


FILED

OCT 28 2021

INSURANCE REGULATION
Docketed by: 



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 286561-21-CO

ENCOVA LIFE INSURANCE COMPANY
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of a request by ENCOVA LIFE INSURANCE COMPANY ("ENCOVA"), which was formerly known as Motorists Life Insurance Company ("Motorists"), to use previously approved Motorists forms with the new name without re-filing same for approval pursuant to Section 627.410, Florida Statutes. Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE"), hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.
2. ENCOVA is a foreign life and health insurer domiciled in Ohio and authorized to transact insurance business in Florida.
3. Motorists has applied for and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, has satisfactorily met all of the conditions precedent to change its name to ENCOVA, effective June 15, 2021, pursuant to the requirements set forth by Section 627.410, Florida Statutes. The name change was approved, and

the OFFICE issued a new Certificate of Authority reflecting the name change, on June 15, 2021, attached as Exhibit A.

4. In conjunction with the request to use previously approved Motorists forms, ENCOVA has filed with the OFFICE a "Name Change Endorsement," which reflects the corporate name change from Motorists to ENCOVA. The endorsement is attached as Exhibit B.

5. ENCOVA states that no material changes were realized within the corporate structure.

6. As a material condition to approval of the above request, ENCOVA, by execution of this Consent Order, certifies to the OFFICE that all policy forms previously utilized by Motorists in Florida comply with applicable provisions of the Florida Insurance Code. ENCOVA further certifies that the only change required to achieve compliance prospectively is the substitution of the name ENCOVA in lieu of Motorists and the only change in the forms is the name, address, or logo. If the above certification is not correct, ENCOVA acknowledges that such misrepresentations may be considered willful and penalties assessed accordingly.

7. Attached as Exhibit C is a list of all policy forms ENCOVA will modify with the name change.

8. ENCOVA shall mail to each of its insureds a copy of the name change endorsement. ENCOVA may continue to sell the old policy forms, with the name change endorsement, for a period of 90 days after the date this Consent Order is executed by the OFFICE. During the 90-day time period allowed by this paragraph, ENCOVA shall reprint the policy forms contained in Exhibit C containing the new corporate name. After 90 days from the date this Consent Order is executed by the OFFICE, ENCOVA shall only sell policy forms containing the

new company name and is not authorized to sell previously approved policies containing the old information with a name change endorsement affixed.

9. ENCOVA shall pay costs in the amount of \$3,000 United States Dollars within 30 days of the date this Consent Order is executed by the OFFICE. ENCOVA shall send payment for the administrative costs to the payment address on the attached invoice.

10. ENCOVA shall continue to comply with all statutes and applicable rules of the OFFICE governing form filings and rate filings.

11. ENCOVA agrees that any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such written approval by the OFFICE is subject to statutory or administrative regulation limitations.

12. ENCOVA agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon ENCOVA's Certificate of Authority in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

13. ENCOVA expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. ENCOVA hereby knowingly and voluntarily waives all rights of any kind to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

14. ENCOVA affirms that all requirements set forth herein are material to the issuance of this Consent Order.

15. Except as set forth in this Consent Order, each party to this section shall bear its own costs and fees.

16. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has executed a copy of this Consent Order bearing the signature of the authorized representative of ENCOVA, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, ENCOVA agrees that the signature of its authorized representative, as affixed to the Consent Order, shall be under the seal of a Notary Public.

WHEREFORE, the agreement between ENCOVA LIFE INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and the request to use previously approved Motorists forms with the new name without re-filing same for approval pursuant to Section 627.410, Florida Statutes, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 28 day of October, 2021.



David Altmaier

David Altmaier, Commissioner
Office of Insurance Regulation

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

ENCOVA LIFE INSURANCE COMPANY

(Corporate Seal)

By: Camille D. Craig
Print Name: Camille D. Craig
Title: V. P. Life operations
Date: 10/28/2021

STATE OF Ohio
COUNTY OF Franklin

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 28th day of October 2021, by Camille D. Craig (name of person) as officer (type of authority; e.g., officer, trustee, attorney in fact) for Encova Life (company name)

Rosalie J Fuller
(Signature of the Notary)

Rosalie J Fuller
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification

Type of Identification Produced

My Commission Expires: 05/03/2022



ROSALIE J. FULLER
Notary Public, State of Ohio
My Commission Expires 05-03-2022

COPIES FURNISHED TO:

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FLORIDA OFFICE OF INSURANCE REGULATION

ENCOVA LIFE INSURANCE COMPANY

Is hereby authorized to transact insurance in the State of Florida.

