

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC

DEVELOPMENT

DIVISION OF INSURANCE

550 W. 7<sup>th</sup> AVENUE, SUITE 1560

ANCHORAGE, ALASKA 99501-3567

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STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC  
DEVELOPMENT  
DIVISION OF INSURANCE  
550 W. 7<sup>th</sup> AVENUE, SUITE 1560  
ANCHORAGE, ALASKA 99513-3567  
PHONE: (907) 269-7900

In the Matter of: )  
)  
**HIGGINBOTHAM INSURANCE** )  
**AGENCY INC** )  
NPN# 20762385 )  
)  
)  
)  
)

Division of Insurance Case No. D24-34

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**STIPULATED AGREEMENT AND ORDER**

The State of Alaska Department of Commerce, Community, and Economic  
Development, Division of Insurance (Division), **HIGGINBOTHAM INSURANCE**  
**AGENCY INC (HIGGINBOTHAM INSURANCE)** the producer in this case, stipulate  
and agree to the following:

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I. BACKGROUND

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A. On April 24, 2024, **HIGGINBOTHAM INSURANCE** received their  
Surplus Lines Broker (SLB) license with Casualty, and Property lines of  
authority, license number 40051, authorizing **HIGGINBOTHAM**

**HIGGINBOTHAM INSURANCE AGENCY INC**  
Stipulated Agreement and Order  
D24-34



1 provides that “in addition to any other penalties provided by law, a person  
2 that the director determines under AS 21.06.170-21.06.240 has violated  
3 the provisions of this chapter is subject to (1) a civil penalty equal to the  
4 compensation promised, paid, provided, or to be paid, directly or  
5 indirectly, to a person in regard to each violation; (2) either a civil penalty  
6 of not more than \$10,000 for each violation or a civil penalty of not more  
7 than \$25,000 for each violation if the director determines that the person  
8 willfully violated the provisions of this chapter; and (3) denial,  
9 nonrenewal, suspension, or revocation of a license.” The director has the  
10 latitude to impose civil penalties against a person who has violated  
11 Alaska’s insurance laws.

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15 **B. HIGGINBOTHAM INSURANCE** agrees to pay the civil penalty in the  
16 amount of \$37,262 for activity that occurred prior to the reinstatement of  
17 firm license with \$18,631 suspended. The unsuspended portion of \$18,631  
18 must be received by the Division within 30 days of the signature finalizing  
19 this agreement.  
20

21 **C.** In the event **HIGGINBOTHAM INSURANCE** is found to have  
22 violations of the Alaska insurance laws during the next two years, the  
23 suspended portion of the penalty of \$18,631 referenced in section II. B.  
24 will be reinstated. **HIGGINBOTHAM INSURANCE** also will be subject  
25 to any and all sanctions authorized by the insurance laws including  
26 imposition of additional penalties regarding any such violation.  
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D. By signing this agreement, **HIGGINBOTHAM INSURANCE** understands and agrees that any failure to comply with the terms of this agreement will be grounds to revoke, suspend, or non-renew license number 40051.

E. **HIGGINBOTHAM INSURANCE** understands that this agreement is not binding on the parties unless and until the director signs the order approving the agreement.

DATED: 1/31/2025

DocuSigned by:  
*Charlie Florsheim*  
By: \_\_\_\_\_  
00E77C5BAD3A437...

Charlie Florsheim  
General Counsel  
HIGGINBOTHAM INSURANCE  
AGENCY INC  
Licensee

Approved as to form and content:

DATED: 1/31/2025

Signed by:  
*Dan Wilkerson*  
By: \_\_\_\_\_  
113343F6AEF2417...

Daniel Wilkerson  
Assistant Attorney General

**ORDER**

IT IS FURTHER ORDERED that this Stipulated Agreement and Order is adopted in full resolution of the civil liability issues between the parties to this agreement in these cases and shall constitute the final order in these matters.

DATED this 31st day of January, 2025.

DocuSigned by:  
*Lori Wing-Heier*  
By: \_\_\_\_\_  
A304E38011074B0  
LORI WING-HEIER, DIRECTOR  
DIVISION OF INSURANCE

HIGGINBOTHAM INSURANCE AGENCY INC  
Stipulated Agreement and Order  
D24-34


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Delivered Electronically

Mailed Certified:

I hereby certify that, on the \_\_\_\_\_ day of \_\_\_\_\_, 2025, I mailed copies of the accusation to:

HIGGINBOTHAM INSURANCE AGENCY INC  
500 W 13<sup>th</sup> STREET  
FT WORTH, TEXAS 76102-4657  
United States

DocuSigned by:  
  
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