

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

IN RE:
The Receivership of
SUNSHINE STATE INSURANCE,
COMPANY, a Florida corporation

CASE NO.: 2014-CA-1432

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**THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES' MOTION FOR
APPROVAL OF THIRD INTERIM CLAIMS REPORT AND RECOMMENDATION ON
CLAIMS**

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation, as Receiver of Sunshine State Insurance Company, (hereinafter "Department", or "SSIC"), by and through the undersigned counsel, hereby files this Motion for Approval of Third Interim Claims Report and Recommendation on Claims, and as grounds therefore states the following:

1. On June 3, 2014, this Court entered a *Consent Order Appointing the Florida Department of Financial Services as Receiver of Sunshine State Insurance Company, for Purposes of Liquidation, Injunction and Notice of Automatic Stay*.
2. This Court has jurisdiction over the SSIC receivership and is authorized to enter all necessary and/or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, Section 631.021(1), Florida Statutes.
3. The Court approved the Department's First Interim Claims Report and Recommendation on Claims in its Order dated March 13, 2015.
4. The Court approved the Department's Second Interim Claims Report and Recommendation on Claims in its Order dated July 13, 2017.
5. In accordance with Section 631.182, Florida Statutes, the Department has now completed its evaluation and recommendations as to certain non-guaranty and guaranty claims in

Classes 2 through 11 in the SSIC receivership estate. The Department has compiled a Third Interim Claims Report (“the Report”).

6. The Report shows that the gross number of filed claims for non-guaranty association claimants is 78 for a total amount claimed of \$29,237,643.85. The total amount recommended by the Department is \$3,509,032.13. The Report is attached hereto as **Exhibit A**.

7. The Report shows that the gross number of filed guaranty association claims is 8 for a total amount claimed of \$40,518,695.63, The total amount recommended by the Department is \$40,518,693.63, The Report is attached hereto as **Exhibit B**.

8. In order to insure the validity of claim assignments, to assure that the processing of assignments does not create an undue burden on estate resources, and to assure that assignment decisions are made using the best information available, the Department does not recognize or accept any assignment of claim by the claimant of record unless the following criteria are met:

- A. A distribution petition has not been filed with this Court;
- B. The Department has been provided with a properly executed and notarized assignment of claim agreement entered between the parties; and
- C. The Department has been provided with a properly executed and notarized Department’s assignment of Claim Change Form and required supporting documentation.

9. The Department’s Assignment of Claim Change Form shall contain an acknowledgment by the claimant, or someone authorized to act on behalf of the claimant, that:

- A. The claimant is aware that financial information regarding claims distributions and payments published on the Department’s website or otherwise available can assist

the claimant in making an independent and informed decision regarding the sale of the claim;

- B. The claimant understands that the purchase price being offered in exchange for the assignment may differ from the amount ultimately distributed in the receivership proceeding with respect to the claim;
- C. It is the claimant's intent to sell their claim and have the Department's records be permanently changed to reflect the new owner; and
- D. The claimant understands that they will no longer have any title, interest, or rights to the claim including future mailings and distributions if they occur.

10. Pursuant to Section 631.182, Florida Statutes, claimants are entitled to notice of the Department's recommendation on their claims and the deadline for filing an objection. The deadline to be established for filing objections will not be less than forty-five (days) from the date of this Court's Order granting approval of the Reports. A sample copy of the "Notice of Determination" containing this information and provided to claimants is attached hereto as **Exhibit C**.

11. The Department has a procedure for dealing with late-filed objections. For any objection filed after the deadline, the Department will send a letter to the claimant advising the claimant that his/her/its objection was not filed in compliance with the Florida Statutes and this Court's Order and therefore will not be handled as a filed objection. A copy of this letter will be filed with the Court.

12. The Department requests that the recommendations set forth in the Report be approved unless an objection is filed thereto within the deadline approved by the Court.

WHEREFORE, the Department respectfully requests that this Court enter an Order:

A. Approving the Department's Third Interim Claims Report and Recommendations on Claims for which no objections are filed.

B. Authorizing and directing the Department to provide notice to each claimant, as herewith reported to the Court, of the Department's recommendation regarding his/her/its claim, by United States Mail to the last known address of such person or entity, as shown in the Department's files.

C. Authorizing the Department 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 Department's Report.

D. Approving the Department's sample Notice of Determination, and directing all persons or entities who have filed claims, or had them deemed filed, to file in writing any objection to the Department's Report they might have with the Clerk of this Court by the objection filing deadline, at:

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

And file a copy of said objection on the Department at the following address:

Florida Department of Financial Services, as
Receiver for Sunshine State Insurance Company
325 John Knox Road
Atrium Building, Suite 101
Tallahassee, FL 32303

E. Requiring any person filing an objection to clearly state the name and claim identification number of the person filing the objection and to provide documentation supporting

the objection and claim, and that the Court will not consider any information or documentation submitted after the objection is filed.

F. Approving the Department's procedure for recognizing and accepting assignment of claims.

RESPECTFULLY SUBMITTED on this 15th day of September 2020.

