Filing # 244182288 E-Filed 03/19/2026 02:10:56 PM

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

In Re: The Receivership of
St. Johns Insurance Company, Inc.,
a Florida corporation.
_____/

CASE NO.: 2022 CA 0316

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES' MOTION FOR ORDER APPROVING FIRST INTERIM CLAIMS REPORT AND RECOMMENDATION ON CLAIMS

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation ("Receiver" or "Department"), as Receiver of St. Johns Insurance Company, Inc. ("SJIC"), hereby files its *Motion for Order Approving First Interim Claims Report and Recommendation on Claims* and in support thereof states the following:

1. Pursuant to section 631.021(1), this Court has jurisdiction over the SJIC receivership and is "authorized to make all necessary or proper orders to carry out the purposes of" the Florida Insurers Rehabilitation and Liquidation Act, section 631.001(1), *et seq.*, Florida Statutes.

2. On February 25, 2022, this Court entered a *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* ("Liquidation Order").

3. In accordance with the Liquidation Order and section 631.182, Florida Statutes, the Department has compiled a First Interim Claims Report (the "Report"). The Report reflects the Department's evaluation and recommendations on 157,722 Class 3, 66 Class 6, 45 Class 8 and 1 Class 9 non-guaranty association claims in the SJIC receivership estate.

4. The Report reflects that the 157,834 non-guaranty association Class 3, 6, 8, and 9 claims have been adjudicated with an aggregate claim amount of $30,421,500.13, of which the

total amount recommended by the Department is $13,082.89. The Report consists of 26,307 pages and may contain protected information; therefore, the summary page of the Report is attached as **Exhibit A.** The Report can be filed under seal at the Court's request.

5. 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 Department's Assignment of Claim Change Form and required supporting documentation.

6. 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 the financial information regarding claims distribution 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 distribution if they occur.

7. Pursuant to s. 631.182, F.S., claimants are entitled to notice of the Department's recommendation on their claims and the deadline for filing an objection. The deadline that will be established for filing objections will not be less than forty-five days from the date of the Court's Order granting approval of the Report. A sample of the "Notice of Determination" containing this information and provided to claimants is attached hereto as **Exhibit B**.

8. The Department has a procedure for dealing with late-filed objections. For any objection filed after the deadline, the Department will send a letter to the claimant advising the claimant that their objection was not filed in compliance with Florida Statutes and this Court's Order and therefore will not be handled as a filed objection. A copy of this letter will be filed with the Court.

9. In an ongoing effort to maintain accuracy and efficiency, the Department proactively works to update its records to reflect change of address information for interested parties (*e.g.*, agents, claimants, creditors, policyholders, subscribers) before mailing notifications and distributions. The Department has access to databases and other publicly available information which provide updated address information. The Department requests the authority to search for change of address information when applicable and to use the change of address information for future mailings without further direction of this Court.

10. The Department requests that its recommendations be approved unless an objection is filed thereto with the deadline set by the Court.

WHEREFORE, the Department moves this Court for entry of an Order that:

A. Approves the Department's First Interim Claims Report and Recommendation on Claims;

B. Approves the Department's sample Notice of Determination and authorizes and directs the Department to provide notice to each claimant of the Department's recommendations regarding its claim, by U.S. mail and/or electronic mail to the last known physical and/or electronic mail address as shown in the Department's files or to any subsequently revised address of such claimant as ascertained by the Department;

C. Authorizes and directs the Department to update its records to incorporate change of address information for an interested individual/entity (*e.g.,* agent, claimant, creditor, policyholder, subscriber) if the Receiver determines that there has been a change of address for an interested individual/entity and authorizes the Receiver to use the change of address information for future mailings;

D. Authorizes and directs the Department to establish an objection filing deadline that is not less than forty-five (45) days from the date of this Court's Order granting approval of the Report;

E. Directs all persons or entities who have filed claims, or had them deemed filed, as herewith reported to the Court, to file any objection that they may have to the Department's Report with the Clerk of this Court on or before 11:59 p.m. on the objection filing deadline at:

Clerk of the Leon County Circuit Court
Leon County Courthouse
301 S. Monroe Street
Tallahassee, FL 32301

And requires a copy of said objection to be served on the Department at:

Florida Department of Financial Services
Division of Rehabilitation and Liquidation
As Receiver of St. Johns Insurance Company, Inc.
323 John Knox Road, Suite 101
The Atrium
Tallahassee, FL 32303

F. Requires any person or entity filing an objection to clearly state the name and claim identification number of the person or entity filing the objection and to provide documentation supporting the objection and claim and declaring that the Court will not consider any information or documentation submitted after the objection is filed;

G. Approves the Department's procedure for recognizing and accepting assignment of claims;

H. Approves the Department's procedure for addressing late-filed objections; and

I. Approves the recommendation contained in the Department's *Motion for Order Approving First Interim Claims Report and Recommendation on Claims* for which no objections are filed.

Respectfully submitted on this 19th day of March 2026.

/s/ Timothy G. Schoenwalder
Timothy G. Schoenwalder
Florida Bar No. 0755930
Timothy.Schoenwalder@myfloridacfo.com
Florida Department of Financial Services
Division of Rehabilitation and Liquidation
323 John Knox Road, Suite 101
Tallahassee, FL 32303
850.413.4479(tel.)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that he served a copy of this Motion on March 19, 2026, upon all parties who have entered an appearance on the ECF system.

/s/ Timothy G. Schoenwalder
Timothy G. Schoenwalder

Exhibit A

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
ST. JOHNS INSURANCE COMPANY, INC.
FIRST INTERIM CLAIMS REPORT
PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	$30,421,500.13
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	$13,082.89
TOTAL NUMBER	157,834

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	

UnSecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 2 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	45
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	$0.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	$4,840,151.14
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 3 CLAIMS :	157,722	COUNT OF CLASS 9 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	$157,722.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	$5,306,635.15
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	$13,082.89	AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	$0.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:			
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS	
COUNT OF CLASS 6 CLAIMS :	66		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	$20,116,991.84		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :			

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.

Exhibit B

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
March 19, 2026
NOTICE of DETERMINATION

«IMBARCODE»
RCN: «RCN»
«FULLNAME»
«ADDRESSLINE1»
«ADDRESSLINE2»
«city» «state» «ZIPCODE»

INSURED NAME:	«POLICYHOLD»
POLICY NUMBER:	«POLICY_NO»
CLAIM NUMBER:	«CLAIM_NO»
CLASS:	«CLASS»
AMOUNT CLAIMED:	«AMT_CLAIMD»
AMOUNT RECOMMENDED CLAIMANT:	«AMT_DUE_CL»
EVALUATION CODE:	«EVALCODE1»
EMAIL:	«EMAIL»

OBJECTION FILING DEADLINE: Month/Date/Year

The purpose of this Notice of Determination (NOD) is to inform you of the Department's recommendations concerning the amount recommended and classification of a claim that was filed by you or someone on your behalf.

A listing of the evaluation codes and their descriptions is available here:
www.myfloridacfo.com/division/receiver/claims/claim-evaluation-codes

Information outlining the statutory classification of claims ("Priority of Claims") is available here:
www.myfloridacfo.com/division/receiver/claims/priorityofclaims

If the "Amount Recommended Claimant" is blank, your claim was not evaluated for an amount recommended as there are insufficient funds to pay your claim. Additional explanation regarding payment of claims and outside third party offers to purchase claims (assignments) is on the back of this form.

If you have received any payments related to this claim (liability settlements, etc.) or have any unpaid obligations to the Federal Government (IRS liens, etc.), you are required to notify us.