This certificate signifies that the company has satisfied all requirements of the Florida Insurance Code for the issuance of a LIFE AND HEALTH INSURER CERTIFICATE OF AUTHORITY and remains subject to the laws of Florida.

Original Issuance: 09/02/2003

Replacement Issuance: Tuesday, June 15, 2021

No. 21 - 310717055



David Altmaier
Commissioner
Office of Insurance Regulation

EXHIBIT A

EXHIBIT B

Encova Life Insurance Company

471 East Broad Street
Columbus, Ohio 43215
1-888-876-6542

NAME CHANGE ENDORSEMENT

Effective June 15, 2021

This endorsement is part of your policy and should be attached thereto. This policy is amended to reflect that Motorists Life Insurance Company, the insurance company that issues your policy, has changed its name to:

Encova Life Insurance Company

This amendment does not change or alter any of the terms or provisions of your policy. Encova Life Insurance Company of Ohio will honor all liabilities in the policy.

Encova Life Insurance Company of Ohio



President

EXHIBIT C

Current Products - Florida Only

to be used for Encova Name Change

FLORIDA ONLY				
LOB	FORM NUMBER	Filing Type	Current Prod?	Form Type
Par	ML-681 FL (1-19)	Whole Life Participating	Current	Policy Form
NPWL	ML-750 FL (11-18)	Single Premium Whole Life/ Non-Par Policy	Current	Policy Form
NPWL	ML-752 FL (11-18)	Whole Life Non Participating	Current	Policy Form
NPWL	ML-753 FL (11-18)	Single Premium Whole Life Rider	Current	Policy Form
SIWL	ML-852 12-18	Non Participaing Whole Life	Current	Policy Form
SIWL	ML-853 (SI) FL 12-18	Whole Life Non Participating	Current	Policy Form
SIWL	ML-857 (4-06)	Child's Term Insurance Rider	Current	Policy Form
Par	ML-684 FL (1-19)	Paid-Up Additions Rider	Current	Policy Form
SIWL	ML-956 FL (12-18)	Whole Life NonParticipating Graded Benefit Increasing Premium Term Insurance with Renewal Provision to age 95	Current	Policy Form
TERM	ML-3501- FL (6-16)	Increasing Premium Term Insurnace Rider	Current	Policy Form
TERM	ML-3502- FL (6-16)	Increasing Premium Term Insurnace Rider	Current	Policy Form
NPWL, Par, Term	ML-630 (1-91)	Option to Purchase Additional Insurance Rider (FL)	Current	Policy Form
NPWL, Par, Term	ML-530 (9-01)	Children's Term Rider	Current	Policy Form
NPWL, Par, Term	ML-631-A (4-06)	Waiver of Premium Rider (FL)	Current	Policy Form
NPWL, Par, Term	ML-634 FL 11-94	Accelerated Benefit Rider	Current	Policy Form
SIWL	ML-223 (5-00) (SIWL)	Accidental Death Benefit Rider	Current	Policy Form
NPWL, Par, Term	ML-545 (5-04)	Accidental Death Benefit Rider	Current	Policy Form
Application	ML-675 FL (1-19)	Fully Underwritten Application - NP, Par, Term	Current	App
Application	ML-777B FL (1-17)	Teledex/Exam Applications - NP, Par, Term	Current	App
Application	ML-777-FL (1-19)	Easy Application - NP, Par, Term	Current	App
Application	ML-671 FL (1-17)	Youth Life Application	Current	App
Application	ML-853-APSI-FL (1-17)	SI and GBWL Application	Current	App
Application	ML-835-FL (4-10)	Preferred SI Whole Life Application	Current	App
Application	ML-857 A (4-06) FL	Child Rider Supplemental Application	Current	App
Application	ML-99 FL (1-05)	HIV Form	Current	Form Type
Exam	ML-1002-A FL (1-13)	Medical Exam	Current	Form Type
Questionnaire	ML-1004 FL (7-05)	Aviation Questionnaire	Current	Form Type
Questionnaire	ML-51 FL (7-05)	Cigarette Smoking Questionnaire	Current	Form Type
Questionnaire	ML-61 FL (7-05)	Financial Questionnaire	Current	Form Type
Questionnaire	ML-1019 FL (7-05)	Sky Diving	Current	Form Type
Questionnaire	ML-275 FL (9-93)	Drug	Current	Form Type
Questionnaire	ML-52 FL (7-05)	Alcohol	Current	Form Type
Questionnaire	ML-36 FL (7-05)	Racing	Current	Form Type