

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

In Re: The Receivership of  
INSURANCE COMPANY OF FLORIDA

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CASE NO. 1992-CA-005286

**RECEIVER'S MOTION FOR APPROVAL OF THE FOURTH INTERIM  
CLAIMS REPORT AND RECOMMENDATION ON CLAIMS**

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, as Receiver of Insurance Company of Florida (hereinafter "Receiver"), moves this Honorable Court for an entry of an Order approving the Receiver's Fourth Interim Claims Report and Recommendation on Claims and in support of its motion states:

1. Insurance Company of Florida (hereinafter "ICF"), was a Florida corporation previously authorized to transact insurance business in the State of Florida. On December 29, 1992, this Court adjudicated ICF insolvent and entered the Order Appointing the Florida Department of Insurance as Receiver (of ICF) for the Purposes of Liquidation, Injunction, and Notice of Automatic Stay (the "Order"). On January 7, 2003, the Florida Department of Insurance became a part of the Florida Department of Financial Services.

2. This Court has jurisdiction over the ICF 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 631.021(1), Florida Statutes.

3. The Receiver's First Interim Claims Report (*Receiver's Motion for Order Authorizing Distribution to class 3 Employee Priority Claim and memorandum in Support of Same*) was filed September 27, 1993, and approved by this Court's Order on September 29, 1993. This report contained the eighteen then class 3, now class 5, claims of company

employees of ICF. The Receiver's Second Interim Claims Report was filed on February 7, 2011, and approved by this Court's Order on February 8, 2011 (attached as **EXHIBIT A**). This report contained the filed claims from all states in class 1 and class 2, except for Puerto Rico claims. The Receiver's Third Interim Claims Report was filed on September 19, 2011, and approved by this Court's Order on September 26, 2011 (attached as **EXHIBIT B**). This report contained the filed claims in class 2 for Puerto Rico claimants, class 3 claims of all states, and one class 5 employee claim. The claims of the Puerto Rico Insurance Guaranty Association ("PRIGA") and one pending class 2 loss claim were not included. The Receiver's Fourth Interim Claims Report contains the two class 1, one class 2, and one class 3 claims of the PRIGA, as well as two class 2 loss claims.

4. The Receiver's Fourth Interim Claims Report is extremely detailed and contains non-public personal information, including personally identifiable financial information, relating to the claimants. Pursuant to Federal Law, specifically the Gramm-Leach-Bliley Act, 15 USCS §6801 (hereinafter the "Act"), there is an obligation to protect the security and confidentiality of an individual's non-public personal information.

5. In furtherance of the Act's purpose, and in order to protect claimants of the ICF estate, the Receiver has not attached the full Fourth Interim Claims Report to this motion. Instead, the Receiver offers summary pages of the report that reflect the total amounts claimed and recommended by the Receiver. Upon this Court's request, the Receiver would immediately provide to the Court, a full copy of the Fourth Interim Claims Report. The Receiver's Fourth Interim Claims Report, dated May 19, 2015, is broken down into two parts. Part A is for non-guaranty association claimants and Part B is for guaranty association claimants. Summary pages of both Parts A and B are attached as **COMPOSITE EXHIBIT C**. This report reflects

classification of filed claims by priority in accordance with section 631.271, Florida Statutes. The total amount claimed in Part A of the Report is \$11,200,000.00. The total amount recommended by the Receiver in Part A of the Report is \$0.00. The total amount claimed in Part B of the Report is \$7,171,956.16. The total amount recommended by the Receiver in Part B of the Report is \$6,517,827.90.

6. Pursuant to section 631.182(1), Florida Statutes, claimants are entitled to notice of the Receiver's recommendation on their claims and the deadline for filing an objection. A sample copy of the "Notice of Determination" is attached as **EXHIBIT D**. Additionally pursuant to section 631.182(1), Florida Statutes, the Court "shall enter an order approving the claims so reported, unless an objection is filed thereto within a deadline set by the court."

7. The Receiver recommends a deadline that allows ample time for the Receiver to provide the notices of determination and for a reasonable amount of time for claimants to file an objection with the Court. In the case of ICF, such a deadline would not be less than forty-five (45) days from the date of this Court's Order granting approval of the Report.

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

WHEREFORE, the Receiver respectfully requests this Court enter an Order:

A. Approving the Receiver's Fourth Interim Claims Report and Recommendation on Claims for which no objections are filed;

B. Authorizing and directing the Receiver 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;

C. Authorizing and directing the Receiver to provide notice to each claimant, as herewith reported to the Court, of the Receiver's recommendation regarding their claim and the deadline for filing objections, by United States Mail to the last known address of such person, as shown in the Receiver's files;

D. Approving the Receiver's sample "Notice of Determination" and directing all persons who have filed claims, as herewith reported to the Court, to file any objection they might have to the Receiver's Report with the Clerk of this Court on or before the objection filing deadline at:

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

**AND** file a copy of said objection with the Receiver at the following address:

The Florida Department of Financial Services,  
Division of Rehabilitation and Liquidation  
As Receiver for Insurance Company of Florida  
2020 Capital Circle S.E., Suite 310  
Tallahassee, Florida 32301

E. Requiring any persons filing objections to submit documentation to support their claim and that the Court will not consider any information or documentation submitted after the objection is filed; and

F. Approving the Receiver's procedure for addressing late filed objections.

SUBMITTED on this 2<sup>nd</sup> day of June, 2015.