If you agree with the amount recommended and the assigned class, no further action on your part is necessary. If you object to the amount recommended or to the assigned class of your claim, you **must** file your **WRITTEN** objection with The Clerk of Court at:

CLERK OF THE LEON COUNTY CIRCUIT COURT
LEON COUNTY COURTHOUSE
301 S. MONROE STREET
TALLAHASSEE, FLORIDA 32301

Your objection **must be filed** (received) by the objection filing deadline noted above. We recommend that you send your objection by certified mail, return receipt requested. **OBJECTIONS FILED (RECEIVED) AFTER THE DEADLINE WILL NOT BE CONSIDERED.** The objection procedure is:

1. At the top of your statement, include the following information: (a) Civil Action Number<<**CASE_NO**>>, Second Judicial Circuit Court, Leon County, Florida; (b) the RCN noted above your name; and (c) your address, email address and telephone number.
2. State in detail all legal and factual reasons for your objection.
3. Attach a copy of this notice and any supporting documentation to your objection. By Order of the Court, all documentation must be filed with your objection.
4. File the original with the Clerk of Court, send a copy to the Department, and keep a copy for yourself.
5. If your objection cannot be resolved, a hearing will be scheduled before the Circuit Court, Leon County, Florida.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
Division of Rehabilitation and Liquidation • Claims Section
325 John Knox Road • Atrium Building Suite 101 • Tallahassee FL 32303
Website: www.myfloridacfo.com/division/receiver
Tel. 850-413-3081 and 800-882-3054 • Fax 850-413-3997

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»

****

PAYMENT OF CLAIMS INFORMATION

Please be advised that the assets in the receivership estate of «COMPANY» may not be sufficient to fund a distribution payment to all claimants. Distribution of funds to claimants is made in accordance with Section 631.271, Florida Statutes. This statute specifies the order in which claims are paid and may differ depending on the year the company was placed into receivership. Beginning with Class 1, all approved claims in a class must be paid in full before any payment is made to the next class. If there are insufficient funds to pay a class in full, all approved claims in that class are paid in equal pro rata shares. Therefore, depending on the assets available for distribution, you and other claimants in your class may only receive a percentage of the amount recommended on your claim (i.e. 25% pro rata share distribution of funds in your class equals 25 cents on the dollar). Further information on the financial condition of **«COMPANY»** can be found at the Department's website listed below.

As part of its duties, the Department must investigate, collect and convert all company assets into cash, evaluate claims and resolve all objections regarding the Department's evaluation. This process usually takes several years to complete. Distributions to claimants are made only if/when sufficient funds become available and the Court has approved the distribution. We cannot currently estimate if/when a payment may be made. Your patience in this process is appreciated.

CLAIMANT INFORMATION

If a distribution is made, the payee(s) name(s) on the claim check will be the same as the name(s) appearing on the front of this form. If the information on this form, including address, is incorrect, or becomes incorrect in the future, it is your responsibility to notify the Department and document any changes to a claimant's name or address. Information on how to submit a name and/or address change is available at the Department's website listed below.

Some non-confidential information (i.e., certain claimant names, addresses and recommended claim information) is compiled by the Department and filed with the Court in order to make recommendations regarding the value and class of claims. This information is available to consumers as a public record in accordance with Article I, Section 24 of the Florida State Constitution and Chapter 119, Florida Statutes, and may be accessed through the court files of this receivership or via the Department's website.

***IMPORTANT INFORMATION*:** You may be contacted by outside third parties who may offer to purchase your claim for a discounted amount in exchange for the transfer of your rights to a distribution, if any, in the future. Please be advised that the Department is not in any way affiliated with third party purchasers of claims and cannot advise or counsel individual claimants with respect to any potential distribution amounts or assist a claimant in the personal decision whether to sell their claim to an outside third party for less than the full amount recommended or wait for a distribution. All available information on the financial condition of **«COMPANY»** may be found at the Department's website listed below.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
Division of Rehabilitation and Liquidation • Claims Section
325 John Knox Road • Atrium Building Suite 101 • Tallahassee FL 32303
Website: www.myfloridacfo.com/division/receiver
Tel. 850-413-3081 and 800-882-3054 • Fax 850-413-3997