

COPY - not verified against original

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

IN RE: THE RECEIVERSHIP OF
SUNSTAR HEALTH PLANS, INC.

CASE NO.: 99-6705

RECEIVED
CIRCUIT COURT
LEON COUNTY, FLORIDA

10 AUG -6 PM 4:01

FILED

RECEIVER'S MOTION FOR ORDER
APPROVING FIFTH INTERIM CLAIMS REPORT

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, as Receiver of SunStar Healthplans, Inc. ("Receiver"), hereby files its Fifth Interim Claims Report and moves this court for an Order approving the Fifth Interim Claims Report. In support of its Motion, the Receiver says:

1. SunStar Health Plan, Inc., ("SunStar"), was a Florida corporation previously authorized to transact the business of a health maintenance organization in the State of Florida pursuant to Chapter 641, Florida Statutes. On February 1, 2000, this Court adjudicated SunStar insolvent and entered the Order Appointing the Florida Department of Insurance as Receiver [of SunStar] for 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 SunStar 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. On February 7, 2008, the Receiver reported all Class 1-3 claims to the Court. After the objection process was complete, the Court approved the Receiver's recommendations and ordered the Receiver to make a distribution to the Class 1-3 claimants. That distribution is

complete.

4. The Receiver is now ready to report on the remaining claims in the SunStar estate. In accord with the Court's Order and Section 631.182, Florida Statutes, the Receiver has compiled a Fifth Interim Claims Report (the "Report") consisting of the Receiver's recommendations on the remaining unresolved claims in the SunStar receivership estate.

5. The Report is attached hereto in electronic form as a compact disc as Composite Exhibit "A." The Report consists of claims of non-guaranty association claimants where the claimed amount was either left blank or was a negative number. The Report also includes an IRS claim that was not included in previous reports. For the Court's convenience, a paper copy of the summary totals from the Report is attached as Exhibit "B."

6. The Report contains 447 filed claims by non-guaranty association claimants for a total amount claimed of \$4,296.00. The total amount recommended by the Receiver is \$66,861.79.

7. Under Section 631.181(2), Florida Statutes, claimants are entitled to notice of the Receiver's recommendations on their claim and the deadline for filing objections. A sample of the "Notice to Claimants" is attached hereto as Exhibit "C."

8. The Receiver will establish the deadline for claimants to file an objection with the Court. Such deadline will not be less than forty five (45) days from the date of this Court's order granting approval of the Report. The Receiver has a procedure for processing late-filed objections. For any objection filed after the deadline, the Receiver will send a letter to the claimant advising that the objection was not filed in compliance with Florida Statutes and this Court's order and, therefore, does not qualify as a filed objection. A copy of the letter will be filed with the Court.

9. The Receiver recommends that its recommendations be approved unless an objection is filed within the deadline set by the Court.

WHEREFORE, the Receiver respectfully moves this Court for an Order:

A. Authorizing and directing the Receiver to provide notice to each claimant of the Receiver's reported recommendations regarding their claim, by U.S. mail to the claimant's last known address as shown in the Receiver's files.

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. Directing all persons who have filed claims, as reported to the Court, to file any objection that they may have to the Receiver's Report with the Clerk of this Court on or before 11.59 p.m. on the objection filing deadline at:

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

And requiring that a copy of said objection be served on the Receiver at:

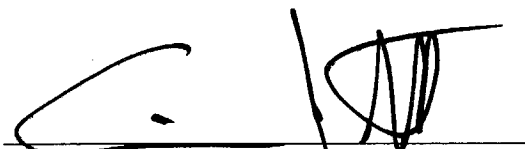
The State of Florida Department of Financial Services
As Receiver of SunStar Health Plan, Inc.
Division of Rehabilitation and Liquidation
P.O. Box 110
Tallahassee, Florida 32302-0110

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

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

F. Finally, approving the Receiver's recommendations contained in the Receiver's Fifth Interim Claims Report for which no objections are filed.

