

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

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

CASE NO.: 2011 CA 0494

\_\_\_\_\_/

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

The Florida Department of Financial Services as Receiver for AEQUICAP INSURANCE COMPANY (hereinafter "the Department" or "AIC") files this Motion for Approval of Third Interim Claims Report and Recommendation on Claims and states as follows:

1. On March 7, 2011, the Florida Department of Financial Services was appointed Receiver in Liquidation of AEQUICAP INSURANCE COMPANY by Order of this Court.
2. AIC was a Florida property and casualty insurer that provided primarily workers compensation and commercial vehicle coverage.
3. The Department's First Interim Claims Report addressing 3,181 claims across several classes was approved in an Order entered on July 8, 2014.
4. The Department's Second Interim Claims Report consisting only of non-guaranty association claimants was approved on November 16, 2015.
5. The Department now files its Third Interim Claims Report dated November 8, 2017 (hereinafter the "Report"), that includes only guaranty association claims. The total amount claimed by the Guaranty Associations is \$106,471,795.45, with the total amount recommended by the Department being \$106,192,069.12. There are nine Class 1 claims, five Class 2 claims, and three Class 3 claims. The Report is attached as Exhibit "A."

6. The claimants which have filed claims included in the Report are: the Florida Insurance Guaranty Association (“FIGA”), the Florida Workers Compensation Guaranty Association, and the guaranty associations of Georgia, Oklahoma and South Carolina. All of these guaranty associations have executed Claim Acknowledgements in which they affirm the Department’s recommendation on their claims as reflected in the Report. The Claim Acknowledgements are attached hereto and incorporated herein as Composite Exhibit “B.”

7. Pursuant to Section 631.182, Florida Statutes, claimants are entitled to notice of the Department’s recommendation on their claims. A sample copy of the “Notice of Determination” containing this information and provided to claimants is attached hereto as Exhibit “C.”


8. The Department requests that its recommendations set forth in the Report be approved.

WHEREFORE the Department respectfully requests this Court enter an Order:

- A. Approving the Department’s Third Interim Claims Report and Recommendations on Claims.
- B. Authorizing and directing the Department to provide notice to the claimants, as herewith reported to the Court, of the Department’s recommendations regarding their claims, by United States Mail to the last known address of such person or entity, as shown in the Department’s files.

C. Approving the Department's sample Notice of Determination.

**SUBMITTED** this 9<sup>th</sup> day of November, 2017.

  
\_\_\_\_\_  
Jody E. Collins, Senior Attorney  
Florida Bar No. 500445  
Florida Department of Financial Services  
Division of Rehabilitation and Liquidation  
8240 NW 52 Terrace, Suite 102  
Miami, Florida 33152  
(786) 336-1371 – Telephone  
(305) 499-2271 – Facsimile  
[Jody.Collins@myfloridacfo.com](mailto:Jody.Collins@myfloridacfo.com)

Miriam Victorian, Chief Attorney  
Florida Bar No. 355471  
[Miriam.Victorian@myfloridacfo.com](mailto:Miriam.Victorian@myfloridacfo.com)  
Florida Department of Financial Services  
Division of Rehabilitation and Liquidation  
2020 Capital Circle, Southeast  
Suite 310  
Tallahassee, Florida 32301  
[\(850\) 413-4408 - Telephone](tel:(850)413-4408)  
[\(850\) 413-3990 - Facsimile](tel:(850)413-3990)