/s/ Steven G. Brangaccio

STEVEN G. BRANGACCIO,

SENIOR ATTORNEY

Florida Bar No. 0071773

Florida Department of Financial Services

Division of Rehabilitation and Liquidation

Steven.Brangaccio@MyFloridaCFO.com

(850) 413-4445

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

In Re: The Receivership of  
INSURANCE COMPANY OF FLORIDA

CASE NO. 1992-CA-005286

**ORDER APPROVING RECEIVER'S SECOND INTERIM CLAIMS REPORT  
AND RECOMMENDATION ON CLAIMS**

THIS MATTER came on upon the Florida Department of Financial Services, as Receiver of Insurance Company of Florida's (the "Receiver"), *Motion for Approval of the Second Interim Claims Report and Recommendation on Claims*. The Court having reviewed the pleadings of record and being otherwise fully informed in the premises, finds as follows:

It is **ORDERED** and **ADJUDGED**:

1. The Receiver's Second Interim Claims Report for which no objections are filed is approved;
2. The Receiver is authorized and directed 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;
3. The Receiver is directed to provide notice to each claimant, as herewith reported to the Court, of the Receiver's recommendation regarding their claim and the deadline for filing objections, by United States Mail to the last known address of such person, as shown in the Receiver's files;
4. The Receiver's sample "Notice of Determination" is approved and all persons who have filed claims, as herewith reported to the Court, are directed to file any objection they

might have to the Receiver's Report with the Clerk of this Court on or before the objection filing deadline at:

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

AND file a copy of said objection with the Receiver at the following address:

The Florida Department of Financial Services,  
Division of Rehabilitation and Liquidation  
As Receiver for Insurance Company of Florida  
P.O. Box 110  
Tallahassee, Florida 32302-0110;

5. All persons filing any objection are required to submit documentation to support their claim and the Court will not consider any information or documentation submitted after the objection is filed; and

6. The Receiver's procedure for addressing late filed objections is approved.

DONE and ORDERED in Chambers at the Leon County Courthouse, Tallahassee, Leon County, Florida, this 8<sup>th</sup> day of February, 2011.

  
\_\_\_\_\_  
JACKIE L. FULFORD  
Circuit Judge

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

In Re: The Receivership of  
INSURANCE COMPANY OF FLORIDA

CASE NO. 1992-CA-005286

**ORDER APPROVING RECEIVER'S THIRD INTERIM CLAIMS REPORT AND  
RECOMMENDATION ON CLAIMS**

THIS MATTER came on upon the Florida Department of Financial Services, as Receiver of Insurance Company of Florida's (the "Receiver"), *Motion for Approval of the Third Interim Claims Report and Recommendation on Claims*. The Court having reviewed the pleadings of record and being otherwise fully informed in the premises, finds as follows:

It is **ORDERED** and **ADJUDGED**:

1. The Receiver's Third Interim Claims Report for which no objections are filed is approved;
2. The Receiver is authorized and directed 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;
3. The Receiver is directed to provide notice to each claimant, as herewith reported to the Court, of the Receiver's recommendation regarding their claim and the deadline for filing objections, by United States Mail to the last known address of such person, as shown in the Receiver's files;
4. The Receiver's sample "Notice of Determination" is approved and all persons who have filed claims, as herewith reported to the Court, are directed to file any objection they

INSURANCE COMPANY OF FLORIDA  
2<sup>nd</sup> Judicial Circuit Court,  
in and for Leon County, Florida  
CASE NO. 1992-CA-005286  
**EXHIBIT B**



might have to the Receiver's Report with the Clerk of this Court on or before the objection filing deadline at:

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


AND file a copy of said objection with the Receiver at the following address:

The Florida Department of Financial Services,  
Division of Rehabilitation and Liquidation  
As Receiver for Insurance Company of Florida  
P.O. Box 110  
Tallahassee, Florida 32302-0110;

5. All persons filing any objection are required to submit documentation to support their claim and the Court will not consider any information or documentation submitted after the objection is filed; and

6. The Receiver's procedure for addressing late filed objections is approved.

DONE and ORDERED in Chambers at the Leon County Courthouse, Tallahassee, Leon County, Florida, this 26<sup>th</sup> day of September, 2011.

