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Attorneys & Counselors at Law

OIR Hosts Symposium on Property Market Issues

By: Travis Miller

At the end of the recent NAIC conference in Orlando, the Office of Insurance Regulation held a symposium on the state of Florida's property insurance market. The session recapped many of the known concerns about the current market, including the role of sinkholes, reopened hurricane claims, and public adjusters in driving up insurers' losses and expenses.

The opening panel started the symposium with some general observations about the market. Although the property and casualty insurance industry report-

edly has performed well as a whole, this generalization cannot be extended to certain markets or segments of markets, and in particular to the Florida residential property insurance market. The Florida market has been characterized by high loss ratios and significant volatility. In addition, external capital in the Florida market has been replaced by internal (i.e., assessments) as private carriers have reduced writings.

A reinsurance intermediary pointed out that 55 domestic insurers have posted a net combined ratio of 125.8% in 2010. The intermediary attributed the results to competition from Citizens Property Insurance Corporation, rate freezes and rollbacks, and the mitigation discounts (both in their implementation

and as a result of fraudulent application). Non-hurricane losses are increasing, with a 27% increase in frequency and a 33% increase in severity. Insurers' costs likewise are increasing. Although the cost of private reinsurance has declined since 2006, the FHCF's TICL layer has been reduced and its price increased while the FHCF also has reinstated the rapid cash buildup factor. The reinsurance portion of the discussion also focused on the substantially greater 100-year PML in Florida than any other state. This ultimately means that Florida will always have a high demand for both public and private reinsurance options (and any shortfall is left to assessments).

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OIR Approves Increase in Workers' Compensation Rates

By: David Yon

For the first time in at least seven years, the Office of Insurance Regulation has approved an increase in the rates for workers' compensation insurance. NCCI submitted a request seeking an increase of 8.3% which was not accepted. However, Insurance Commissioner Kevin McCarty advised NCCI he would accept a filing requesting a 7.8% increase. The effective date of the filing would be January 1, 2011. Commissioner McCarty stated, "The rate increase that has been justified would still give Florida the lowest rates in the southeast, and

likely keep us in the top 10 states nationally for most affordable workers' compensation insurance. The NCCI's prior seven annual filings represent the largest consecutive cumulative decrease in rates in our state's history."

A public hearing was held on October 5, 2010 where testimony and evidence was presented. The Office objected to the medical trend proposed by NCCI and recommended it be reduced. The filing also rejected a proposed change in the classification rate for roofing.

For a copy of the order, please visit our website or contact any of our insurance professionals.



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GET TO KNOW...

By Karen Asher-Cohen

MARY MOSTOLLER. Mary is the Director of Company Admissions/Business Development at the Florida Office of Insurance Regulation. Prior to graduating from Florida State University, she worked for the (then) Department of Insurance in the Office of the Actuary. Upon receiving her degree in Mathematics Education and learning of the starting salary for a teacher in Leon County, she quickly accepted the actuary's offer to work at the Department on a full-time basis. Mary remarked, "I never dreamed that I would spend my entire professional career at the now, Office of Insurance Regulation. The years have been quick and believe it or not, no regrets. Life is good. And yes, I still maintain a current teacher's certification for secondary mathematics!"

Mary was the first actuarial analyst for the Department and at that time, there was no specialization, handling both Life and Health and Property and Casualty. She later specialized in medical malpractice, in particular overseeing the medical malpractice self-insurance trust funds for the Office. As the market shifted and the trust funds dwindled in numbers, she moved to the property and casualty solvency bureau, where prior to becoming Director of Company Admissions in 2007, she was the Financial Administrator for Property and Casualty Financial Oversight, responsible for the financial regulation and licensure of all property and casualty insurers.

As Director of Company Admissions/Business Development, she is responsible for facilitating the regulatory process for company licensure with the goal of retaining existing insurers while attracting new insurers. She reviews every application prior to their presentation to the Commissioner for final agency action.

Recently, I asked Mary the following questions.

