

BEFORE THE DIVISION OF INSURANCE
DEPARTMENT OF LABOR AND REGULATION
STATE OF SOUTH DAKOTA

IN THE MATTER OF)	
CATLIN INSURANCE)	CONSENT ORDER
COMPANY, INC.)	

In resolution of the above matter and in lieu of issuance of a Notice of Hearing and a formal hearing, the undersigned parties do hereby agree to the following:

CATLIN INSURANCE COMPANY, INC., whose address of record is 3340 Peachtree Road NE 2950, Atlanta, GA 30326, is an insurance company holding a certificate of authority to transact business in the State of South Dakota;

CATLIN INSURANCE COMPANY, INC. is aware that the South Dakota Division of Insurance ("Division") has conducted an investigation of its insurance-related activities in South Dakota;

The Division has alleged the following with regards to CATLIN INSURANCE COMPANY, INC.:

- 1) CATLIN INSURANCE COMPANY, INC. failed to remit a July 15, 2013 assessment from the South Dakota Insurance Guaranty Association in violation of SDCL §§ 58-29A-75 and 58-29A-78;
- 2) The above-cited conduct constitutes grounds for the revocation or suspension of CATLIN INSURANCE COMPANY, INC.'s certificate of authority pursuant to SDCL §§ 58-6-46 and 58-29A-91;

CATLIN INSURANCE COMPANY, INC. is aware of and understands the nature of the charges and has been informed that it has the right to notice, hearing, and appeal, and that by agreeing to and signing this Consent Order waives these rights;

In return for CATLIN INSURANCE COMPANY, INC. agreeing to the provisions of this Consent Order, the Division agrees not to proceed to hearing and agrees that this Consent Order will constitute an informal disposition of this licensing matter pursuant to SDCL § 1-26-20;

CATLIN INSURANCE COMPANY, INC. agrees to a monetary penalty in the amount of \$5,000 pursuant to SDCL § 58-4-28.1, in lieu of contesting this matter formally; and

CATLIN INSURANCE COMPANY, INC. further agrees to conduct itself in accordance with the insurance laws and regulations of the State of South Dakota henceforth; and

CATLIN INSURANCE COMPANY, INC. further agrees that this Consent Order may be considered in any future licensing procedures with the Division and for the purpose of determining the appropriate sanction in any future actions with the Division for any violations of the laws or regulations of the State of South Dakota or for failing to abide by any order of the Director;

Wherefore, good cause appearing from the foregoing, it is hereby ORDERED that CATLIN INSURANCE COMPANY, INC. pay a monetary penalty in the amount of \$5,000 payable to "South Dakota Division of Insurance" for deposit in the general fund of the State of South Dakota and remitted with this Consent Order; and it is further

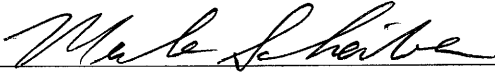
ORDERED that CATLIN INSURANCE COMPANY, INC. pay the SDIGA assessments as noticed on July 15, 2013 with applicable interest as determined by the SDIGA by the time this Consent Order is signed by CATLIN INSURANCE COMPANY, INC.; and it is further

ORDERED that should CATLIN INSURANCE COMPANY, INC. fail to comply with the provisions of this Order, the Division may seek the suspension or revocation of CATLIN INSURANCE COMPANY, INC.'s Certificate of Authority at hearing pursuant to SDCL §§ 58-6-46 and 58-29A-91, or seek other remedies available at law; and it is further

ORDERED that the use of this Consent Order for competitive purposes by an insurance agent or third-party administrator holding a license in the State of South Dakota, or by any company holding a Certificate of Authority, or by anyone on their behalf, may be deemed unfair competition and be grounds for suspension or revocation of said license or authority; and it is further

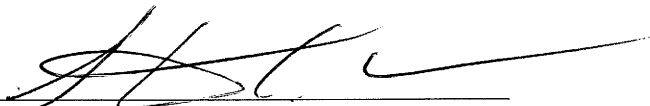
ORDERED that the provisions of this Consent Order shall be effective from the date the Director signs this Order.

Dated at Pierre, South Dakota this 20th day of November, 2013.


Merle Scheiber, Director
South Dakota Division of Insurance

The undersigned, on behalf of CATLIN INSURANCE COMPANY, INC., represents it understands the terms of this Consent Order and the waiver of its due process rights and voluntarily enter into this Consent Order.

Dated this 20th day of November, 2013.


Signature of Authorized Representative
Steven C. Adams
Name of Authorized Representative
Secretary
Title

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SOUTH DAKOTA DIVISION OF INSURANCE