

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

In Re: Receivership of  
FLORIDA HEALTHCARE PLUS, INC.

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Case No.: 2014 CA 2762

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

**COMES NOW**, the Florida Department of Financial Services, Division of Rehabilitation and Liquidation as Receiver of Florida Healthcare Plus, Inc. (hereinafter "Department"), by and through undersigned counsel, and hereby files this *Motion for Order Approving Final Claims Report, Claims Distribution Report, Distribution Accounting Statement, and Authorizing Distribution* and as good grounds therefor states the following:

1. Florida Healthcare Plus, Inc. ("FHCP") was a corporation authorized pursuant to the Florida Insurance Code to transact business in the State of Florida.
2. On December 10, 2014, this Court entered an *Order Appointing the Florida Department of Financial Services as Receiver of Florida Healthcare Plus, Inc. for Purposes of Immediate Rehabilitation and Automatic Liquidation Effective January 1, 2015, Injunction, and Notice of Automatic Stay* ("Liquidation Order").
3. Pursuant to section 631.021(1), Florida Statutes, this Court has jurisdiction over the 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, sections 631.001 et seq., Florida Statutes.
4. On January 1, 2017, this Court entered an *Order Approving Department's First Interim Claims Report and Recommendation on Claims*. The First Interim Claims Report reflects the Department's evaluation and recommendations on claims filed in Classes 2-8.

5. On May 25, 2018, this Court entered an *Order Approving Department's Second Interim Claims Report and Recommendation on Claims*. The Second Interim Claims Report reflects the Department's evaluation and recommendations on claims filed in Classes 7, 8, 9, and 11.

6. On September 28, 2018, the Court entered an *Order Approving Agreement Between the Department and the Florida Agency for Health Care Administration* ("AHCA Agreement") approving the parties' plan to distribute the funds held in a restricted insolvency protection account to pay claims submitted for services rendered to members eligible for Florida Medicaid Coverage.

7. The Department has compiled a Final Claims Report dated January 9, 2019, which reflects the classification of all filed claims by priority in accordance with section 631.271, Florida Statutes, and the claims filing deadline. This report also reflects the 82 secured claims that resulted from the Department's implementation of the AHCA Agreement. Additionally, the report incorporates the resolution of all timely filed objections and claimant information updates. The Final Claims Report is attached hereto and incorporated herein by reference as **Exhibit A**.

8. The Final Claims Report reflects that 2,246 non-guaranty association claims were filed with an aggregate claim amount of \$184,594,510.20, of which the total amount recommended by the Department to be paid is \$25,560,458.24.

9. With the approval of the Department's Final Claims Report, the Department is now in the position to make a final distribution of receivership assets. Said assets will be distributed to Secured and Class 2 claimants in accordance with the Claims Distribution Report dated January 2, 2019. The Claims Distribution Report is attached hereto and incorporated herein by reference as **Exhibit B**.

10. The Department has compiled a Distribution Accounting Statement—*Projected for a January 2019, Distribution*, (the "Distribution Accounting"). As shown in the Distribution

Accounting, the Department is prepared to make a final distribution of \$35,112.61 to secured claimants, which constitutes 100% of the amount recommended for secured claimants. The Department is also prepared to make a distribution of \$13,449,306.20 to claimants in Class 2, which constitutes 55.84% of the amount recommended in Class 2. The final pro-rata calculation and the amount distributed may have a slight variance due to rounding at the time of check processing. The Distribution Accounting is attached hereto and incorporated herein by reference as **Exhibit C**.

11. The Department recommends that the Final Claims Report, Claims Distribution Report, and Distribution Accounting be approved.

12. Upon the filing of this Motion for Order Authorizing Distribution, no further assignments of claim shall be accepted by the Department.

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. agents, claimants, creditors, policyholders, subscribers) before mailing notifications and distribution checks. The Department has access to databases and other publicly available information that provides updated address information. The Department requests 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. Despite its best efforts, the Department is not always able to distribute funds to every claimant when funds are ready for distribution due to either bad addresses or W-9 issues. Additionally, because the Court has directed the Department to close this estate by April 29, 2019, there will be insufficient time to amend and reissue checks to claimants that are unable to cash or deposit a check because the payee name is no longer valid due to a name change after a marriage, divorce, death of original claimant, or business entity change. The Department recommends that

the unclaimed funds be transferred to the unclaimed property unit(s) of the state(s) reflected in the claimants' last address of record in the Department's files.

