

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

In Re: The Receivership of AMERICAN
KEYSTONE INSURANCE, INC.,
a Florida corporation.

CASE NO.: 2009-CA-3955

**RECEIVER'S MOTION FOR ORDER APPROVING FINAL CLAIMS REPORT,
CLAIMS DISTRIBUTION REPORT AND DISTRIBUTION ACCOUNTING AND
AUTHORIZING DISTRIBUTION**

The FLORIDA DEPARTMENT OF FINANCIAL SERVICES as Receiver of AMERICAN KEYSTONE INSURANCE COMPANY (hereinafter "Receiver"), files herewith the Receiver's Final Claims Report, Claims Distribution Report, and Distribution Accounting and states:

1. AMERICAN KEYSTONE INSURANCE COMPANY ("AKIC") was a corporation previously authorized to transact insurance business in the state of Florida as a domestic property and casualty insurer. On October 9, 2009, this Court entered its *Order Appointing the Florida Department of Financial Services as Receiver for Purposes of Liquidation, Injunction and Notice of Automatic Stay* ("Order").

2. This Court has jurisdiction over the AKIC receivership estate 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 has compiled a Final Claims Report dated August 15, 2013, which reflects the classification of all class 1 through class 8 filed claims by priority in accordance with Section 631.271, Florida Statutes. Classes 7 and 9 were not evaluated because there are no funds available in the AKIC estate to pay any claims below class 6. This report also incorporates the

resolution of all timely filed objections and claimant information updates. Future claimant information updates resulting from the distribution process will be incorporated into the Receiver's database.

4. The Final Claims Report is broken down into two Sections. Part A of the Report consists of claims of non-guaranty association claimants and Part B consists of all claims of guaranty association claimants. For the Court's convenience, a paper copy of the summary totals from the Final Claims Report (Part A and Part B) is attached as Exhibit "A".

5. Part A of the Report contains 7,633 filed claims by non-guaranty association claimants for a total amount claimed of \$13,842,260.99. The total amount recommended by the Receiver is \$11,610,298.33.

6. Part B of the Report contains 5 filed claims by a guaranty association claimant for a total amount claimed of \$10,200,356.58. The total amount recommended by the Receiver for the payment of guaranty association claims is \$10,200,356.58. The guaranty association identified within the report is the Florida Insurance Guaranty Association ("FIGA").

7. Pursuant to the Court's previous orders and the provisions of Chapter 631, Florida Statutes, the Receiver has made early access distributions to the FIGA totaling: \$9,100,000.00. With the approval of the Receiver's Final Claims Report, the Receiver is now in the position to make another distribution of receivership assets. Said assets will be distributed to claimants in classes 1-3 in accordance with the Claims Distribution Report dated August 19, 2013. For the Court's convenience, a paper copy of the summary totals from the Claims Distribution Report is attached hereto as Exhibit "B".

8. Based upon the Distribution Accounting projected as of September 2013, which is attached hereto as Exhibit "C", the Receiver is prepared to make a distribution of \$1,765,695.70

to all claimants in classes 2-3. Together with the “early access” distribution to FIGA, this distribution represents a pro-rata distribution of 100% of classes 1-3 claims. The amount distributed may have a slight variance due to rounding at the time of check processing.

9. The Receiver recommends that the Final Claims Report, Claims Distribution Report and Distribution Accounting be approved.

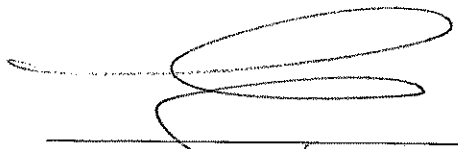
10. Despite the Receiver’s best efforts, some approved claims may have inadequate current address information, and/or may have not provided the Receiver with a form W-9, required by the Internal Revenue Service. The Receiver asks for authority to remit the funds due these claimants to the Unclaimed Property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

11. The Receiver further advises the Court that many of the original claimants in the AKIC estate assigned their claims to other entities and the Receiver continues to receive Assignment of Claims Forms. The processing of such assignments requires the Receiver to continually update its databases as well as to verify the accuracy and credibility of said assignments at a time when it is attempting to finalize its accounting, cut checks and close out the estate.

