

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

State of Florida, ex rel.,
the Department of Financial Services
of the State of Florida,

Relator

CASE NO.:

v.

St. Johns Insurance Company, Inc.,
Respondent.

**PETITION FOR CONSENT ORDER APPOINTING THE FLORIDA DEPARTMENT
OF FINANCIAL SERVICES AS RECEIVER OF ST. JOHNS INSURANCE COMPANY,
INC. FOR PURPOSES OF LIQUIDATION, INJUNCTION, AND
NOTICE OF AUTOMATIC STAY**

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation (“Department”), hereby petitions this Court pursuant to sections 631.031 and 631.061, Florida Statutes (2021), for the entry of a Consent Order Appointing the Department as Receiver of St. Johns Insurance Company, Inc. (“Respondent” or “Company”) for purposes of liquidation, injunction, and notice of automatic stay. In support of its petition, the Department states:

1. Respondent was licensed by the Florida Office of Insurance Regulation (“OIR”), as a state of Florida domestic property and casualty insurer authorized to transact insurance business in the state of Florida pursuant to Part III of Chapter 624, Florida Statutes. Respondent’s principal place of business is located at: 6675 Westwood Blvd., Suite 360, Orlando, FL 32821.

2. Section 631.021, Florida Statutes, provides that a delinquency proceeding pursuant to chapter 631, Florida Statutes, constitutes the sole and exclusive method of liquidating, rehabilitating, reorganizing, or conserving a Florida domiciled insurer.

3. This Court has original jurisdiction over these proceedings and can exercise jurisdiction over any person required by section 631.391, Florida Statutes, to cooperate with the Department and OIR and over all other persons made subject to this Court’s jurisdiction by other

provisions of law. §§ 631.021(1) and 631.025, Fla. Stat. Additionally, this Court is authorized to enter all necessary or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, sections 631.001 *et seq.*, Florida Statutes. § 631.021(1), Fla. Stat.

4. Venue is proper in the Circuit Court of Leon County. § 631.021(2), Fla. Stat.

5. Upon a determination by OIR that one or more grounds exist to initiate a delinquency proceeding against an insurer, and upon OIR's determination that a delinquency proceeding should be initiated, OIR is required to refer the insurer to the Department for the initiation of such delinquency proceeding. § 631.031(1), Fla. Stat.

6. By letter dated February 23, 2022, and pursuant to section 631.031(1), Florida Statutes, David Altmaier, Commissioner of OIR, advised Florida's Chief Financial Officer, Jimmy Patronis, that grounds exist for the initiation of delinquency proceedings against Respondent. A copy of the letter is attached hereto and incorporated herein as **Department Exhibit "A"**.¹

7. Section 631.031(2), Florida Statutes, empowers the Department to petition this Court for a consent order directing it to liquidate a domestic insurer, and section 631.061, Florida Statutes, provides that the Department may apply for such order upon the existence of any of the grounds specified in that section. Based on the documentation received from OIR, including a *Consent to Order of Receivership St. Johns Insurance Company, Inc.* executed on February 22, 2022, the Department has confirmed that grounds exist that warrant the liquidation of Respondent. A copy of the Consent is attached hereto and incorporated herein as **Department Exhibit "B"**.

8. Under section 631.061(1), Florida Statute, in that Respondent is insolvent within the meaning of section 631.011(14) as stated by Respondent in its Consent to Order of Receivership.

¹ The letter further advises that a plan to have the policies transitioned to another company is intended to be completed and effective March 1, 2022.

9. Under Section 631.051(11), in that Respondent has consented, through a Resolution of its board of directors, to the appointment of the Department as Receiver of Respondent for the purposes of liquidation.

10. Accordingly, the Department requests, pursuant to sections 631.031 and 631.061, Florida Statutes, the entry of a Consent Order Appointing the Department as Receiver of Respondent for purposes of liquidation, injunction, and notice of automatic stay to allow the Department the ability to marshal Respondent's assets, and enter into an agreement to transition Respondent's policyholders,² all of which will be in the best interest of Respondent's policyholders, creditors, other claimants, and the public.

WHEREFORE, the Florida Department of Financial Services, Division of Rehabilitation and Liquidation, respectfully requests that this Court enter a Consent Order appointing the Department of Financial Services as receiver of St. Johns Insurance Company, Inc. for the purposes of liquidation, injunction, and notice of automatic stay.

