

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

In Re: The Receivership of CHAMPION
HEALTHCARE, INC., a Florida corporation.

CASE NO.: 98-4098

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

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES as Receiver of
CHAMPION HEALTHCARE, INC., files herewith the Receiver's Final Claims Report, Claims
Distribution Report and Distribution Accounting and states:

1. Champion Healthcare, Inc. ("Champion") was a Florida corporation previously
authorized to transact insurance business in the State of Florida pursuant to Florida Statutes. On July
24, 1998, the Second Judicial Circuit Court in and for Leon County, Florida (the "Court") entered
its Order Appointing the Florida Department of Insurance as Receiver for Purposes of Liquidation,
Injunction and Notice of Automatic Stay. On January 7, 2003, the Florida Department of
Insurance became part of the Florida Department of Financial Services.

2. This Court has jurisdiction over the Champion Receivership and is authorized to
make all necessary or proper orders to carry out the purposes of the Florida Insurers Rehabilitation
and Liquidation Act. Section 631.021(1), Florida Statutes.

3. The Receiver has compiled a Final Claims Report dated February 19, 2013 which
reflects the classification of all Class 1 through Class 8 filed claims by priority in accordance
with Section 631.271, Florida Statutes, and the claims filing deadline. Classes 7-11 were not
evaluated because there are no funds available in the Champion estate to pay any claims below

class 6. This report updates the Final Claims Report that was previously approved on December 17, 2010 and reflects an agreement with the Federal Government on a class 4 claim. This report also incorporates the resolution of all timely filed objections and claimant information updates. Future claimant information updates resulting from the distribution process will be incorporated into the Receiver's database.

4. The Final Claims Report is broken down into two sections. Part A of the Report consists of claims of non-guaranty association claimants and Part B consists of all claims of guaranty association claimants. For the Court's convenience, paper copies of the summary totals from each section of the Final Claims Report are attached as Exhibit "A."

5. Part A of the Report contains 1,047 filed claims by non-guaranty association claimants for a total amount claimed of \$6,665,845.09. The total amount recommended by the Receiver is \$4,590,809.35.

6. Part B of the Report contains three filed claims by a guaranty association claimant for a total amount claimed of \$2,051,819.48. The total amount recommended by the Receiver for the payment of guaranty association claims is \$2,051,819.48. The guaranty association identified within the report is the Florida Health Maintenance Organization Consumer Assistance Plan ("HMOCAP").

7. The Receiver previously made a partial distribution of receivership assets in this estate. Said assets were distributed to claimants in classes 1-3 based upon a calculated distribution of 100% of the amount approved by the Court.

8. The first distribution was limited to classes 1-3 due to the holding in Ruthardt v. United States, 303 F.3d 375 (1st Cir. 2002) where the court ruled that the federal government is exempt from state law deadlines for filing claims in insurance liquidation proceedings.

9. In an effort to find a solution to this issue, the Receiver worked with the Department of Justice to obtain a settlement agreement and release from the Federal government. By the terms of the Settlement Agreement and Release (approved by this court on January 25, 2013) the United States releases Champion and the Receiver from any potential federal claims arising out of the Champion estate except for claims related to federal tax, fraud or criminal claims.

10. With the approval of the Settlement Agreement and Release with the United States, the Receiver is now in the position to make a final distribution of receivership assets to the claimants with amounts recommended in priority classes 4 through 6. Said assets will be distributed to claimants in accordance with the Claims Distribution Report dated February 22, 2013. For the Court's convenience, a paper copy of the summary totals from the Claims Distribution Report is attached as Exhibit "B". The Claims Distribution Report lists all claims in Classes 4 through 6 where an approved amount has been recommended in the Final Claims Report and is in accord with Section 631.271, Florida Statutes.