/s/ Yamile Benitez-Torviso

Yamile Benitez-Torviso, Senior Attorney

Florida Bar No. 0151726

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Atrium Building, Suite 101

Tallahassee, FL 32303

(850) 413-4408 Telephone

CERTIFICATE OF SERVICE

The undersigned hereby certifies that she served all parties who have entered an appearance on the ECF system with a copy of this Motion.

/s/ Yamile Benitez-Torviso

Yamile Benitez-Torviso, Senior Attorney

Florida Bar No. 0151726

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

COMPANY: 544 ID NO : 19707-1 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : MNJ0005936 CLAIM NUMBER : 07000022519 INS/CLMT STATE : FL DATE OF LOSS : 10/24/2005 DATE PROOF FILED : 06/01/2015	INSURED : MARY COLEMAN CLAIMANT : MARY COLEMAN AND BARTON KING SORET PA 4000 PONCE DE LEON BLVD SUITE 470 CORAL GABLE,FL 33146	AMOUNT CLAIMED : \$59,923.54 AMOUNT RECOMMENDED : \$20,000.00 AMOUNT GUARANTY PAID : \$19,900.00 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 36721-2 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CHP0005041 CLAIM NUMBER : 28000005190 INS/CLMT STATE : OH DATE OF LOSS : 08/13/2004 DATE PROOF FILED : 09/29/2014	INSURED : GEORGE & BARBARA HILDRETH CLAIMANT : COLE, SCOTT & KISSANE, PA 9150 S DADELAND BLVD STE 1400 MIAMI,FL 33156	AMOUNT CLAIMED : \$9,364.70 AMOUNT RECOMMENDED : \$9,364.90 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$9,364.90
COMPANY: 544 ID NO : 42277-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSJ0000687 CLAIM NUMBER : 280300004824 INS/CLMT STATE : FL DATE OF LOSS : 03/11/2010 DATE PROOF FILED : 05/02/2016	INSURED : LEVERNE GILLIARD CLAIMANT : LEVERNE GILLIARD 2901 NW 8TH ST POMPANO BEACH,FL 330692171	AMOUNT CLAIMED : \$22,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 42445-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSH0007533 CLAIM NUMBER : 280300005000 INS/CLMT STATE : FL DATE OF LOSS : 04/18/2010 DATE PROOF FILED : 06/11/2015	INSURED : MIKE MCGAHEY CLAIMANT : MIKE MCGAHEY 254 ANTIGUA DR COCOA BEACH,FL 329313239	AMOUNT CLAIMED : \$32,835.06 AMOUNT RECOMMENDED : \$32,835.06 AMOUNT GUARANTY PAID : \$32,735.06 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 43984-1 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : SSH0062971 CLAIM NUMBER : 280300006995 INS/CLMT STATE : FL DATE OF LOSS : 02/08/2011 DATE PROOF FILED : 09/08/2014	INSURED : JOHNNY JR & LUSINE VARGAS CLAIMANT : JOHNNY & LUSINE VARGAS JR AND THE HAYNES LAW FIRM 2240 LITHIA CENTER LANE VALRICO,FL 33596	AMOUNT CLAIMED : \$677,235.00 AMOUNT RECOMMENDED : \$53,742.05 AMOUNT GUARANTY PAID : \$53,642.05 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 43984-2 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : SSH0062971 CLAIM NUMBER : 280300006995 INS/CLMT STATE : FL DATE OF LOSS : 02/08/2011 DATE PROOF FILED : 09/29/2014	INSURED : JOHNNY JR & LUSINE VARGAS CLAIMANT : COLE, SCOTT & KISSANE, PA 9150 S DADELAND BLVD STE 1400 MIAMI,FL 33156	AMOUNT CLAIMED : \$4,277.16 AMOUNT RECOMMENDED : \$4,277.16 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$4,277.16

