

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

IN RE: The Receivership of
NORTHERN CAPITAL INSURANCE
COMPANY, a Florida Corporation.

CASE NO.: 2010-CA-1230

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

The Florida Department of Financial Services, as Receiver of Northern Capital Insurance Company, (hereinafter "Receiver", or "NCIC"), by and through the undersigned counsel, hereby files this Motion for Approval of Second Interim Claims Report and Recommendation on Claims, and as grounds therefore states the following:

1. On April 12, 2010, this Court entered a *Consent Order Appointing the Florida Department of Financial Services, as Receiver of Northern Capital Insurance Company, for Purposes of Liquidation, Injunction, and Notice of Automatic Stay* effective May 1, 2010.
2. This Court has jurisdiction over the NCIC receivership and is "authorized to enter all necessary and/or proper orders to carry out the purpose of" the Florida Insurers Rehabilitation and Liquidation Act, Section 631.021(1), Florida Statutes.
3. The Court approved the Receiver's First Interim Claims Report and Recommendation on Claims in its Order dated August 8, 2013.
4. In accordance with Section 631.182, Florida Statutes, the Receiver has now completed its evaluation and recommendations as to certain non-guaranty claims in Classes 3, 5 and and 6 in the NCIC receivership estate. The Receiver has compiled a Second Interim Claims Report ("the Report").

5. The Report shows that the gross number of filed claims for non-guaranty association claimants is 57,148 for a total amount claimed of \$46,600,213.43. The total amount recommended by the Receiver is \$11,185,661.12. For the Court's convenience, a summary reflecting the totals from the Report is attached as Exhibit "A." The entire Report totaling 7,145 pages is available to the court upon request.

6. 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 Receiver 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 Receiver has been provided with a properly executed and notarized assignment of claim agreement entered into between the parties; and
- C. The Receiver has been provided with a properly executed and notarized Receiver's Assignment of Claim Change Form and required supporting documentation.

7. The Receiver's 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 Receiver'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 Receiver'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.

8. Under Section 631.181(2), Florida Statutes, claimants are entitled to notice of the Receiver's recommendations on their claim and the deadline for filing objections. A sample copy of the "Notice of Determination" is attached hereto as Exhibit "B."

9. The Receiver will establish the deadline for claimants to file an objection with the Court. Such deadline will not be less than forty-five (45) days from the date of this Court's order granting approval of the Report. The Receiver has a procedure for dealing with late-filed objections. For any objection filed after the deadline, the Receiver will send a letter to the claimant advising the claimant that their objection was not filed in compliance with 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.

10. The Receiver requests that its recommendations be approved unless an objection is filed thereto within the deadline set by the Court.

WHEREFORE, the Receiver moves this Court for entry for an Order:

A. Authorizing and directing the Receiver to provide notice to each claimant, as herewith reported to the Court, of the Receiver's recommendations regarding their claim, by U.S. Mail to the last known address of such persons, as shown in the Receiver's files.

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. Directing all persons who have filed claims, as herewith reported to the Court, to file any objection that they may have to the Receiver's Report with the Clerk of this Court on or before 11:59 p.m. on the objection filing deadline at:

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

and requiring that a copy of said objection be served on the Receiver at:

Florida Department of Financial Services
Division of Rehabilitation and Liquidation
As Receiver of Northern Capital Insurance Company
2020 Capital Circle SE
Suite 310
Tallahassee, FL 32301

D. 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.

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

F. Approving the Receiver's recommendations contained in Receiver's

Second Interim Claims Report for which no objections are filed.

DATED this 17 day of December, 2013.