11. Based upon the Distribution Accounting projected for a March 2013 distribution, which is attached hereto as Exhibit "C," the Receiver is prepared to make a distribution of \$981,023.71 to all non-guaranty fund claimants in classes 4-6 based on a calculated distribution of 100% of the amount approved by the Court in class 4 and 21.4911% to class 6. There are no class 5 claimants. The final pro-rata calculation and the amount distributed may have a slight variance due to rounding at the time of check processing.

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

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

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

15. The Receiver recommends that the distribution amounts intended for the claimants who did not respond to the Receiver's inquiries, or where inadequate address information exists, be transferred to the Florida Department of Financial Services, Bureau of Unclaimed Property.

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

DATED this 12th day of March 2013.



ERIC S. SCOTT, Senior Attorney
Florida Bar No. 0911496
Florida Department of Financial Services
Division of Rehabilitation and Liquidation
2020 Capital Circle S.E., Suite 310
Tallahassee, Florida 32302
(850) 413-4513 – Telephone

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$6,665,845.09
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$4,590,809.35
TOTAL NUMBER	1,047

Secured Claims

COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECDMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	\$0.00

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 RECDMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00	AMOUNT RECDMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00

COUNT OF CLASS 2 CLAIMS :	142	COUNT OF CLASS 8 CLAIMS :	83
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	\$103,919.88	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$290,867.06
AMOUNT RECDMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$25,814.82	AMOUNT RECDMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$290,867.06

COUNT OF CLASS 3 CLAIMS :	1	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$3,621.80	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECDMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$3,621.80	AMOUNT RECDMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00

COUNT OF CLASS 4 CLAIMS :	7	CLASS 10 INTEREST CLAIMS (SEE NOTE):	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$114,479.53		
AMOUNT RECDMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$861.00		

COUNT OF CLASS 5 CLAIMS :	20	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$39,435.39	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00
AMOUNT RECDMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$39,435.39	AMOUNT RECDMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00

COUNT OF CLASS 6 CLAIMS :	794		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$6,113,521.65		
AMOUNT RECDMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$4,560,691.73		

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

FLORIDA DEPARTMENT OF FINANCIAL SERVICES - DIVISION OF REHABILITATION AND LIQUIDATION
 CHAMPION HEALTHCARE INC
 FINAL CLAIMS REPORT
 PART B - FOR GUARANTY ASSOCIATION

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$2,051,819.48
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	\$2,051,819.48
TOTAL NUMBER	3

COUNT OF CLASS 1 CLAIMS : 1 COUNT OF CLASS 7 CLAIMS : 0

AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION : \$276,972.99 AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION : \$0.00

AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION : \$276,972.99 AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :

COUNT OF CLASS 2 CLAIMS : 0 COUNT OF CLASS 8 CLAIMS : 0

AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION : \$0.00 AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION : \$0.00

AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION : AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :

COUNT OF CLASS 3 CLAIMS : 1 COUNT OF CLASS 9 CLAIMS : 0

AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION : \$9,742.27 AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION : \$0.00

AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION : \$9,742.27 AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :

COUNT OF CLASS 4 CLAIMS : 0 CLASS 10 INTEREST CLAIMS (SEE NOTE):

AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION : \$0.00

AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :

COUNT OF CLASS 5 CLAIMS : 0 COUNT OF CLASS 11 CLAIMS : 0

AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION : \$0.00 AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS: \$0.00

AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION : AMOUNT RECMD FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS :

COUNT OF CLASS 6 CLAIMS : 1

AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION : \$1,765,104.22

AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION : \$1,765,104.22

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
 CHAMPION HEALTHCARE INC
 CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$5,340,243.81
TOTAL AMOUNT RECOMMENDED	\$4,561,572.73
TOTAL NUMBER	596

Secured Claims

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

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 :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :		AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :		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 :	1	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :	\$1,797.00		
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :	\$981.00		

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 :	595
AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	\$5,338,446.81
AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	\$4,560,691.73

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

Champion Healthcare, Inc.
Distribution Accounting
Projected for March 2013 Distribution