EXHIBIT A

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 44027-1 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : SSH7059616 CLAIM NUMBER : 280300007039 INS/CLMT STATE : FL DATE OF LOSS : 12/23/2010 DATE PROOF FILED : 08/14/2014	INSURED : JULIE FIGUEROA & ANDREW CULLY CLAIMANT : JULIE FIGUEROA & ANDREW SCULLY AND THE NATION LAW FIRM 570 CROWN OAK CENTRE DR LONGWOOD,FL 32750	AMOUNT CLAIMED : \$202,518.85 AMOUNT RECOMMENDED : \$25,100.00 AMOUNT GUARANTY PAID : \$25,000.00 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 44410-2 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : HMC1050212 CLAIM NUMBER : 280300007429 INS/CLMT STATE : FL DATE OF LOSS : 03/31/2011 DATE PROOF FILED : 09/29/2014	INSURED : JOHN & KATHERINE WALSH CLAIMANT : COLE, SCOTT & KISSANE, PA 9150 S DADELAND BLVD STE 1400 MIAMI,FL 33156	AMOUNT CLAIMED : \$4,170.56 AMOUNT RECOMMENDED : \$4,170.56 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$4,170.56
COMPANY: 544 ID NO : 45957-2 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : SSH7065846 CLAIM NUMBER : 280300008986 INS/CLMT STATE : FL DATE OF LOSS : 02/04/2012 DATE PROOF FILED : 09/29/2014	INSURED : VASILIOS TSOMPANIDIS STEFANIE TSOMPANIDIS CLAIMANT : COLE, SCOTT & KISSANE, PA 9150 S DADELAND BLVD STE 1400 MIAMI,FL 33156	AMOUNT CLAIMED : \$6,571.45 AMOUNT RECOMMENDED : \$6,571.45 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$6,571.45
COMPANY: 544 ID NO : 47331-2 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : SSH8005297 CLAIM NUMBER : 280300010379 INS/CLMT STATE : FL DATE OF LOSS : 07/13/2012 DATE PROOF FILED : 08/29/2014	INSURED : ERNEST GAISER CLAIMANT : DAVID C GAISER AND HOGAN WILLIG 2410 NORTH FOREST ROAD SUITE 301 AMHERST,NY 14068	AMOUNT CLAIMED : \$1,300,000.00 AMOUNT RECOMMENDED : \$300,000.00 AMOUNT GUARANTY PAID : \$299,900.00 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 47680-1 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : SSH7014404 CLAIM NUMBER : 280300010730 INS/CLMT STATE : FL DATE OF LOSS : 01/21/2013 DATE PROOF FILED : 02/07/2015	INSURED : MELBA CASTRO AND CARLOS HERNANDEZ CLAIMANT : MELBA CASTRO AND CARLOS HERNANDEZ AND MORGAN & MORGAN 20 N ORANGE AVE 16TH FLOOR ORLANDO,FL 328024979	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$157,831.33 AMOUNT GUARANTY PAID : \$157,731.33 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 47952-2 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : SSH0007762 CLAIM NUMBER : 280300011004 INS/CLMT STATE : FL DATE OF LOSS : 03/30/2013 DATE PROOF FILED : 09/29/2014	INSURED : TARA BOYLE CLAIMANT : COLE, SCOTT & KISSANE, PA 9150 S DADELAND BLVD STE 1400 MIAMI,FL 33156	AMOUNT CLAIMED : \$2,664.05 AMOUNT RECOMMENDED : \$2,664.05 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$2,664.05

