

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

IN RE: The Receivership of
SOUTHERN FAMILY INSURANCE
COMPANY, a Florida corporation.

CASE NO.: 2006-CA-1060

**DEPARTMENT'S MOTION FOR APPROVAL OF FINAL CLAIMS REPORT,
DISTRIBUTION REPORT AND DISTRIBUTION ACCOUNTING, AND FOR
ORDER AUTHORIZING DISTRIBUTION**

The Florida Department of Financial Services, in its capacity as Receiver for Southern Family Insurance Company, hereby files this Motion for Approval of Final Claims Report, Claims Distribution Report and Distribution Accounting, and for Order Authorizing Distribution, and states as follows:

1. Effective June 1, 2006, the Department of Financial Services was appointed as Receiver in liquidation for Southern Family Insurance Company ("Department" or "SFIC").

2. This Court has jurisdiction over the SFIC 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, Florida Statutes.

3. The Department's First Interim Claims Report for SFIC was filed on April 14, 2011 and approved by this Court's Order on April 15, 2011 (attached as Composite Exhibit A). This Report contained the evaluations of Class 1 and 2 claimants.

4. The Second Interim Claims Report was filed on September 26, 2012, with the Order approving the Second Interim Claims Report entered on October 1, 2012. (Attached as Composite Exhibit B). The Second Interim Claims Report evaluated Class 3-9 claims.

5. As of the filing of the Final Claims Report, there are available funds to distribute to approximately 39.6702 % of the Class 2 claims, after distribution to Class 1.

6. The Department's Final Claims Report is extremely detailed and contains non-public personal information, including personally identifiable financial information, relating to claimants. Pursuant to Federal Law, specifically the Gramm-Leach-Bliley Act, 15 USCS §6801 (hereinafter "the Act"), there is an obligation to protect the security and confidentiality of an individual's non-public personal information.

7. In furtherance of the Act's purpose, and in order to protect claimants of the SFIC estate, the Department has not attached the full Final Claims Report to this Motion. Instead, the Department offers the summary pages of the Report that reflect the total amounts claimed and recommended by the Department. Upon this Court's request, the Department will immediately provide a full copy of the Final Claims Report to the Court.

8. The Final Claims Report is broken down into two parts: Part A is for non-guaranty association claimants, and Part B is for guaranty association claimants. Summary pages of both Parts A and B are attached as Composite Exhibit C. This Report reflects classification of filed claims by priority in accordance with Section 631.271, Florida Statutes.

9. The total amount claimed in Part A of the Report is \$110,910,009.03. The total amount recommended by the Department in Part A of the Report is \$660,943.73. The total amount claimed in Part B of the Report is \$898,962,294.16. The total amount recommended by the Department in Part B of the Report is 896,416,639.01. The Final Claims 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 Department's database.

10. With the approval of the Department's Final Claims Report, the Department is now in a position to make a distribution of receivership assets. Said assets will be distributed to Class 1 and Class 2 in accordance with the Claims Distribution Report, summary page, dated May 31, 2017 (Exhibit D). The CDR lists all claims where an approved amount has been recommended in the Final Claims Report for distribution at this time and is in accordance with Section 631.271, Florida Statutes.

11. Based upon the *Distribution Accounting – Projected for July 2017* (Composite Exhibit E), the Department is prepared to make a distribution of \$368,595,514.07 to Class 1 and Class 2 claimants. This distribution represents a 100% distribution of the recommended claim amount for Class 1 and an approximate 39.6702% distribution of the recommended claim amount for Class 2 claims. 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 Department recommends that the Final Claims Report, Claims Distribution Report, and the Distribution Accounting be approved.

13. Despite the Department's best efforts, some approved claims may have inadequate current address information, and/or may not have provided the Department with a W-9 form, required by the Internal Revenue Service. The distribution amounts that go unclaimed and/or the checks for the claimants that are returned to the Department will be verified in an unclaimed property report. The Department asks the Court for

authority to remit the funds due to these claimants to the appropriate division of unclaimed property.

14. 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 (i.e. agents, claimants, creditors, policyholders, etc.) 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 said information for future mailings without further direction of the Court.

15. In order to ensure the validity of claim assignments and that the processing of assignments does not create an undue burden on estate assets, the Department does not recognize or accept any assignment of claim by the claimant of record when a distribution motion or petition has been filed with the Receivership Court. The Department recommends that any assignment on the claims referenced in this Motion that are received after the filing of this Motion be rejected.

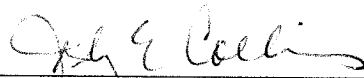
WHEREFORE the Department respectfully requests this Court grant this Motion and enter an Order:

- A. Approving the Final Claims Report, Claims Distribution Report and Claims Distribution Accounting;
- B. Directing the Department to make the above referenced distribution of approximately \$368,595,514.07 to the Class 1 and 2 claimants in this receivership, as outlined in the Distribution Accounting;

- C. Approving that unclaimed distribution amounts be transferred to the appropriate division(s) of unclaimed property;
- D. Authorizing the Department to proactively search for change of address information for interested parties and to use the change of address information for future mailings; and
- E. Approving the Department's recommendation on assignment of claims.

Dated this 26th day of June, 2017.