**WHEREFORE**, the Department moves this Honorable Court for entry of an Order:

A. Approving and adopting the Department's Final Claims Report, Claims Distribution Report, and Distribution Accounting Statement;

B. Directing the Department to make the above-referenced distribution to the claimants as indicated in the Distribution Accounting Statement;

C. Directing the Department not to recognize or accept further assignment of claims;

D. Authorizing the Department to update its records to incorporate change of address information for an interested individual/entity (e.g. agent, claimant, creditor, policyholder, subscriber) if the Department determines that there has been a change of address for an interested individual/entity and authorizing the Department to use the change of address information for future mailings; and

E. Authorizing the Department to transfer unclaimed funds to the unclaimed property unit(s) of the state(s) reflected in the claimants' last address of record in the Department's files.

**RESPECTFULLY SUBMITTED** this the 11th, day of January 2019.

/s/ Jamila G. Gooden

**JAMILA G. GOODEN**

**Senior Attorney**

Florida Bar No. 46740

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$184,594,510.20
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$25,560,458.24
TOTAL NUMBER	2,246

<b>Secured Claims</b>			
COUNT OF SECURED CLAIMS :	82		
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	\$45,683.98		
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	\$35,112.61		

<b>UnSecured Claims</b>			
COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	2
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$40,453.68
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$45,060.94
COUNT OF CLASS 2 CLAIMS :	1,856	COUNT OF CLASS 8 CLAIMS :	225
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$178,338,237.57	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$2,431,592.66
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$24,082,956.06	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$842,575.16
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	\$10,000.00
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 :	2	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$833,800.08		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$2,525.00		
COUNT OF CLASS 5 CLAIMS :	26	COUNT OF CLASS 11 CLAIMS :	3
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$34,531.60	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	\$1,602,733.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$30,561.29	AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS	
COUNT OF CLASS 6 CLAIMS :	49		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,257,477.63		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$521,667.18		

EXHIBIT A

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION  
FLORIDA HEALTHCARE PLUS, INC.  
CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	177,692,521.52
TOTAL AMOUNT RECOMMENDED	\$24,118,068.67
 TOTAL NUMBER	 1,739

**Secured Claims**

COUNT OF SECURED CLAIMS :	82
AMOUNT CLAIMED FOR SECURED CLAIMS :	\$45,683.98
AMOUNT RECOMMENDED FOR SECURED CLAIMS :	\$35,112.61

**Unsecured Claims**

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :		AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	
COUNT OF CLASS 2 CLAIMS :	1,657	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	177,646,837.54	AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	\$24,082,956.06	AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :		AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :		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) (j) on allowed claims in Classes 1 - 9.

**Florida Healthcare Plus, Inc.**  
Distribution Accounting  
Projected for January 2019 Distribution

**ESTIMATED ASSETS AT December 31, 2018**











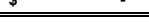



	<u>Value</u>	<u>Reference</u>
Cash	13,554,666.81	Schedule A
<b>Total Assets</b>	<b>\$ 13,554,666.81</b>	

**ESTIMATED FUNDS RETAINAGE**

	<u>Value</u>	<u>Reference</u>
Class I - Administrative Claims		
Retainage for Receiver Expenses (Net of interest)		
Estimate (January 2019 - April 2019)	64,448.00	Schedule B
Post Discharge Expenses		
Retainage for records storage, records		
scanning, tax return prep. & labor	5,800.00	Schedule E
<b>Total Proposed Retainage</b>	<b>70,248.00</b>	

**TOTAL AVAILABLE TO DISTRIBUTE** **\$ 13,484,418.81**

**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
Secured Claims	\$ 35,112.61	\$ -	\$ 35,112.61		35,112.61	100.0000%	100.0000%	100.0000%
Class I - Administrative Claims-Guaranty Funds	\$ -	\$ -	\$ -		\$ -	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Guaranty Funds	-	-	-		-	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Other	24,082,956.06	-	24,082,956.06		13,449,306.20	55.8457%	55.8457%	55.8457%
Class III - Return Premium Claims-Guaranty Funds	-	-	-		-	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Other	-	-	-		-	0.0000%	0.0000%	0.0000%
Class IV - Federal Government Claims	2,525.00	-	2,525.00		-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims	30,561.29	-	30,561.29		-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims GA	-	-	-		-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims Other	521,667.18	-	521,667.18		-	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims	45,060.94	-	45,060.94		-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	842,575.16	-	842,575.16		-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	10,000.00	-	10,000.00		-	0.0000%	0.0000%	0.0000%
Class XI - Shareholder Claims	102,733.00	-	102,733.00		-	0.0000%	0.0000%	0.0000%
<b>Totals</b>	<b>\$ 25,673,191.24</b>	<b>\$ -</b>	<b>\$ 25,673,191.24</b>	<b>\$ -</b>	<b>\$ 13,484,418.81</b>			

