFO calls me a watchdog from that perspective and I think that I am, because I have seen a lot of scams go and how those work. It is not a mutually exclusive thing to say that consumers want that. They want a good company that pays their claims. And most people aren't in on some Florida abuse or fraud. They just want a good product and they want to know that when a storm comes through, that their claim is going to be covered.

What do you see as the differences in working here and at OIR?

At OIR, as a regulator you do have that part of your job where you are looking at individual companies from the perspective of how are they individually doing. I think I get to take a more market approach to things which is where we don't have to be so myopic on one little company and that being disruptive to everything that is going on around you. I can step back from that and be a

little bit more holistic and how I'm looking at trends in the marketplace.

Have you settled into the job?

Now that I'm here, I'm good. This is an incredible amount of responsibility and exposure and an incredible opportunity. That's amazing. I can't believe I'm here. Sometimes I have to pinch myself. I love this. It's really fast and furious. It's good for me and I like doing this. I like the thought that I'm going to make some good things happen for our State.

To see more of Karen's interview with Robin, go to the Insurance Portal/Resources area of our website at www.radeylaw.com.



Appellate Update

By: Tom Crabb

Household Exclusion In Auto Policy Bars Claims By Members Of The Household Of A Permissive-Driver Omnibus Insured

State Farm Mutual Automobile Ins. Co. v. Menendez et al., 36 Fla. L. Weekly S469a, Case No. SC10-116 (Fla. 2011). On August 25, 2011, the Supreme Court of Florida held that a household exclusion in a liability auto policy barred claims from members of the household of a person who was not the named insured under the policy but was instead an omnibus insured as a permissive driver. Three generations of a family were all in the same vehicle and all were injured in a collision. Grandmother was the named insured under a liability policy, Granddaughter was driving the car, and Parents of the Granddaughter were passengers in the vehicle. At the time of the accident, the Granddaughter lived with her parents and the Grandmother lived elsewhere. While Granddaughter was not a “named insured” under the policy, she was covered as an omnibus insured as a relative of the named insured (Grandmother). Grandmother’s liability policy excluded coverage for bodily injury to “any insured or any member of an insured’s family residing in the insured’s household.” Coverage was sought for injuries to the Parents and therefore the question was whether Granddaughter – as an omnibus insured and not named insured – was an “insured” for purposes of the household exclusion. The trial court and Third District Court of Appeal both concluded that the policy language was ambiguous and construed that ambiguity against the insurance company and in favor of the Parents, holding that the Grand-

daughter was not an “insured” for purposes of the exclusion and therefore her Parents were not excluded as members of Granddaughter’s household. The Supreme Court of Florida reversed, concluding that the Granddaughter, as an omnibus insured, was an “insured” for purposes of the household exclusion and therefore her parents, as members of the Granddaughter’s household, were not covered under the policy. The Court focused on the fact that the policy “clearly and consistently distinguishes the term ‘insured’ from the concept of the ‘named insured.’” The Court also noted at least seven other states that have reached the same conclusion. Prior to this decision, the district courts of appeal in Florida were in conflict on this issue, making resolution by the Supreme Court necessary.

Oral Argument Held In *Kortum* Public Adjuster Solicitation Case

On Friday September 9, 2011, the Supreme Court of Florida heard oral argument in *Atwater v. Kortum*, the case challenging the constitutionality of the 2008 law restricting contact by public adjusters with insureds during the first 48 hours after a hurricane. As discussed in prior columns, the public adjusters argue the law violates their free speech rights by prohibiting face to face or telephone direct contact with insureds. The Department of Financial Services argues that because the law does not prohibit all contact (the public adjusters could still solicit those persons at any time by leaving a brochure or door knob hanger at the house), it does not impermissibly impinge on the adjusters’ free speech rights. A Leon County trial court upheld the law, while the First District Court of Appeal held that it was unconstitutional, leading to review by the Supreme Court. A decision is expected in the coming months and will be reported in this column.

Guarantee, Not Insurance...

By: David Yon

The Office of Insurance Regulation has issued a Declaratory Statement finding that a licensed real estate broker may provide certain guaranties in a real estate property management agreement related to the broker’s effort to secure a tenant for the property and that such guaranties do not constitute “insurance” as defined in sections 624.02 and 624.10, Florida Statutes.

The agreement provides that: “should Broker fail to secure Tenant after period of one calendar month after the expiration or termination of a Lease Agreement, then Broker will credit Owner Account an amount equal to daily rent for days vacant, for which Owner has not received rent or compensation in any form from Tenant(s), up to 30 days or an amount equal to \$1,000 whichever is less.”

The declaratory statement finds that: (a) the guarantee is an integral part of the property management agreement and not severable; and (b) the guarantee is part of a rental income clause in the contract and is clearly an effort to guarantee services under the contract. The statement goes on to find that “since the Petitioners’ proposed additional contractual services are but a secondary part of the contract and do not have the characteristics of insurance, these services appear to be nothing more than contractual damages built into the contract.” The OIR concluded the analysis by stating: “...the Petitioners’ proposed additional contractual services do not constitute a transaction involving “insurance” within the meaning of section 624.02, Florida Statutes, “transacting insurance” as defined in section 624.10, Florida Statutes, or “surety insurance” as defined in section 624.606, Florida Statutes.”

A copy of the Petition can be found in the Resources section of our website at www.radeylaw.com.

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RTYC Named to A.M. Best's Directory of Recommended Insurance Attorneys

Radey Thomas Yon & Clark, P.A. is pleased to announce that the firm has been named to A.M. Best's Directory of Recommended Insurance Attorneys. A.M. Best is a leading name in the insurance industry, widely known for its insurance company ratings. A.M. Best also develops lists of recommended attorneys and other professionals who service the insurance industry.



RTYC applied for inclusion in the Best's Directory and submitted information about the firm's experience and credentials. The firm earned inclusion in the directory after A.M. Best evaluated the firm's experience and received feedback from clients.

"We are pleased to be recommended by a widely recognized leader in our industry like A.M. Best," said firm president Travis Miller. "We take great pride in our insurance regulatory, transactional and litigation practices and are happy to see these efforts recognized in Best's Directory of Recommended Insurance Attorneys."

Inclusion in the Best's Directory of Recommended Insurance Attorneys caps an enjoyable summer for the firm, in which RTYC also was named one of Florida's Top 100 Places to Work by Florida Trend magazine and learned that it once again will be recognized for its top tier insurance and administrative law practices by U.S. News & World Report.



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