Respectfully submitted,



JODYE. COLLINS, Senior Attorney
Florida Bar No. 500445
Florida Department of Financial Services
Division of Rehabilitation and Liquidation
8240 NW 52 Terrace, Suite 102
Miami, FL 33166
(786) 336-1371 Telephone
(305) 499-2271 – Facsimile
Jody.Collins@myfloridacfo.com – E-mail

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

In Re: The Receivership of
SOUTHERN FAMILY
INSURANCE COMPANY

CASE NO. 2006-CA-001060

**RECEIVER'S MOTION FOR APPROVAL OF THE FIRST INTERIM CLAIMS
REPORT AND RECOMMENDATION ON CLAIMS**

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, as Receiver of Southern Family Insurance Company (hereinafter "Receiver"), moves this Honorable Court for an entry of an Order approving the Receiver's First Interim Claims Report and Recommendation on Claims and in support of its motion states:

1. Southern Family Insurance Company (hereinafter "SFIC"), was a Florida corporation previously authorized to transact insurance business in the State of Florida. On May 31, 2006, this Court adjudicated SFIC insolvent and entered the Order Appointing the Florida Department of Insurance as Receiver (of SFIC) for the Purposes of Liquidation, Injunction, and Notice of Automatic Stay (the "Order") effective June 1, 2006.

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

3. The Receiver has compiled the First Interim Claims Report dated March 23, 2011 (hereinafter the "Report"), which includes its evaluation of Class 1 and Class 2 claims that were filed with the Receiver pursuant to §631.181, Florida Statutes. At this time, funds for distribution are only available through Class 2. Class 3 through Class 9 claims, as defined by Florida Statute §631.271, Priority of Claims, have not been evaluated.

4. The Report is broken down into two parts:

Part A – For Non Guaranty Association Claimants

Part B – For Guaranty Associations

5. Part A of the Report lists the claims of Non Guaranty Association Claimants. The total amount claimed in Part A of the Report is \$95,642,347.60. The total amount recommended by the Receiver in Part A of the Report is \$349,585.49. For the Court's convenience, a paper copy of the summary totals from Part A of the Report is attached as **Exhibit A**.

6. Part B of the Report lists the claims of Guaranty Association claimants. The total amount claimed in Part B of the Report is \$898,962,294.16. The total amount recommended by the Receiver in Part B of the Report is \$845,601,838.97. For the Court's convenience, a paper copy of the summary totals from Part B of the Report is attached as **Exhibit B**.

7. Pursuant to §631.182(1), Florida Statutes, claimants are entitled to notice of the Receiver's recommendation on their claims and the deadline for filing an objection. A sample copy of the "Notice of Determination" is attached as **Exhibit C**. Additionally pursuant to §631.182(1), Florida Statutes, the Court "shall enter an order approving the claims so reported, unless an objection is filed thereto within a deadline set by the court."

8. The Receiver recommends a deadline that allows ample time for the Receiver to provide the notices of determination and for a reasonable amount of time for claimants to file an objection with the Court. In the case of SFIC, such a deadline would not be less than forty-five (45) days from the date of this Court's Order granting approval of the Report.

9. The Receiver has a procedure for handling late filed objections. For any objection filed after the deadline, the Receiver will send a letter to the claimant advising them that their

objection was not filed in compliance with Florida Statutes and this Court's Order and will not be handled as a filed objection. A copy of this letter will be filed with the Court.

WHEREFORE, the Receiver respectfully requests this Court enter an Order:

A. Approving the Receiver's First Interim Claims Report and Recommendation on Claims for which no objections are filed;

B. Authorizing and directing the Receiver 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 Report;

C. Authorizing and directing the Receiver to provide notice to each claimant, as herewith reported to the Court, of the Receiver's recommendation regarding their claim and the deadline for filing objections, by United States Mail to the last known address of such person, as shown in the Receiver's files;

D. Approving the Receiver's sample "Notice of Determination" and directing all persons who have filed claims, as herewith reported to the Court, to file any objection they might have to the Receiver's Report with the Clerk of this Court on or before the objection filing deadline at:

Clerk of the Leon County Circuit Court
Leon County Courthouse
301 S. Monroe Street
Tallahassee, Florida 32301;

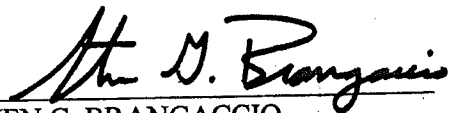
AND file a copy of said objection with the Receiver at the following address:

The Florida Department of Financial Services,
Division of Rehabilitation and Liquidation
As Receiver for Southern Family Insurance Company
P.O. Box 110
Tallahassee, Florida 32302-0110;

E. Requiring any persons filing objections to submit documentation to support their claim and that the Court will not consider any information or documentation submitted after the objection is filed; and

F. Approving the Receiver's procedure for addressing late filed objections.

SUBMITTED on this 14th day of April, 2011.

By: 
STEVEN G. BRANGACCIO,
SENIOR ATTORNEY
Florida Bar Number: 0071773
Florida Department of Financial Services
Division of Rehabilitation and Liquidation
Post Office Box 110
Tallahassee, Florida 32302-0110
Steven.Brangaccio@MyFloridaCFO.com
Phone: (850) 413-4445
Fax: (850) 413-3992

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
SOUTHERN FAMILY INSURANCE COMPANY
FIRST INTERIM CLAIMS REPORT
PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$95,642,347.60
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$349,585.49
TOTAL NUMBER	3,297

Secured Claims

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

UnSecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	49
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$2,425,734.62
AMOUNT RECD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 2 CLAIMS :	422	COUNT OF CLASS 7 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	\$89,908,457.46	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,771.25
AMOUNT RECD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$349,585.49	AMOUNT RECD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 3 CLAIMS :	2,781	COUNT OF CLASS 8 CLAIMS :	43
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$2,781.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$3,302,332.11
AMOUNT RECD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 4 CLAIMS :	1	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,271.16	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00
AMOUNT RECD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	