RESPECTFULLY SUBMITTED this 24th day of February 2022.

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Division of Rehabilitation and Liquidation
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Doral, Florida 33166
Telephone: (786) 336-1382

² Due to the number of policyholders at issue, transitioning the policyholders to new insurance coverage is a matter of great public importance.



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

**FINANCIAL SERVICES
COMMISSION**

RON DESANTIS
GOVERNOR

JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

ASHLEY MOODY
ATTORNEY GENERAL

NICOLE "NIKKI" FRIED
COMMISSIONER OF
AGRICULTURE

February 23, 2022

The Honorable Jimmy Patronis
The Chief Financial Officer
Department of Financial Services
The Capitol, PL-11
Tallahassee, FL 32399

Re: St. Johns Insurance Company

Dear Chief Financial Officer Patronis:

Please be advised that the Office of Insurance Regulation ("the Office") has determined that one or more grounds exist for the initiation of delinquency proceedings, pursuant to Chapter 631, Florida Statutes, against the above-referenced company. As such, I am advising you of that determination and including herewith a consent to order of receivership signed by the company in which it admits that it is insolvent, so that delinquency proceedings can be initiated by the Division of Rehabilitation and Liquidation.

The referral of this company to the Division of Rehabilitation and Liquidation ("the Division") is the first step in a comprehensive plan to provide a seamless transition for all St. Johns Insurance Company ("St. Johns") policyholders. It is hoped that a plan to provide offers of coverage to all affected policyholders will be approved by the receivership court. Under that plan, which is being drafted in collaboration with the Florida Insurance Guaranty Association, St. Johns, the Division and the Office, the policies of St. Johns will be canceled, with a simultaneous issuance of coverage by a licensed insurer. The parties are working to effectuate this transition by March 1, 2022. As always, the Office stands ready to provide any additional information or assistance the Division needs in order for this matter to proceed as expeditiously as possible.

• • •
DAVID ALTMAIER • COMMISSIONER
200 EAST GAINES STREET • TALLAHASSEE, FLORIDA 32399-0305 • (850) 413-5914 • FAX (850) 488-3334
WEBSITE: WWW.FLOIR.COM • EMAIL: DAVID.ALTMAIER@FLOIR.COM

Affirmative Action / Equal Opportunity Employer



The Honorable Jimmy Patronis
February 23, 2022
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We appreciate the close working relationship we have with the Division and look forward to working with you and your staff to facilitate continued access to coverage for the benefit of affected Floridians.

Sincerely,

A handwritten signature in black ink that reads "David Altmaier". The signature is written in a cursive, slightly slanted style.

David Altmaier, Commissioner
Office of Insurance Regulation

Enclosure

cc:

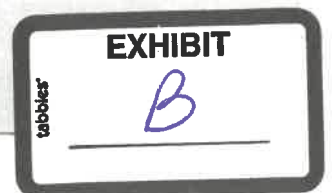
John MacIver, General Counsel,
Department of Financial Services

CONSENT TO ORDER OF RECEIVERSHIP

ST. JOHNS INSURANCE COMPANY, INC.

IT IS HEREBY AGREED TO AS FOLLOWS:

1. St. Johns Insurance Company, Inc. (hereinafter "Respondent") is a Florida corporation and is a domestic property and casualty insurer authorized to transact business in Florida and regulated by the Florida Office of Insurance Regulation.
2. Respondent admits that grounds exist for the appointment of a Receiver of the company for Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.
3. Respondent specifically admits that it is insolvent as that term is defined in Section 631.011(14), Florida Statutes.
4. Pursuant to Sections 631.051 and 631.061, Florida Statutes, Respondent consents through a majority of its directors, stockholder, member or subscribers, to the entry of an Order of Liquidation, appointing the Florida Department of Financial Services (hereinafter "DFS") as the Receiver with the determination of the type of order to be sought and entered to be made at the sole discretion of DFS, and consents to any injunction the receivership court, as defined by Section 631.021, deems necessary and appropriate.
5. Respondent further waives any right to a hearing on any Consent Petition filed by DFS, including its right to appeal any Liquidation Order entered by the Court, and finally agrees that any Liquidation Order entered by the court is final for the purposes of triggering the Florida Insurance Guaranty Association [FIGA] pursuant to Section 631.54(8), Florida Statutes.