YAMILE BENITEZ-TORVISO, ESQUIRE
Florida Bar No. 0151726
FLORIDA DEPARTMENT OF
FINANCIAL SERVICES, AS RECEIVER OF
NORTHERN CAPITAL INSURANCE COMPANY
8240 N.W. 52nd Terrace, Suite 102
MIAMI, FLORIDA 33166
Phone: (786) 336-1382
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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 NORTHERN CAPITAL INSURANCE COMPANY
 SECOND INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 526	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 10522-1	CLAIM NUMBER:	CLAIMANT : HECTOR RAMIREZ	\$2,000.00
PRIORITY : CLASS 5	INS/CLMT STATE:	18050 SW 139 CT	\$2,000.00
STATUS : Evaluated	DATE OF LOSS :	MIAMI,FL	\$0.00
	DATE PROOF FILED :	05/01/2010	\$2,000.00
COMPANY: 526	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 10522-2	CLAIM NUMBER:	CLAIMANT : HECTOR RAMIREZ	\$1,000.00
PRIORITY : CLASS 6	INS/CLMT STATE:	18050 SW 139 CT	\$1,003.84
STATUS : Evaluated	DATE OF LOSS :	MIAMI,FL	\$0.00
	DATE PROOF FILED :	05/01/2010	\$1,003.84
COMPANY: 526	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 10523-1	CLAIM NUMBER:	CLAIMANT : MARIA RODRIGUEZ ECAY	\$1,816.92
PRIORITY : CLASS 5	INS/CLMT STATE:	5896 SW 42 TERR	\$1,816.92
STATUS : Evaluated	DATE OF LOSS :	MIAMI,FL	\$0.00
	DATE PROOF FILED :	05/01/2010	\$1,816.92
COMPANY: 526	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 10524-1	CLAIM NUMBER:	CLAIMANT : WAYNE A FLETCHER	\$270,833.00
PRIORITY : CLASS 5	INS/CLMT STATE:	1163 PEREGRINE WAY	\$2,000.00
STATUS : Evaluated	DATE OF LOSS :	WESTON,FL	\$0.00
	DATE PROOF FILED :	05/01/2010	\$2,000.00
COMPANY: 526	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 10524-2	CLAIM NUMBER:	CLAIMANT : WAYNE FLETCHER	\$270,833.00
PRIORITY : CLASS 6	INS/CLMT STATE:	1163 PEREGRINE WAY	\$19,000.00
STATUS : Evaluated	DATE OF LOSS :	WESTON,FL	\$0.00
	DATE PROOF FILED :	05/01/2010	\$19,000.00
COMPANY: 526	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 10529-1	CLAIM NUMBER:	CLAIMANT : LOURDES VINAS	\$2,000.00
PRIORITY : CLASS 5	INS/CLMT STATE:	8240 NW 168TH ST	\$2,000.00
STATUS : Evaluated	DATE OF LOSS :	MIAMI LAKES,FL	\$0.00
	DATE PROOF FILED :	05/01/2010	\$2,000.00
COMPANY: 526	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 10529-2	CLAIM NUMBER:	CLAIMANT : LOURDES VINAS	\$968.75
PRIORITY : CLASS 6	INS/CLMT STATE:	8240 NW 168TH ST	\$968.75
STATUS : Evaluated	DATE OF LOSS :	MIAMI LAKES,FL	\$0.00
	DATE PROOF FILED :	05/01/2010	\$968.75
COMPANY: 526	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 10530-1	CLAIM NUMBER:	CLAIMANT : WILLIE O HARBELL II	\$1.00
PRIORITY : CLASS 5	INS/CLMT STATE:	11460 SW 20TH ST	\$2,000.00
STATUS : Evaluated	DATE OF LOSS :	MIRAMAR,FL	\$0.00
	DATE PROOF FILED :	05/01/2010	\$2,000.00

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 unevaluated, then dollar amounts have been suppressed

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$46,600,213.43
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$11,185,661.12
TOTAL NUMBER	57,148

Secured Claims

COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	\$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 RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$0.00	AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
COUNT OF CLASS 2 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00

COUNT OF CLASS 3 CLAIMS :	57,033	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	\$39,349,420.59	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$5,104,020.34	AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00

COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	0
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$0.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00		

COUNT OF CLASS 5 CLAIMS :	13	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$289,828.78	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$19,008.07	AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS	\$0.00

COUNT OF CLASS 6 CLAIMS :	102
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$6,960,964.06
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$6,062,632.71