Note: If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
SOUTHERN FAMILY INSURANCE COMPANY
FIRST INTERIM CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	898,962,294.16
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	845,601,838.97
TOTAL NUMBER	5

COUNT OF CLASS 1 CLAIMS :	3	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$52,849,698.49	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$52,849,698.49	AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$792,752,139.48	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$792,752,139.48	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$53,360,455.19	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 10 CLAIMS TO GUARANTY ASSOCIATION :	

Note: If status is unevaluated, then dollar amounts have been suppressed

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

In Re: The Receivership of
SOUTHERN FAMILY
INSURANCE COMPANY

CASE NO. 2006-CA-001060

**ORDER APPROVING RECEIVER'S FIRST INTERIM CLAIMS REPORT AND
RECOMMENDATION ON CLAIMS**

THIS MATTER came on upon the Florida Department of Financial Services, as Receiver of Southern Family Insurance Company's (the "Receiver"), *Motion for Approval of the First Interim Claims Report and Recommendation on Claims*. The Court having reviewed the pleadings of record and being otherwise fully informed in the premises, finds as follows:

It is **ORDERED** and **ADJUDGED**:

1. The Receiver's First Interim Claims Report for which no objections are filed is approved;
2. The Receiver is authorized and directed 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 Report;
3. The Receiver is directed to provide notice to each claimant, as herewith reported to the Court, of the Receiver's recommendation regarding their claim and the deadline for filing objections, by United States Mail to the last known address of such person, as shown in the Receiver's files;
4. The Receiver's sample "Notice of Determination" is approved and all persons who have filed claims, as herewith reported to the Court, are directed to file any objection they

might have to the Receiver's Report with the Clerk of this Court on or before the objection filing deadline at:

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


AND file a copy of said objection with the Receiver at the following address:

The Florida Department of Financial Services,
Division of Rehabilitation and Liquidation
As Receiver for Southern Family Insurance Company
P.O. Box 110
Tallahassee, Florida 32302-0110;

5. All persons filing any objection are required to submit documentation to support their claim and the Court will not consider any information or documentation submitted after the objection is filed; and

6. The Receiver's procedure for addressing late filed objections is approved.

DONE and **ORDERED** in Chambers at the Leon County Courthouse, Tallahassee, Leon County, Florida, this 15 day of April, 2011.


TERRY P. LEWIS
Circuit Judge

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

In Re: The Receivership of
SOUTHERN FAMILY
INSURANCE COMPANY

CASE NO. 2006-CA-001060

**RECEIVER'S MOTION FOR APPROVAL OF THE SECOND INTERIM
CLAIMS REPORT AND RECOMMENDATION ON CLAIMS**

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, as Receiver of Southern Family Insurance Company (hereinafter "Receiver"), moves this Honorable Court for an entry of an Order approving the Receiver's Second Interim Claims Report and Recommendation on Claims and in support of its motion states:

1. Southern Family Insurance Company (hereinafter "SFIC") was a Florida corporation previously authorized to transact insurance business in the State of Florida. On May 31, 2006, this Court adjudicated SFIC insolvent and entered the Order Appointing the Florida Department of Financial Services as Receiver (of SFIC) for the Purposes of Liquidation, Injunction, and Notice of Automatic Stay (the "Order") effective June 1, 2006.

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

3. The Receiver compiled its First Interim Claims Report and Recommendation on Claims for Class 1 and Class 2, which was approved by this Court by Order on April 15, 2011 (attached as Exhibit A). All filed objections from the First Interim Claims Report have been resolved. The Receiver has compiled its Second Interim Claims Report dated September 25, 2012 (hereinafter the "Report"), which includes its evaluation of Classes 3-9 claims that were

filed with the Receiver pursuant to §631.181, Florida Statutes. At this time, funds for distribution are only available through Class 2.

4. The Receiver's Second Interim Claims Report is extremely detailed and contains non-public personal information, including personally identifiable financial information, relating to the claimants. Pursuant to Federal Law, specifically the Gramm-Leach-Bliley Act, 15 USCS §6801 (hereinafter the "Act"), there is an obligation to protect the security and confidentiality of an individual's non-public personal information.

5. In furtherance of the Act's purpose, and in order to protect claimants of the SFIC estate, the Receiver has not attached the full Second Interim Claims Report to this motion. Instead, the Receiver offers summary pages of the report that reflect the total amounts claimed and recommended by the Receiver. Upon this Court's request, the Receiver would immediately provide to the Court, a full copy of the Second Interim Claims Report. The Receiver's Second Interim Claims Report, dated September 25, 2012, is broken down into two parts. Part A is for non-guaranty association claimants and Part B is for guaranty association claimants. Summary pages of both Parts A and B are attached as **Composite Exhibit B**. This report reflects classification of filed claims by priority in accordance with §631.271, Florida Statutes. The total amount claimed in Part A of the Report is \$21,014,351.94. The total amount recommended by the Receiver in Part A of the Report is \$324,158.42. The total amount claimed in Part B of the Report is \$53,360,455.19. The total amount recommended by the Receiver in Part B of the Report is \$53,360,459.19.

6. Pursuant to §631.182(1), Florida Statutes, claimants are entitled to notice of the Receiver's recommendation on their claims and the deadline for filing an objection. A sample copy of the "Notice of Determination" is attached as **Exhibit C**. Additionally pursuant to

§631.182(1), Florida Statutes, the Court “shall enter an order approving the claims so reported, unless an objection is filed thereto within a deadline set by the court.”

7. The Receiver recommends a deadline that allows ample time for the Receiver to provide the notices of determination and for a reasonable amount of time for claimants to file an objection with the Court. In the case of SFIC, such a deadline would not be less than forty-five (45) days from the date of this Court’s Order granting approval of the Report.