**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  
Schedule F - Contributed Equity

**EXHIBIT C**

**Florida Healthcare Plus, Inc.**  
**Available Cash Projection**  
**Projected for January 2019 Distribution**

	Cash Balance as of November 30, 2018	December
<b>Beginning Pooled Cash Balance</b>		<b>\$ 13,563,188.25</b>
<b>Recovery of Unclaimed Property</b>		<b>2,917.80</b>
<b>Direct Receiver Expenses (Actual or Estimated)</b>		
Rent-Records, Bank Fees, Postage		1,000.00
<b>Sub-total</b>		<b>1,000.00</b>
<b>Allocated Receiver Expenses (Estimated)</b>		
Labor & Benefits		25,706.00
Indirect Expenses		7,500.00
<b>Sub-total</b>		<b>33,206.00</b>
<b>Cash Balance Before Interest Earnings</b>		<b>13,531,900.05</b>
<b>Interest Earnings</b>		
Actual SPIA Earnings for November to be credited on 12/01/2018		22,766.76
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D)		
<b>Ending Pooled Cash Balance</b>	<b>\$ 13,563,188.25</b>	<b>\$ 13,554,666.81</b>

**Assumptions for Allocated Receiver Expenses:**

<sup>1</sup> Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity leading up to distribu

August Actual	\$ 3,661.34
September Actual	7,633.90
October Actual	13,708.30
November Actual	26,407.76
Sub-total	51,411.30
4 mth. actual average (rounded)	12,853.00
Doubled for increased activity level	<b>\$ 25,706.00</b>

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

Estimated Total Asset %	6.25%
Estimated Total for the Receiver	\$ 120,000.00
Estimated Expense (rounded)	<b>\$ 7,500.00</b>



**Florida Healthcare Plus, Inc.**  
**Estimated Funds to be Retained by the Receiver for Discharge of the Estate**  
**Estimated from January 2019 through the Projected Discharge Date of April 2019**

	December 31, 2018	Jan-19	Feb-19	Mar-19	Apr-19	Retainage Calculation
<b>Beginning Cash Balance</b>		\$ 13,554,666.81	\$ 58,642.00	\$ 35,776.00	\$ 20,803.00	
<b>Direct Receiver Expenses</b>						
Records Storage, Bank Fees, Postage		1,000.00	1,000.00	1,000.00	1,000.00	
<b>Sub-total</b>		<b>1,000.00</b>	<b>1,000.00</b>	<b>1,000.00</b>	<b>1,000.00</b>	<b>\$ 4,000.00</b>
<b>Allocated Receiver Expenses</b>						
Labor & Benefits		25,706.00	25,706.00	12,853.00	12,853.00	
Indirect Expenses		7,500.00	7,500.00	1,200.00	1,200.00	
<b>Sub-total</b>		<b>33,206.00</b>	<b>33,206.00</b>	<b>14,053.00</b>	<b>14,053.00</b>	<b>\$ 94,518.00</b>
<b>Claims Distribution (Approx.)</b>		<b>13,484,418.81</b>				
<b>Cash Balance Before Interest Earnings</b>		<b>36,042.00</b>	<b>24,436.00</b>	<b>20,723.00</b>	<b>5,750.00</b>	
<b>Interest Earnings</b>						
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).		22,600.00	11,340.00	80.00	50.00	<b>\$ 34,070.00</b>
<b>Projected Ending Cash Balance</b>	<b>\$ 13,554,666.81</b>	<b>\$ 58,642.00</b>	<b>\$ 35,776.00</b>	<b>\$ 20,803.00</b>	<b>\$ 5,800.00</b>	
<b>Retainage for Receiver's Expenses</b>						<b>\$ 64,448.00</b>

**Assumptions for Allocated Receiver Expenses:**

<sup>1</sup> Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity through the 2nd month of distribution. Then the monthly average is used.

August Actual	\$ 3,661.34
September Actual	7,633.90
October Actual	13,708.30
November Actual	26,407.76
Sub-total	51,411.30
4 mth. actual average (rounded)	12,853.00
Doubled for increased activity level	<u>\$ 25,706.00</u>

<sup>2</sup> Indirect Expenses: This estimate is FHCP's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on FHCP's estimated total assets divided by the Receiver's estimated total assets for all receiverships. Total assets drop significantly post distribution so a reduced % is used after the 2nd month of distribution.

