



**FILED**

**MAR 04 2024**

**INSURANCE REGULATION**  
Docketed by: *[Signature]*

**OFFICE OF INSURANCE REGULATION**

**MICHAEL YAWORSKY**  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 323247-24-CO

Application for the Issuance of a  
Certificate of Authority to  
SOFTHEON INC.

\_\_\_\_\_ /

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of an application with the FLORIDA OFFICE OF INSURANCE REGULATION (“OFFICE”) for the issuance of a Certificate of Authority to SOFTHEON INC. (“APPLICANT”), as an Insurance Administrator pursuant to the provisions of Chapter 626, Part VII, Florida Statutes (“Application”). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.
2. Subject to the present and continuing satisfaction of the requirements set forth for such licensure in the Florida Insurance Code, APPLICANT has met all of the conditions precedent to the granting to it of a Certificate of Authority to operate as an Insurance Administrator in Florida.
3. APPLICANT is a corporation domiciled in New York.
4. If the OFFICE determines that any individual for whom APPLICANT is required to submit background information as part of this Application is unacceptable under the Florida Insurance Code, APPLICANT shall remove or cause the removal of said person within 30 days of notice from the OFFICE and replace them with a person or persons acceptable to the OFFICE

or shall undertake such other corrective action as directed by the OFFICE. Failure to act would constitute an immediate serious danger to the public, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes, and the OFFICE may take administrative action as it deems appropriate upon the Certificate of Authority of APPLICANT without further proceedings.

5. The OFFICE finds that APPLICANT has been administering business on behalf of authorized insurers with Florida residents without a Certificate of Authority as an Insurance Administrator in Florida, in violation of Section 626.8805(1), Florida Statutes. As a result of this finding, APPLICANT is hereby assessed a fine of \$10,000 United States Dollars (“USD”) for each contract in violation, for a total of \$50,000 USD, pursuant to Section 626.8805(1), Florida Statutes. APPLICANT shall send payment for the fine to the payment address on the invoice attached hereto as “Exhibit A” within 30 days of the execution on this Consent Order. APPLICANT acknowledges and agrees that any future violations of Section 626.8805(1), Florida Statutes, will be considered willful and subject to action by the OFFICE pursuant to all administrative remedies provided by the Florida Insurance Code and Chapter 120, Florida Statutes.

6. 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 approval must be requested in writing prior to any proposed deviation from the terms of this Consent Order.

7. Each party to this action shall bear its own costs and fees.

8. APPLICANT 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 to which it may be entitled by law or by rules of the OFFICE. APPLICANT hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum available to it, now or

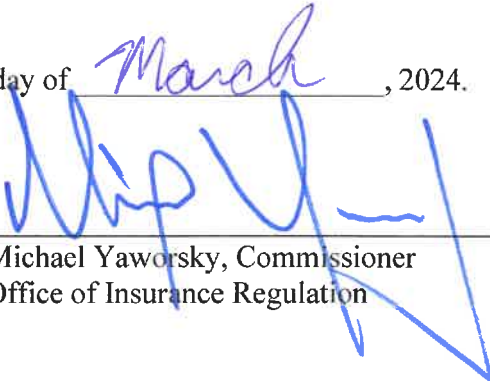
in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

9. 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 notarized signature of the authorized representative of APPLICANT.

WHEREFORE, subject to the requirements, terms, and conditions detailed above, the Application for issuance of a Certificate of Authority to SOFTHEON INC., as an Insurance Administrator is APPROVED.

DONE and ORDERED this 4~~th~~ day of March, 2024.



  
\_\_\_\_\_  
Michael Yaworsky, Commissioner  
Office of Insurance Regulation

By execution hereof, SOFTHEON INC., consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind SOFTHEON INC., to the terms and conditions of this Consent Order.

SOF THEON INC.

By: Eugene Sayan  
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Print Name: Eugene Sayan

Title: CEO, President

Date: 3/1/2024

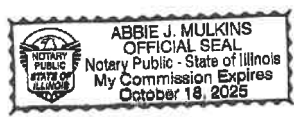
STATE OF: Illinois

COUNTY OF: Sangamon

The foregoing instrument was acknowledged before me by means of  physical presence

or  online notarization, this 1st. day of March 2024, by Eugene Sayan  
as CEO, President for Softheon Inc.  
(type of authority; e.g., officer, trustee, attorney-in-fact) (company name)

DocuSigned by:  
Abbie J. Mulkins  
A8CD705118C84D6...  
(Signature of the Notary)



Abbie J. Mulkins  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires: 10-18-25

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