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 47991-1 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : SSH7033000 CLAIM NUMBER : 280300011043 INS/CLMT STATE : FL DATE OF LOSS : 09/26/2011 DATE PROOF FILED : 05/22/2015	INSURED : KENESHA SHERMAN CLAIMANT : KENESHA SHERMAN AND THE FREEMAN LAW FIRM PA 4245 FOWLER ST FORT MYERS,FL 33901	AMOUNT CLAIMED : \$205,100.00 AMOUNT RECOMMENDED : \$165,106.35 AMOUNT GUARANTY PAID : \$165,006.35 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 48189-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSH7061887 CLAIM NUMBER : 280300011242 INS/CLMT STATE : FL DATE OF LOSS : 05/11/2013 DATE PROOF FILED : 08/21/2015	INSURED : MARK A KRAMER CLAIMANT : MARK A KRAMER 3223 KING GEORGE DR ORLANDO,FL 328355903	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 49535-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSH8006844 CLAIM NUMBER : 280300012599 INS/CLMT STATE : FL DATE OF LOSS : 04/20/2012 DATE PROOF FILED : 05/19/2016	INSURED : XINJING YIN CLAIMANT : XINJING YIN 4080 8TH LN VERO BEACH,FL 329606133	AMOUNT CLAIMED : \$13,066.82 AMOUNT RECOMMENDED : \$5,349.10 AMOUNT GUARANTY PAID : \$5,249.10 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 49607-2 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : SSH7032939 CLAIM NUMBER : 280300012671 INS/CLMT STATE : FL DATE OF LOSS : 02/28/2014 DATE PROOF FILED : 02/04/2015	INSURED : RITA ANDER CLAIMANT : US FORENSIC LLC 3201 RIDGELAKE DR METAIRIE,LA 70002	AMOUNT CLAIMED : \$11,311.64 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 49896-2 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : SSH7042358 CLAIM NUMBER : 280300012961 INS/CLMT STATE : FL DATE OF LOSS : 01/21/2014 DATE PROOF FILED : 10/31/2014	INSURED : DIANE LEDBETTER CLAIMANT : HOWARD CONSTRUCTION LLC 580 WELLS RD STE 3 ORANGE PK,FL 320732979	AMOUNT CLAIMED : \$4,500.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 50983-2 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : FRH2661230 CLAIM NUMBER : 290000001164 INS/CLMT STATE : FL DATE OF LOSS : 05/29/2008 DATE PROOF FILED : 01/21/2016	INSURED : ALLYN D WASHINGTON PRINCE E WASHINGTON CLAIMANT : TREECE SINGLETON 301 MARY BETH PLACE PLANT CITY,FL 33563	AMOUNT CLAIMED : \$4,500,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
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 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 51705-1 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : CIH1463677 CLAIM NUMBER : 290100000638 INS/CLMT STATE : FL DATE OF LOSS : 11/15/2009 DATE PROOF FILED : 05/21/2015	INSURED : LIBAN GAINZA & OLGA MARIA LOPEZ CLAIMANT : LIBAN GAINZA & OLGA MARIA LOPEZ AND AUSTIN & LAURATO 1902 WEST CASS ST TAMPA,FL 33606	AMOUNT CLAIMED : \$147,168.05 AMOUNT RECOMMENDED : \$77,373.79 AMOUNT GUARANTY PAID : \$77,273.79 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 52659-1 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : CIH2671401 CLAIM NUMBER : 290300005552 INS/CLMT STATE : FL DATE OF LOSS : 02/01/2009 DATE PROOF FILED : 05/27/2015	INSURED : PERRY & LORI GOFF CLAIMANT : PERRY & LORI GOFF AND DANAHY & MURRAY 901 W SWANN AVE TAMPA,FL 33606	AMOUNT CLAIMED : \$139,401.87 AMOUNT RECOMMENDED : \$143,464.36 AMOUNT GUARANTY PAID : \$143,364.36 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 98078-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/12/2014	INSURED : CLAIMANT : CHARLOTTE INSURANCE AGENCY PO BOX 494350 PORT CHARLOTTE,FL 339494350	AMOUNT CLAIMED : \$193.97 AMOUNT RECOMMENDED : \$39.09 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$39.09
COMPANY: 544 ID NO : 98087-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/05/2014	INSURED : CLAIMANT : CLAYTON LANCASTER 3536 EDGEWATER DR ORLANDO,FL 328042922	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 98147-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/03/2014	INSURED : CLAIMANT : DESTIN INSURANCE & BONDING AGENCY INC PO BOX 638 DESTIN,FL 325400638	AMOUNT CLAIMED : \$4,592.65 AMOUNT RECOMMENDED : \$400.84 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$400.84
COMPANY: 544 ID NO : 98430-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/03/2014	INSURED : CLAIMANT : SHAUN MURPHY 13500 SUTTON PARK DR S STE 801 JACKSONVILLE,FL 322245290	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 98452-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 01/12/2015	INSURED : CLAIMANT : SUE LONGFELLOW 643 W NEW YORK AVE DELAND,FL 327205243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 98525-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 01/12/2015	INSURED : CLAIMANT : AFFORDABLE INS SVCS OF CENTRAL FL LLC C/O LOVELONG INSURANCE 643 W NEW YORK AVE DELAND,FL 327205243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 98728-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/30/2014	INSURED : CLAIMANT : GONZALEZ INSURANCE GROUP INC 800 WESTWOOD SQ STE C OVIEDO,FL 327658849	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 98736-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 12/08/2014	INSURED : CLAIMANT : GULF COAST EDUCATORS INSURANCE LLC 2590 NORTHBROOKE PLAZA DR STE 301 NAPLES,FL 341198102	AMOUNT CLAIMED : \$3,293.32 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 98800-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/31/2014	INSURED : CLAIMANT : LAKEWOOD FINANCIAL SERVICES INC 11015 GATEWOOD DR STE 101 BRADENTON,FL 342114942	AMOUNT CLAIMED : \$5,749.24 AMOUNT RECOMMENDED : \$189.40 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$189.40
COMPANY: 544 ID NO : 98802-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/05/2014	INSURED : CLAIMANT : CLAYTON LANCASTER 3536 EDGEWATER DR ORLANDO,FL 328042922	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) 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
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 98811-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/01/2015	INSURED : CLAIMANT : LIGHTHOUSE INSURANCE AGCY INC PO BOX 279 NICEVILLE,FL 325880279	AMOUNT CLAIMED : \$7,614.35 AMOUNT RECOMMENDED : \$500.45 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$500.45
COMPANY: 544 ID NO : 98814-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 01/12/2015	INSURED : CLAIMANT : LOVELONG INSURANCE LLC 643 W NEW YORK AVE DELAND,FL 327205243	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 98824-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/31/2014	INSURED : CLAIMANT : MERCER INSURANCE AGENCY INC 151 1ST ST S STE C WINTER HAVEN,FL 338803000	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 98920-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 01/05/2015	INSURED : CLAIMANT : TIM HUBER INSURANCE 28 CLARK ST ST AUGUSTINE,FL 320844158	AMOUNT CLAIMED : \$5,140.13 AMOUNT RECOMMENDED : \$305.10 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$305.10
COMPANY: 544 ID NO : 99125-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : D044290 INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/05/2014	INSURED : CLAIMANT : CLAYTON LANCASTER LANCASTER & ASSOC INS AGENCY 3536 EDGEWATER DR ORLANDO,FL 328042922	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 99510-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : A099861 INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/30/2014	INSURED : CLAIMANT : GONZALEZ INSURANCE GROUP INC 800 WESTWOOD SQ STE C OVIEDO,FL 327658849	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) 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
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 100180-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 02/04/2015	INSURED : CLAIMANT : JOHNSON LAMBERT LLC 700 SPRING FOREST RD STE 115 RALEIGH,NC 27609	AMOUNT CLAIMED : \$1,050.00 AMOUNT RECOMMENDED : \$1,050.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$1,050.00
COMPANY: 544 ID NO : 100191-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 07/23/2014	INSURED : CLAIMANT : COLE SCOTT & KISSANE 4301 W BOY SCOUT BLVD STE 400 ATTN: ARAM MEGERIAN TAMPA,FL 33607	AMOUNT CLAIMED : \$34,553.07 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100192-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/14/2014	INSURED : CLAIMANT : SCHWARTZ LAW GROUP 6751 N FEDERAL HWY STE 400 ATTN STEVE SCHWARTZ BOCA RATON,FL 33487	AMOUNT CLAIMED : \$140,070.41 AMOUNT RECOMMENDED : \$139,815.91 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$139,815.91
COMPANY: 544 ID NO : 100193-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 05/20/2015	INSURED : CLAIMANT : POWERS MCNALLIS TORRES TEEBAGY LUONGO PO BOX 21289 ATTN A TORRES WEST PALM BEACH,FL 334161289	AMOUNT CLAIMED : \$56,485.77 AMOUNT RECOMMENDED : \$39,670.77 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$39,670.77
COMPANY: 544 ID NO : 100242-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 05/29/2015	INSURED : CLAIMANT : AMERICAN EXPRESS AND BECKET & LEE LLP PO BOX 3001 MALVERN,PA 19355	AMOUNT CLAIMED : \$3,060.10 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100244-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/20/2014	INSURED : CLAIMANT : AMERILEC 950 BLANDING BLVD STE 23 ORANGE PARK,FL 320655912	AMOUNT CLAIMED : \$26,289.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 100247-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 09/05/2014	INSURED : CLAIMANT : BDT CONCEPTS PO BOX 5457 JACKSONVILLE,FL 32247	AMOUNT CLAIMED : \$353.10 AMOUNT RECOMMENDED : \$353.10 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$353.10
COMPANY: 544 ID NO : 100256-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/20/2014	INSURED : CLAIMANT : CIS GROUP LLC 8260 PRECINCT LINE RD NORTH RICHLAND HILLS,TX 76182	AMOUNT CLAIMED : \$78.00 AMOUNT RECOMMENDED : \$78.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$78.00
COMPANY: 544 ID NO : 100258-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 05/28/2015	INSURED : CLAIMANT : CSC AND CHRISTOPHER L PERKINS ATTORNEY LECLAIR RYAN FIRM 951 EAST BYRD ST 8TH FLOOR RICHMOND,VA 23219	AMOUNT CLAIMED : \$2,426,253.76 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100260-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 05/26/2015	INSURED : CLAIMANT : FDG FLAGLER CENTER LLC 4601 TOUCHTON RD E BLDG 300 STE 3200 JACKSONVILLE,FL 32246	AMOUNT CLAIMED : \$686,924.40 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100261-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/21/2014	INSURED : CLAIMANT : FIRST CALL RESOLUTION 406 NE WINCHESTER ST ROSEBURG,OR 97470	AMOUNT CLAIMED : \$3,090.14 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100273-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/14/2014	INSURED : CLAIMANT : MERLINOS & ASSOCIATES 3274 MEDLOCK BRIDGE RD PEACHTREE CORNERS,GA 300923082	AMOUNT CLAIMED : \$23,031.16 AMOUNT RECOMMENDED : \$23,031.16 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$23,031.16