1. What do you think are the biggest issues facing companies these days?

You realize over time that trends, cycles, history, they all tend to repeat themselves and recovery always comes eventually. However, we are in unprecedented times. The recovery is slow in coming. The companies are being forced to reinvent how they do business, how they interact with their customers, create new products, etc. The years of lucrative investment

income seem like a fading memory. Times are tough and the challenges we face in our own homes, and our workplace, are no different than what our companies are experiencing.

2. How has insurance regulation changed in your time here?

When I first came to work, I was not involved in the licensure of insurance companies, though I worked closely with the Chief Examiner's office. Years later, I was told a story about the licensure process from a company that was licensed in those early years. Suffice it to say, we are very different today. The application process is electronic, both internally and externally, and there is complete transparency in the process.

In terms of financial regulation, we no longer have to deal with the three-foot-long ledgers, ladders, manual calculators, and the ladies frantically inputting data into key punch cards and manually calculating premium tax. Today, the Office is very fortunate to have the technology that it does, but still, regulating solvency is no easy task. On another positive note, when I first started working here, women were not allowed to wear pants to work! Thankfully, all of that has certainly changed.

3. What's the best part of your job?

Everything! I truly love my job and am very passionate about what I do. Everyday there is something to be learned, there are calls and emails from the public. No call or email is left unanswered. I truly enjoy public service. Some of my most rewarding times have been in the volunteer hours in the aftermath of some of our worst hurricanes, and yes, I was there for Hurricane Andrew. To know that you helped someone in need, that you made a difference in someone's life, it is very rewarding.

4. What's the worst part of your job?

Well, I said that I love everything about my job, but if I have to provide an answer, this is it. I hate knowing that one day, I will have to give up public service and I will no longer experience the feeling of making a difference.

5. How do you get away from it all?

I have always taken time to escape when I really needed to, whether it was trips abroad or at home in our country or just at home, on the farm.

Workshop Comments Seek to Improve Premium Tax Reporting Rule

By: Travis Miller

The Florida Department of Revenue recently held a workshop on proposed Rule 12-24.003, Florida Administrative Code, relating to the electronic filing of tax returns. The proposed rule seems innocuous on its face because it simply provides that beginning in 2011 insurers will be required to file their premium tax returns electronically. Currently, insurers file the form DR-908 in paper form.

Some members of the industry began to have concerns about the proposed rule upon learning how the electronic reporting will be handled. Rather than allowing insurers to upload data from their systems or to export spreadsheets, the proposed format would entail having the insurer hand-enter the premium tax return data into a web-based portal. An insurer in essence would prepare its premium tax return in the current manner, then manually transfer the data to the Department of Revenue's portal.

OIR Symposium—Continued from Page 1

Other financial products such as catastrophe bonds are playing an increasing role in providing capacity in markets like Florida. However, all panelists agreed that alternative risk transfer mechanisms will only supplement traditional reinsurance and cannot serve as a substitute for it. Even so, as those markets become more sophisticated and gain efficiency, they will be able to engage in transactions of both larger and smaller dollar amounts than are currently seen in most deals. Panelists commented, however, that the alternative markets prefer transactions in the 100-year to 250-year event range and are unlikely to expand their transactions below the 100-year level, meaning traditional reinsurance will continue to prevail at those levels.

From the agents' perspective, consumers currently are shifting their attention from price to claims-paying ability. An agent representative also expressed concern that availability in the private market will be adversely affected by sinkhole claims expanding into areas not traditionally associated with sinkholes.

One speaker commented that to restore the Florida property insurance market, the state should anticipate a five-year horizon over which insurers gradually restore capacity. This time period is necessary for the industry to see consistency in the state's message and to reduce the political risk that has been prevalent in recent years. In addition, the state will require time to restore not only the financial capital that is needed, but also the intellectual capital—the state needs to develop and retain skilled insurance professionals. Finally, even upon embarking on this course, the state must acknowledge there is an inherent limit on

This might not be too burdensome for insurers with few entries on their premium tax returns. However, for insurers that must report obligations to the police and firefighters' pension funds, this could result in hundreds of values having to be entered by hand.