8. The Receiver has a procedure for handling late filed objections. For any objection filed after the deadline, the Receiver will send a letter to the claimant advising them that their objection was not filed in compliance with Florida Statutes and this Court’s Order and will not be handled as a filed objection. A copy of this letter will be filed with the Court.

WHEREFORE, the Receiver respectfully requests this Court enter an Order:

A. Approving the Receiver’s Second Interim Claims Report and Recommendation on Claims for which no objections are filed;

B. Authorizing and directing the Receiver 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 Report;

C. Authorizing and directing the Receiver to provide notice to each claimant, as herewith reported to the Court, of the Receiver’s recommendation regarding their claim and the deadline for filing objections, by United States Mail to the last known address of such person, as shown in the Receiver’s files;

D. Approving the Receiver’s sample “Notice of Determination” and directing all persons who have filed claims, as herewith reported to the Court, to file any objection they might

have to the Receiver's Report with the Clerk of this Court on or before the objection filing deadline at:

Clerk of the Leon County Circuit Court
Leon County Courthouse
301 S. Monroe Street
Tallahassee, Florida 32301;

AND file a copy of said objection with the Receiver at the following address:

The Florida Department of Financial Services,
Division of Rehabilitation and Liquidation
As Receiver for Southern Family Insurance Company
2020 Capital Circle S.E., Suite 310
Tallahassee, Florida 32301

E. Requiring any persons filing objections to submit documentation to support their claim and that the Court will not consider any information or documentation submitted after the objection is filed; and

F. Approving the Receiver's procedure for addressing late filed objections.

SUBMITTED on this 26th day of September, 2012.

By: 
STEVEN G. BRANGACCIO,
SENIOR ATTORNEY
Florida Bar Number: 0071773
Florida Department of Financial Services
Division of Rehabilitation and Liquidation
2020 Capital Circle S.E., Suite 310
Tallahassee, Florida 32301
Steven.Brangaccio@MyFloridaCFO.com
Phone: (850) 413-4445

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

In Re: The Receivership of
SOUTHERN FAMILY
INSURANCE COMPANY

CASE NO. 2006-CA-001060

**ORDER APPROVING RECEIVER'S FIRST INTERIM CLAIMS REPORT AND
RECOMMENDATION ON CLAIMS**

THIS MATTER came on upon the Florida Department of Financial Services, as Receiver of Southern Family Insurance Company's (the "Receiver"), *Motion for Approval of the First Interim Claims Report and Recommendation on Claims*. The Court having reviewed the pleadings of record and being otherwise fully informed in the premises, finds as follows:

It is **ORDERED** and **ADJUDGED**:

1. The Receiver's First Interim Claims Report for which no objections are filed is approved;
2. The Receiver is authorized and directed 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 Report;
3. The Receiver is directed to provide notice to each claimant, as herewith reported to the Court, of the Receiver's recommendation regarding their claim and the deadline for filing objections, by United States Mail to the last known address of such person, as shown in the Receiver's files;
4. The Receiver's sample "Notice of Determination" is approved and all persons who have filed claims, as herewith reported to the Court, are directed to file any objection they

SOUTHERN FAMILY
INSURANCE COMPANY
2nd Judicial Circuit Court,
in and for Leon County, Florida
CASE NO. 2006-CA-001060
EXHIBIT A

might have to the Receiver's Report with the Clerk of this Court on or before the objection filing deadline at:

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


AND file a copy of said objection with the Receiver at the following address:

The Florida Department of Financial Services,
Division of Rehabilitation and Liquidation
As Receiver for Southern Family Insurance Company
P.O. Box 110
Tallahassee, Florida 32302-0110;

5. All persons filing any objection are required to submit documentation to support their claim and the Court will not consider any information or documentation submitted after the objection is filed; and

6. The Receiver's procedure for addressing late filed objections is approved.

DONE and ORDERED in Chambers at the Leon County Courthouse, Tallahassee, Leon County, Florida, this 15 day of April, 2011.


TERRY P. LEWIS
Circuit Judge

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
SOUTHERN FAMILY INSURANCE COMPANY
SECOND INTERIM CLAIMS REPORT
PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$21,014,351.94
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$324,158.42
 TOTAL NUMBER	 2,930

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	

UnSecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	55
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$2,428,239.62
AMOUNT RECDMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECDMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$21,849.35
 COUNT OF CLASS 2 CLAIMS :	 11	 COUNT OF CLASS 7 CLAIMS :	 1
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$13,800.37	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,771.25
AMOUNT RECDMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$9,042.37	AMOUNT RECDMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	
 COUNT OF CLASS 3 CLAIMS :	 2,819	 COUNT OF CLASS 8 CLAIMS :	 43
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$15,266,937.43	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$3,302,332.11
AMOUNT RECDMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$281,166.70	AMOUNT RECDMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$2,100.00
 COUNT OF CLASS 4 CLAIMS :	 1	 COUNT OF CLASS 9 CLAIMS :	 0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,271.16	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECDMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECDMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	
 COUNT OF CLASS 5 CLAIMS :	 0	 COUNT OF CLASS 10 CLAIMS :	 0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECDMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECDMD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	

Note: If status is unevaluated, then dollar amounts have been suppressed

**SOUTHERN FAMILY
INSURANCE COMPANY**
2nd Judicial Circuit Court,
in and for Leon County, Florida
CASE NO. 2006-CA-001060
COMPOSITE EXHIBIT B