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

COMPANY: 544 ID NO : 100274-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 09/03/2014	INSURED : CLAIMANT : MILLIMAN 650 CALIFORNIA ST 17TH FL SAN FRANCISCO,CA 94108	AMOUNT CLAIMED : \$99,118.65 AMOUNT RECOMMENDED : \$99,118.65 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$99,118.65
COMPANY: 544 ID NO : 100284-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/14/2014	INSURED : CLAIMANT : ULTRASHRED 11200 ST JOHNS INDSTRL PKWY N #4 JACKSONVILLE,FL 32240	AMOUNT CLAIMED : \$53.70 AMOUNT RECOMMENDED : \$53.70 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$53.70
COMPANY: 544 ID NO : 100306-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/01/2015	INSURED : CLAIMANT : TRANSATLANTIC REINSURANCE COMPANY AND GREENBERG TRAURIG PA 401 EAST LAS OLAS BLVD SUITE 200 FORT LAUDERDALE,FL 33301	AMOUNT CLAIMED : \$11,076,527.73 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100308-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 04/27/2015	INSURED : CLAIMANT : HANNOVER RUCK SE KARL-WIECHERT-ALLEE 50 HANNOVER GERMANY,FC 30625	AMOUNT CLAIMED : \$9,137.50 AMOUNT RECOMMENDED : \$8,223.75 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$8,223.75
COMPANY: 544 ID NO : 100310-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/02/2015	INSURED : CLAIMANT : ARCH REINSURANCE COMPANY 445 SOUTH STREET STE 220 MORRISTOWN,NJ 079621988	AMOUNT CLAIMED : \$123,499.00 AMOUNT RECOMMENDED : \$123,499.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$123,499.00
COMPANY: 544 ID NO : 100327-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/29/2014	INSURED : CLAIMANT : AXIS SPECIALTY LTD 92 PITTS BAY RD AXIS HOUSE PEMBROKE BERMUDA,FC HM 08	AMOUNT CLAIMED : \$22,074.10 AMOUNT RECOMMENDED : \$22,074.10 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$22,074.10