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 unevaluated, then dollar amounts have been suppressed



FLORIDA DEPARTMENT OF FINANCIAL SERVICES RECEIVER

«company»

December 11, 2013

NOTICE of DETERMINATION

«DELIVERYPOINTBARCODE»

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

IDENTIFICATION NUMBER:

INSURED:
POLICY NUMBER:
CLAIM NUMBER:
AMOUNT CLAIMED:
CLASS:
AMOUNT RECOMMENDED CLAIMANT:

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

THIS IS NOT A BILL

THIS IS NOT A BILL

RE: «COMPANY»

Civil Action: «CASE_NO»

2nd Judicial Circuit Court

Leon County, Florida

OBJECTION FILING DEADLINE: (insert date)

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 of a claim filed by you or on your behalf in the Receivership Estate of «COMPANY». A copy of the court order reflecting approval of these recommendations can be obtained at:

<http://www.myfloridacfo.com/division/receiver>.

The Receiver reviews filed claims and places them in a particular "Class" or "Priority", as required by Florida Statute 631.271, "Priority of Claims", which can be obtained at <http://www.myfloridacfo.com/division/receiver>. The "Class" or "Priority" of your claim will affect the amount you may receive. In addition, paying claims requires that there are sufficient funds available. Claims are paid in priority order where there are funds available to pay claims.

The Receiver has evaluated claims in the priorities where there are funds to pay claims. The amount above on the line reading "Amount Recommended Claimant" is the amount recommended for your claim. If there is no amount in the "Amount Recommended Claimant", there were not sufficient funds to pay all claims or your claim was evaluated with no amount recommended. In the future, should the Receiver obtain additional funds in this receivership, we will pay claims in the priorities where funds are available.

Please be advised that the assets in the Receivership estate of «COMPANY» may not be sufficient to fund a distribution payment to all claimants. If you agree with the class/priority and the amount recommended, no further action on your part is necessary. If you object to the amount recommended or to the assigned class/priority of your claim, YOU MUST FILE YOUR WRITTEN OBJECTION WITH BOTH THE RECEIVER (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 (insert date). IT IS SUGGESTED THAT YOU SEND YOUR OBJECTION BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. LATE FILED OBJECTIONS WILL NOT BE CONSIDERED.

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. File the original with the Clerk of Court, file a copy with 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.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER

«company»,

2020 CAPITAL CIRCLE, S.E., 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

EXHIBIT B

R6-10 Last Update 07/08/13

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

DISTRIBUTION INFORMATION

Distribution of estate funds to claimants will be made in accordance with the priority schedule set forth in Section 631.271, Florida Statutes. All approved claims are organized and paid by priority with a Class 1 claim designated as the highest priority to a Class 11 claim considered the lowest priority. All approved claims in a class must be paid in full before any payment is made to the next class. If the next lower priority class does not have sufficient funds to be paid 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 classification 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 current and projected financial condition of «COMPANY» can be found at <http://www.myfloridacfo.com/division/receiver> or the Global Receivership Information Database (GRID) website at www.naic.org.

As part of its duties, the Receiver must investigate, collect and convert all company assets into cash, prioritize and value claims, and resolve all objections to the results of the Receiver's evaluations. 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 Receiver and document any changes to a claimant's name or address. Information on how to submit a change is available at <http://www.myfloridacfo.com/division/receiver>.

Some non-confidential information (i.e., certain claimant names, addresses and recommended claim information) is compiled by the Receiver 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 Receiver's website.

IMPORTANT INFORMATION: You may be contacted by outside third parties who may offer to purchase your claim in exchange for the transfer of your rights to a distribution, if any, in the future. Please be advised that the Receiver 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 to sell their claim to an outside third party. All available information on the current and projected financial condition of «COMPANY» may be found at <http://www.myfloridacfo.com/division/receiver> or the Global Receivership Information Database (GRID) website at www.naic.org.

<p>FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER «company», 2020 CAPITAL CIRCLE, S.E., 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</p>
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