RTYC's Travis Miller joined another industry representative in presenting comments at the recent workshop. The industry representatives suggested that the Department of Revenue should defer implementation of the planned system and consider other options that integrate with reporting software commonly used in the industry or that otherwise allow for data to be uploaded without having to re-enter figures. The Department of Revenue expressed concern that hand-entering values might be unduly time consuming and might result in data entry errors. DOR representatives suggested that a possible approach would be to make the currently planned portal optional for insurers that would like to use it while continuing to work with the industry on developing more efficient approaches.

the amount of Florida property insurance exposure specific members of the industry will take on.

Mitigation also plays a role in restoring the state's property insurance market. All parties agree that reducing the magnitude of potential losses is the only way to limit the cost of insurance in the long run—coastal exposures continue to increase, and costs go up over time. However, an effective mitigation program must include rate differentials that are validated, consist of information that is verifiable, and have widespread participation. In addition, effective mitigation must be pursued strategically, focusing on areas where benefits are greatest in relation to costs.

Panelists briefly mentioned the possibility of a sinkhole facility to address Florida's exploding sinkhole problem. Potential benefits include eliminating the bad faith exposure that currently drives up the cost of settlements and making the true costs of sinkholes known to consumers. However, there are concerns regarding how a facility would be operated and whether the approach will solve the problem.

Perhaps the most consistent theme of the afternoon was the need for timely and adequate rate relief. The state recently has been emerging from a difficult rate environment, with many insurers having been able to adjust rates over the last 12-18 months. Most panelists commented that the ability to adjust rates in response to changing market conditions and cost drivers is critical to a healthy market.

Commissioner McCarty Joins in NAIC Letter on PPACA

By: *Travis Miller*

Florida Insurance Commissioner Kevin McCarty and other state insurance commissioners recently wrote to U.S. Department of Health and Human Services Secretary Kathleen Sebelius regarding concerns with the medical loss ratio requirements arising from the Patient Protection and Affordable Care Act (PPACA). Under the PPACA, the National Association of Insurance Commissioners (NAIC) must develop uniform definitions and standard methodologies for calculating the medical loss ratio. However, state regulators have identified several issues of concern and seek to ensure that federal rulemaking does not adversely affect health insurance markets.

State regulators point out that the medical loss ratio requirements have the potential to limit consumer choices and destabilize markets. If improperly applied, the requirements could impair the ability of insurers to maintain sufficient capital and satisfy risk-based capital requirements. The state commissioners therefore urge that federal rules should be developed in a way that does not hinder the ability of states to preserve the financial stability of their health insurance markets.

As the states seek some relief from the 2011 medical loss ratio requirements, state regulators intend to provide recommendation on transitional exemptions. The following factors are among those to be considered in developing the recommendations: (i) the potential impact on insurer solvency; (ii) the poten-

tial loss of carriers in markets and the impact on consumers of reduced competition; (iii) the ability of consumers to find affordable products if their carriers leave markets; (iv) the potential impact on benefits and cost-sharing of existing products; (v) the potential impact on premiums paid by current policyholders; and (vi) the potential impact on consumer access to agents and brokers. The state commissioners also encourage the Department of Health and Human Services to consider the essential role of producers as it develops its medical loss ratio regulations. The commissioners note that insurers selling expatriate and international health insurance policies have requested exemptions from the medical loss ratio requirements. The letter describes the unique nature of expatriate and international health insurance policies and recommends either exempting them from requirements or making adjustments to the manner in which the requirements apply to them.

Finally, the state commissioners offer three recommendations relating to the rebate program. First, the commissioners believe any rebates should be paid to the individuals or entities that paid the premiums. This means rebates would be made to employers for distribution to enrollees in the event of employer-paid premiums and directly to individuals in the event of individual-paid premiums. Second, the state commissioners suggest that policyholders eligible for rebates should receive them in the form of premium credits or checks. Third, carriers should be required to make good faith efforts to locate persons entitled to rebates, and if unable to locate those persons the rebates should be governed by state unclaimed property statutes.

