

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

In re: THE RECEIVERSHIP of  
PHYSICIANS UNITED PLAN, INC.,  
a Florida corporation

---

CASE NO.: 2014-CA-01472

**THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, DIVISION OF  
REHABILITATION AND LIQUIDATION'S MOTION FOR COURT APPROVAL  
OF SIXTH INTERIM CLAIMS REPORT**

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation as Receiver for PHYSICIANS UNITED PLAN, INC. (hereinafter "PUP" or "the Department") files this Motion for Court Approval of Sixth Interim Claims Report, and states as follows:

1. On June 9, 2014, the Florida Department of Financial Services was appointed Receiver of PHYSICIANS UNITED PLAN, INC. by Order of this Court for purposes of rehabilitation. The Consent Order entered on that date further stated that liquidation would be effective July 1, 2014.
2. PUP was a Florida Health Maintenance Organization based in Orlando, Florida.
3. The Department filed the First Interim Claims Report on September 21, 2017, and the Court approved that Report in an Order entered on September 22, 2017.
4. The Department filed the Second Interim Claims Report on June 22, 2018, and the Court approved that Report in an Order entered on June 22, 2018.
5. The Department filed the Third Interim Claims Report on December 19, 2018, and the Court approved that Report in an Order entered on December 19, 2018.
6. The Department filed the Fourth Interim Claims Report on March 18, 2019, and the Court approved that Report in an Order entered on March 18, 2019.

7. The Department filed the Fifth Interim Claims Report on August 27, 2019, and the Court approved that Report in an Order entered on August 28, 2019.

8. In accordance with Section 631.182, Florida Statutes, the Department has completed its evaluation and recommendation as to 12 Class 2 claims in the PUP receivership estate.

9. The Sixth Interim Claims Report (“the Report”) consists only of 12 non-guaranty association claimants, specifically Class 2 claims. The total amount claimed for all classes is \$4,584,189.03. The total amount recommended by the Department to be allowed is \$0.00. The Report is attached hereto as **Exhibit A**.

10. In order to assure 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;
- C. The Department has been provided with a properly executed and notarized Receiver’s Assignment of Claim Change Form and required supporting documentation; 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.

11. 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 (45) days from the date of this Court’s Order granting approval of the Reports. The “Notice of Determination” which

will be mailed to claimants will be in substantially similar form to that which is attached hereto as **Exhibit B**. The Department will make such notification either by U.S. Mail or by E-Mail.

12. The Department has a procedure for dealing with late-filed objections. For any objection filed after 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.

13. In an ongoing effort to maintain accuracy and efficiency, the Department proactively works to update its records to reflect change of address information for interested parties (e.g. claimants, creditors, policyholders, subscribers) before mailing notifications and distribution checks. The Department has access to databases and other publicly available information which provide updated information. The Department recommends that it have the authority to search for change of address information when applicable and to use the change of address information for future mailings without further direction of this Court.

14. The Department requests that its recommendation 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 this Court enter an Order:

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

B. Authorizing and directing the Department to provide notice to the claimant, as herewith reported to the Court, of the Department's recommendation regarding his/her/its claim, by United States Mail or E-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 Court by the objection filing deadline, at:

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

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

Florida Department of Financial Services, as  
Receiver for Physician's United Plan, Inc.  
325 John Knox Road, Suite 101  
The Atrium  
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 addressing late filed objections.

WHEREFORE the Florida Department of Financial Services as Receiver of PHYSICIANS UNITED PLAN, INC. requests the Court to approve the Department's Sixth Interim Claims Report as more fully stated above.

Respectfully submitted this 9<sup>th</sup> day of September 2020.

/s/ Miriam O. Victorian

MIRIAM O. VICTORIAN, Chief Attorney

Florida Bar No. 355471

[Miriam.Victorian@myfloridacfo.com](mailto:Miriam.Victorian@myfloridacfo.com)

Florida Department of Financial Services

Division of Rehabilitation and Liquidation

Receiver of Physicians United Plan, Inc.

