

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 FOURTH 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 Fourth 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 Department's Third Interim Claims Report and Recommendation on Claims in its Order dated April 12, 2017.

4. In accordance with the Court's Order and Section 631.182, Florida Statutes, the Department has completed its evaluation and recommendations on a Class 2 claim in the SCIC receivership estate. The Department has compiled a Fourth Interim Claims Report ("the Report").

5. The Report shows that the claimant's gross amount claimed is \$23,000.00. The amount recommended by the Department is \$20,000.00. The Report is attached as Exhibit "A".

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 631.181(2), Florida Statutes, claimants are entitled to notice of the Department's recommendations on their claim and the deadline for filing objections. However,

the claimant, State Farm Insurance Company, has previously acknowledged and agreed to the Department's recommendation of their claim and waived the standard notice period. See attached Exhibit "B"

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

RESPECTFULLY SUBMITTED this 21 day of July, 2017.



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Florida Department of Financial Services,
As Receiver of Seminole Casualty Insurance Company
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FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
 SEMINOLE CASUALTY INSURANCE COMPANY
 FOURTH INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$23,000.00
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$20,000.00
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	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	0	AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	0
COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$23,000.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$20,000.00	AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	0	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	0	AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	0	AMOUNT RECMD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00

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

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

In Re: The Receivership of
Seminole Casualty Insurance Company

CASE NO. 2011-CA-000649

CLAIM ACKNOWLEDGEMENT

STATE FARM INS. CO. A/S/O NIXON & SUTTER
RCN 532-70843-6

I, CALLI BLACKWELL, on behalf of STATE FARM INS. CO., having filed a claim under ID#532-70843-6, hereby acknowledge and agree to the Receiver's recommendation of a Timely Filed Class 2 claim in the recommended amount of \$20,000.00, and agrees that this claim is subject to court approval.

I, CALLI BLACKWELL, on behalf of STATE FARM INS. CO., also hereby agree that this Claim Acknowledgement constitutes formal notice of the Recommendation on this Claim ID#532-70843-6 and waives the standard notice period.

By: 

CALLI BLACKWELL, Claim Specialist
STATE FARM INS. CO.
PO BOX 106172
ATLANTA, GA 30348-6172

DATE 6/29/17

Return this form to: Patricia J. Wilson

Division of Rehabilitation and Liquidation
2020 Capital Circle S.E., Suite 310
Alexander Building, 3rd Floor
Tallahassee, Florida 32301

EXHIBIT "B"