

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

IN RE: The Receivership of
FIRST COMMERCIAL INSURANCE
COMPANY, a Florida corporation.

CASE NO.: 2009-CA-2668

**DEPARTMENT'S MOTION FOR APPROVAL OF FIFTH INTERIM CLAIMS
REPORT AND RECOMMENDATION ON CLAIMS**

The Florida Department of Financial Services, in its capacity as Receiver for First Commercial Insurance Company ("FCIC"), hereby files this Motion for Approval of Fifth Interim Claims Report and Recommendation on Claims, and states as follows:

1. Effective August 24, 2009, the Florida Department of Financial Services was appointed as Receiver in liquidation for First Commercial Insurance Company ("Department" or "FCIC").

2. This Court has jurisdiction over the FCIC 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 Department filed its Motion for Approval of First Interim Claims Report on March 5, 2013. That Report included most of the Non-Guaranty Association Claimants in all Classes; however, the Department advised the Court that the available assets of the receivership did not allow for a distribution beyond the Class 2 claims, and therefore the claims beyond Class 2 would be evaluated for Class only. The Court approved the First Interim Claims Report in an Order dated March 8, 2013.

4. The Department's Second Interim Claims Report and Recommendation, dated November 22, 2013, was approved by this Court in an Order dated December 5, 2013.

That Report contained three filed claims by non-guaranty association claimants: one claim, a Class 2 claim in the amount of \$124,471.59, was recommended to be paid by the Department. The remaining two claims were a Class 3 and a Class 8 claim, and as such were evaluated for Class only as stated above.

5. The Department's Third Interim Claims Report and Recommendation, dated July 24, 2015, was approved by this Court in an Order dated August 10, 2015. That Report consisted of 33 return premium/Class 3 claims that were added to its claims database as a result of premium audits in the FCIC estate. These claims were evaluated as to Class only.

6. The Department filed its Fourth Interim Claims Report and Recommendation, on November 6, 2015, which was approved by this Court in an Order dated November 9, 2015. It consisted of one Class 8 late-filed claim being reported for priority only.

7. The Department now files its Fifth Interim Claims Report ("the Report") that includes only guaranty association claims. The total amount claimed by the Guaranty Associations was \$93,379,571.70, with the total amount recommended by the Department being \$82,875,073.80. There are 6 Class 1 claims, and 2 Class 2 claims. The 2 Class 3 claims are unevaluated and are reported for class only as the available assets still do not allow for a distribution beyond Class 2. The Report is attached as Exhibit "A."

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

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

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

A. The claimant is aware that financial information regarding claims distributions and payments published on the Department's website or otherwise available can assist the claimant in making an independent and informed decision regarding the sale of the claim;

B. The claimant understands that the purchase price being offered in exchange for the assignment may differ from the amount ultimately distributed in the receivership proceeding with respect to the claim;

C. It is the claimant's intent to sell their claim and have the Department's records be permanently changed to reflect the new owner; and

D. The claimant understands that they will no longer have any title, interest, or rights to the claim including future mailings and distributions if they occur.

10. Pursuant to Section 631.182, Florida Statutes, claimants are entitled to notice of the Department's recommendation on their claims and the deadline for filing an objection. The deadline to be established for filing objections will not be less than forty-five (45) days from the date of this Court's Order granting approval of the Reports. A sample copy of the

“Notice of Determination” containing this information and provided to claimants is attached hereto as Exhibit “B.”

10. 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 which provide 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.

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

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

WHEREFORE the Department respectfully requests this Court enter an Order:

- A. Approving the Department’s Fifth Interim Claims Report and Recommendations on Claims for which no objections are filed.
- B. Authorizing and directing the Department to provide notice to each claimant, as herewith reported to the Court, of the Department’s recommendation regarding his/her/its claim, by United States Mail to the last known address of such person or entity, as shown in the Department’s files.

- C. Authorizing the Department to establish an objection filing deadline that is not less than forty-five (45) days from the date of this Court's Order granting approval of the Department's Report.
- D. Approving the Department's sample Notice of Determination, and directing all persons or entities who have filed claims, or had them deemed filed, to file in writing any objection to the Department's Report they might have with the Clerk of this Court by the objection filing deadline, at:

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

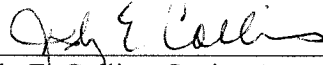
And file a copy of said objection on the Department at the following address:

Florida Department of Financial Services, as
Receiver for First Commercial Insurance Company
2020 Capital Circle S.E., Suite 310
Tallahassee, FL 32301

- E. Requiring any person filing an objection to clearly state the name and claim identification number of the person filing the objection and to provide documentation supporting the objection and claim, and that the Court will not consider any information or documentation submitted after the objection is filed.

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

SUBMITTED this 27th day of September, 2017.