12. The Assignment of Claim Request Change Form, attached hereto as Exhibit “D”, notifies claimants that assignments will not be accepted after this distribution motion is filed with the court. The Receiver therefore requests that the Court confirm that the date of the filing of this Motion is the last date the Receiver can accept any further assignments of claims.

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

DATED this 9 day of October, 2013.



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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$13,842,260.99
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$11,610,298.33
TOTAL NUMBER	7,633

Secured Claims

COUNT OF SECURED CLAIMS :	1
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	\$1,238,835.96
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	

COUNT OF CLASS 2 CLAIMS :	28	COUNT OF CLASS 8 CLAIMS :	5
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AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,242,026.94	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$353,230.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$390.00	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	

COUNT OF CLASS 3 CLAIMS :	7,588	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$40,075.04	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$665,039.12	AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	

COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
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AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	

COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
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AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS	

COUNT OF CLASS 6 CLAIMS :	11
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AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$10,968,094.05
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$10,944,959.21

EXHIBIT "A"

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
 AMERICAN KEYSTONE INSURANCE COMPANY
 FINAL CLAIMS REPORT
 PART B - FOR GUARANTY ASSOCIATION

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$10,200,356.58
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	\$10,200,356.58
TOTAL NUMBER	5

COUNT OF CLASS 1 CLAIMS :	3	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$529,030.30	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$529,030.30	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$1,815,504.66	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$1,815,504.66	AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	1	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$7,855,821.62	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :	\$7,855,821.62	AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :			
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 6 CLAIMS :	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :			

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (f) on allowed claims in Classes 1 - 9.
 *** If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
AMERICAN KEYSTONE INSURANCE COMPANY
CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$10,242,011.62
TOTAL AMOUNT RECOMMENDED	\$10,865,695.70

TOTAL NUMBER	6,700
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Secured Claims

COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS :	
AMOUNT RECOMMENDED FOR SECURED CLAIMS :	

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	3	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :	\$529,030.30	AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :	\$529,030.30	AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	

COUNT OF CLASS 2 CLAIMS :	4	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	\$1,817,980.66	AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	\$1,815,804.66	AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	

COUNT OF CLASS 3 CLAIMS :	6,693	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :	\$7,895,000.66	AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :	\$8,520,860.74	AMOUNT RECOMMENDED FOR CLASS 9 CLAIMS :	

COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :			
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :			

COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 11 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 11 CLAIMS :	

COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (f) on allowed claims in Classes 1 - 9.

American Keystone Ins. Co.
Distribution Accounting
Projected for September 2013 Distribution

ESTIMATED ASSETS AT AUGUST 31, 2013

	Value	Reference
Cash	\$ 3,415,758.38	Schedule A
Accrued Interest Rec. (To be paid 09/01/2013)	2,850.00	Schedule D
Advance Payments to Guaranty Assoc.	9,100,000.00	
Total Assets	\$ 12,518,608.38	

ESTIMATED FUNDS RETAINAGE

	Value	Reference
Class I - Administrative Claims		
Retainage for Receiver Expenses		
Estimate (September 2013- September 2015)	93,104.00	Schedule B
Discharge Expenses		
Retainage for records storage, records		
destruction, tax return prep. & labor	3,500.00	Schedule E
Total Proposed Retainage	96,604.00	

TOTAL AVAILABLE TO DISTRIBUTE **\$ 12,422,004.38**

DISTRIBUTION RECOMMENDATION

	Claims Value	Less Previous Claims Distributions	Value of Claims Outstanding	Apply Adv. Pmts. 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	\$ 529,030.30	\$ -	\$ 529,030.30	\$ 529,030.30	\$ -	100.0000%	100.0000%	100.0000%
Class II - Loss Claims-Guaranty Funds	1,815,504.66	-	1,815,504.66	\$ 1,815,504.66	-	100.0000%	100.0000%	100.0000%
Class II - Loss Claims-Other	300.00	-	300.00	300.00	300.00	100.0000%	100.0000%	100.0000%
Class III - Return Premium Claims-Guaranty Funds	7,855,821.62	-	7,855,821.62	6,755,465.04	1,100,356.58	100.0000%	100.0000%	100.0000%
Class III - Return Premium Claims-Other	665,039.12	-	665,039.12	665,039.12	665,039.12	100.0000%	100.0000%	100.0000%
Class IV - Federal Government Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims GA	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims Other	10,944,959.21	-	10,944,959.21	10,944,959.21	-	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other-GA	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Totals	\$ 21,810,654.91	\$ -	\$ 21,810,654.91	\$ 9,100,000.00	\$ 1,765,695.70			
Projected Balance Remaining after Distribution					1,556,308.68			

