

OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER

COMMISSIONER

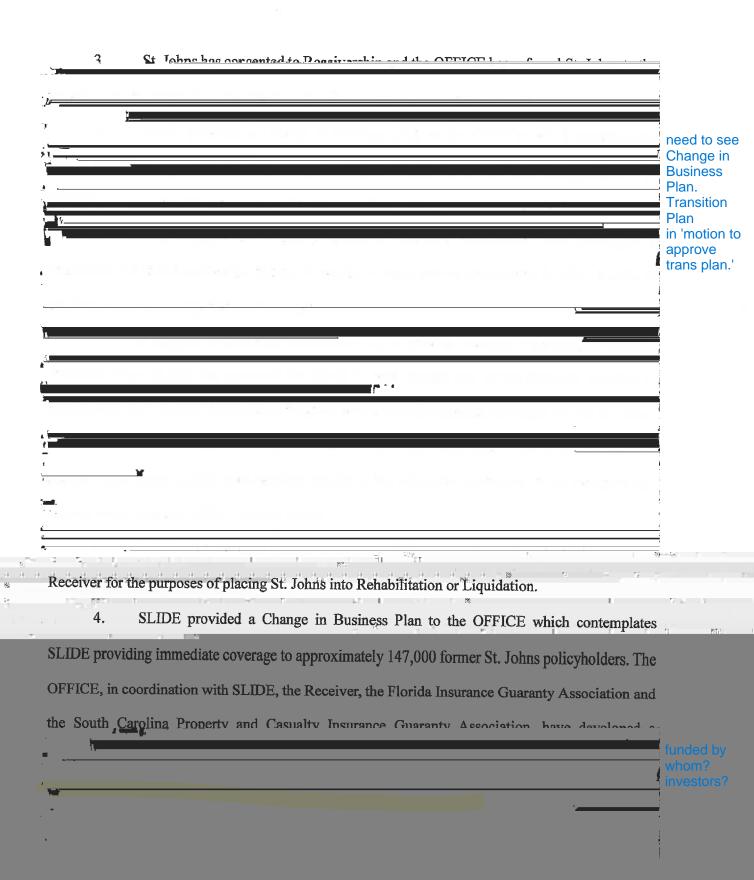
IN THE MATTER OF:

CASE NO.: 292449-22-CO

SLIDE INSURANCE COMPANY

CONSENT ORDER





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 req	uirements. The OFFICE approves SLIDE's Change in Business Plan, contingent upon
the Receivers	nip Court's approval of the Transition Plan and subject to the following conditions:

	a. SLID	E shall 1	provide	coverage	through	the	Transition	Plan	using	St.	Johns'
approved po	licy forms	and rates	to renev	v and issue	coverage	e to fi	ormer St. Id	ohns n	alicyha	əlder	~e
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establishes p	ro hf of[cg	Erskall ch	harge th	e same pro	emium as	wou	ld have be	en cha	rged b	y St.	. Johns
for that police	ey.										

- 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

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

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waine all rights to challenge or to contact this Consent Order in one forum nove or in the forum

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 ORDER FD this 2 day of the property o

	By execution hereof, SLIDE INSURANCE COMPANY consents to entry of this Consen
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	THE.
	Date: 25 2
STATI	E OF FLORIDA
COLIX	TY OF HILLSBOROUGH
COUN	TY OF THE STORE WATE
The for	regoing instrument was acknowledged before me by means of physical presence
or 🗆 o	nline notarization, this 25 day of cbma 2022, by Jennifer Gravelle
as Ch	nline notarization, this 25 day of coma 2022, by Jennifer Gravelle nief Financial Officer for Cide Incur (name of person)

COPIES FURNISHED TO:

BRUCE LUCAS, PRESIDENT Slide Insurance Company 4934 Saint Croix Dr. Tampa, Florida 33629

E-Mail: bruce@slideinsurance.com



Property & Casualty Financial Oversight 200 East Gaines Street Florida Office of Insurance Regulation