DATED this 6th day of August, 2010.



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Florida Bar No. 0911496
Florida Department of Financial Services
Division of Rehabilitation and Liquidation
Post Office Box 110
Tallahassee, Florida 32302-0110
(850) 413-4513 – Telephone
(850) 921-6115 – Facsimile

FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION
 SUNSTAR HEALTH PLANS, INC
 FIFTH INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$4,296.00
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$66,861.79
TOTAL NUMBER	447

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 :	393
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$393.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00	AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$66,885.85

COUNT OF CLASS 2 CLAIMS :	10	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	\$10.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$50.00	AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00

COUNT OF CLASS 3 CLAIMS :	10	COUNT OF CLASS 8 CLAIMS :	33
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$10.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$33.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$125.94	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00

COUNT OF CLASS 4 CLAIMS :	1	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$3,850.00	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 :	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 CLAIMANTS:	\$0.00
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
RECEIVER
SUNSTAR HEALTH PLANS, INC
July 12, 2010
NOTICE of DETERMINATION**



489 3273-2
TYLER BRYANT
10862 HORSE TRACK DR E
JACKSONVILLE FL 32257-3370

IDENTIFICATION NUMBER:	489 3273-2
INSURED:	TYLER M BRYANT
POLICY NUMBER:	K589659741
CLAIM NUMBER:	
AMOUNT CLAIMED:	1.00
AMOUNT RECOMMENDED CLAIMANT:	62.97
CLASS:	CLASS 3

THIS IS NOT A BILL
RE: SUNSTAR HEALTH PLANS, INC

THIS IS NOT A BILL
Civil Action: 996705
2nd Judicial Circuit Court
Leon County, Florida

OBJECTION FILING DEADLINE: ?filing deadline?

THIS IS NOT A BILL. The purpose of this Notice of Determination is to inform you of the Receiver's report of its final recommendations to the Circuit Court concerning the classification and amount on a claim filed by you or on your behalf against the Receivership Estate of **SUNSTAR HEALTH PLANS, INC**. A copy of the court order reflecting approval of these recommendations can be obtained at www.floridainsurancereceiver.org.

The Receiver has evaluated Class 1 through Class 6 claims submitted in the estate of **SUNSTAR HEALTH PLANS, INC** and is recommending the amount on the line reading "Amount Recommended Claimant." The Receiver's "Class" or "Priority" of your claim will affect the amount you may receive. Florida Statute 631.271, "Priority of claims", defines the classification of claims. (See F.S. 631.271 on reverse side of this form.) **Please be advised that the assets in the Receivership estate of SUNSTAR HEALTH PLANS, INC are not sufficient to fund a distribution payment to all claimants. In fact, the Receiver does not anticipate a distribution to any claimants beyond Class 6.** No claims in Class 7 through Class 10 were evaluated. Therefore, if your class has been identified as Class 7 through Class 10, you will not see any amount on the line reading "Amount Recommended Claimant". Florida Statute 631.271, "Priority of claims", defines the classification of claims. (See F.S. 631.271 on reverse side of this form.)

Below is a brief description of the class of claims being reported to the Court:

- Class 1 Costs & expenses of the Receiver and state guaranty funds
- Class 2 Loss claims covered by the policy
- Class 3 Refund of unearned premium on non-assessable policies
- Class 4 Claims of the Federal Government
- Class 5 Claims of employees
- Class 6 Claims of general creditors
- Class 7 Claims of any state or local government
- Class 8 Claims filed late
- Class 9 Surplus or contribution notes & premium refunds on assessable policies
- Class 10 Claims of shareholders or other owners

If you agree with the amount recommended and the class/priority, no further action on your part is necessary. If you object to the recommended amount or to the assigned class of your claim, **YOU MUST FILE YOUR WRITTEN OBJECTION WITH BOTH THE RECEIVER AND THE CLERK OF COURT, SECOND JUDICIAL CIRCUIT, LEON COUNTY COURT HOUSE, 301 S. MONROE STREET, TALLAHASSEE, FLORIDA 32301.**

