



[REDACTED]

Receiver for the purposes of placing St. Johns into Rehabilitation or Liquidation.

4. SLIDE provided a Change in Business Plan to the OFFICE which contemplates SLIDE providing immediate coverage to approximately 147,000 former St. Johns policyholders. The OFFICE, in coordination with SLIDE, the Receiver, the Florida Insurance Guaranty Association and the South Carolina Property and Casualty Insurance Guaranty Association, have developed a

[REDACTED]

8. The OFFICE finds that the Change in Business Plan in conjunction with the Transition Plan provides the most comprehensive protection for policyholders as well as being responsive to regulatory requirements. The OFFICE approves SLIDE's Change in Business Plan, contingent upon the Receivership Court's approval of the Transition Plan and subject to the following conditions:

a. SLIDE shall provide coverage through the Transition Plan using St. Johns' approved policy forms and rates to renew and issue coverage to former St. Johns policyholders

b. SLIDE shall establish proof of coverage and all charge the same premium as would have been charged by St. Johns for that policy.

c. SLIDE shall provide the St. Johns policyholders a new Declaration Page that

d. Coverage by SLIDE shall be subject to cancellation upon request by the policyholder, and any unearned premium shall be calculated on a pro-rata basis and returned to the policyholder within 15 days of the cancellation request.

9. The OFFICE hereby approves SLIDE's use of St. Johns current policy forms and rates as necessary for the purpose of issuing coverage by SLIDE

10. Any prior Order(s) of the OFFICE, or Consent Order(s) or corrective action plan(s)

waive all rights to challenge or to contest this Consent Order in any forum now or in the future

or any appeal.

13. The parties agree this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of SLIDE, or its authorized representative, under the seal of a notary public, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, SLIDE agrees that its signature as

WHEREFORE, the terms and conditions of the Transition Plan subject to the OFFICE's approval, which are set forth above, are APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 25<sup>th</sup> day of July, 2022.



David Altman, Commissioner  
Office of Insurance Regulation



By execution hereof, SLIDE INSURANCE COMPANY consents to entry of this Consent Order across without reservation to all of the above terms and conditions.

[Redacted signature area]

By: G

[Redacted signature area]

[Redacted signature area]

(Please type or print)

Title:

Date: 25 2

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

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

or  online notarization, this 25 day of ebma 2022, by Jennifer Gravelle  
as Chief Financial officer for Slide Insurance Company  
(name of person)

COPIES FURNISHED TO:

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