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
SOUTHERN FAMILY INSURANCE COMPANY
SECOND INTERIM CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$53,360,455.19
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	\$53,360,455.19
TOTAL NUMBER	1

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$53,360,455.19	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :	\$53,360,455.19	AMOUNT RECD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECD FOR CLASS 10 CLAIMS TO GUARANTY ASSOCIATION :	

Note: If status is unevaluated, then dollar amounts have been suppressed

**SOUTHERN FAMILY
INSURANCE COMPANY**
2nd Judicial Circuit Court,
in and for Leon County, Florida
CASE NO. 2006-CA-001060
COMPOSITE EXHIBIT B

FLORIDA DEPARTMENT OF FINANCIAL SERVICES RECEIVER



«company»

September 24, 2012

NOTICE of DETERMINATION

«DELIVERYPOINTBARCODE»

«CD_COMPANY» «ID_NO»-«SUFFIX»
«FULLNAME»
«ADDRESSLINE1»
«ADDRESSLINE2»
«city» «state» «ZIPCODE»

IDENTIFICATION NUMBER:

«cd_company» «id_no»-
«suffix»
«policyhold»
«policy_no»
«claim_no»
«amt_claimd»
«AMT_DUE_CL»
«class»

INSURED:

POLICY NUMBER:

CLAIM NUMBER:

AMOUNT CLAIMED:

AMOUNT RECOMMENDED CLAIMANT:

CLASS:

THIS IS NOT A BILL

RE: «COMPANY»

OBJECTION FILING DEADLINE: (insert date)

THIS IS NOT A BILL

Civil Action: «CASE_NO»

2nd Judicial Circuit Court

Leon County, Florida

THIS IS NOT A BILL. The purpose of this Notice of Determination is to inform you of the Receiver's report of its final recommendations to the Circuit Court concerning the classification and amount on a claim filed by you or on your behalf against the Receivership Estate of «COMPANY». A copy of the court order reflecting approval of these recommendations can be obtained at www.MyFloridaCFO.com/Receiver.

The Receiver has evaluated Class 1 through Class 11 claims submitted in the estate of «COMPANY» and is recommending the amount on the line reading "Amount Recommended Claimant." The Receiver's "Class" or "Priority" of your claim will affect the amount you may receive. Florida Statute 631.271, "Priority of claims", defines the classification of claims. (See F.S. 631.271 on reverse side of this form.)

If you agree with the amount recommended and the class/priority, no further action on your part is necessary. If you object to the recommended amount or to the assigned class of your claim, YOU MUST FILE YOUR WRITTEN OBJECTION WITH BOTH THE RECEIVER AND THE CLERK OF COURT, SECOND JUDICIAL CIRCUIT, LEON COUNTY COURT HOUSE, 301 S. MONROE STREET, TALLAHASSEE, FLORIDA 32301.

YOUR OBJECTION MUST BE FILED (RECEIVED) BY (insert date). IT IS SUGGESTED THAT YOU SEND YOUR OBJECTION BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

The objection procedure is:

1. At the top of your statement, include the following information: The Civil Action Number noted above, your identification number noted above, and your correct address and telephone number. State in detail all legal and factual reasons for your objection.
2. Attach a copy of this notice and any documentation to support your objection. By order of the Court, all documentation must be filed with your objection.
3. Mail original to the Clerk of Court, a copy to the Receiver, and keep a copy for yourself.
4. If your objection cannot be resolved, a hearing will be scheduled before the Circuit Court, Leon County, Florida.

NOTE: Any distribution will be made on a pro-rata basis. If a distribution is made, you may not receive the full amount recommended for your claim. Depending on the assets available for distribution, you and other claimants in your classification may only receive a percentage of the amount recommended on your claim. (i.e. 25% equals 25 cents on the dollar.)

IF a distribution is made, the payee(s) name(s) on the claim check will be the same as the name(s) appearing at the top of this form. If the information on this form is incorrect, or becomes incorrect in the future, it is your responsibility to notify the Receiver and document any changes. Further instructions can be found on our website listed below.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER

«company»,

2020 CAPITAL CIRCLE, S.E., SUITE 310

TALLAHASSEE, FLORIDA 32301

Website: www.MyFloridaCFO.com/Receiver

Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-413-3992

SOUTHERN FAMILY
INSURANCE COMPANY
2nd Judicial Circuit Court,
in and for Leon County, Florida
CASE NO. 2006-CA-001060
EXHIBIT C

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

FLORIDA STATUTE 631.271 Priority of Claims

631.271 Priority of claims.—

(1) The priority of distribution of claims from the insurer's estate shall be in accordance with the order in which each class of claims is set forth in this subsection. Every claim in each class shall be paid in full or adequate funds shall be retained for such payment before the members of the next class may receive any payment. No subclasses may be established within any class. The order of distribution of claims shall be:

(a) Class 1.—

1. All of the receiver's costs and expenses of administration.

2. All of the expenses of a guaranty association or foreign guaranty association in handling claims.

(b) Class 2.— All claims under policies for losses incurred, including third-party claims, all claims against the insurer for liability for bodily injury or for injury to or destruction of tangible property which claims are not under policies, and all claims of a guaranty association or foreign guaranty association. All claims under life insurance and annuity policies, whether for death proceeds, annuity proceeds, or investment values, shall be treated as loss claims. That portion of any loss, indemnification for which is provided by other benefits or advantages recovered by the claimant, may not be included in this class, other than benefits or advantages recovered or recoverable in discharge of familial obligations of support or by way of succession at death or as proceeds of life insurance, or as gratuities. No payment by an employer to her or his employee may be treated as a gratuity.

(c) Class 3.—Claims under nonassessable policies for unearned premiums or premium refunds.

