

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

IN RE:
The Receivership of DOCTORCARE
INC., a Florida Corporation.

CASE NO.: 06-CA-2965

2011 MAY 13 10:3:21
CLERK OF CIRCUIT COURT
LEON COUNTY
FLORIDA

FILED

COPY - not verified against original

RECEIVER'S MOTION FOR APPROVAL OF FINAL CLAIMS REPORT, CLAIMS
DISTRIBUTION REPORT, DISTRIBUTION ACCOUNTING AND FOR ORDER
AUTHORIZING DISTRIBUTION

The Florida Department of Financial Services, as Receiver of DoctorCare, Inc. (hereinafter "Receiver"), by and through its undersigned counsel, moves this Honorable Court for entry of an Order approving the Receiver's Final Claims Report, Claims Distribution Report and Distribution Accounting and for an Order Authorizing Distribution in accordance with the above documents, and in support of its Motion states as follows:

1. On November 27, 2006, this Court entered an Order Appointing the Florida Department of Financial Services as Receiver for Purposes of Liquidation, Injunction, and Notice of Automatic Stay, effective December 1, 2006.
2. DoctorCare, Inc. ("DoctorCare") was a Medicare-approved health maintenance organization ("HMO") with approximately 5,700 subscribers and 4000 providers. Upon DoctorCare's liquidation, those subscribers were assigned to one of two other HMOs which agreed to assume the former DoctorCare members.
3. This Court has jurisdiction over the DoctorCare 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.

4. As DoctorCare was an HMO, there was no guaranty association to pay claims. The total number of filed claims is 8268, for a total amount claimed of \$79,757,429.49.

5. The Receiver's Final Claims Report (the "Report") is lengthy and, in the interest of protecting the environment and conserving estate resources, the Receiver has not attached a copy of this document at this time. Instead, the Receiver has attached the Summary page reflecting the totals of the amounts claimed, the amounts recommended by the Receiver, and the amounts claimed and recommended for each Class of claimants (Exhibit 1).

6. The Receiver would be willing to make the complete Report immediately available to the Court upon the Court's request. The Report reflects the classification of all filed claims in Classes 2, and 4-10 (there are no Class 1 or 3 claims) by priority in accordance with Section 631.271, Florida Statutes. This report also incorporates the resolution of all timely filed objections and claimant information updates on Class 2 claims. The Receiver will incorporate future claimant information updates that result from the distribution process into the Receiver's database.

7. The total amount of claims recommended to be paid by the Receiver is \$15,200,357.55.

8. With the approval of the Receiver's Final Claims Report, the Receiver is now in a position to make a distribution of receivership assets. Said assets will be distributed to claimants in Class 2 in accordance with the Claims Distribution Report, summary page, dated 4/14/11 (Exhibit 2). Again, the complete Claims Distribution Report ("CDR") can be made available to the Court upon request. The CDR lists the 36 claims where an approved amount

has been recommended for distribution at this time and is in accordance with Section 631.271, Florida Statutes.

9. Based upon the Claim Distribution Listing, the Receiver is prepared to make a distribution of \$30,731.63 to all claimants in Class 2. The total distribution of \$30,731.63 represents a distribution of 100% of the recommended claim amount for Class 2 claims. Page one of the Claims Distribution Listing is attached as Exhibit 3; the remainder of the Claims Distribution Listing with the claimants' names and dollar amounts shall be kept confidential in accordance with the Gramm Leach Bliley Act. Should the Court request to review it, the Receiver will provide it with the appropriate Motion for Confidentiality.

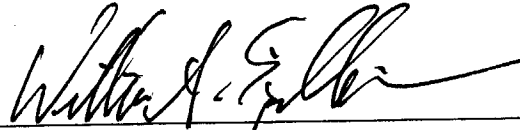
10. The Centers for Medicare and Medicaid ("CMS") filed a Class 4 claim in excess of \$3.6 million. The Receiver disallowed the claim, and CMS has never objected to that disallowance. However, before the Receiver can proceed further with disbursements to other claimants in this estate, the Receiver is seeking a release from CMS, in addition to the other agencies who filed Class 4 claims. Following that step, the Receiver may seek further court approval for additional disbursements in this estate starting with Class 4.

11. The Receiver recommends that the Final Claims Report, Claims Distribution Report, and the Distribution Accounting (Exhibit 4) be approved.

12. Despite the Receiver's best efforts, some approved claims may have inadequate current address information, and/or may not have provided the Receiver with a W-9 form, required by the Internal Revenue Service. The Receiver asks for authority to remit the funds due to these claimants to the Unclaimed Property Bureau of the Florida Department of Financial Services.