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION

AEQUICAP INSURANCE COMPANY  
THIRD INTERIM CLAIMS REPORT  
PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60212-1	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> FLORIDA INSURANCE GUARANTY ASSOCIATION	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 1	<b>INS/CLMT STATE:</b>	PO BOX 14249	<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b>	TALLAHASSEE,FL	\$2,977,451.99
	<b>DATE PROOF FILED :</b>	32317	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60212-2	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> FLORIDA INSURANCE GUARANTY ASSOCIATION	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 2	<b>INS/CLMT STATE:</b>	PO BOX 14249	<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b>	TALLAHASSEE,FL	\$48,842,382.89
	<b>DATE PROOF FILED :</b>	32317	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60212-3	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> FLORIDA INSURANCE GUARANTY ASSOCIATION	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 3	<b>INS/CLMT STATE:</b>	PO BOX 14249	<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b>	TALLAHASSEE,FL	\$4,180,679.04
	<b>DATE PROOF FILED :</b>	32317	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60212-4	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> FLORIDA INSURANCE GUARANTY ASSOCIATION	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 1	<b>INS/CLMT STATE:</b>	PO BOX 14249	<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b>	TALLAHASSEE,FL	\$9,604,905.05
	<b>DATE PROOF FILED :</b>	32317	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60213-1	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> FLORIDA WORKERS COMP INSURANCE GA INC	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 1	<b>INS/CLMT STATE:</b>	PO BOX 15159	<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b>	TALLAHASSEE,FL	\$1,406,349.71
	<b>DATE PROOF FILED :</b>	32317	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60213-2	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> FLORIDA WORKERS COMP INSURANCE GA INC	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 2	<b>INS/CLMT STATE:</b>	PO BOX 15159	<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b>	TALLAHASSEE,FL	\$28,627,672.08
	<b>DATE PROOF FILED :</b>	32317	

EXHIBIT "A"

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION

AEQICAP INSURANCE COMPANY  
 THIRD INTERIM CLAIMS REPORT  
 PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

COMPANY:	531	POLICY NUMBER:		INSURED:		AMOUNT CLAIMED:	\$2,905,556.74
ID NO :	60213-4	CLAIM NUMBER:		CLAIMANT :	FLORIDA WORKERS COMP INSURANCE GA INC	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :				TO GUARANTY ASSOCIATION :	\$2,905,556.74
STATUS :	Evaluated	DATE OF LOSS :	03/07/2011		PO BOX 15159		
		DATE PROOF FILED :	02/09/2012		TALLAHASSEE,FL		32317
COMPANY:	531	POLICY NUMBER:		INSURED:		AMOUNT CLAIMED :	\$212,907.75
ID NO :	60214-1	CLAIM NUMBER:		CLAIMANT :	GEORGIA INS INSLVNCY POOL-LIFE/HEALTH INS GA	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :				TO GUARANTY ASSOCIATION :	\$166,944.07
STATUS :	Evaluated	DATE OF LOSS :	03/07/2011		3700 CRESTWOOD DRIVE		
		DATE PROOF FILED :	02/08/2012		SUITE 400		
					DULUTH,GA		30096
COMPANY:	531	POLICY NUMBER:		INSURED:		AMOUNT CLAIMED :	\$1,664,421.27
ID NO :	60214-2	CLAIM NUMBER:		CLAIMANT :	GEORGIA INS INSLVNCY POOL-LIFE/HEALTH INS GA	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 2	INS/CLMT STATE :				TO GUARANTY ASSOCIATION :	\$1,664,421.27
STATUS :	Evaluated	DATE OF LOSS :	03/07/2011		3700 CRESTWOOD DRIVE		
		DATE PROOF FILED :	02/08/2012		SUITE 400		
					DULUTH,GA		30096
COMPANY:	531	POLICY NUMBER:		INSURED:		AMOUNT CLAIMED :	\$5,019.49
ID NO :	60214-3	CLAIM NUMBER:		CLAIMANT :	GEORGIA INS INSLVNCY POOL-LIFE/HEALTH INS GA	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 3	INS/CLMT STATE :				TO GUARANTY ASSOCIATION :	
STATUS :	Unevaluated	DATE OF LOSS :	03/07/2011		3700 CRESTWOOD DRIVE		
		DATE PROOF FILED :	02/08/2012		SUITE 400		
					DULUTH,GA		30096
COMPANY:	531	POLICY NUMBER:		INSURED:		AMOUNT CLAIMED :	\$637,721.19
ID NO :	60214-4	CLAIM NUMBER:		CLAIMANT :	GEORGIA INS INSLVNCY POOL-LIFE/HEALTH INS GA	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :				TO GUARANTY ASSOCIATION :	\$637,721.19
STATUS :	Evaluated	DATE OF LOSS :	03/07/2011		3700 CRESTWOOD DRIVE		
		DATE PROOF FILED :	02/08/2012		SUITE 400		
					DULUTH,GA		30096
COMPANY:	531	POLICY NUMBER:		INSURED:		AMOUNT CLAIMED :	\$617.27
ID NO :	60215-1	CLAIM NUMBER:		CLAIMANT :	OKLAHOMA PROPERTY-CASUALTY INSURANCE GA	AMOUNT RECOMMENDED	
PRIORITY :	CLASS 1	INS/CLMT STATE :				TO GUARANTY ASSOCIATION :	\$617.27
STATUS :	Evaluated	DATE OF LOSS :	03/07/2011		2601 NORTHWEST EXPRESSWAY 330E		
		DATE PROOF FILED :	03/06/2012		OKLAHOMA CITY,OK		73112