	Before Distribution	After Distribution
Estimated Total Asset %	6.25%	1.00%
Estimated Total for the Receiver	<u>\$ 120,000.00</u>	<u>\$ 120,000.00</u>
Estimated Expense (rounded)	<u>\$ 7,500.00</u>	<u>\$ 1,200.00</u>

**Florida Healthcare Plus, Inc.****Allocated State Funds Expensed**

Estimated from December 2018 through the Projected Discharge Date of April 2019

**THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION**

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Totals
<b>Accrued Allocated State of Florida Expenses (Estimated)</b>						
Labor & Benefits	\$ 752.00	\$ 752.00	\$ 752.00	\$ 376.00	\$ 376.00	\$ 3,008.00 <sup>1</sup>
Indirect Expenses	2,812.50	2,812.50	2,812.50	450.00	450.00	\$ 9,337.50 <sup>2</sup>
<b>Total</b>	<b>\$ 3,564.50</b>	<b>\$ 3,564.50</b>	<b>\$ 3,564.50</b>	<b>\$ 826.00</b>	<b>\$ 826.00</b>	<b>\$ 12,345.50 <sup>3</sup></b>

**Assumptions for Allocated State of Florida Expenses:**

<sup>1</sup> Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity through the 2nd month of distribution. Then the monthly average is used.

August Actual	104.02
September Actual	219.11
October Actual	386.67
November Actual	796.17
Sub-total	1,505.97
4 mth. actual average (rounded)	376.00
Doubled for increased activity level	\$ 752.00

<sup>2</sup> Indirect Expenses: This estimate is FHCP's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on FHCP's estimated total assets divided by the Receiver's estimated total assets for all receiverships. Total assets drop significantly post distribution so a reduced % is used after the 2nd month of distribution.

	<u>Before Distribution</u>	After Distribution
Estimated Total Asset %	6.25%	1.00%
Estimated Total for the State	\$ 45,000.00	\$ 45,000.00
Estimated Expense (rounded)	\$ 2,812.50	\$ 450.00

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

**Florida Healthcare Plus, Inc.**  
**Interest Earnings Projection - Pooled Cash**  
**Projected for January 2019 Distribution**

**Interest accrued for December 2018**

Beginning cash balance	13,563,188.25
Ending cash balance	13,554,666.81
Average cash balance	13,558,927.53
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	271,178.55

<b>Accrual for December</b>	<b>\$ 22,600.00</b>
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**Interest accrued for January 2019**

Beginning cash balance	13,554,666.81
Ending cash balance	58,642.00
Average cash balance	6,806,654.41
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	136,133.09

<b>Accrual for January</b>	<b>\$ 11,340.00</b>
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**Interest accrued for February 2019**

Beginning cash balance	58,642.00
Ending cash balance	35,776.00
Average cash balance	47,209.00
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	944.18

<b>Accrual for February</b>	<b>\$ 80.00</b>
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**Interest accrued for March 2019**

Beginning cash balance	35,776.00
Ending cash balance	20,803.00
Average cash balance	28,289.50
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	565.79

<b>Accrual for March</b>	<b>\$ 50.00</b>
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**Interest accrued for April 2019**

Beginning cash balance	20,803.00
Ending cash balance	5,800.00
Average cash balance	13,301.50
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	266.03

<b>Accrual for April</b>	<b>\$ 20.00</b>
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**Florida Healthcare Plus, Inc.**  
**Receiver Discharge Expenses**  
**Projected for January 2019 Distribution**

**Discharge Expenses (Projected for Post 4/30/2019)**

Records Storage, Labor, Scanning Permanent Records,  
Unclaimed Property Scanning and Filing Holders Reports,  
2018 & 2019 Tax Return Preparation

5,800.00

**Total**

**\$ 5,800.00**

**Florida Healthcare Plus, Inc.**  
**Statement of Contributed Equity from Regulatory Trust Fund Estimated Balances**  
**Projected for Discharge by 4/30/2019**

<b>Contributed Equity Balance as of 11/30/2018</b>		<b>\$</b>	<b>77,979.67</b>
Accrual for December 2018 - April 2019 (Estimate from Schedule C)	<u>\$ 12,345.50</u>		
<b>Total</b>		<b>\$</b>	<b><u>12,345.50</u></b>
<b>Projected Contributed Equity Balance as of 4/30/2019</b>		<b>\$</b>	<b><u><u>90,325.17</u></u></b>