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

American Keystone Ins. Co.
Available Cash Projection
Projected for September 2013 Distribution

	Cash Bal. as of June 30, 2013	July	August
Beginning Pooled Cash Balance		\$ 3,424,474.89	\$ 3,420,586.38
Direct Receiver Expenses (Actual or Estimated)			
Rent-Storage & Utilities		50.00	50.00
Sub-total		50.00	50.00
Allocated Receiver Expenses (Estimated)			
Labor & Benefits		5,928.00 ¹	5,928.00 ¹
Indirect Expenses		1,700.00 ²	1,700.00 ²
Sub-total		7,628.00	7,628.00
Cash Balance Before Interest Earnings		3,416,796.89	3,412,908.38
Interest Earnings			
Pooled Cash:			
Actual SPIA Earnings for June to be credited on 07/01/2013.		3,789.49	
Estimated SPIA Earnings for July to be credited on 8/1/2013			2,850.00
Ending Pooled Cash Balance	\$ 3,424,474.89	\$ 3,420,586.38	\$ 3,415,758.38

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity leading up to distribution.

March Actual	\$ 3,768.67
April Actual	3,086.10
May Actual	3,661.51
June Actual	1,341.41
Sub-total	11,857.69
4 mth. actual average (rounded)	2,964.00
Doubled for increased activity level	\$ 5,928.00

² Indirect Expenses: This estimate is American Keystone's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on American Keystone's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	1.00%
Estimated Total for the Receiver	\$ 170,000.00
Estimated Expense (rounded)	\$ 1,700.00

American Keystone Ins. Co.
Estimated Funds to be Retained by the Receiver for Discharge of the Estate
Estimated from September 2013 through the Projected Discharge Date of September 2015

	August	September	October	November	December	Jan - Dec 2014	Jan - Sept 2015	Retainage Calculation
Beginning Cash Balance		\$ 3,415,758.38	\$ 1,642,184.68	\$ 1,639,380.68	\$ 1,635,836.68	\$ 1,632,282.68	\$ 1,589,394.68	
Direct Receiver Expenses								
Rent - Storage, Bank Fees		250.00	250.00	250.00	250.00	3,000.00	2,250.00	6,250.00
Sub-total		250.00	250.00	250.00	250.00	3,000.00	2,250.00	
Allocated Receiver Expenses								
Labor & Benefits		5,928.00 ¹	2,964.00 ¹	2,964.00 ¹	2,964.00 ¹	35,568.00 ¹	26,676.00 ¹	
Indirect Expenses		1,700.00 ²	1,700.00 ²	1,700.00 ²	1,700.00 ²	20,400.00 ²	15,300.00 ²	
Sub-total		7,628.00	4,664.00	4,664.00	4,664.00	55,968.00	41,976.00	119,564.00
Claims Distribution (Approx.)		1,765,695.70						
Cash Balance Before Interest Earnings		1,642,184.68	1,837,270.68	1,834,466.68	1,830,922.68	1,573,314.68	1,545,166.68	
Interest Earnings								
Estimate based on assumed SP/A APR on the previous month's average Pooled Cash balance (See Schedule D).			2,110.00	1,370.00	1,360.00	16,080.00	11,790.00	32,710.00
Projected Ending Cash Balance	\$ 3,415,758.38	\$ 1,642,184.68	\$ 1,839,380.68	\$ 1,835,836.68	\$ 1,832,282.68	\$ 1,589,394.68	\$ 1,556,958.68	

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average doubled for increased labor through distribution. Subsequent to distribution the monthly average is assumed.

