



## 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.

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DAVID ALTMAIER • COMMISSIONER  
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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 blue ink that reads "David Altmaier". The signature is written in a cursive, flowing 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 J. 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

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

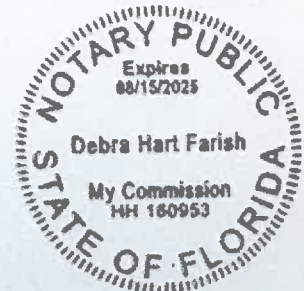
Debra Hart Farish  
(Signature of the Notary)

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

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

My Commission Expires 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 22<sup>nd</sup> day of February 2022, by James McCall  
(name of person)

as \_\_\_\_\_ 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 August 15, 2025



Director of St. Johns Insurance Company

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

[Corporate Seal]

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

or  online notarization, this 22<sup>nd</sup> 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)

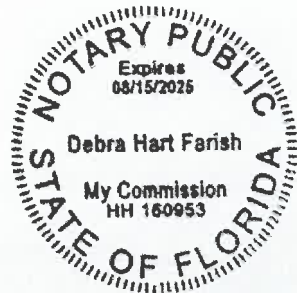
Debra Hart Farish  
(Signature of the Notary)

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

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

[Corporate Seal]

~~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

