

No. **2024-8886**

**Official Order
of the
Texas Commissioner of Workers' Compensation**

Date: 10/4/2024

Subject Considered:

American Casualty Company of Reading, Pennsylvania
151 North Franklin Street, Floor 9
Chicago, Illinois 60606-1821

Consent Order
DWC Enforcement File Nos. 34612, 34964 & 35008

General remarks and official action taken:

This is a consent order with American Casualty Company of Reading, Pennsylvania (Respondent). The commissioner of the Texas Department of Insurance, Division of Workers' Compensation (DWC) considers whether DWC should take disciplinary action against Respondent.

Waiver

Respondent acknowledges that the Texas Labor Code and other applicable laws provide certain rights. Respondent waives all of these rights, and any other procedural rights that apply, in consideration of the entry of this consent order.

Findings of Fact

1. Respondent holds a certificate of authority issued by the Texas Department of Insurance to transact the business of insurance pursuant to Tex. Ins. Code §§ 801.051-801.053 and is licensed to write multiple lines of insurance in Texas, including workers' compensation/employers' liability insurance.
2. Respondent was classified as "average" tier in the 2022, 2020, and 2018 Performance Based Oversight (PBO) assessments.

Failure to Timely Pay Attorney Fees Ordered by DWC

File No. 34612

3. On [REDACTED] and [REDACTED] and [REDACTED], DWC ordered Respondent to pay \$ [REDACTED] in attorney fees for legal services provided to an injured employee (IE) at a rate of 25% of each income benefit paid to the injured employee.
4. Between [REDACTED], and [REDACTED], Respondent paid four weeks of benefits to the injured employee. However, Respondent failed to timely pay \$ [REDACTED] in attorney fees at a rate of 25% of the benefits paid to the injured employee as follows:

	Benefits Paid to IE	Attorney Fee Owed	Date Due	Date Paid	Days Late
a.	\$ [REDACTED]	\$ [REDACTED]	[REDACTED]	[REDACTED]	19
b.	\$ [REDACTED]	\$ [REDACTED]	[REDACTED]	[REDACTED]	23
c.	\$ [REDACTED]	\$ [REDACTED]	[REDACTED]	[REDACTED]	15
d.	\$ [REDACTED]	\$ [REDACTED]	[REDACTED]	[REDACTED]	1

File No. 34964

5. Between [REDACTED], and [REDACTED], DWC ordered Respondent to pay \$ [REDACTED] in attorney fees for representing an injured employee at a rate of 25% of each income benefit paid to the injured employee.
6. Between [REDACTED], and [REDACTED], Respondent paid benefits to the injured employee. However, Respondent failed to timely pay the accrued attorney fees at a rate of 25% of the income benefits paid to the injured employee as follows:

	Benefits Paid to IE	Attorney Fee Owed	Date Due	Date Paid	Days Late
a.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	74
b.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	67
c.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	60
d.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	46
e.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	39
f.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	32
g.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	25
h.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	18
i.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	11

7. Between [REDACTED], and [REDACTED], Respondent paid the injured employee \$ [REDACTED]. Respondent owed \$ [REDACTED] in attorney's fees, or 25% of the benefit amount.
8. On [REDACTED], Respondent paid \$ [REDACTED] in attorney fees up to 74 days late.

File No. 35008

9. Between [REDACTED], and [REDACTED], Respondent paid attorney fees as ordered by DWC Attorney Fee Order (AFO), sequence nos. 1-8, but overpaid by \$ [REDACTED]. This overpayment was paid out of the income benefits paid to the injured employee and was to the detriment of the injured employee.
10. On [REDACTED], Respondent incorrectly calculated that the overpayment was \$ [REDACTED], a difference of \$ [REDACTED].
11. Between [REDACTED], and [REDACTED], DWC issued AFO sequence nos. 9-16 ordering Respondent to pay an additional \$ [REDACTED] in attorney's fees.
12. Between [REDACTED], and [REDACTED], Respondent paid \$ [REDACTED] in attorney's fees.
13. Between [REDACTED], and [REDACTED], DWC issued AFO sequence nos. 17-19 ordering Respondent to pay an additional \$ [REDACTED] in attorney fees. At this time, Respondent owed an outstanding balance of \$ [REDACTED] in attorney's fees.
14. Between [REDACTED], and [REDACTED], Respondent paid benefits to the injured employee but failed to timely pay the accrued attorney fees at a rate of 25% of the income benefits paid to the injured employee as follows:

	Benefits Paid to IE	Attorney Fee Owed	Date Due	Date Paid	Days Late
a.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	84
b.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	89
c.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	89
d.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	84
e.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	77
f.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	49
g.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	42

¹ A partial payment of [REDACTED] was made to the injured employee's attorney.