Briefing Paper Issued - Public Adjusters

By: *Travis Miller*

The Senate Committee on Banking and Insurance has issued a brief on public adjusters as additional legislation is contemplated for the 2011 session. The brief begins with a recap of the public adjuster reforms that were included in SB 2044, which passed both chambers of the legislature in the 2010, but was vetoed by Governor Crist. The brief then describes the role of public adjusters in the claims settlement process, as well as the manner in which they typically are compensated. The brief also includes a

summary of the public adjuster licensing process and provisions applicable to public adjuster apprentices.

The issue brief summarizes Florida's statute of limitation on contract claims, as well as fee caps and solicitation restrictions on public adjusters. The brief also provides an overview of Department of Financial Services enforcement actions against public adjusters.

The brief does not take any position regarding potential legislative reforms for 2011.

Kevin McCarty Elected NAIC President-Elect

By: *David Yon*

During the October meeting in Orlando, the National Association of Insurance Commissioners (NAIC) elected, by acclamation, Florida Commissioner Kevin McCarty to be

President-Elect of the NAIC. McCarty served as Vice President during 2010 and was nominated by Mary Jo Hudson, Ohio Director of Insurance, for the position of President-Elect. His term begins January 1, 2011.

Radey Thomas Yon & Clark congratulates Commissioner McCarty on his election.



Appellate Updates

By: Tom Crabb

Insured Denied Coverage After Being Charged With Knowledge Of Application Provision He Was Never Given

An applicant for windstorm coverage contacted his local agent, a Citizens Property Insurance Corporation agent, for a quote. The agent faxed the applicant a cover letter and page one of an application for coverage. Page one of the application called for the applicant's signature and contained the language "I understand and agree to the terms as set forth on page 2." Through an apparent oversight, page 2 was not included in the fax, yet the applicant signed that he understood and agreed to this page 2, which he never received. Page 2 - unreceived and thus never read by the applicant - stated that the agent had no authority to "bind coverage or make the policy effective" on behalf of Citizens. After receiving the applicant's check and application, Citizens informed both the agent and the applicant that an error had been made in the property designation and that no coverage would be issued until the full correct premium was paid. That notice was returned to Citizens as undeliverable. While the agent received its notice, it never communicated the issue of the premium calculation error to the applicant. The applicant's property was then damaged by Hurricane Wilma and he sought coverage from Citizens.

The trial court concluded that the agent was given the "indicia of agency" and hence apparent authority to bind coverage by Citizens. Because the applicant was never put on notice of any limitations on the agent's ability to bind such coverage, which limitations were contained on the unreceived page 2, the agent was found to have the apparent authority to bind Citizens coverage and the trial court thus concluded there was coverage. The Fourth District Court of Appeal reversed, holding that the applicant's signature to the statement that he had "read and understood" page 2 was sufficient to charge the applicant with notice of page 2 even though he was never given that page of the application. The Fourth District said that "a reasonable person under these circumstances would have actually read page 2 and discovered the agency disclaimer." *Citizens Property Insurance Corporation v. European Woodcraft and Mica Design, Inc.*, Case No. 4D08-4932 (Fla. 4th DCA Sept. 29, 2010).

Second District Holds That Attorney's Fees Awards Arising From Insolvent Insurer's Improper Claims Denials Are Not FIGA "Covered Claims"

When an insurer improperly denies a claim, it becomes liable for the attorney's fees of the insured under the Florida Insurance Code (s. 627.428). But what happens if an insurer improperly denies a claim and then goes insolvent before paying those attorney's fees? Does the Florida Insurance Guaranty Association have to pay the attorney's fees arising from the now-insolvent insurer's improper denial of coverage? Two years ago, the Third District Court of Appeal said yes in the case of *Florida Insurance Guaranty Ass'n v. Soto*, 979 So. 2d 964 (Fla. 3d DCA 2008). The Second District has now reached the opposite conclusion, holding that FIGA is not obligated for those fees. The Second District has certified that its decision conflicts with that of the Third

District, which means that the Supreme Court of Florida will ultimately have to resolve the matter.

