

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT IN
AND FOR LEON COUNTY, FLORIDA

IN RE:
The Receivership of
SEMINOLE CASUALTY INSURANCE,
COMPANY, a Florida corporation

CASE NO.: 2011-CA-000649

**DEPARTMENT'S MOTION FOR APPROVAL OF THIRD INTERIM CLAIMS
REPORT AND RECOMMENDATION ON CLAIMS**

The Florida Department of Financial Services, as Receiver of Seminole Casualty Insurance Company, (hereinafter "Department", or "SCIC"), by and through the undersigned counsel, hereby files this Motion for Approval of Third Interim Claims Report and Recommendation on Claims, and as grounds therefore states the following:

1. On March 15, 2011, this Court entered a *Consent Order Appointing the Florida Department of Financial Services as Receiver of Seminole Casualty Insurance Company, for Purposes of Liquidation, Injunction and Notice of Automatic Stay*.

2. This Court has jurisdiction over the SCIC receivership and is authorized to enter all necessary and/or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, Section 631.021(1), Florida Statutes.

3. The Court approved the Receiver's Second Interim Claims Report and Recommendation on Claims in its Order dated December 12, 2014.

4. In accordance with the Court's Order and Section 631.182, Florida Statutes, the Department has completed its evaluation and recommendations as to nine guaranty claims and one non-guaranty claims in Classes 1, 2 and 3 in the SCIC receivership estate. The Department has compiled a Third Interim Claims Report ("the Report").

5. The Report shows that the gross number of filed claims for guaranty association claimants is 9 for a total amount claimed of \$35,509,880.93. The total amount recommended by the

Department is \$28,434,458.27. The Report also shows for non-guaranty association claimants is 1 for a total amount claimed of \$500.00. The amount recommended by the Department is \$500.00. The amount recommended shall be the value of the claim for purposes of calculating a pro-rata distribution. For the Court's convenience, a summary reflecting the totals from the guaranty Report is attached as Exhibit "A" and the non-guaranty report is attached as Exhibit "B." The Reports in their entirety are available to the court upon request.

6. In order to assure the validity of claim assignments, to assure that the processing of assignments does not create an undue burden on estate resources, and to assure that assignment decisions are made using the best information available, the Department does not recognize or accept any assignment of claim by the claimant of record unless the following criteria are met:

A. A distribution petition has not been filed with this Court;

B. The Department has been provided with a properly executed and notarized assignment of claim agreement entered between the parties; and

C. The Department has been provided with a properly executed and notarized Receiver's Assignment of Claim Change Form and required supporting documentation.

7. The Department's Assignment of Claim Change Form shall contain an acknowledgement by the claimant, or someone authorized to act on behalf of the claimant, that:

A. The claimant is aware that financial information regarding claims distributions and payments published on the Department's website or otherwise available can assist the claimant in making an independent and informed decision regarding the sale of the claim;

B. The claimant understands that the purchase price being offered in exchange for the assignment may differ from the amount ultimately distributed in the receivership proceeding with respect to the claim;

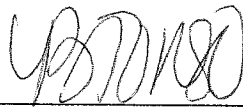
C. It is the claimant's intent to sell their claim and have the Department's records be permanently changed to reflect the new owner; and

D. The claimant understands that they will no longer have any title interest, or rights to the claim including future mailings and distributions if they occur.

8. Under Section 631.182, Florida Statutes, claimants are entitled to notice of the Department's recommendations on their claim and the deadline for filing objections. On August 10, 2016, the Florida Insurance Guaranty Association executed a Claim Acknowledgment and waived the standard notice period; on January 3, 2017 the Nevada Insurance Guaranty Association executed a Claim Acknowledgment and waived the standard notice period; on March 13, 2017, the Property & Casualty Insurance Guaranty Corporation executed a Claim Acknowledgment and waived the standard notice period; and on February 10, 2017, Michael Ann Fernandez executed a Claim Acknowledgment and waived the standard notice period. The Claim Acknowledgment forms are attached as Exhibit "C".

WHEREFORE, the Department moves this Court for entry of an Order approving the Third Interim Claims Report and Recommendation on Claims

RESPECTFULLY SUBMITTED this 10 day of April, 2017.



YAMILE BENITEZ-TORVISO, ESQUIRE
Florida Bar No. 0151726
Florida Department of Financial Services,
As Receiver of Seminole Casualty Insurance Company
8240 N.W. 52nd Terrace, Suite 102
DORAL, FLORIDA 33166
Phone: (786) 336-1382 Fax: (305) 499-2271
Yamile.Benitez-Torviso@myfloridacfo.com

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
 SEMINOLE CASUALTY INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART B - FOR GUARANTY ASSOCIATION

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION \$35,509,880.93
 TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION \$28,434,458.27
 TOTAL NUMBER 9

COUNT OF CLASS 1 CLAIMS :		5	COUNT OF CLASS 6 CLAIMS :		0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$4,904,040.84		AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$4,812,542.33		AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :		
COUNT OF CLASS 2 CLAIMS :		2	COUNT OF CLASS 7 CLAIMS :		0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$23,621,915.94		AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$23,621,915.94		AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :		
COUNT OF CLASS 3 CLAIMS :		2	COUNT OF CLASS 8 CLAIMS :		0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$6,983,924.15		AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :			AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :		
COUNT OF CLASS 4 CLAIMS :		0	COUNT OF CLASS 9 CLAIMS :		0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00		AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :			AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :		
COUNT OF CLASS 5 CLAIMS :		0	COUNT OF CLASS 10 CLAIMS :		0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00		AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :			AMOUNT RECMD FOR CLASS 10 CLAIMS TO GUARANTY ASSOCIATION :		

