OFFICIAL ORDER
of the
TEXAS COMMISSIONER OF INSURANCE

Date: JUN 07 2016

Subjects Considered:

AMICA MUTUAL INSURANCE COMPANY
PO Box 6008
Providence, RI 02940-6008

CONSENT ORDER
TDI ENFORCEMENT FILE NO. 11130

General remarks and official action taken:

The commissioner of insurance considers whether disciplinary action should be taken against Amica Mutual Insurance Company.

WAIVER

Amica Mutual Insurance Company acknowledges that the Texas Insurance Code and other applicable law provide certain rights. Amica Mutual Insurance Company waives all of these rights, and any other applicable procedural rights, in consideration of the entry of this consent order.

FINDINGS OF FACT

1. Amica Mutual Insurance Company is a fire and casualty company currently holding a certificate of authority to transact business in Texas.

2. Amica Mutual Insurance Company discovered an error in the application of its e-discount. Amica Mutual Insurance Company failed to apply the filed e-discount to certain policies, resulting in policyholders being charged a higher premium than the rate filed with TDI.


4. Amica Mutual Insurance Company self-reported the overcharges to the department in February 2016. Amica Mutual Insurance Company estimates 4,605 policyholders were affected.
CONCLUSIONS OF LAW

1. The commissioner has jurisdiction over this matter pursuant to TEX. INS. CODE §§ 82.051 – 82.055, 84.021– 84.044, and 801.052-801.053.

2. The commissioner has the authority to informally dispose of this matter as set forth in TEX. GOV'T CODE § 2001.056, TEX. INS. CODE §§ 36.104 and 82.055, and 28 TEX. ADMIN. CODE § 1.47.

3. Amica Mutual Insurance Company 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 intention to institute disciplinary action, notice of hearing, a public hearing, a proposal for decision, rehearing by the commissioner, and judicial review.


The commissioner orders Amica Mutual Insurance Company to comply with the following:

   a. Amica Mutual Insurance Company must pay restitution in the form of a company check and/or account credit to each policyholder identified as having an overcharge (the "Qualifying Policyholders").

   b. Amica Mutual Insurance Company must apply all credits and mail all restitution checks to the Qualifying Policyholders on or before July 15, 2016.

   c. Any restitution checks that are returned to Amica Mutual Insurance Company with an address correction must be promptly resent to the correct address. Funds from any restitution checks that are returned thereafter for incorrect addresses and from checks that are not negotiated prior to one year after the date of the issuance of the check will be presumed abandoned and delivered to the comptroller pursuant to the procedures set forth in TEX. PROP. CODE § 72.001 et seq. Amica Mutual Insurance Company must copy the department on any correspondence pertaining to abandoned funds that is sent to the comptroller.

   d. On or before October 1, 2016, Amica Mutual Insurance Company must report the restitution paid to the Qualifying Policyholders by submitting a complete and sortable electronic spreadsheet to the department. The spreadsheet must contain the following information:

      i. policy number;
      ii. policyholder name;
      iii. policyholder address;
      iv. effective date of the policy;
      v. expiration date of the policy;
vi. amount of overcharge;
vii. date(s) of mailing of restitution check or application of credit; and
viii. the total sum of all overcharges.

e. Amica Mutual Insurance Company must send all submissions required under the
terms of this order by email to: mandy.meesey@tdi.texas.gov, and
catherine.bell@tdi.texas.gov, or their successors.

David C. Mattax
Commissioner of Insurance

APPROVED AS TO FORM AND CONTENT:

Amanda Meesey
Staff Attorney, Enforcement Section
Texas Department of Insurance
AFFIDAVIT

STATE OF Rhode Island §

COUNTY OF Providence §

Before me, the undersigned authority, personally appeared Robert P. Suglia, who being by me duly sworn, deposed as follows:

“My name is Robert P. Suglia. I am of sound mind, capable of making this statement, and have personal knowledge of these facts which are true and correct.

I hold the office of Senior Vice President & General Counsel, and am the authorized representative of Amica Mutual Insurance Company. I am duly authorized by said organization to execute this statement.

Amica Mutual Insurance Company has knowingly and voluntarily entered into the foregoing consent order and agrees with and consents to the issuance and service of the same by the commissioner of insurance of the state of Texas.”

Affiant – Robert P. Suglia

SWORN TO AND SUBSCRIBED before me on May 25, 2016.

(NOTARY SEAL)

Signature of Notary Public

JACQUELINE K. PLANTE
NOTARY PUBLIC OF RHODE ISLAND
My Commission Expires 3/13/2020