An insured under a homeowners policy had her home damaged by Hurricane Charley in 2004. She received partial payment for some of her losses, but demanded an appraisal to resolve the dispute as to the total amount of the loss. The insurer refused to submit to the appraisal so the insured filed suit to compel it. The appraisal was completed, the insured prevailed and then filed the appraisal award with the court. The insurer paid the additional amount due under the policy but then went insolvent before paying the insured's attorney's fees as required by the Code. The trial court, relying on *Soto*, found that attorney's fees were part of a FIGA "covered claim" and that therefore FIGA was obligated to pay for the attorney's fees related to the now-insolvent insurer's wrongful denial of the claim. The Second District reversed, holding that the law establishing FIGA makes FIGA liable for attorney's fees only when FIGA "denies by affirmative action" a covered claim - that is, when FIGA itself makes the improper denial of coverage. The court concluded that the Legislature intended to limit FIGA's liability to the policy coverages as expressed by its terms, and that attorney's fee liability was not part of that coverage. Instead, attorney's fee liability arises from statute and as such is limited to those fees expressly made available against FIGA when FIGA (and not the insolvent insurer) wrongfully denies coverage. Accordingly, FIGA does not have to pay the attorney's fees incurred from the insolvent insurer's wrongful refusal of the claim before it went insolvent. Until the Supreme Court weighs in on the issue, a conflict in the districts on this issue will remain. *Florida Insurance Guaranty Ass'n v. Petty*, Case No. 2D09-3749 (Fla. 2d DCA Sept. 29, 2010).

"Auto we insure" synonymous with "insured auto"

Many times coverage disputes turn on the slightest variations among the language of policy terms and the court's reconciliation of those differences. An insured had a commercial auto policy on the Ford F-350 owned by his business but driven by him for both business and pleasure, and a separate policy insuring another personal vehicle. The insured was in a collision in his F-350. Clearly there was coverage under his commercial policy, but there was a question as to whether there was also coverage under his separate personal policy. That policy provided coverage when an "insured person" caused damages while operating an "auto we insure." "Auto we insure" was undefined in the policy but "insured auto" was defined. "Insured auto" was defined to exclude "non-owned automobiles . . . available for the regular use of the insured." Clearly the F-350 was both "non-owned" by the insured and also "available for his regular use", and was thus not an "insured auto." But was it an "auto we insure"? The insured argued that an "auto we insure" had to be something different than an "insured auto" or else the policy would have used one term in both situations. The trial court disagreed, concluding that the only reasonable construction of the insurance policy was that the two terms were synonymous and thus there was no coverage. The Fifth District affirmed the trial court's decision. *Gabbard v. Allstate Property and Casualty et al.*, Case No. 5D09-3713 (Fla. 5th DCA Oct. 22, 2010).

Cannon Seeks to Put Breaks on Implementation

By: David Yon

Speaker designee of the Florida House of Representatives Dean Cannon sent a letter to Governor Charlie Crist on October 19, 2010, raising concerns about the efforts of the State executive branch agencies to implement the Patient Protection and Affordable Care Act (PPACA) in Florida. Cannon wrote that: “The executive branch agencies implementing the law are doing so without waiting for clear and comprehensive guidance from the Legislature, the entity solely responsible for policymaking under Florida’s constitution. The activities of state agencies to respond to the federal law are widespread and numerous. The most serious involvement includes development of systems and capabilities for executing authority implied by the federal law, even though the authority for such actions may not be present in current state statutes.”

The letter cites two examples that “underscore” Cannon’s belief

that important policy questions are being made without legislative involvement. These were (1) efforts to seek federal permission to exempt Florida insurers from federal medical loss ratio requirements; and (2) responses to efforts by the federal government to contact insurance regulators to enlist their help in pressuring insurers to continue issuing child-only policies.