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Tallahassee, Florida 32301
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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 FIRST COMMERCIAL INSURANCE COMPANY
 FIFTH INTERIM CLAIMS REPORT
 PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 523 INSURED : AMOUNT CLAIMED : \$1,257,490.18
 ID NO : 142660-1 CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION AMOUNT RECOMMENDED
 PRIORITY : CLASS 1 PO BOX 14249 TO GUARANTY ASSOCIATION : \$1,257,490.18
 STATUS : Evaluated TALLAHASSEE,FL 32317

COMPANY: 523 INSURED : AMOUNT CLAIMED : \$13,328,857.91
 ID NO : 142660-2 CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION AMOUNT RECOMMENDED
 PRIORITY : CLASS 2 PO BOX 14249 TO GUARANTY ASSOCIATION : \$13,328,857.91
 STATUS : Evaluated TALLAHASSEE,FL 32317

COMPANY: 523 INSURED : AMOUNT CLAIMED : \$5,430,109.26
 ID NO : 142660-3 CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION AMOUNT RECOMMENDED
 PRIORITY : CLASS 3 PO BOX 14249 TO GUARANTY ASSOCIATION : \$5,430,109.26
 STATUS : Unevaluated TALLAHASSEE,FL 32317

COMPANY: 523 INSURED : AMOUNT CLAIMED : \$4,193,123.78
 ID NO : 142660-4 CLAIMANT : FLORIDA INSURANCE GUARANTY ASSOCIATION AMOUNT RECOMMENDED
 PRIORITY : CLASS 1 PO BOX 14249 TO GUARANTY ASSOCIATION : \$4,193,123.78
 STATUS : Evaluated TALLAHASSEE,FL 32317

COMPANY: 523 INSURED : AMOUNT CLAIMED : \$2,632,979.53
 ID NO : 167479-1 CLAIMANT : FLORIDA WORKERS COMPENSATION INS GUARANTY ASSOC AMOUNT RECOMMENDED
 PRIORITY : CLASS 1 PO BOX 15159 TO GUARANTY ASSOCIATION : \$2,632,979.53
 STATUS : Evaluated TALLAHASSEE,FL 32317

COMPANY: 523 INSURED : AMOUNT CLAIMED : \$54,693,278.80
 ID NO : 167479-2 CLAIMANT : FLORIDA WORKERS COMPENSATION INS GUARANTY ASSOC AMOUNT RECOMMENDED
 PRIORITY : CLASS 2 PO BOX 15159 TO GUARANTY ASSOCIATION : \$54,693,278.80
 STATUS : Evaluated TALLAHASSEE,FL 32317

EXHIBIT "A"

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

COMPANY: 523	INSURED :	AMOUNT CLAIMED :
ID NO : 167479-3	CLAIMANT : FLORIDA WORKERS COMPENSATION INS GUARANTY ASSOC	AMOUNT RECOMMENDED
PRIORITY : CLASS 3		TO GUARANTY ASSOCIATION :
STATUS : Unevaluated	PO BOX 15159 TALLAHASSEE,FL 32317	\$5,074,388.64
DATE OF LOSS : 08/24/2009		
DATE PROOF FILED : 08/17/2010		
POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
CLAIM NUMBER :	CLAIMANT : FLORIDA WORKERS COMPENSATION INS GUARANTY ASSOC	AMOUNT RECOMMENDED
INS/CLMT STATE :		TO GUARANTY ASSOCIATION :
DATE OF LOSS : 08/24/2009	PO BOX 15159 TALLAHASSEE,FL 32317	\$6,753,926.33
DATE PROOF FILED : 08/17/2010		
POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
CLAIM NUMBER :	CLAIMANT : GEORGIA INSURERS INSOLVENCY POOL	AMOUNT RECOMMENDED
INS/CLMT STATE :		TO GUARANTY ASSOCIATION :
DATE OF LOSS : 08/24/2009	2177 FLINTSTONE DR SUITE R TUCKER,GA 30084	\$11,887.07
DATE PROOF FILED : 08/17/2010		
POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :
CLAIM NUMBER :	CLAIMANT : GEORGIA INSURERS INSOLVENCY POOL	AMOUNT RECOMMENDED
INS/CLMT STATE :		TO GUARANTY ASSOCIATION :
DATE OF LOSS : 08/24/2009	2177 FLINTSTONE DR SUITE R TUCKER,GA 30084	\$3,530.20
DATE PROOF FILED : 08/17/2010		

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$93,379,571.70
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	\$82,875,073.80
TOTAL NUMBER	10

COUNT OF CLASS 1 CLAIMS :	6	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$14,852,937.09	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$14,852,937.09	AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	2	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$68,022,136.71	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$68,022,136.71	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	2	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$10,504,497.90	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



FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER

«company»

September 25, 2017

NOTICE of DETERMINATION

«IMBARCODE»

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

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

OBJECTION FILING DEADLINE: Day, Month/Date/Year (pending order)

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

A listing of the evaluation codes and additional information regarding the evaluation of your claim is available on the Division's website here: INSERT LINK FROM RECEIVER WEBSITE – updated upon receipt of order

A copy of the court order approving these recommendations and information outlining the statutory classification of claims ("Priority of Claims") is available here: http://www.myfloridacfo.com/Division/Receiver/PriorityOfClaims.htm.