March Actual	\$ 3,768.67
April Actual	3,086.10
May Actual	3,661.51
June Actual	1,341.41
Sub-total	11,857.69
4 mth. actual average (rounded)	\$ 2,964.00
Doubled for increased distribution activity	\$ 5,928.00

² Indirect Expenses: This estimate is American Keystone's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on American Keystone's estimated total assets divided by the Receiver's estimated total assets.

Estimated Total Asset %	1.00%
Estimated Total for the Receiver	\$ 170,000.00
Estimated Expense (rounded)	\$ 1,700.00

³ The August 2013 interest is not included in the "Retainage Calculation" as it is included as Accrued Interest in the Estimated Assets at August 31, 2013 on the Distribution Accounting Statement.

American Keystone Ins. Co.
Allocated State Funds Expensed
Estimated from July 2013 through the Projected Discharge Date of September 2015
THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION

	July	August	September	October	November	December	Jan - Dec 2014	Jan - Sept 2015	Totals
Accrued Allocated State of Florida Expenses (Estimated)									
Labor & Benefits	\$ 2,040.00 ¹	\$ 2,040.00 ¹	\$ 1,020.00 ¹	\$ 1,020.00 ¹	\$ 1,020.00 ¹	\$ 1,020.00 ¹	\$ 12,240.00 ¹	\$ 9,180.00 ¹	\$ 29,580.00
Indirect Expenses	100.00 ²	100.00 ²	100.00 ²	100.00 ²	100.00 ²	100.00 ²	1,200.00 ²	900.00 ²	2,700.00
Total	\$ 2,140.00	\$ 2,140.00	\$ 1,120.00	\$ 1,120.00	\$ 1,120.00	\$ 1,120.00	\$ 13,440.00	\$ 10,080.00	\$ 32,280.00 ³

Assumptions for Allocated State of Florida Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average doubled for increased labor activity during the distribution period.

March Actual	1,017.11
April Actual	819.21
May Actual	2,238.75
June Actual	4,075.07
Sub-total	\$ 1,020.00
4 mth. actual average (rounded)	\$ 2,040.00
Doubled for increased distribution activity	\$ 2,040.00

² Indirect Expenses: This estimate is American Keystone's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on American Keystone's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Before Distribution	
Estimated Total Asset %	1.00%
Estimated Total for the State	\$ 10,080.00
Estimated Expense (rounded)	\$ 100.00

³ Per current Receiver policies and procedures, these accumulated amounts are recorded directly against estate equity as opposed to a liability account.

American Keystone Ins. Co.
Interest Earnings Projection - Pooled Cash
Projected for September 2013 Distribution

Interest accrued for July 2013

Beginning cash balance at 07/01/2013	3,424,474.89
Ending cash balance at 07/31/2013	3,420,586.38

Average cash balance for July	3,422,530.64
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	34,225.31
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Accrual for July 2013	<u>\$ 2,850.00</u>
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Interest accrued for August 2013

Beginning cash balance at 08/01/2013	3,420,586.38
Ending cash balance at 08/31/2013	3,415,758.38

Average cash balance for August	3,418,172.38
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	34,181.72
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Accrual for August 2013	<u>\$ 2,850.00</u>
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Interest accrued for September 2013

Beginning cash balance at 09/01/2013	3,415,758.38
Ending cash balance at 09/30/2013	1,642,184.68

Average cash balance for September	2,528,971.53
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	25,289.72
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Accrual for September 2013	<u>\$ 2,110.00</u>
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Interest accrued for October 2013

Beginning cash balance at 10/01/2013	1,642,184.68
Ending cash balance at 10/31/2013	1,639,380.68

Average cash balance for October	1,640,782.68
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	16,407.83
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Accrual for October 2013	<u>\$ 1,370.00</u>
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Interest accrued for November 2013

Beginning cash balance at 11/01/2013	1,639,380.68
Ending cash balance at 11/30/2013	1,635,836.68

Average cash balance for November	1,637,608.68
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	16,376.09
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Accrual for November	<u>\$ 1,360.00</u>
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Interest accrued for December 2013