Cannon’s letter set forth the following directives for agencies:

1. Submit a complete accounting of all PPACA-related activities to date by November 15, 2010.
2. The accounting of activities must include a complete description of the specific activity, an explanation of any particular benefit to Florida from the activity, identification of state employees involved, specification of the amount of employee time spent, enumeration of any expenditure of funds associated with the activity, and estimation of any future state costs resulting from the activity.
3. After November 15, 2010, all new activities related to PPACA should be initiated only after notification and consultation with the Legislature.

Audit Released of 1st DCA Construction Project by CFO Sink

By: Karen Asher-Cohen

CFO Alex Sink released the results of the Department of Financial Services’ audit report of the Department of Management Services’ (“DMS”) construction project to build the new First District Court of Appeal building in Tallahassee. The project has been referred to as the “Tallahassee Taj Mahal” in recent

media reports. The audit outlined 17 findings which it considered to be violations of or inconsistent with Florida Statutes, the Florida Administrative Code, or generally acceptable internal control practices. In her letter to Governor Crist and Chief Justice Canady, Sink stated: “This audit, conducted by my Bureau of Auditing, shows that DMS lost control of the project and spent millions more of taxpayer dollars than was necessary to build this courthouse.” For a copy of the complete audit report, please see our website at www.radevlaw.com.

FHCF Releases Estimated Borrowing and Claims Paying Capacity

By: David Yon

The State Board of Administration of Florida (the Board) has given formal notice of the estimated borrowing capacity, estimated claims-paying capacity, and projected balance of the Florida Hurricane Catastrophe Fund (FHCF) as of December 31, 2010. The FHCF’s projected post-event borrowing capacity

estimate is \$9.363 billion. In addition to its borrowing capacity the FHCF projects a year-end balance on December 31, 2010, of \$5.914 billion. The estimated borrowing capacity and projected available year-end cash balance, together with other liquid resources, provide the FHCF with a total estimated claims-paying capacity of \$18.776 billion over the next twelve months. The FHCF issued its October 2010 Estimated Claims Paying Capacity Report and the estimates are based on that report. The obligation of the FHCF to reimburse insurers is statutorily limited by its claims paying capacity.

OIR Restarts Adoption on Rules

By: David Yon

The OIR has withdrawn rules 69O-137.001 “Annual and Quarterly Reporting Requirements” and 69O-138.001 “NAIC

Financial Condition Examiners Handbook Adopted.” According to the OIR the NAIC had difficulty completing and mailing the manuals in time for the adoption process. As a result OIR will need to restart it. OIR anticipates that both rules should be adopted by the end of the year.

OIR Proposes Changes to Workers' Compensation Excess Profits Forms

By: David Yon

The OIR announced a rule development workshop for November 17 to consider changes to rule 69O-189.007, F.A.C., and the related instructions and forms for excess profits reporting for workers' compensation insurance. The proposed changes address a number of areas including: (1) the definition of

"Insurance Group" for reporting purposes; (2) instructions for reporting the net cost of reinsurance for insurers choosing to do so; (3) instructions for allocating expenses to Florida; and (4) revising the list of profit and contingency factors used by NCCI in its filings.

For more information or copies of the proposed rule and revised forms please contact any member of our insurance team.

OIR Issues Informational Memorandum OIR-10-7M

By: Karen Asher-Cohen

On October 6, 2010, the Office of Insurance Regulation issued Informational Memorandum OIR-10-7M to all life and annuity insurers to remind those insurers of the statutory changes enacted in the 2010 legislative session by Chapter Law 2010-61, Laws of Florida (HB 885), which became effective May 11, 2010: section 627.4605 was created, and sections 627.464, 627.552, and 627.5575 were amended. Section 627.4605 pro-

vides that a notice of replacement of a life insurance policy is not required under certain enumerated circumstances. Section 627.464(2) was amended to address the situation when an annuity is dedicated or otherwise allocated as part of a settlement to satisfy the requirements of 42 U.S.C. §1395y(b)(2). Section 627.552(1) was amended to prohibit the creation of a class of employees that are solely employees covered under the employer's group health plan. Finally, section 627.5575 amended the provision regarding permissible amounts of life insurance for any covered spouse or dependent child on a group life policy.