YOUR OBJECTION MUST BE POSTMARKED BY ?filing deadline?. IT IS SUGGESTED THAT YOU SEND YOUR OBJECTION BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

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. Mail original to the Clerk of Court, a copy to 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
SUNSTAR HEALTH PLANS, INC, P.O. BOX 110
TALLAHASSEE, FLORIDA 32302-0110
Website: www.MyFloridaCFO.com/Receiver
Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-921-6115

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
RECEIVER
SUNSTAR HEALTH PLANS, INC**

NOTE: Any distribution will be made on a pro-rata basis. If a distribution is made, you may not receive the full amount recommended for your claim. 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% equals 25 cents on the dollar.)

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 is incorrect, or becomes incorrect in the future, it is your responsibility to notify the Receiver and document any changes. Further instructions can be found on our website listed below.

FLORIDA STATUTE 631.271 Priority of Claims

631.271 Priority of claims.—

(1) The priority of distribution of claims from the insurer's estate shall be in accordance with the order in which each class of claims is set forth in this subsection. Every claim in each class shall be paid in full or adequate funds shall be retained for such payment before the members of the next class may receive any payment. No subclasses may be established within any class. The order of distribution of claims shall be:

(a) Class 1.—

1. All of the receiver's costs and expenses of administration.

2. All of the expenses of a guaranty association or foreign guaranty association in handling claims.

(b) Class 2.— All claims under policies for losses incurred, including third-party claims, all claims against the insurer for liability for bodily injury or for injury to or destruction of tangible property which claims are not under policies, and all claims of a guaranty association or foreign guaranty association. All claims under life insurance and annuity policies, whether for death proceeds, annuity proceeds, or investment values, shall be treated as loss claims. That portion of any loss, indemnification for which is provided by other benefits or advantages recovered by the claimant, may not be included in this class, other than benefits or advantages recovered or recoverable in discharge of familial obligations of support or by way of succession at death or as proceeds of life insurance, or as gratuities. No payment by an employer to her or his employee may be treated as a gratuity.

(c) Class 3.—Claims under nonassessable policies for unearned premiums or premium refunds.

(d) Class 4.—Claims of the Federal Government.

(e) Class 5.—Debts due to employees for services performed, to the extent that the debts do not exceed \$2,000 for each employee and represent payment for services performed within 6 months before the filing of the petition for liquidation. Officers and directors are not entitled to the benefit of this priority. This priority is in lieu of any other similar priority that is authorized by law as to wages or compensation of employees.

(f) Class 6. —Claims of general creditors.

(g) Class 7.—Claims of any state or local government. Claims, including those of any state or local government for a penalty or forfeiture, shall be allowed in this class, but only to the extent of the pecuniary loss sustained from the act, transaction, or proceeding out of which the penalty or forfeiture arose, with reasonable and actual costs occasioned thereby. The remainder of such claims shall be postponed to the class of claims under paragraph (j).

(h) Class 8.—Claims filed after the time specified in F.S. 631.181(3), except when ordered otherwise by the court to prevent manifest injustice, or any claims other than claims under paragraph (i) or under paragraph (j).

(i) Class 9.—Surplus or contribution notes, or similar obligations, and premium refunds on assessable policies. Payments to members of domestic mutual insurance companies shall be limited in accordance with law.

(j) Class 10.—The claims of shareholders or other owners.

(2) In a liquidation proceeding involving one or more reciprocal states, the order of distribution of the domiciliary state shall control as to all claims of residents of this and reciprocal states. All claims of residents of reciprocal states shall be given equal priority of payment from the insurer's assets regardless of where such assets are located.

<p>FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER SUNSTAR HEALTH PLANS, INC, P.O. BOX 110 TALLAHASSEE, FLORIDA 32302-0110 Website: www.MyFloridaCFO.com/Receiver Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-921-6115</p>
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