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 100332-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/03/2015	INSURED : CLAIMANT : US RE CORPORATION ONE BLUE HILL PLAZA PEARL RIVER,NY 10965	AMOUNT CLAIMED : \$604,333.42 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100332-3 PRIORITY : CLASS 11 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/03/2015	INSURED : CLAIMANT : US RE COMPANIES INC ONE BLUE HILL PLAZA 3RD FLOOR PEARL RIVER,NY 10965	AMOUNT CLAIMED : \$206,464.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100335-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/10/2014	INSURED : CLAIMANT : ATF ASSOCIATES - GLEN ANDERSON & ASSOC PO BOX 15511 FERNANDINA BCH,FL 32035	AMOUNT CLAIMED : \$2,456.78 AMOUNT RECOMMENDED : \$2,456.78 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$2,456.78
COMPANY: 544 ID NO : 100337-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 02/04/2015	INSURED : CLAIMANT : US FORENSIC LLC 3201 RIDGELAKE DR METAIRIE,LA 70002	AMOUNT CLAIMED : \$11,311.64 AMOUNT RECOMMENDED : \$11,311.64 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$11,311.64
COMPANY: 544 ID NO : 100338-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 01/26/2015	INSURED : CLAIMANT : DONAN ENGINEERING 11321 PLANTSIDE DR LOUISVILLE,KY 40299	AMOUNT CLAIMED : \$1,499.75 AMOUNT RECOMMENDED : \$1,499.75 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$1,499.75
COMPANY: 544 ID NO : 100344-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/13/2014	INSURED : CLAIMANT : SSIHC-SSUA 4237 SALISBURY RD #100 JACKSONVILLE,FL 32216	AMOUNT CLAIMED : \$562,717.96 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) 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
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 100357-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/31/2014	INSURED : CLAIMANT : HOWARD CONSTRUCTION LLC 580 WELLS RD STE 3 ORANGE PK,FL 320732979	AMOUNT CLAIMED : \$4,500.00 AMOUNT RECOMMENDED : \$2,700.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$2,700.00
COMPANY: 544 ID NO : 100366-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 09/26/2014	INSURED : CLAIMANT : ITEL LABORATORIES INC 6745 PHILIPS INDUSTRIAL BLVD STE 1 JACKSONVILLE,FL 32256	AMOUNT CLAIMED : \$692.05 AMOUNT RECOMMENDED : \$627.60 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$627.60
COMPANY: 544 ID NO : 100376-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/13/2014	INSURED : CLAIMANT : TIERRA ENGINEERING 7351 TEMPLE TERRACE HWY TAMPA,FL 33637	AMOUNT CLAIMED : \$15,020.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100391-1 PRIORITY : CLASS 4 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/03/2015	INSURED : CLAIMANT : DEPARTMENT OF JUSTICE 1100 L ST NW RM 10016 WASHINGTON,DC 200054035	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100452-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 05/08/2015	INSURED : CLAIMANT : AHJ LIMITED 2 MINSTER COURT MINCING LANE LONDON EC3R 7BB,FC	AMOUNT CLAIMED : \$428,493.86 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100561-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 11/19/2014	INSURED : CLAIMANT : WOLTERS KLUWER PO BOX 842014 BOSTON,MA 022842014	AMOUNT CLAIMED : \$300.00 AMOUNT RECOMMENDED : \$300.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$300.00

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) 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
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544 ID NO : 100565-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 09/02/2014	INSURED : CLAIMANT : PITNEY BOWES 4901 BELFORT RD #120 JACKSONVILLE,FL 32256	AMOUNT CLAIMED : \$2,757.80 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100567-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/28/2014	INSURED : CLAIMANT : THOMAS A SHIPLEY ASSOCIATES 4 COVE ROAD PONTE VEDRA BEACH,FL 32082	AMOUNT CLAIMED : \$8,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 100807-1 PRIORITY : CLASS 7 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 05/26/2015	INSURED : CLAIMANT : DEPT OF REVENUE STATE OF MISSISSIPPI PO BOX 22828 JACKSON,MS 392252828	AMOUNT CLAIMED : \$2,565.22 AMOUNT RECOMMENDED : \$2,565.22 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$2,565.22
COMPANY: 544 ID NO : 101037-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 03/05/2015	INSURED : CLAIMANT : TAG FINANCIAL INSTITUTIONS GROUP LLC ATTN: STEVEN NIGRO 350 FIFTH AVE SUITE 5310 NEW YORK,NY 10118	AMOUNT CLAIMED : \$680,000.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 101076-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/03/2015	INSURED : CLAIMANT : SUNSHINE STATE UNDERWRITING AGENCIES INC C/O BROAD & CASSEL 2 SOUTH BISCAYNE BLVD MIAMI,FL 33131	AMOUNT CLAIMED : \$1,561,968.00 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 101076-2 PRIORITY : CLASS 9 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/03/2015	INSURED : CLAIMANT : SUNSHINE STATE UNDERWRITING AGENCIES INC C/O BROAD & CASSEL 2 S BISCAYNE BLVD MIAMI,FL 331311806	AMOUNT CLAIMED : \$3,000,000.00 AMOUNT RECOMMENDED : \$3,000,000.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$3,000,000.00