(d) Class 4.—Claims of the Federal Government.

(e) Class 5.—Debts due to employees for services performed, to the extent that the debts do not exceed \$2,000 for each employee and represent payment for services performed within 6 months before the filing of the petition for liquidation. Officers and directors are not entitled to the benefit of this priority. This priority is in lieu of any other similar priority that is authorized by law as to wages or compensation of employees.

(f) Class 6.—Claims of general creditors.

(g) Class 7.—Claims of any state or local government. Claims, including those of any state or local government for a penalty or forfeiture, shall be allowed in this class, but only to the extent of the pecuniary loss sustained from the act, transaction, or proceeding out of which the penalty or forfeiture arose, with reasonable and actual costs occasioned thereby. The remainder of such claims shall be postponed to the class of claims under paragraph (j).

(h) Class 8.—Claims filed after the time specified in F.S. 631.181(3), except when ordered otherwise by the court to prevent manifest injustice, or any claims other than claims under paragraph (i) or under paragraph (j).

(i) Class 9.—Surplus or contribution notes, or similar obligations, and premium refunds on assessable policies. Payments to members of domestic mutual insurance companies shall be limited in accordance with law.

(j) Class 10.—Interest on allowed claims of Classes 1 through 9, according to the terms of a plan to pay interest on allowed claims proposed by the liquidator and approved by the receivership court.

(k) Class 11.—The claims of shareholders or other owners.

(2) In a liquidation proceeding involving one or more reciprocal states, the order of distribution of the domiciliary state shall control as to all claims of residents of this and reciprocal states. All claims of residents of reciprocal states shall be given equal priority of payment from general assets regardless of where such assets are located.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER

«company»,

2020 CAPITAL CIRCLE, S.E., SUITE 310

TALLAHASSEE, FLORIDA 32301

Website: www.MyFloridaCFO.com/Receiver

Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-413-3992

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

In Re: The Receivership of
SOUTHERN FAMILY
INSURANCE COMPANY

CASE NO. 2006-CA-001060

**ORDER APPROVING RECEIVER'S SECOND INTERIM CLAIMS REPORT
AND RECOMMENDATION ON CLAIMS**

THIS MATTER came on upon the Florida Department of Financial Services, as Receiver of Southern Family Insurance Company's (the "Receiver") *Motion for Approval of the Second Interim Claims Report and Recommendation on Claims*. The Court having reviewed the pleadings of record and being otherwise fully informed in the premises, finds as follows:

It is **ORDERED** and **ADJUDGED**:

1. The Receiver's Second Interim Claims Report, dated September 25, 2012, for which no objections are filed is approved;
2. The Receiver is authorized and directed 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 Report;
3. The Receiver is directed to provide notice to each claimant, as herewith reported to the Court, of the Receiver's recommendation regarding their claim and the deadline for filing objections, by United States Mail to the last known address of such person, as shown in the Receiver's files;
4. The Receiver's sample "Notice of Determination" is approved and all persons who have filed claims, as herewith reported to the Court, are directed to file any objection they

might have to the Receiver's Report with the Clerk of this Court on or before the objection filing deadline at:

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

AND file a copy of said objection with the Receiver at the following address:

The Florida Department of Financial Services,
Division of Rehabilitation and Liquidation
As Receiver for Southern Family Insurance Company
2020 Capital Circle S.E., Suite 310
Tallahassee, Florida 32301;

5. All persons filing any objection are required to submit documentation to support their claim and the Court will not consider any information or documentation submitted after the objection is filed; and

6. The Receiver's procedure for addressing late filed objections is approved.

DONE and **ORDERED** in Chambers at the Leon County Courthouse, Tallahassee, Leon County, Florida, this 1st day of Oct, 2012.



TERRY P. LEWIS
Circuit Judge

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$110,910,009.03
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$660,943.73
TOTAL NUMBER	3,343

Secured Claims

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

UnSecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 6 CLAIMS :	55
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$2,428,239.62
AMOUNT RECD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$21,849.35
COUNT OF CLASS 2 CLAIMS :	424	COUNT OF CLASS 7 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$89,909,457.46	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,771.25
AMOUNT RECD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$345,827.68	AMOUNT RECD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 3 CLAIMS :	2,819	COUNT OF CLASS 8 CLAIMS :	43
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$15,266,937.43	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$3,302,332.11
AMOUNT RECD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$291,166.70	AMOUNT RECD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$2,100.00
COUNT OF CLASS 4 CLAIMS :	1	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,271.16	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECD FOR CLASS 10 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	

Note: If status is unevaluated, then dollar amounts have been suppressed

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	898,962,294.16
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	896,416,639.01
TOTAL NUMBER	5

COUNT OF CLASS 1 CLAIMS :		3	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :		\$52,849,699.49	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :		\$56,383,144.07	AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :		1	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :		\$792,752,139.48	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :		\$786,673,035.75	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :		1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :		\$53,360,455.19	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :		\$53,360,459.19	AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 4 CLAIMS :		0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :		\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :			AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 5 CLAIMS :		0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :		\$0.00	AMOUNT CLAIMED FOR CLASS 10 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :			AMOUNT RECMD FOR CLASS 10 CLAIMS TO GUARANTY ASSOCIATION :	

Note: If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
SOUTHERN FAMILY INSURANCE COMPANY
CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	854,570,134.22
TOTAL AMOUNT RECOMMENDED	843,402,007.50
TOTAL NUMBER	264