Note: If status is unevaluated, then dollar amounts have been suppressed

EXHIBIT "A"

FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION
 SEMINOLE CASUALTY INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS	
TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$500.00
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$500.00
TOTAL NUMBER	1

Secured Claims	
COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	\$0.00

UnSecured Claims	
COUNT OF CLASS 1 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00
COUNT OF CLASS 2 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	\$500.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$500.00
COUNT OF CLASS 3 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 4 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 5 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00
COUNT OF CLASS 7 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$500.00
AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$500.00
COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00

Note: If status is unevaluated, then dollar amounts have been suppressed


EXHIBIT "B"

CLAIM ACKNOWLEDGEMENT
SEMINOLE CASUALTY INSURANCE CO.
Florida Insurance Guaranty Association

The undersigned, **Florida Insurance Guaranty Association** having filed a claim under ID 532-160701, hereby acknowledges and agrees through its authorized representative to the Receiver's recommendations in the following amounts and classifications, and agrees that these are subject to court approval:

	<i>Amount Recommended</i>
Class 1 General Administrative & Unallocated Expense, suffix -01:	\$ 2,847,420.85
Class 1 Allocated Claims Handling Expense, suffix -04:	\$ 1,192,359.50
Class 2 Loss Claims, net of recovery, suffix -02:	\$23,095,814.22
Class 3 Unearned Premium Claims, suffix -03:	\$ 0.00
Totals:	\$27,135,594.57

The undersigned also hereby agrees that this Claim Acknowledgment constitutes formal notice of the Receiver's recommendations on the **Florida Insurance Guaranty Association** claim and waives the standard notice period.


Sandra J. Robinson, President
Florida Insurance Guaranty Association
PO Box 14249
Tallahassee FL 32317


8/10/16
(Date)

CLAIM ACKNOWLEDGEMENT
 SEMINOLE CASUALTY INSURANCE CO.
Nevada Insurance Guaranty Association

The undersigned, Nevada Insurance Guaranty Association having filed a claim under ID #532 160798 1, hereby acknowledges and agrees through its authorized representative to the Receiver's recommendations in the following amounts and classifications, and agrees that these are subject to court approval:

Receiver's Identification Number: 532-160798	Classification	Amount Claimed	Amount Recommended
General Administrative & Unallocated Expense, suffix -01:	Class 1	\$ 7,917.45	\$ 7,917.45
Allocated Claims Handling Expense, suffix -04:	Class 1	\$ -	\$ -
Loss Claims, net of recovery, suffix -02:	Class 2	\$ -	\$ -
Unearned Premium Claims, suffix -03:	Class 3	\$ -	\$ -
TOTALS		\$ 7,917.45	\$ 7,917.45

The undersigned also hereby agrees that this Claim Acknowledgment constitutes formal notice of the Receiver's recommendations on the Nevada Insurance Guaranty Association claim and waives the standard notice period.


 Bruce W Gilbert, Executive Director
 Nevada Insurance Guaranty Association
 3821 W Charleston Blvd Ste 100
 Las Vegas NV 89102

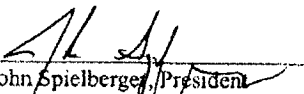
January 3, 2017
 (Date)

CLAIM ACKNOWLEDGEMENT
SEMINOLE CASUALTY INSURANCE CO.
Property & Casualty Insurance Guaranty Corporation

The undersigned, Property & Casualty Insurance Guaranty Corporation having filed a claim under ID #532 160702 1, hereby acknowledges and agrees through its authorized representative to the Department's recommendations in the following amounts and classifications, and agrees that these are subject to court approval:

Receiver's Identification Number: 532-160702	Classification	Amount Claimed	Amount Recommended
General Administrative & Unallocated Expense, suffix-01	Class 1	\$ 273,105.73	\$ 181,607.22
Allocated Claims Handling Expense, suffix -04	Class 1	\$ 583,237.31	\$ 583,237.31
Loss Claims, net of recovery, suffix -02	Class 2	\$ 526,101.72	\$ 526,101.72
Unearned Premium Claims, suffix -03	Class 3	\$ 381,934.40	-
TOTALS		\$ 1,756,426.08	\$ 1,194,640.32

The undersigned also hereby agrees that this Claim Acknowledgment constitutes formal notice of the Department's recommendations on the Property & Casualty Insurance Guaranty Corporation claim and waives the standard notice period.


 John Spielberger, President
 Property & Casualty Insurance Guaranty Corporation
 309 Washington Ave Ste 600
 Towson MD 21204

3/13/2017
 (Date)

IN THE CIRCUIT COURT OF THE
SECOND JUDICIAL CIRCUIT, IN
AND FOR LEON COUNTY, FLORIDA

In Re: The Receivership of
Seminole Casualty Insurance Company

CASE NO. 2011-CA-000649

CLAIM ACKNOWLEDGEMENT

MICHAEL ANN FERNANDEZ (f/k/a Makin)
532-30467-2

I, MICHAEL ANN FERNANDEZ, having filed a claim under ID #532-30467-2, hereby acknowledge and agree to the Receiver's recommendation of a Timely Filed Class 2 claim in the recommended amount of \$500.00, and agrees that this claim is subject to court approval.

I, MICHAEL ANN FERNANDEZ, also hereby agree that this Claim Acknowledgement constitutes formal notice of the Recommendations on this Claim ID#532-30467-2 and waives the standard notice period.

Signed: _____

Michael Ann Fernandez
1855 Mahaffey Circle
Lakeland, FL 33811

Date: _____

2/10/2017