325 John Knox Road, Suite 101

The Atrium

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/ Miriam O. Victorian

Miriam O. Victorian

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION  
 PHYSICIANS UNITED PLAN, INC  
 SIXTH INTERIM CLAIMS REPORT  
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

<b>COMPANY:</b> 545 <b>ID NO :</b> 109507-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 05/26/2015	<b>INSURED :</b> <b>CLAIMANT :</b> PREMIER MEDICAL ASSOCIATE  1580 SANTA BARBARA BLVD STE C THE VILLAGES,FL 321596828	<b>AMOUNT CLAIMED :</b> \$1.00 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 109512-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 06/04/2015	<b>INSURED :</b> <b>CLAIMANT :</b> PHYSICIAN PARTNERS LLC & C PHILLIP CAMPBELL JR  101 E KENNEDY BLVD STE 2800 BANK OF AMERICA PLAZA TAMPA,FL 336025179	<b>AMOUNT CLAIMED :</b> \$1.00 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 183813-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1184709057 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 10/05/2016	<b>INSURED :</b> <b>CLAIMANT :</b> WINNIE PALMER HOSPITAL FOR WOMEN/BABIES  83 W MILLER ST ORLANDO,FL 328062031	<b>AMOUNT CLAIMED :</b> \$3,571,854.20 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 184896-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1245289578 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 10/25/2016	<b>INSURED :</b> <b>CLAIMANT :</b> ST CLOUD PHYSICIAN MANAGEMENT LLC  PO BOX 11413 BELFAST,ME 049154005	<b>AMOUNT CLAIMED :</b> \$29,291.19 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 186427-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1336221019 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 10/05/2016	<b>INSURED :</b> <b>CLAIMANT :</b> SOUTH LAKE HOSPITAL  1900 DON WICKHAM DR CLERMONT,FL 347111979	<b>AMOUNT CLAIMED :</b> \$190,228.00 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 190296-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1568693554 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 09/15/2016	<b>INSURED :</b> <b>CLAIMANT :</b> ORLANDO HEALTH PHYSICIAN PARTNERS INC  PO BOX 919248 ORLANDO,FL 328919998	<b>AMOUNT CLAIMED :</b> \$875.00 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00

Exhibit A

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  
 PHYSICIANS UNITED PLAN, INC  
 SIXTH INTERIM CLAIMS REPORT  
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

<b>COMPANY:</b> 545 <b>ID NO :</b> 190319-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1578510582 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 09/15/2016	<b>INSURED :</b> <b>CLAIMANT :</b> ORLANDO CANCER CENTER INC  PO BOX 918293 ORLANDO,FL 328918293	<b>AMOUNT CLAIMED :</b> \$83,956.00 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 190439-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1578790432 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 09/15/2016	<b>INSURED :</b> <b>CLAIMANT :</b> WEST ORANGE PHYSICIANS GROUP LLC  PO BOX 919297 ORLANDO,FL 328919998	<b>AMOUNT CLAIMED :</b> \$4,589.00 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 191837-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1669429577-241 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 09/15/2016	<b>INSURED :</b> <b>CLAIMANT :</b> ORLANDO HEALTH PHYSICIAN GROUP  PO BOX 915092 ORLANDO,FL 328919998	<b>AMOUNT CLAIMED :</b> \$497,630.04 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 191837-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1669429577-192 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 09/15/2016	<b>INSURED :</b> <b>CLAIMANT :</b> ORLANDO REGIONAL HEALTHCARE SYSTEM INC  PO BOX 918207 ORLANDO,FL 328918207	<b>AMOUNT CLAIMED :</b> \$288.00 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 197558-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1225458953 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 10/10/2016	<b>INSURED :</b> <b>CLAIMANT :</b> ADVANTICA ADMINISTRATIVE SERVICES INC  SECOND FLOOR 12399 GRAVOIS RD SAINT LOUIS,MO 631271750	<b>AMOUNT CLAIMED :</b> \$178,516.60 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$0.00
<b>COMPANY:</b> 545 <b>ID NO :</b> 200256-1 <b>PRIORITY :</b> CLASS 2 <b>STATUS :</b> EVALUATED	<b>POLICY NUMBER :</b> <b>CLAIM NUMBER :</b> 1669429577-232 <b>INS/CLMT STATE :</b> <b>DATE OF LOSS :</b> 07/01/2014 <b>DATE PROOF FILED :</b> 09/15/2016	<b>INSURED :</b> <b>CLAIMANT :</b> ORLANDO HEALTH PHYSICIAN GROUP INC  PO BOX 915092 ORLANDO,FL 328915092	<b>AMOUNT CLAIMED :</b> \$26,959.00 <b>AMOUNT RECOMMENDED :</b> \$0.00 <b>AMOUNT GUARANTY PAID :</b> \$0.00 <b>AMOUNT RECMD CLAIMANT :</b> \$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  
 PHYSICIANS UNITED PLAN, INC  
 SIXTH INTERIM CLAIMS REPORT  
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$4,584,189.03
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$0.00
TOTAL NUMBER	12

**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 :	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 :	12	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$4,584,189.03	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
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
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 :	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :			

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»

August 28, 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

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