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

COMPANY: 544 ID NO : 101077-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSH7040019 CLAIM NUMBER : 280300013295 INS/CLMT STATE : FL DATE OF LOSS : 03/23/2013 DATE PROOF FILED : 06/15/2015	INSURED : DORINE E NICHOLS CLAIMANT : DORINE E NICHOLS 261 FIDDLERS POINT DR ST AUGUSTINE,FL 320806135	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$26,441.79 AMOUNT GUARANTY PAID : \$26,341.79 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 101083-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSH7070979 CLAIM NUMBER : 280300013301 INS/CLMT STATE : FL DATE OF LOSS : 06/13/2014 DATE PROOF FILED : 06/29/2015	INSURED : JAMES & LAURA ONEAL CLAIMANT : JAMES & LAURA ONEAL 537 RAY ST SEBASTIAN,FL 329584245	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$19,043.60 AMOUNT GUARANTY PAID : \$18,943.60 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 101083-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSH7043219 CLAIM NUMBER : 280300013315 INS/CLMT STATE : FL DATE OF LOSS : 01/24/2014 DATE PROOF FILED : 12/31/2015	INSURED : ROSEMARY CLEMENTS CLAIMANT : ROSEMARY CLEMENTS 12300 APPLE LEAF DR JACKSONVILLE,FL 322246630	AMOUNT CLAIMED : \$20,824.01 AMOUNT RECOMMENDED : \$19,043.60 AMOUNT GUARANTY PAID : \$17,048.77 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 101102-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSH8009459 CLAIM NUMBER : 280300013316 INS/CLMT STATE : FL DATE OF LOSS : 01/21/2014 DATE PROOF FILED : 01/11/2016	INSURED : ROBERT LEEDY & ELBA N PAGAN CLAIMANT : ROBERT LEEDY & ELBA N PAGAN 3750 VICKERS LAKE DR JACKSONVILLE,FL 322248429	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED : \$30,170.55 AMOUNT GUARANTY PAID : \$30,070.55 AMOUNT RECMD CLAIMANT : \$100.00
COMPANY: 544 ID NO : 101108-1 PRIORITY : CLASS 8 STATUS : EVALUATED	POLICY NUMBER : SSH8008354 CLAIM NUMBER : 280300013321 INS/CLMT STATE : FL DATE OF LOSS : 05/17/2012 DATE PROOF FILED : 06/06/2016	INSURED : PHILLIP GARBER CLAIMANT : PHILLIP GARBER 1522 STAFFORD AVE MERRITT ISLAND,FL 329525449	AMOUNT CLAIMED : \$22,661.36 AMOUNT RECOMMENDED : \$0.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$0.00
COMPANY: 544 ID NO : 101114-1 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 10/20/2014	INSURED : CLAIMANT : CORNERSTONE APPRAISAL SERVICES LLC 8260 PRECINCT LINE RD NORTH RICHLAND HILLS,TX 76182	AMOUNT CLAIMED : \$720.00 AMOUNT RECOMMENDED : \$720.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT RECMD CLAIMANT : \$720.00

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$29,237,643.85
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$3,509,032.13
TOTAL NUMBER	78

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 7 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$2,565.22
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$2,565.22
COUNT OF CLASS 2 CLAIMS :	8	COUNT OF CLASS 8 CLAIMS :	10
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$2,731,348.31	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$4,611,391.25
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$800.00	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$600.00
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$3,000,000.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$3,000,000.00
COUNT OF CLASS 4 CLAIMS :	1	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$1.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:			
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	\$206,464.00
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 :	56		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$18,685,874.07		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$505,066.91		

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

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

COMPANY: 544 ID NO : 100351-1 PRIORITY : CLASS 1 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/20/2014	INSURED : CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION PO BOX 14249 TALLAHASSEE,FL 32317	AMOUNT CLAIMED : \$2,829,103.89 AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION : \$2,829,103.89
COMPANY: 544 ID NO : 100351-2 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/20/2014	INSURED : CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION PO BOX 14249 TALLAHASSEE,FL 32317	AMOUNT CLAIMED : \$11,649,036.81 AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION : \$11,649,036.81
COMPANY: 544 ID NO : 100351-3 PRIORITY : CLASS 3 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/20/2014	INSURED : CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION PO BOX 14249 TALLAHASSEE,FL 32317	AMOUNT CLAIMED : \$23,334,657.16 AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION : \$23,334,657.16
COMPANY: 544 ID NO : 100351-4 PRIORITY : CLASS 1 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 08/20/2014	INSURED : CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION PO BOX 14249 TALLAHASSEE,FL 32317	AMOUNT CLAIMED : \$2,688,081.98 AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION : \$2,688,081.98
COMPANY: 544 ID NO : 100382-1 PRIORITY : CLASS 1 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/03/2014	INSURED : CLAIMANT : SOUTH CAROLINA PROP & CASUALTY INS GUARANTY ASSOC 240 STONERIDGE DR STE 101 COLUMBIA,SC 29210	AMOUNT CLAIMED : \$2,813.79 AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION : \$2,813.79
COMPANY: 544 ID NO : 100382-2 PRIORITY : CLASS 2 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : 06/03/2014 DATE PROOF FILED : 06/03/2014	INSURED : CLAIMANT : SOUTH CAROLINA PROP & CASUALTY INS GUARANTY ASSOC 240 STONERIDGE DR STE 101 COLUMBIA,SC 29210	AMOUNT CLAIMED : \$1.00 AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION : \$0.00

