

FILED

MAR 25 2020

INSURANCE REGULATION
Docketed by: 095

OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

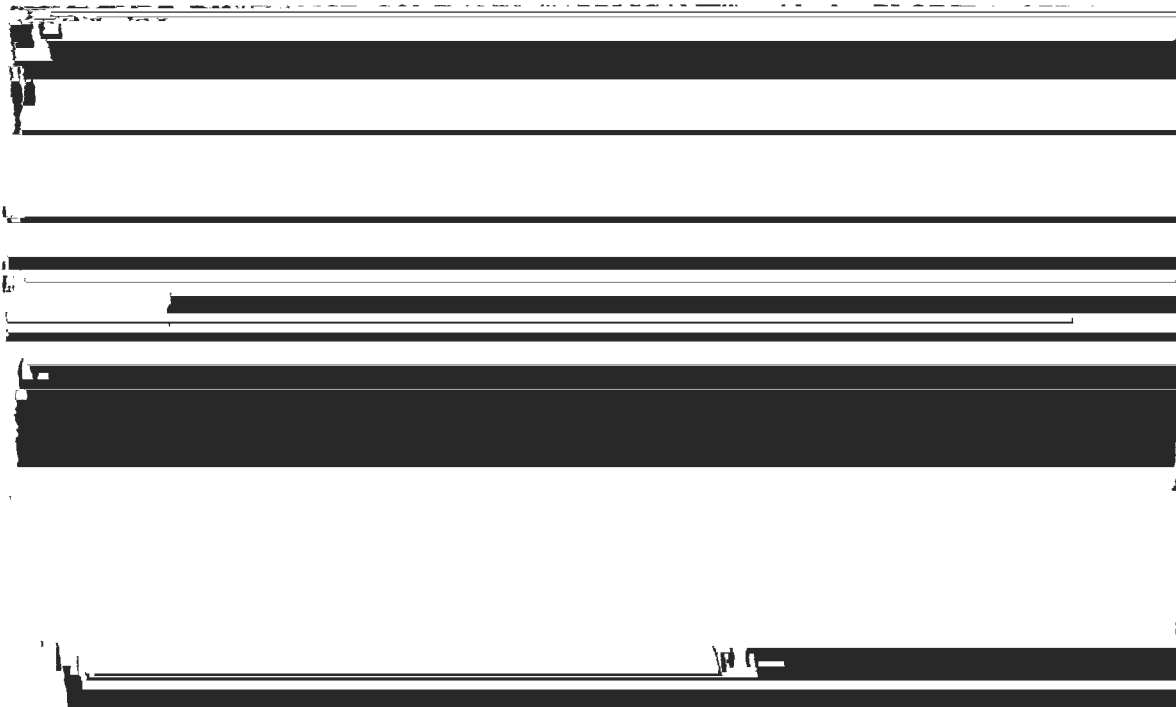
CASE NO.: 261474-20-CO

Application for the Merger of TOWER HILL SELECT
INSURANCE COMPANY and OMEGA INSURANCE
COMPANY with and into TOWER HILL SIGNATURE
INSURANCE COMPANY

/

CONSENT ORDER

THIS CAUSE came for consideration upon the filing of applications by TOWER HILL



[REDACTED]

authorized to transact insurance in Florida through a subsisting Certificate of Authority issued by the OFFICE pursuant to Chapter 624, Part III, Florida Statutes.

4. APPLICANT is owned 100% by TOWER HILL SIGNATURE INSURANCE HOLDINGS, INC. ("SIGNATURE HOLDINGS"), which is owned 75.1% by Tower Hill Insurance Holdings, LLC ("Tower Hill Holdings"), and 24.9% by RenaissanceRe Ventures Ltd ("RenaissanceRe"). Tower Hill Holdings is owned 98.6% by William J. Shively and Patricia A. Shively, with no other 10% or greater shareholders. RenaissanceRe is owned 100% by

~~It is hereby stated that the above information is true and correct to the best of my knowledge and belief.~~

civic traffic violation.

8. APPLICANT and SIGNATURE HOLDINGS represent that they have submitted or will submit complete information on each of the individuals referenced in paragraph 7 above, including Biographical Affidavit, supplemental information, third-party verification report produced by an approved vendor, fingerprint cards, and supplemental requests by the OFFICE for clarification

additional information. If complete information has not been provided to the OFFICE within 90

[REDACTED]

12. Within 10 business days after the Merger is completed, APPLICANT shall submit, or cause to be submitted, to the OFFICE any documents evidencing the completion of the Merger

not already provided to the OFFICE. Further, APPLICANT, SELECT, or OMEGA shall not

[REDACTED]

Administrative Code.

14. APPLICANT shall, no later than 30 days following execution of this Consent Order, return the Certificates of Authority of SELECT and OMEGA to the OFFICE.

15. Pursuant to Sections 628.461(3)(f)-(g), Florida Statutes, APPLICANT or any other

[REDACTED]

and correct and fully describe all transactions, agreements, ownership structures, understandings, and control with regard to the Merger of SELECT and OMEGA with and into APPLICANT and the future operations of APPLICANT. APPLICANT, SELECT, OMEGA, and SIGNATURE HOLDINGS further agree and affirm that said information, explanations, representations, statements, and documents, including all attachments and supplements thereto, are material to the issuance of this Consent Order and have been relied upon by the OFFICE in its determination to enter into this Consent Order.

18. APPLICANT shall report to the OFFICE, Property & Casualty Financial Oversight,

[REDACTED]

identifying a data breach.

[REDACTED]

all of the requirements of this Consent Order. Any exceptions shall be so noted and contained in the certification. Exceptions noted in the certification shall also include a timeline defining when the outstanding requirements of the Consent Order will be complete. Said certification shall be

[REDACTED]

submitted to the OFFICE via electronic mail and directed to the attention of the Assistant General

27. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signatures of the

seal of a Notary Public.

WHEREFORE, subject to the terms and conditions set forth above, the Applications for the Merger of TOWER HILL SELECT INSURANCE COMPANY and OMEGA INSURANCE

COMPANY shall be signed by TOWER HILL SIGNATURE INSURANCE COMPANY

DONE and ORDERED this 25 day of March, 2020.



David
David Altmaier, Commissioner

[REDACTED]



Notary Public State of Florida
Jessica [REDACTED]

Personally Known OR Produced Identification

Type of Identification Produced _____

My Commission Expires: _____

By execution hereof TOWER HILL SELECT INSURANCE COMPANY consents to

[REDACTED]

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 certifies that they have the

[REDACTED]

Personally Known OR Produced Identification

Type of Identification Produced _____

My Commission Expires _____

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

OMEGA INSURANCE COMPANY

By:

[Handwritten Signature]

[Redacted Signature] *Matt Jr*

Title:

PRESIDENT

Date:

3/24/20

STATE OF

FL

COUNTY OF

Alachua



Notary Public State of Florida
Jessica Cowart