Secured Claims

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

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	3	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :	\$52,849,699.49	AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :	\$56,383,144.07	AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	
COUNT OF CLASS 2 CLAIMS :	261	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	801,720,434.73	AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	787,018,863.43	AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :		AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	
COUNT OF CLASS 4 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :		AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 9 CLAIMS :	
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 10 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 10 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 10 CLAIMS :	

Note: if status is unevaluated, then dollar amounts have been suppressed

Southern Family Insurance Company
Distribution Accounting
Projected for July 2017 Distribution

ESTIMATED ASSETS AT JUNE 30, 2017

	<u>Value</u>	<u>Reference</u>
Cash	\$ 3,375,782.01	Schedule A
Advance Payments and FHCF Payments to Guaranty Assoc.	\$ 365,314,980.06	
Total Assets	\$ 368,690,762.07	

ESTIMATED FUNDS RETAINAGE

	<u>Value</u>	<u>Reference</u>
Class 1 Administrative Claims Retainage for Receiver Expenses Estimate (July - December 2017)	92,748.00	Schedule B
Discharge Expenses Retainage for records storage, tax return prep. & distribution audit	2,500.00	Schedule E
Total Proposed Retainage	95,248.00	

TOTAL AVAILABLE TO DISTRIBUTE **\$ 368,595,514.07**

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	\$ 56,383,144.07	\$ -	\$ 56,383,144.07	\$ 56,383,144.07	\$ -	100.0000%	100.0000%	100.0000%
Class II - Loss Claims-Guaranty Funds	786,673,035.75	-	786,673,035.75	308,931,835.99	3,142,930.64	39.6702%	39.6702%	39.6702%
Class II - Loss Claims-Other	345,827.68	-	345,827.68	-	137,190.50	39.6702%	39.6702%	39.6702%
Class III - Return Premium Claims-Guaranty Funds	53,360,459.19	-	53,360,459.19	-	-	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Other	291,166.70	-	291,166.70	-	-	0.0000%	0.0000%	0.0000%
Class IV - Federal Government Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims	21,849.35	-	21,849.35	-	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims - GA	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	2,100.00	-	2,100.00	-	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other-GA	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class X - Shareholder Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Amount to Distribute	\$ 897,077,582.74	\$ -	\$ 897,077,582.74	\$ 365,314,980.06	\$ 3,280,121.14			

Index to Attached Schedules:

Schedule A - Available Cash Projection
Schedule B - Receiver's Retained Funds
Schedule C - Allocated State Funds Expensed
Schedule D - Interest Earnings Projection - Pooled Cash
Schedule E - Receiver Discharge Expenses

**Southern Family Insurance Company
Available Cash Projection
Projected for July 2017 Distribution**

	Cash Bal. as of April 30, 2017	May-17	Jun-17
Beginning Pooled Cash Balance	\$ 3,477,457.38	\$ 3,427,310.01	
Less:			
Direct Receiver Expenses (Actual or Estimated)			
Rent-Storage, Bank Fees	1,000.00	1,000.00	
Sub-total	<u>1,000.00</u>	<u>1,000.00</u>	
Allocated Receiver Expenses (Estimated)			
Labor & Benefits	13,268.00	13,268.00	
Indirect Expenses	40,260.00	40,260.00	
Sub-total	<u>53,528.00</u>	<u>53,528.00</u>	
Cash Balance Before Interest Earnings	<u>3,422,929.38</u>	<u>3,372,782.01</u>	
Interest Earnings			
Pooled Cash:			
SPIA Earnings for April to be credited on 5/01/2017	4,380.63		
Estimate based on assumed SPIA APR on the previous months average Pooled Cash balance (See Schedule C)			3,000.00
Ending Pooled Cash Balance	<u>\$ 3,477,457.38</u>	<u>\$ 3,427,310.01</u>	<u>\$ 3,375,782.01</u>

Assumptions for Allocated Receiver Expenses:

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

January actual	5,903.81
February actual	5,863.14
March actual	6,938.87
April actual	7,829.69
Sub-total	<u>26,535.51</u>
4 mth. actual average (rounded)	<u>6,634.00</u>
Doubled for increased activity level	<u>\$ 13,268.00</u>

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

Estimated Total Asset %	33.00%
Estimated Total for the Receiver	<u>\$ 122,000.00</u>
Estimated Expense (rounded)	<u>\$ 40,260.00</u>

Southern Family Insurance Company
Estimated Funds to be Retained by the Receiver
Estimated from July 2017 through the Projected Discharge Date of December 31, 2017

	Estimated as of 6/30/17	July	August	September	October	November	December	Retainage Calculation
Beginning Cash Balance		\$ 3,375,782.01	\$ 43,219.96	\$ 35,875.96	\$ 27,431.96	\$ 18,987.96	\$ 10,743.96	
Direct Receiver Expenses								
Rent-Storage, Bank Fees		1,500.00	1,500.00	1,200.00	1,200.00	1,000.00	1,000.00	
Sub-total		1,500.00	1,500.00	1,200.00	1,200.00	1,000.00	1,000.00	\$ 7,400.00
Allocated Receiver Expenses								
Labor & Benefits		13,268.00	6,634.00	6,634.00	6,634.00	6,634.00	6,634.00	¹
Indirect Expenses		40,260.00	610.00	610.00	610.00	610.00	610.00	²
Sub-total		53,528.00	7,244.00	7,244.00	7,244.00	7,244.00	7,244.00	\$ 89,748.00
Claims Distribution (Approx.)		\$ 3,280,534.05						
Cash Balance Before Interest Earnings		40,219.96	34,475.96	27,431.96	18,987.96	10,743.96	2,499.96	
Interest Earnings								
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).		3,000.00	1,400.00	-	-	-	-	\$ 4,400.00
Projected Ending Cash Balance	\$ 3,375,782.01	\$ 43,219.96	\$ 35,875.96	\$ 27,431.96	\$ 18,987.96	\$ 10,743.96	\$ 2,499.96	
Estimated Retainage for Receiver's Expenses								<u>\$ 92,748.00</u>

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity for distribution month and then average used.