For a copy of the Informational Memorandum, please see our website at www.radevlaw.com.

OIR Releases Medical Malpractice Report

By: Travis Miller

The Florida Office of Insurance Regulation has released its 2010 annual report on the medical malpractice insurance industry. The Florida legislature requires the OIR to publish this report of

medical malpractice financial data each year.

The OIR observes in the report that insurers achieved a return on surplus of 6.6% in 2009, marking their sixth consecutive year of profitability. At the same time, insurers filed rate decreases averaging 8-10%, although some specialties did see increases. The report compares and contrasts financial data for insurers comprising 80% of the Florida market, which included 22 insurers in this year's report.



AIR Model Suspended

By: Bert Combs

The Florida Commission on Hurricane Loss Projection Methodology ("Commission") held a meeting on October 26, 2010, and voted to "suspend" the Commission's finding of "acceptability" relating to AIR's 12.0 Model ("Atlantic Tropical Cyclone Model V12.0, Program CLASIC/2 V12.0"). The model will be suspended until the Commission's Professional Team can examine the model onsite and review software implementation issues; and then report back to the Commission who can either reinstate or revoke the model's acceptance. The software implementation issue was described as an "indexing problem" and affects Commission Forms A-7 and A-8, relating to

"Percentage Change in Output Ranges" and "Percentage Change in Output Ranges by County." The problem does not appear to affect Form A-8 relating to "Probable Maximum Losses for Florida." The Commission's actions are expected to be completed by mid-November, but a schedule is not yet set. The Commission considered how its actions would be interpreted by the Office of Insurance Regulation ("OIR") in connection with already approved and pending/future rate filings that rely on AIR's model, but deemed that issue to be a decision for OIR.

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David Yon Named Tallahassee's Insurance Lawyer of the Year

Best Lawyers has named RTYC shareholder David Yon as the "Tallahassee *Best Lawyers* Insurance Lawyer of the Year" for 2011. After more than a quarter of a century in publication, *Best Lawyers* is designating "Lawyers of the Year" in high-profile legal specialties in large legal communities. Only a single lawyer in each specialty in each community is being honored as the "Lawyer of the Year."

Best Lawyers evaluates lawyers each year using a peer review process, and the lawyers being honored as "Lawyers of the Year" have received particularly high ratings in its

surveys by earning a high level of respect among their peers for their abilities, professionalism, and integrity.

Steven Naifeh, President of *Best Lawyers*, says, "We continue to believe - as we have believed for more than 25 years - that recognition by one's peers is the most meaningful form of praise in the legal profession. We would like to congratulate David A. Yon on being selected as the "Tallahassee *Best Lawyers* Insurance Lawyer of the Year" for 2011."

"We are pleased to see David recognized in this manner," said firm president Travis Miller. "In addition to being an outstanding insurance lawyer, David is dedicated to our firm and our community."

Please join RTYC in congratulating David on this well-deserved recognition.

Travis Miller to Speak at IASA Conference



RTYC president Travis Miller will open the upcoming conference of the South Florida chapter of the Insurance Accounting & Systems Association (IASA). IASA is a non-profit education association dedicated to the advancement of the insurance profession in the fields of accounting and financial systems. The association has 28 local chapters, including the South Florida chapter. Local chapters typi-

cally host one or two conferences or seminars each year covering topics of interest to insurance, accounting and systems professionals.

Travis will be speaking about legal and regulatory issues of interest to the insurance industry. Among the topics expected to be of interest at the mid-November conference will be the makeup of the Financial Services Commission, anticipated issues for the 2011 legislative session, and various rulemaking initiatives of the Office of Insurance Regulation and Department of Financial Services.