ESTIMATED ASSETS AT FEBRUARY 28, 2013

	<u>Value</u>	<u>Reference</u>
Cash	\$ 1,025,543.71	Schedule A
Accrued Interest Rec. (To be paid 03/01/2013)	2,000.00	Schedule D
Total Assets	\$ 1,027,543.71	

ESTIMATED FUNDS RETAINAGE

	<u>Value</u>	<u>Reference</u>
Excess of Interest earned over Receiver Expenses Estimate (March - June 2013)	41,520.00	Schedule B
Discharge Expenses Retainage for records storage, records destruction, tax return prep. & labor	5,000.00	Schedule F
Total Proposed Retainage	46,520.00	

TOTAL ASSETS AVAILABLE TO DISTRIBUTE **\$ 981,023.71**

DISTRIBUTION RECOMMENDATION

	Claims Value	Less Previous Claims Distributions	Value of Claims Outstanding	Apply Adv. Pmts. to Guaranty Assoc.	Recommended Distribution	% Value of Claims Outstanding	% Value of Gross Filed Claims	Total % of Claims Value Distributed
Class I - Administrative Claims-Guaranty Funds	\$ 276,972.99	\$ 276,972.99	\$ -	XXXXXXXXXX	\$ -	0.0000%	0.0000%	100.0000%
Class II - Loss Claims-Guaranty Funds	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Other	25,614.82	25,614.82	-	XXXXXXXXXX	-	0.0000%	0.0000%	100.0000%
Class III - Return Premium Claims-Guaranty Funds	9,742.27	9,742.27	-	XXXXXXXXXX	-	0.0000%	0.0000%	100.0000%
Class III - Return Premium Claims-Other	3,621.80	3,621.80	-	XXXXXXXXXX	-	0.0000%	0.0000%	100.0000%
Class IV - Federal Government Claims	881.00	-	881.00	XXXXXXXXXX	881.00	100.0000%	100.0000%	100.0000%
Class V - Employee Claims	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditor Claims-Guaranty Funds	1,765,104.22	-	1,765,104.22	XXXXXXXXXX	See Schedule F	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims - Other	4,560,691.73	-	4,560,691.73	XXXXXXXXXX	980,142.71	21.4911%	21.4911%	21.4911%
Class VII - State & Local Government Claims	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	290,867.06	-	290,867.06	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other-GA	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	-	-	-	XXXXXXXXXX	-	0.0000%	0.0000%	0.0000%
Totals	\$ 6,933,498.89	\$ 316,961.88	\$ 6,617,544.01	\$ -	\$ 981,023.71			

Index to Attached Schedules:

- Schedule A - Available Cash Projection
- Schedule B - Estimated Funds to be Retained by the Receiver Thru Discharge of the Estate
- Schedule C - Allocated State Funds Expensed
- Schedule D - Interest Earnings Projection - Pooled Cash
- Schedule E - Receiver Discharge Expenses
- Schedule F - Analysis of HMOCAP Claim/Distribution Amount

Champion Healthcare, Inc.
 Available Cash Projection
 Projected for March 2013 Distribution

	Cash Bal. as of December 31, 2012	Jan-13	Feb-13
Beginning Pooled Cash Balance	\$ 1,042,860.62	1,042,860.62	1,034,173.71
Direct Receiver Expenses (Actual or Estimated)			
Rent-Storage & Utilities		150.00	150.00
Sub-total		150.00	150.00
Allocated Receiver Expenses (Estimated)			
Labor & Benefits		10,000.00 ¹	10,000.00 ¹
Indirect Expenses		480.00 ²	480.00 ²
Sub-total		10,480.00	10,480.00
Cash Balance Before Interest Earnings		1,032,230.62	1,023,543.71
Interest Earnings			
Pooled Cash:			
Actual SPIA Earnings for December to be credited on 01/01/2013.			
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).		1,943.09	2,000.00
Ending Pooled Cash Balance	\$ 1,042,860.62	\$ 1,034,173.71	\$ 1,025,543.71

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on staff and time projections from the Division's sections.