6. The Resolution of the Board of Directors is attached as Exhibit A to this Consent. By execution hereof, St. Johns Insurance Company, Inc., consents to the appointment of the Florida Department of Financial Services as Receiver for purposes of Liquidation, 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 St. Johns Insurance Company, Inc., to the terms and conditions of the Consent Order.

ST. JOHNS INSURANCE COMPANY, INC.

By: [Signature]
Print Name: Jesse Schalk
Title: President
Date: February 22, 2022

STATE OF Florida
COUNTY OF Orange

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 22nd day of February 2022, by Jesse Schalk as President for St. Johns Insurance Co.
(name of person)
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

[Signature]
(Signature of the Notary)

Debra Hart Farish
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____
Type of Identification Produced _____
My Commission Expires August 15, 2025



**RESOLUTION OF THE BOARD OF DIRECTORS OF
ST. JOHNS INSURANCE COMPANY, INC.
ATTACHMENT A**

The undersigned, being the majority of the Directors of St. Johns Insurance Company, Inc. (hereinafter "the Company") hereby makes the following resolutions as follows:

RESOLVED that the majority of the current Directors on the Board of Directors consent to the entry of an Order of Liquidation of the Company.

FURTHER RESOLVED, that pursuant to Sections 631.051 and 631.061, Florida Statutes, the majority of the Directors consent to the immediate appointment of the Florida Department of Financial Services (hereinafter "the Department") as Receiver of the company, for the purposes of Liquidation, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the majority of the Directors waive any right to appeal any Liquidation Order entered by the court and that said Liquidation Order shall be final for the purposes of triggering the Florida Insurance Guaranty Association [FIGA] pursuant to Section 631.54(8), Florida Statutes.

FURTHER RESOLVED, that the Chairman of the Board of Directors and the Officers of the company are hereby authorized to execute any and all consent agreements or documents on behalf of the company, and are authorized to take

any and all additional actions, including the Consent to Receivership under Chapter 631, Part I, Florida Statutes, as deemed necessary or appropriate by the Office of Insurance Regulation and/or the Department, without further approval of the shareholders or directors.

Director of St. Johns Insurance Company

By: Reese Bowen

[Corporate Seal]

Print Name: Reese Bowen

Title: Director

Date: February 22, 2022

STATE OF Florida
COUNTY OF Orange

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 22 day of February 2022, by Reese Bowen (name of person) as for St. Johns Insurance Co. (company name) (type of authority; e.g., officer, trustee, attorney in fact)

Debra Hart Farish
(Signature of the Notary)
Debra Hart Farish
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____
Type of Identification Produced _____
My Commission Expires August 15, 2025



Director of St. Johns Insurance Company

[Corporate Seal]

By: James J. McCall
Print Name: James J. McCall
Title: Director
Date: 2/22/22

STATE OF Florida
COUNTY OF Orange

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

or online notarization, this 22nd day of February 2022, by James McCall
(name of person)
as St. Johns Insurance Co. for
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

Debra Hart Farish
(Signature of the Notary)
Debra Hart Farish
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced _____

My Commission Expires August 15, 2025



Director of St. Johns Insurance Company

[Corporate Seal]

By: Robert Lucas
Print Name: ROBERT LUCAS
Title: CHAIRMAN
Date: 2/22/22

STATE OF _____

COUNTY OF _____

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

or online notarization, this 22nd day of February 2022, by Robert Lucas.

as Chairman for St. Johns Insurance Co.
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

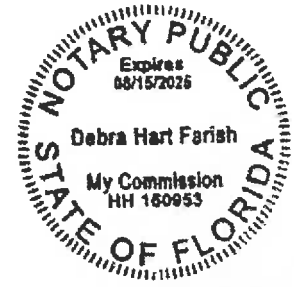
Debra Hart Farish
(Signature of the Notary)

Debra Hart Farish
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires 8/15/2025



Director of St. Johns Insurance Company

[Corporate Seal]

By: [Signature]
Print Name: Charles Cooper
Title: Director
Date: Feb 23, 2022

~~STATE OF~~ Bermuda
~~COUNTY OF~~ _____

The foregoing instrument was acknowledged before me by means of physical presence
or online notarization, this 23 day of February 2022, by Charles Cooper
as Director for St. Johns Insurance Company.
(type of authority; e.g., officer, trustee, attorney in fact) (name of person) (company name)

[Signature]
(Signature of the Notary)
Shannon Carr
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____
Type of Identification Produced _____
My Commission Expires does not expire