15. In total, Respondent paid \$ [REDACTED] in attorney fees late.

Assessment of Sanction

1. Failure to timely pay attorney fees ordered by DWC hinders the division's goal of providing a fair and accessible dispute resolution process and is harmful to the Texas workers' compensation system.
2. In assessing the sanction for this case, DWC fully considered the following factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e):
 - the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act;
 - the history and extent of previous administrative violations;
 - the violator's demonstration of good faith, including actions it took to rectify the consequences of the prohibited act;
 - the penalty necessary to deter future violations;
 - whether the administrative violation had a negative impact on the delivery of benefits to an injured employee;
 - the history of compliance with electronic data interchange requirements;
 - to the extent reasonable, the economic benefit resulting from the prohibited act; and
 - other matters that justice may require, including, but not limited to:
 - PBO assessments;
 - prompt and earnest actions to prevent future violations;
 - self-report of the violation;
 - the size of the company or practice;
 - the effect of a sanction on the availability of health care; and
 - evidence of heightened awareness of the legal duty to comply with the Texas Workers' Compensation Act and DWC rules.
3. DWC found the following factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e) to be aggravating: the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act; the history and extent of previous administrative violations; and the penalty necessary to deter future violations.
4. DWC is aware of no mitigating factors pursuant to Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).

5. Respondent acknowledges communicating with DWC about the relevant statute and rule violations alleged; that the facts establish that the administrative violation(s) occurred; and that the proposed sanction is appropriate, including the factors DWC considered under Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).
6. Respondent acknowledges that, in assessing the sanction, DWC considered the factors in Tex. Lab. Code § 415.021(c) and 28 Tex. Admin. Code § 180.26(e).

Conclusions of Law

1. The commissioner has jurisdiction over this matter pursuant to Tex. Lab. Code §§ 402.001, 402.00114, 402.00116, 402.00128, 414.002, and 414.003.
2. The commissioner has the authority to dispose of this case informally pursuant to Tex. Gov't Code § 2001.056, Tex. Lab. Code §§ 401.021 and 402.00128(b)(6)-(7), and 28 Tex. Admin. Code § 180.26(h) and (i).
3. Respondent has knowingly and voluntarily waived all procedural rights to which it may have been entitled regarding the entry of this order, including, but not limited to, issuance and service of notice of intent to institute disciplinary action, notice of hearing, a public hearing, a proposal for decision, a rehearing by the commissioner, and judicial review.
4. Pursuant to Tex. Lab. Code § 415.021, the commissioner may assess an administrative penalty against a person who commits an administrative violation.
5. Pursuant to Tex. Lab. Code § 415.002(a)(20) and (22), an insurance carrier or its representative commits an administrative violation each time it violates a DWC statute or rule.
6. Pursuant to Tex. Lab. Code §§ 415.021(a) and 415.0035(e), an insurance carrier commits an administrative violation if it violates, fails to comply with, or refuses to comply with a DWC order.
7. Pursuant to 28 Tex. Admin. Code § 152.1(c), insurance carriers are required to pay attorney fees ordered by DWC. The insurance carrier must begin payment out of

the approved income benefits by mailing a check to the attorney within seven days after receiving the order. As the insurance carrier pays income benefits, it must pay attorney fees until the fees are completely paid or income benefits cease.

8. Respondent violated Tex. Lab. Code §§ 415.002(a)(20) and (22); 415.021(a); 415.0035(e); and 28 Tex. Admin. Code § 152.1(c) by failing to timely comply with DWC orders to pay attorney fees.

Order

It is ordered that American Casualty Company of Reading, Pennsylvania must pay an administrative penalty of \$2,750 within 30 days from the date the Commissioner signs the order.

After receiving an invoice, American Casualty Company of Reading, Pennsylvania must pay the administrative penalty by electronic transfer using the State Invoice Payment Service, company check, cashier's check, or money order and make it payable to the "State of Texas." Mail the administrative penalty to the Texas Department of Insurance, Attn: DWC Enforcement Section, MC AO-9999, PO Box 12030, Austin, Texas 78711-2030.



Jeff Nelson
Commissioner
TDI, Division of Workers' Compensation

Approved Form and Content:



Dan Garcia
Staff Attorney, Enforcement
Compliance and Investigations
TDI, Division of Workers' Compensation

Unsworn Declaration

STATE OF Illinois §
§
COUNTY OF Cook §

Pursuant to the Tex. Civ. Prac. and Rem. Code § 132.001(a), (b), and (d), my name is Peter McCarron. I hold the position of Head of P/C Claims and Specialty & Commercial and am the authorized representative of American Casualty Company of Reading, Pennsylvania. My business address is:

151 N Franklin, Chicago, Cook, IL, 60606.
(Street) (City) (County) (State) (ZIP Code)

I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the facts stated in this document are true and correct.

Peter McCarron
Declarant

Executed on September 10, 2024.