WHEREFORE the Receiver respectfully requests this Court grant this Motion and enter an Order approving the Final Claims Report, Claims Distribution Report and Claims Distribution Accounting, and directing the Receiver to make the above referenced distribution to the Class 2 claimants in this receivership.

SUBMITTED this 12th day of May, 2011.



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FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION
 DOCTORCARE, INC
 FINAL CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$79,757,429.49
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$15,200,357.55
TOTAL NUMBER	8,268

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	\$0.00

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	1,841
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$72,563,116.26
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00	AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$15,169,625.92
COUNT OF CLASS 2 CLAIMS :	5,352	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	\$37,589.21	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$30,731.63	AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
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:	\$0.00	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 4 CLAIMS :	3	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$4,131,742.82	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00	AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 5 CLAIMS :	8	COUNT OF CLASS 10 CLAIMS :	66
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$6,009.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	\$3,018,978.20
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00	AMOUNT RECMD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00

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

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
DOCTORCARE, INC
CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$31,239.21
TOTAL AMOUNT RECOMMENDED	\$30,731.63
TOTAL NUMBER	36

<u>Secured Claims</u>	
COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS :	
AMOUNT RECOMMENDED FOR SECURED CLAIMS :	

<u>Unsecured Claims</u>			
COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :		AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	
COUNT OF CLASS 2 CLAIMS :	36	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	\$31,239.21	AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	\$30,731.63	AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :		AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :		AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 9 CLAIMS :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 10 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 10 CLAIMS :	

**Claim Distribution Listing
For Company # 512
DOCTORCARE, INC**

04/14/2011
09:18:25

Parameters used for Distribution Processing

		GF	Non-GF	
Post Period	10-2011	Class 1 Percentage	0.0000	0.0000
		Class 2 Percentage	0.0000	100.0000
Doc Date	04/14/2011	Class 3 Percentage	0.0000	0.0000
		Class 4 Percentage	0.0000	0.0000
		Class 5 Percentage	0.0000	0.0000
		Class 6 Percentage	0.0000	0.0000
		Class 7 Percentage	0.0000	0.0000
		Class 8 Percentage	0.0000	0.0000
		Class 9 Percentage	0.0000	0.0000
		Class 10 Percentage	0.0000	0.0000
		Secured Percentage	0.0000	0.0000

DoctorCare, Inc.
Distribution Accounting
Projected for April 2011 Distribution

ESTIMATED ASSETS AT MARCH 31, 2011

	Value	Reference
Cash	\$ 3,389,667.55	Schedule A
Accrued Interest Rec. (To be paid 04/01/2011)	7,000.00	Schedule D
Total Assets	\$ 3,378,667.55	

ESTIMATED FUNDS RETAINAGE

	Value	Reference
Excess of Interest earned over Receiver Expenses Estimate (May 2011 - June 2013)	131,091.00	Schedule B
Discharge Expenses Retainage for records storage, records destruction, tax return prep. & labor	7,000.00	Schedule F
Total Proposed Retainage	138,091.00	
TOTAL AVAILABLE TO DISTRIBUTE	\$ 3,238,576.55	

DISTRIBUTION RECOMMENDATION

	Claims Value	Less Previous Claims Distributions	Value of Claims Outstanding	Apply Adv. Prmts. to Guaranty Assoc.	Recommended Distribution	% Value of Claims Outstanding	% Value of Gross Filed Claims	Total % of Claims Value Distributed
Class I - Administrative Claims-Guaranty Funds	\$ -	\$ -	\$ -	XXXXXXXXXX	\$ -	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Guaranty Funds	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Other	30,731.63	-	30,731.63	XXXXXXXXXX	30,731.63	100.0000%	100.0000%	100.0000%
Class III - Return Premium Claims-Guaranty Funds	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Other	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class IV - Federal Government Claims	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims	15,169,825.92	-	15,169,825.92	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other-GA	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class X - Shareholder Claims	3,018,978.20	-	3,018,978.20	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Totals	\$ 18,219,335.75	\$ -	\$ 18,219,335.75	\$ -	\$ 30,731.63			

Index to Attached Schedules:

- Schedule A - Available Cash Projection
- Schedule B - Estimated Funds to be Retained by the Receiver for Discharge of the Estate
- Schedule C - Allocated State Funds Expensed
- Schedule D - Interest Earnings Projection - Pooled Cash
- Schedule E - Receiver Discharge Expenses