EXHIBIT B

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) 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
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 544	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$1.00
ID NO : 100382-3	CLAIM NUMBER :	CLAIMANT : SOUTH CAROLINA PROP & CASUALTY INS GUARANTY ASSOC	AMOUNT RECOMMENDED	
PRIORITY : CLASS 3	INS/CLMT STATE :		TO GUARANTY ASSOCIATION :	\$0.00
STATUS : EVALUATED	DATE OF LOSS : 06/03/2014	240 STONERIDGE DR		
	DATE PROOF FILED : 06/03/2014	STE 101		
		COLUMBIA,SC 29210		
COMPANY: 544	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$15,000.00
ID NO : 100382-4	CLAIM NUMBER :	CLAIMANT : SOUTH CAROLINA PROP & CASUALTY INS GUARANTY ASSOC	AMOUNT RECOMMENDED	
PRIORITY : CLASS 1	INS/CLMT STATE :		TO GUARANTY ASSOCIATION :	\$15,000.00
STATUS : EVALUATED	DATE OF LOSS : 06/03/2014	240 STONERIDGE DR		
	DATE PROOF FILED : 06/03/2014	STE 101		
		COLUMBIA,SC 29210		

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) 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
 SUNSHINE STATE INSURANCE COMPANY
 THIRD INTERIM CLAIMS REPORT
 PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$40,518,695.63
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION CLAIMANTS	\$40,518,693.63
TOTAL NUMBER	8

COUNT OF CLASS 1 CLAIMS :	4	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$5,534,999.66	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$5,534,999.66	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
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COUNT OF CLASS 2 CLAIMS :	2	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$11,649,037.81	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$11,649,036.81	AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
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COUNT OF CLASS 3 CLAIMS :	2	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$23,334,658.16	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :	\$23,334,657.16	AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
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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 :			
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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 :	
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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) (j) on allowed claims in Classes 1 - 9.



FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER

«company»

September 15, 2020

NOTICE of DETERMINATION

«IMBARCODE»

RCN: «RCN»
«FULLNAME»
«ADDRESSLINE1»
«ADDRESSLINE2»
«city» «state» «ZIPCODE»

INSURED NAME: «POLICYHOLD»
POLICY NUMBER: «POLICY_NO»
CLAIM NUMBER: «CLAIM_NO»
CLASS: «CLASS»
AMOUNT CLAIMED: «AMT_CLAIMD»
AMOUNT RECOMMENDED CLAIMANT: «AMT_DUE_CL»
EVALUATION CODE: «EVALCODE1»
EMAIL: «EMAIL»

OBJECTION FILING DEADLINE: Day, Month/Date/Year

The purpose of this Notice of Determination (NOD) is to inform you of the Department's recommendations concerning the amount recommended and classification of a claim that was filed by you or someone on your behalf.

A listing of the evaluation codes and their descriptions is available here:
https://www.myfloridacfo.com/division/receiver/ClaimEvaluationCodes_000.htm.

Information outlining the statutory classification of claims ("Priority of Claims") is available here:
<http://www.myfloridacfo.com/Division/Receiver/PriorityOfClaims.htm>.

If the "Amount Recommended Claimant" is blank, your claim was not evaluated for an amount recommended as there are insufficient funds to pay your claim. Additional explanation regarding payment of claims and outside third party offers to purchase claims (assignments) is on the back of this form.

If you have received any payments related to this claim (liability settlements, etc.) or have any unpaid obligations to the Federal Government (IRS liens, etc.), you are required to notify us.

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 Department (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 the objection filing deadline noted above. 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: (a) Civil Action Number«**CASE_NO**», Second Judicial Circuit Court, Leon County, Florida; (b) the RCN noted above your name; and (c) your address, email address and telephone number.
2. State in detail all legal and factual reasons for your objection.
3. Attach a copy of this notice and any supporting documentation to your objection. By Order of the Court, all documentation must be filed with your objection.
4. File the original with the Clerk of Court, file a copy with the Department, and keep a copy for yourself.
5. 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»

Division of Rehabilitation and Liquidation • Claims Section
325 John Knox Road • Atrium Building Suite 101 • Tallahassee FL 32303
Website: <http://www.myfloridacfo.com/division/receiver>
Tel. 850-413-3081 and 800-882-3054 • Fax 850-413-3997

EXHIBIT C

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»**

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 Section 631.271, Florida Statutes. This statute specifies the order in which claims are paid and may differ depending on the year the company was placed into receivership. Beginning with Class 1, 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 a 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 class 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 financial condition of «COMPANY» can be found at the Department's website listed below.

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

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

IMPORTANT INFORMATION: You may be contacted by outside third parties who may offer to purchase your claim for a discounted amount in exchange for the transfer of your rights to a distribution, if any, in the future. Please be advised that the Department 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 whether to sell their claim to an outside third party for less than the full amount recommended or wait for a distribution. All available information on the financial condition of «COMPANY» may be found at the Department's website listed below.

<p>FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER «company» Division of Rehabilitation and Liquidation • Claims Section 325 John Knox Road • Atrium Building Suite 101 • Tallahassee FL 32303 Website: http://www.myfloridacfo.com/division/receiver Tel. 850-413-3081 and 800-882-3054 • Fax 850-413-3997</p>
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