



## OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 213367-17-CO

SAWGRASS MUTUAL INSURANCE COMPANY

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### AMENDED CONSENT ORDER FOR ADMINISTRATIVE SUPERVISION

THIS CAUSE came on for consideration upon notification to OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE") by SAWGRASS MUTUAL INSURANCE COMPANY (hereinafter referred to as "SAWGRASS") of a change in circumstances since the entry of the Consent Order for Administrative Supervision entered on August 18, 2017, in case number 213241-17-CO (hereinafter referred to as "Administrative Supervision Consent Order," attached as Exhibit A, and hereby incorporated by reference). After a complete review of the entire record and upon consideration thereof, and otherwise being fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the parties and subject matter of this action.
2. On August 18, 2017, SAWGRASS and the OFFICE entered into the Administrative Supervision Consent Order.
3. The Administrative Supervision Consent Order provided that this Administrative Supervision, including the Administrative Supervision Consent Order, is confidential pursuant to Section 624.82, Florida Statutes, but that the "OFFICE reserves the right to make this

Administrative Supervision, including this Consent Order, public pursuant to Section 624.82(4), Florida Statutes.”

4. SAWGRASS has notified the OFFICE that the plan for orderly wind-down of the company’s operations that SAWGRASS had contemplated when entering into the Administrative Supervision Consent Order is no longer feasible.

5. Accordingly, the OFFICE has determined that this Administrative Supervision, including the Administrative Supervision Consent Order, as amended herein, should be made public in order to facilitate the consideration of other plans for the orderly transition of SAWGRASS’s business.

6. Therefore, paragraph fifteen (15) of the Administrative Supervision Consent Order is hereby replaced with the following:

15. Administrative supervision is confidential as provided in Section 624.82, Florida Statutes, unless otherwise specified within that Section. Section 624.82(4), Florida Statutes, provides that the OFFICE “may open the proceedings or hearings or make public the notices, correspondence, reports, records, or other information if the [OFFICE] finds that it is in the best interest of the public, the insurer in supervision, or its insureds.” The OFFICE finds, and SAWGRASS agrees, that it is in the best interest of its policyholders and the public to make this Consent Order public pursuant to Section 624.82(4), Florida Statutes. This finding does not affect the confidentiality of any other orders, notices, correspondence, reports, records, or other information in the possession of the OFFICE

relating to the administrative supervision of SAWGRASS pursuant to Section 624.82(1), Florida Statutes.

7. The parties agree that all other terms and conditions of the Administrative Supervision Consent Order remain unchanged by this Amended Consent Order and remain in full force and effect.

8. SAWGRASS agrees and affirms that all information, submissions, explanations, representations, and documents provided to the OFFICE in connection with this matter, including all attachments and supplements thereto, are true and correct and material to the issuance of this Amended Consent Order.

9. SAWGRASS expressly waives its rights to a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. SAWGRASS hereby knowingly and voluntarily waives all rights to challenge or contest this Amended Consent Order in any forum now or in the future available to it, including the rights to any administrative proceeding, state or federal court action, or any appeal.

10. SAWGRASS agrees that it has entered into this Amended Consent Order voluntarily, without coercion from the OFFICE, or any agent, employee, or designee of the OFFICE, and that SAWGRASS has obtained legal counsel from its attorney(s) prior to entering into this Amended Consent Order.

11. The parties agree that this Amended Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Amended Consent Order bearing the signature of SAWGRASS or its authorized representative, notwithstanding the fact that the copy

may have been transmitted to the OFFICE electronically. Further, SAWGRASS agrees that its signature, as affixed to this Amended Consent Order, shall be under the seal of a Notary Public.

WHEREFORE, the agreement between SAWGRASS MUTUAL INSURANCE COMPANY and the OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and paragraph fifteen (15) of the Consent Order for Administrative Supervision entered on August 18, 2017, in case number 213241-17-CO, is hereby modified as set forth above.

DONE and ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

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David Altmaier, Commissioner  
Office of Insurance Regulation

By execution hereof, SAWGRASS MUTUAL INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he/she has the authority to bind SAWGRASS MUTUAL INSURANCE COMPANY to the terms and conditions of this Consent Order. The undersigned also certifies that he/she has provided the signature below voluntarily and without coercion, based upon the assistance of legal counsel for SAWGRASS MUTUAL INSURANCE COMPANY.

SAWGRASS MUTUAL INSURANCE COMPANY

By: [Signature]

Name: Daniel O'Neal  
(Please type or print)

Title: CEO

Date: 8-22-17

[Corporate Seal]

STATE OF FLORIDA

COUNTY OF BROWARD

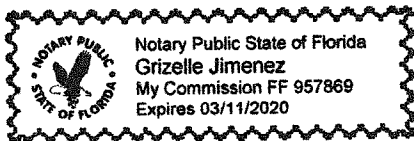
The foregoing affidavit was sworn to and subscribed before me this 22<sup>nd</sup> day of AUGUST, 2017,

by Daniel O'Neal as CHIEF EXECUTIVE OFFICER  
(Name of person) (Type of authority...e.g. officer, trustee attorney in fact)

for Sawgrass Mutual Insurance Company  
(Company name)

[Signature]  
(Signature of notary)

Grizelle Jimenez  
(Print, Type, or Stamp Commissioned Name of Notary)



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

Type of identification produced N/A

My Commission Expires 3/11/2020