  
\_\_\_\_\_  
JACKIE L. FULFORD  
Circuit Judge

FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION  
 INSURANCE COMPANY OF FLORIDA  
 FOURTH INTERIM CLAIMS REPORT  
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS \$11,200,000.00  
 TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS \$0.00  
 TOTAL NUMBER 2

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 6 CLAIMS : 0  
 AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00 AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00  
 AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS : AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :

COUNT OF CLASS 2 CLAIMS : 2 COUNT OF CLASS 7 CLAIMS : 0  
 AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION \$11,200,000.00 AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00  
 AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS : AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :

COUNT OF CLASS 3 CLAIMS : 0 COUNT OF CLASS 8 CLAIMS : 0  
 AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00 AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00  
 AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS : AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :

COUNT OF CLASS 4 CLAIMS : 0 COUNT OF CLASS 9 CLAIMS : 0  
 AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00 AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00  
 AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS : AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :

COUNT OF CLASS 5 CLAIMS : 0 COUNT OF CLASS 10 CLAIMS : 0  
 AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00 AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION \$0.00  
 AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS : AMOUNT RECMD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :

Note: If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION  
 INSURANCE COMPANY OF FLORIDA  
 FOURTH INTERIM CLAIMS REPORT  
 PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION                     \$7,171,956.16  
 TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION             \$6,514,827.90  
 TOTAL NUMBER   4

COUNT OF CLASS 1 CLAIMS :	2	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$1,120,896.16	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$517,130.90	AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$5,997,697.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$5,997,697.00	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$53,363.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 10 CLAIMS TO GUARANTY ASSOCIATION :	

Note: If status is unevaluated, then dollar amounts have been suppressed



FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER

«company»

May 29, 2015

NOTICE of DETERMINATION

RCN: «CD\_COMPANY» «ID\_NO»-«SUFFIX»
«LONGNAME»
«ADDRESSLINE2»
«ADDRESSLINE1»
«city» «state» «ZIPCODE»

IDENTIFICATION NUMBER: «cd\_company» «id\_no»-«suffix»
INSURED: «policyhold»
POLICY NUMBER: «policy\_no»
CLAIM NUMBER: «claim\_no»
AMOUNT CLAIMED: «amt\_claimd»
AMOUNT RECOMMENDED CLAIMANT: «AMT\_DUE\_CL»
CLASS: «class»

THIS IS NOT A BILL

THIS IS NOT A BILL

RE: «COMPANY»

Civil Action: «CASE\_NO»
2nd Judicial Circuit Court
Leon County, Florida

OBJECTION FILING DEADLINE: ?filing deadline?

The purpose of this Notice of Determination is to inform you of the Receiver's recommendations concerning the amount recommended and classification of your claim filed against the Receivership Estate of «COMPANY».

A copy of the court order approving these recommendations and information outlining the statutory classification of claims ("Priority of Claims") can be obtained at the website listed below.

If the "Amount Recommended Claimant" is blank, your claim was not evaluated for an amount recommended as there are no funds to pay your claim. Additional explanation regarding payment of claims can be found on the back of this form.

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 BOTH the Receiver (address below) and 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 ?filing deadline?. 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: The Civil Action Number noted above, your identification number noted above, and your correct address and telephone number. State in detail all legal and factual reasons for your objection.
2. Attach a copy of this notice and any documentation to support your objection. By order of the Court, all documentation must be filed with your objection.
3. File the original with the Clerk of Court, file a copy with the Receiver, and keep a copy for yourself.
4. 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»
2020 CAPITAL CIRCLE SE, SUITE 310
INSURANCE COMPANY OF FLORIDA
Website: 2nd Judicial Circuit Court,
Telephone: 850-413- in and for Leon County, Florida
e: 850-413-3997
CASE NO. 1992-CA-005286
EXHIBIT D

# FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER «company»

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## 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 the priority schedule set forth in Section 631.271, Florida Statutes. Class 1 is designated as the highest priority and Class 11 is considered the lowest priority. 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 the next lower priority 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 classification 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 current and projected financial condition of «COMPANY» can be found at the website listed below or the Global Receivership Information Database (GRID) website at [www.naic.org](http://www.naic.org).

As part of its duties, the Receiver must investigate, collect and convert all company assets into cash, prioritize and value claims, and resolve all objections to the results of the Receiver's evaluations. 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 Receiver and document any changes to a claimant's name or address. Information on how to submit a change is available at the website listed below.

Some non-confidential information (i.e., certain claimant names, addresses and recommended claim information) is compiled by the Receiver 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 Receiver's website.

**IMPORTANT INFORMATION:** You may be contacted by outside third parties who may offer to purchase your claim in exchange for the transfer of your rights to a distribution, if any, in the future. Please be advised that the Receiver 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 to sell their claim to an outside third party. All available information on the current and projected financial condition of «COMPANY» may be found at the website listed below or the Global Receivership Information Database (GRID) website at [www.naic.org](http://www.naic.org).

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER  
«company»  
2020 CAPITAL CIRCLE SE, SUITE 310  
TALLAHASSEE, FLORIDA 32301  
Website: <http://www.myfloridacfo.com/division/receiver>  
Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-413-3997