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

Estimated Total Asset %	0.30%
Estimated Total for the Receiver	\$ 160,000.00
Estimated Expense (rounded)	<u>\$ 480.00</u>

Champion Healthcare, Inc.
Estimated Funds to be Retained by the Receiver for Discharge of the Estate
Estimated from March 2013 through the Projected Discharge Date of June 2013

	February	March	April	May	June	Retainage Calculation
Beginning Cash Balance	\$ 1,025,543.71	\$ 1,025,543.71	\$ 33,890.00	\$ 24,260.00	\$ 13,630.00	
Direct Receiver Expenses						
Rent - Storage	150.00	150.00	150.00	150.00	150.00	
Sub-total	150.00	150.00	150.00	150.00	150.00	\$ 600.00
Allocated Receiver Expenses						
Labor & Benefits	10,000.00 ¹	10,000.00 ¹	10,000.00 ¹	10,000.00 ¹	10,000.00 ¹	
Indirect Expenses	480.00 ²	480.00 ²	480.00 ²	480.00 ²	480.00 ²	
Sub-total	10,480.00	10,480.00	10,480.00	10,480.00	10,480.00	\$ 41,920.00
Claims Distribution (Approx.)	\$ 981,023.71					
Cash Balance Before Interest Earnings	33,890.00	33,890.00	23,260.00	13,630.00	3,000.00	
Interest Earnings						
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D):	- ³	-	1,000.00	-	-	\$ 1,000.00
Projected Ending Cash Balance	<u>\$ 1,025,543.71</u>	<u>\$ 33,890.00</u>	<u>\$ 24,260.00</u>	<u>\$ 13,630.00</u>	<u>\$ 3,000.00</u>	<u>\$ 41,520.00</u>

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on staff and time projections from the Division's sections.

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

Estimated Total Asset %	0.30%
Estimated Total for the Receiver	\$ 160,000.00
Estimated Expense (rounded)	\$ 480.00

³ The February 2013 interest is not included in the 'Retainage Calculation' as it is included as Accrued Interest in the Estimated Assets at February 28, 2013 on the Distribution Accounting Statement

Champion Healthcare, Inc.

Allocated State Funds Expensed

Estimated from January 2013 through the Projected Discharge Date of June 2013

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

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Totals
Accrued Allocated State of Florida Expenses (Estimated)							
Labor & Benefits	\$ 260.00 ¹	\$ 260.00 ¹	\$ 260.00 ¹	\$ 260.00 ¹	\$ 260.00 ¹	\$ 260.00 ¹	\$ 1,560.00
Indirect Expenses	50.00 ²	50.00 ²	50.00 ²	50.00 ²	50.00 ²	50.00 ²	\$ 300.00
Total	\$ 310.00	\$ 310.00	\$ 310.00	\$ 310.00	\$ 310.00	\$ 310.00	\$ 1,860.00

Assumptions for Allocated State of Florida Expenses:

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

September Actual	36.09
October Actual	155.81
November Actual	103.11
December Actual	225.40
Sub-total	520.41
4 mth. actual average (rounded)	\$ 130.00
Doubled for increased distribution activity	\$ 260.00

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

Estimated Total Asset %	0.30%
Estimated Total for the State	\$ 15,000.00
Estimated Expense (rounded)	\$ 50.00

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

Champion Healthcare, Inc.
Interest Earnings Projection - Pooled Cash
Projected for March 2013 Distribution

Interest accrued for January 2013

Beginning cash balance at 1/01/2013	1,042,860.62
Ending cash balance at 1/31/2013	1,034,173.71
Average cash balance for January 2013	1,038,517.17
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	20,770.34

Accrual for January 2013 (Rounded) **\$ 2,000.00**

Interest accrued for February 2013

Beginning cash balance at 2/01/2013	1,034,173.71
Ending cash balance at 2/28/2013	1,025,543.71
Average cash balance for February 2013	1,029,858.71
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	20,597.17