January actual	\$ 5,903.81
February actual	5,863.14
March actual	6,938.87
April actual	7,829.69
Sub-total	26,535.51
4 mth. actual average (rounded)	6,634.00
Doubled for increased activity level	13,268.00

² Indirect Expenses: This estimate is Southern Family's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on Southern Family's estimated total assets divided by the Receiver's estimated total assets for all receiverships. The percentage is reduced after the distribution month due to a significant drop in total assets.

	Before Distribution	After Distribution
Estimated Total Asset %	33.00%	0.50%
Estimated Total for the Receiver	\$ 122,000.00	\$ 122,000.00
Estimated Expense (rounded)	\$ 40,260.00	\$ 610.00

Southern Family Insurance Company
Allocated State Funds Expensed
 Estimated from May 2017 through the Projected Discharge Date of December 31, 2017
THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Totals
Accrued Allocated State of Florida Expenses (Estimated)									
Labor & Benefits	\$ 13,260.00	\$ 13,260.00	\$ 13,260.00	\$ 6,630.00	\$ 6,630.00	\$ 6,630.00	\$ 6,630.00	\$ 6,630.00	\$ 72,930.00 ¹
Indirect Expenses	3,960.00	3,960.00	3,960.00	60.00	60.00	60.00	60.00	60.00	\$ 12,180.00 ²
Total	\$ 17,220.00	\$ 17,220.00	\$ 17,220.00	\$ 6,690.00	\$ 6,690.00	\$ 6,690.00	\$ 6,690.00	\$ 6,690.00	\$ 85,110.00

Assumptions for Allocated State of Florida Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average projected for the distribution period.

January actual	5,903.81
February actual	5,863.14
March actual	6,938.87
April actual	7,829.69
Sub-total	26,535.51
4 mth. actual average (rounded)	\$ 6,630.00
Doubled for increased distribution activity	\$ 13,260.00

² Indirect Expenses: This estimate is Southern Family's estimated pro rata share of the State's estimated total indirect expenses. The pro rata calculation is based on Southern Family's estimated total assets divided by the Receiver's estimated total assets for all receiverships. The percentage is reduced after the distribution month due to a significant drop in total assets

	Before Distribution	After Distribution
Estimated Total Asset %	33.00%	0.50%
Estimated Total for the State	\$ 12,000.00	\$ 12,000.00
Estimated Expense (rounded)	\$ 3,960.00	\$ 60.00

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

Southern Family Insurance Company
Interest Earnings Projection - Pooled Cash
Projected for July 2017 Distribution

Interest accrued for May

Beginning cash balance	3,477,457.38
Ending cash balance	3,427,310.01
Average cash balance	3,452,383.70
Assumed SPIA interest rate (Annualized)	1.00%
Subtotal (Annualized)	34,523.84

Accrual for May 2017 (Rounded)	\$ 3,000.00
---------------------------------------	--------------------

Interest accrued for June 2017

Beginning cash balance	3,427,310.01
Ending cash balance	3,375,782.01
Average cash balance	3,401,546.01
Assumed SPIA interest rate (Annualized)	1.00%
Subtotal (Annualized)	34,015.46

Accrual for June 2017 (Rounded)	\$ 3,000.00
--	--------------------

Interest accrued for July 2017

Beginning cash balance	3,375,782.01
Ending cash balance	43,219.96
Average cash balance	1,709,500.99
Assumed SPIA interest rate (Annualized)	1.00%
Subtotal (Annualized)	17,095.01

Accrual for July 2017 (Rounded)	\$ 1,400.00
--	--------------------

Interest accrued for August 2017

Beginning cash balance	43,219.96
Ending cash balance	35,875.96
Average cash balance	39,547.96
Assumed SPIA interest rate (Annualized)	1.00%
Subtotal (Annualized)	395.48

Accrual for August 2017 (Rounded)	\$ -
--	-------------

Interest accrued for September 2017

Beginning cash balance	35,875.96
Ending cash balance	27,431.96

Schedule D

Average cash balance	31,653.96
Assumed SPIA interest rate (Annualized)	1.00%
Subtotal (Annualized)	316.54

Accrual for September 2017 (Rounded)

\$ -

Interest accrued for October 2017

Beginning cash balance	27,431.96
Ending cash balance	18,987.96
Average cash balance	23,209.96
Assumed SPIA interest rate (Annualized)	1.00%
Subtotal (Annualized)	232.10

Accrual for October 2017 (Rounded)

\$ -

Interest accrued for November 2017

Beginning cash balance	18,987.96
Ending cash balance	10,743.96
Average cash balance	14,865.96
Assumed SPIA interest rate (Annualized)	1.00%
Subtotal (Annualized)	148.66

Accrual for November 2017 (Rounded)

\$ -

Interest accrued for December 2017

Beginning cash balance	10,743.96
Ending cash balance	2,499.96
Average cash balance	6,621.96
Assumed SPIA interest rate (Annualized)	1.00%
Subtotal (Annualized)	66.22

Accrual for December 2017 (Rounded)

\$ -

Southern Family Insurance Company
Receiver Discharge Expenses
Projected for July 2017 Distribution

Discharge Expenses (Projected for Post 12/31/2017)

Records Storage, Final Tax Returns, Labor	2,500.00
Total	<u>\$ 2,500.00</u>