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION

AEQUICAP INSURANCE COMPANY  
 THIRD INTERIM CLAIMS REPORT  
 PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60215-2	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> OKLAHOMA PROPERTY-CASUALTY INSURANCE GA	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 2	<b>INS/CLMT STATE :</b>		<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b> 03/07/2011	2601 NORTHWEST EXPRESSWAY 330E	\$1,000.00
	<b>DATE PROOF FILED :</b> 03/06/2012	OKLAHOMA CITY,OK 73112	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60216-1	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> SOUTH CAROLINA PROPERTY-CASUALTY INSURANCE GA	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 1	<b>INS/CLMT STATE :</b>		<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b> 03/07/2011	PO BOX 407	\$584,317.04
	<b>DATE PROOF FILED :</b> 02/27/2012	COLUMBIA,SC 29202	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60216-2	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> SOUTH CAROLINA PROPERTY-CASUALTY INSURANCE GA	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 2	<b>INS/CLMT STATE :</b>		<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b> 03/07/2011	PO BOX 407	\$3,620,088.67
	<b>DATE PROOF FILED :</b> 02/27/2012	COLUMBIA,SC 29202	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60216-3	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> SOUTH CAROLINA PROPERTY-CASUALTY INSURANCE GA	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 3	<b>INS/CLMT STATE :</b>		<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b> 03/07/2011	PO BOX 407	\$11,415.55
	<b>DATE PROOF FILED :</b> 02/27/2012	COLUMBIA,SC 29202	
<b>COMPANY:</b> 531	<b>POLICY NUMBER:</b>	<b>INSURED:</b>	<b>AMOUNT CLAIMED:</b>
<b>ID NO :</b> 60216-4	<b>CLAIM NUMBER:</b>	<b>CLAIMANT :</b> SOUTH CAROLINA PROPERTY-CASUALTY INSURANCE GA	<b>AMOUNT RECOMMENDED</b>
<b>PRIORITY :</b> CLASS 1	<b>INS/CLMT STATE :</b>		<b>TO GUARANTY ASSOCIATION :</b>
<b>STATUS :</b> Evaluated	<b>DATE OF LOSS :</b> 03/07/2011	PO BOX 407	\$1,184,259.45
	<b>DATE PROOF FILED :</b> 02/27/2012	COLUMBIA,SC 29202	

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	106,471,795.45
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	106,192,069.12
TOTAL NUMBER	17

COUNT OF CLASS 1 CLAIMS :	9	COUNT OF CLASS 6 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$19,514,086.19	AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$19,244,409.62	AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	5	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$82,755,564.91	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$82,755,564.91	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	3	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$4,202,144.35	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :	\$4,192,094.59	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 :	

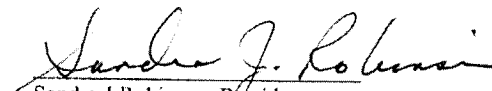
Note : If status is unevaluated, then dollar amounts have been suppressed

CLAIM ACKNOWLEDGEMENT  
 AEQUICAP INSURANCE COMPANY  
Florida Insurance Guaranty Association

The undersigned, Florida Insurance Guaranty Association having filed a claim under ID #531 60212, hereby acknowledges and agrees through its authorized representative to the Department's recommendations in the following amounts and classifications, and agrees that these are subject to court approval:

Receiver's Identification Number: 531-60212 1-4	Classification	Amount Claimed	Amount Recommended
General Administrative & Unallocated Expense, suffix -01:	Class 1	\$ 2,977,451.99	\$ 2,977,451.99
Allocated Claims Handling Expense, suffix -04:	Class 1	\$ 9,604,905.05	\$ 9,604,905.05
Loss Claims, net of recovery, suffix -02:	Class 2	\$ 48,842,382.89	\$ 48,842,382.89
Unearned Premium Claims, suffix -03:	Class 3	\$ 4,185,709.31	\$ 4,180,679.04 *
<b>TOTALS</b>		\$ 65,610,449.24	\$ 65,605,418.97

The undersigned also hereby agrees that this Claim Acknowledgment constitutes formal notice of the Department's recommendations on the Florida Insurance Guaranty Association claim and waives the standard notice period.