Beginning cash balance at 12/01/2013	1,635,836.68
Ending cash balance at 12/31/2013	1,632,282.68

Average cash balance for December	1,634,059.68
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	16,340.60
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Accrual for December	<u>\$ 1,360.00</u>
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Interest accrued for Jan - Dec 2014

Beginning cash balance at 01/01/2014	1,632,282.68
Ending cash balance at 12/31/2014	1,589,394.68

Average cash balance for January - December	1,610,836.68
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	16,108.39
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Accrual for January - December 2014	<u>\$ 16,080.00</u>
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Interest accrued for Jan - Sept 2015

Beginning cash balance at 01/01/2015	1,589,394.68
Ending cash balance at 9/30/2015	1,556,958.68

Average cash balance for January - September	1,573,176.68
Assumed SPIA interest rate (Annualized)	1.00%

Subtotal (Annualized)	16,731.77
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Accrual for January - September 2015	<u>\$ 11,790.00</u>
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American Keystone Ins. Co.
Receiver Discharge Expenses
Projected for September 2013 Distribution

Discharge Expenses (Projected for Post 09/30/2015)	
Records Storage, Records Destruction, Labor	3,500.00
2012-2015 Tax Return Preparation	
Total	\$ 3,500.00



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.floridainsurancereceiver.org

For DFS purposes only;
_____ Adjuster
_____ Date
_____ Supervisor
_____ Date

Assignment of Claim Request Change Form

Company in Liquidation:	Claim #:
Policy #:	Receiver's ID#/Suffix:

Claimant name (you or your firm's name) and address currently on file with Receiver:

Claimant Name:		
Address:		
City:	State:	Zip:

By submitting this form, you or your firm are requesting that the Receiver's records for your claim be permanently changed to show that the person/entity entered below is the new owner of the title, interest and rights to your claim, including any future mailings and distributions if they occur. **Please note that no alterations can be made to the wording on this form and no part of the form can be obscured or redacted.**

New Owner Name:		
Address:		
City:	State:	Zip:
Phone #:		

With your signature, you acknowledge that it is your intent to sell your claim and that the purchase price of the claim may differ from the amount ultimately distributed in the Receivership proceeding with respect to the claim, and that such amount may not be absolutely determined until the conclusion of the Receivership proceeding. You further acknowledge and represent that you or your firm has adequate information concerning the business and financial condition of the estate of the claim and the status of the Receivership proceeding to make an informed decision regarding the sale of the claim and that you or your firm has independently made an analysis and decision to enter into the assignment.

Please have your signature notarized below and return this form along with the supporting documentation as outlined in the instructions to: The Department of Financial Services, Division of Rehabilitation and Liquidation, Attention: Claims Dept - Assignment of Claim, 2020 Capital Circle SE Suite 310, Tallahassee, FL 32301.

_____ Claimant Signature	_____ Date	_____ Relationship to Claimant
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I swear or affirm that I am the claimant referenced in the claimant name and address section of this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge.

State of _____ Sworn to and subscribed to me by _____ on
County of _____ this ____ day of _____, 20____.

Notary Signature _____

EXHIBIT "D"

Assignment of Claim Instructions

Support documents, as specified below, must accompany your request. The Receiver reserves the right to validate any change request received and may request additional information from you. Please contact us if you have questions by clicking on the "Contact Us Form" in the website's www.myfloridacfo.com/receiver navigation pane or you may call Consumer Services at 800-882-3054.

Assignments of claim will not be accepted after the distribution petition has been filed with the Court.

Please comply with the following when submitting your request:

- Properly executed Assignment of Claim Change Request Form
- Properly executed Claim Assignment Agreement
- Both the form and the agreement must be signed and notarized with no information obscured, altered or redacted
- If the claimant on file with the Receiver is not an individual, the change forms should be signed by an individual with the authority to sign on behalf of the company/corporation/doctor's office etc. If the individual is not a listed officer on the Secretary of State filing, supporting documentation confirming the person is authorized to act on the claimant's behalf must be submitted.
- If the claimant name and/or address on file with the Receiver differs from their current name and address, please see www.myfloridacfo.com/receiver for forms and instructions and submit this additional information with your request.