Accrual for February 2013 (Rounded) **\$ 2,000.00**

Interest accrued for March 2013

Beginning cash balance at 3/01/2013	1,025,543.71
Ending cash balance at 3/31/2013	33,890.00
Average cash balance for March 2013	529,716.86
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	10,594.34

Accrual for March 2013 (Rounded) **\$ 1,000.00**

Interest accrued for April 2013

Beginning cash balance at 4/01/2013	33,890.00
Ending cash balance at 4/30/2013	24,260.00
Average cash balance for April 2013	29,075.00
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	581.50

Accrual for April 2013 (Rounded) **\$ -**

Interest accrued for May 2013

Beginning cash balance at 5/01/2013	24,260.00
-------------------------------------	-----------

Schedule D

Ending cash balance at 5/30/2013	13,630.00
Average cash balance for May 2013	18,945.00
Assumed SPIA interest rate (Annualized)	2.00%
Subtotal (Annualized)	378.90
Accrual for May 2013 (Rounded)	\$ -

Interest accrued for June 2013

**Champion Health Care, Inc.
Receiver Discharge Expenses
Projected for March 2013 Distribution**

Discharge Expenses (Projected for Post 06/30/13)	
Records Storage, Records Destruction, Labor	5,000.00
2012 thru 2013 Tax Return Preparation	
Total	<u>\$ 5,000.00</u>

Champion Healthcare, Inc.
Analysis of HMOCAP Claim/Distribution Percentage
Calculated for a February 2013 Distribution

- I. The following Paragraphs from the court order Dated 11/7/03 Approving Petition for Instructions Regarding HMOCAP Claims apply for this analysis. (Case No. 97-2829 in the 2nd Circuit for Leon County)
- (G) In the event that the Receiver is able to make distributions to Class 6 or lower priorities, all post liquidation premiums received by the HMOCAP shall be used to offset the HMOCAP Claims in those classes.
- (H) The HMOCAP shall not receive additional funds from the Receiver beyond those identified in sub-paragraph F until all other claimants in that class have received an equal percentage distribution. For example, if the HMOCAP collected 50% of its claims payments, the HMOCAP would not share in the Class 6 distribution until other Class 6 creditors receive a distribution amounting to 50% of their allowed claims. Thereafter, the HMOCAP would be treated equally with all other Class 6 claimants.
- II. There has been one previous distribution:
 (1) December 2010 - 100% to Classes 1 thru 3.
- III. There is post liquidation premium received by the HMOCAP in the amount of \$1,302,226.86
- IV. Pursuant to paragraphs G and H this results in the HMOCAP effectively receiving a 73.7762% distribution of their Class 6 claim calculated as follows:
- | | | |
|---|------------------------|------------|
| Post Liquidation Premium Received by HMOCAP (per 09/30/12 report) | <u>\$ 1,302,226.86</u> | = 73.7762% |
| HMOCAP Allowed Class 6 Claim | \$ 1,765,104.22 | |
- V. To receive an equal percentage pursuant to paragraph H Class 6 - Other would receive \$3,364,705.05, as follows:
- Class 6 - Other claim \$4,560,691.73 X 73.7762% = \$3,364,705.05
- VI. There are sufficient funds remaining in this estate to make a distribution of 21.4911% to Class 6 - Other. An additional distribution of 52.2851% will have to be made to Class 6 - Other before the HMOCAP would participate in any future distributions.



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.floridainsurancereceiver.org

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

Assignment of Claim Request Change Form

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

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

Claimant Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____

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

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

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

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

_____	_____	_____
Claimant Signature	Date	Relationship to Claimant

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

State of _____
County of _____

Sworn to and subscribed to me by _____ on
this _____ day of _____, 20__.

Notary Signature _____

Assignment of Claim Instructions

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

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

Please comply with the following when submitting your request:

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