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

If you have received any Medicare benefits related to this claim or have any unpaid obligations to the Federal Government (IRS liens, etc.), you are required to notify us. See the FAQs published on the website noted above for additional information.

If you agree with the amount recommended and the assigned class, no further action on your part is necessary.

If you object to the amount recommended or to the assigned class of your claim, you must file your WRITTEN objection with BOTH the Division (address below) and The Clerk of Court at:

CLERK OF THE LEON COUNTY CIRCUIT COURT
LEON COUNTY COURTHOUSE
301 S. MONROE STREET
TALLAHASSEE, FLORIDA 32301

Your objection must be filed (received) by the objection filing deadline noted above. We recommend that you send your objection by certified mail, return receipt requested. OBJECTIONS FILED (RECEIVED) AFTER THE DEADLINE WILL NOT BE CONSIDERED. The objection procedure is:

- 1. At the top of your statement, include the following information: (a) Civil Action Number 2014-CA-2762, Second Judicial Circuit Court, Leon County, Florida; (b) the RCN noted above your name; and (c) your address, email address and telephone number.
2. State in detail all legal and factual reasons for your objection.
3. Attach a copy of this notice and any supporting documentation to your objection. By Order of the Court, all documentation must be filed with your objection.
4. File the original with the Clerk of Court, file a copy with the Division, and keep a copy for yourself.
5. If your objection cannot be resolved, a hearing will be scheduled before the Circuit Court, Leon County, Florida.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
2020 CAPITAL CIRCLE SE, SUITE 310
TALLAHASSEE, FLORIDA 32301
Website: http://www.myfloridacfo.com/division/receiver
Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-413-3997

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

PAYMENT OF CLAIMS INFORMATION

Please be advised that the assets in the receivership estate of «COMPANY» may not be sufficient to fund a distribution payment to all claimants. Distribution of funds to claimants is made in accordance with Section 631.271, Florida Statutes. This statute specifies the order in which claims are paid and may differ depending on the year the company was placed into receivership. Beginning with Class 1, all approved claims in a class must be paid in full before any payment is made to the next class. If there are insufficient funds to pay a class in full, all approved claims in that class are paid in equal pro rata shares. Therefore, depending on the assets available for distribution, you and other claimants in your class may only receive a percentage of the amount recommended on your claim (i.e. 25% pro rata share distribution of funds in your class equals 25 cents on the dollar). Further information on the financial condition of «COMPANY» can be found at the Division's website listed below.

As part of its duties, the Division must investigate, collect and convert all company assets into cash, evaluate claims and resolve all objections regarding the Division's evaluation. This process usually takes several years to complete. Distributions to claimants are made only if/when sufficient funds become available and the Court has approved the distribution. We cannot currently estimate if/when a payment may be made. Your patience in this process is appreciated.

CLAIMANT INFORMATION

If a distribution is made, the payee(s) name(s) on the claim check will be the same as the name(s) appearing on the front of this form. If the information on this form, including address, is incorrect, or becomes incorrect in the future, it is your responsibility to notify the Division and document any changes to a claimant's name or address. Information on how to submit a name and/or address change is available at the Division's website listed below.

Some non-confidential information (i.e., certain claimant names, addresses and recommended claim information) is compiled by the Division and filed with the Court in order to make recommendations regarding the value and class of claims. This information is available to consumers as a public record in accordance with Article I, Section 24 of the Florida State Constitution and Chapter 119, Florida Statutes, and may be accessed through the court files of this receivership or via the Division's website.

IMPORTANT INFORMATION: You may be contacted by outside third parties who may offer to purchase your claim for a discounted amount in exchange for the transfer of your rights to a distribution, if any, in the future. Please be advised that the Division is not in any way affiliated with third party purchasers of claims and cannot advise or counsel individual claimants with respect to any potential distribution amounts or assist a claimant in the personal decision whether to sell their claim to an outside third party for less than the full amount recommended or wait for a distribution. All available information on the financial condition of «COMPANY» may be found at the Division's website listed below.

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
2020 CAPITAL CIRCLE SE, SUITE 310
TALLAHASSEE, FLORIDA 32301
Website: <http://www.myfloridacfo.com/division/receiver>
Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-413-3997**