  
 Sandra J Robinson, President  
 Florida Insurance Guaranty Association  
 PO Box 14249  
 Tallahassee FL 32317

8/14/2017  
 (Date)

\* Please see attached documentation of Unearned Premium claim difference

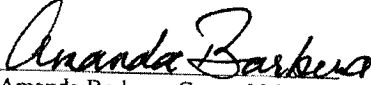


CLAIM ACKNOWLEDGEMENT  
 AEQUICAP INSURANCE COMPANY  
Oklahoma Property and Casualty Insurance Guaranty Association

The undersigned, Oklahoma Property and Casualty Insurance Guaranty Association having filed a claim under ID #531 60215, hereby acknowledges and agrees through its authorized representative to the Department's recommendations in the following amounts and classifications, and agrees that these are subject to court approval:

Receiver's Identification Number: 531-60215	Classification	Amount Claimed	Amount Recommended
General Administrative & Unallocated Expense, suffix -01:	Class 1	\$ 617.27	\$ 617.27
Allocated Claims Handling Expense, suffix -04:	Class 1	\$ 0.00	\$ 0.00
Loss Claims, net of recovery, suffix -02:	Class 2	\$ 1,000.00	\$ 1,000.00
Unearned Premium Claims, suffix -03:	Class 3	\$ 0.00	\$ 0.00
<b>TOTALS</b>		<b>\$ 1,617.27</b>	<b>\$ 1,617.27</b>

The undersigned also hereby agrees that this Claim Acknowledgment constitutes formal notice of the Department's recommendations on the Oklahoma Property and Casualty Insurance Guaranty Association claim and waives the standard notice period.

  
 Amanda Barbara, General Manager  
 Oklahoma Property and Casualty Insurance  
 Guaranty Association  
 2601 Northwest Expressway 330-E  
 Oklahoma City, OK 73112

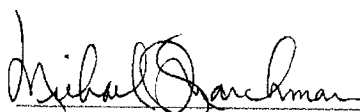
8/10/2017  
 (Date)

**CLAIM ACKNOWLEDGEMENT**  
**AEQUICAP INSURANCE COMPANY**  
**Georgia Insurers Insolvency Pool**

The undersigned, **Georgia Insurers Insolvency Pool**, having filed a claim under ID #531 60214, hereby acknowledges and agrees through its authorized representative to the Department's recommendations in the following amounts and classifications, and agrees that these are subject to court approval:

<b>Receiver's Identification Number: 531-60214 1-4</b>	<b>Classification</b>	<i>Amount Claimed</i>	<b>Amount Recommended</b>
General Administrative & Unallocated Expense, suffix -01:	Class 1	\$ 212,907.75	\$ 166,944.07
Allocated Claims Handling Expense, suffix -04:	Class 1	\$ 637,721.19	\$ 637,721.19
Loss Claims, net of recovery, suffix -02:	Class 2	\$ 1,664,421.27	\$ 1,664,421.27
Unearned Premium Claims, suffix -03:	Class 3	\$ 5,019.49	\$ 5,019.49
<b>TOTALS</b>		\$ 2,520,069.70	\$ 2,474,106.02

The undersigned also hereby agrees that this Claim Acknowledgment constitutes formal notice of the Department's recommendations on the **Georgia Insurers Insolvency Pool** claim and waives the standard notice period.



Michael C. Marchman  
Executive Director  
Georgia Insurers Insolvency Pool  
3700 Crestwood Parkway, NW Ste 400  
Atlanta, GA 30096

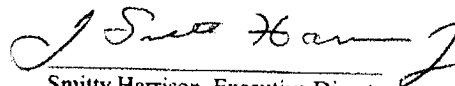
October 23, 2017  
(Date)

**CLAIM ACKNOWLEDGEMENT**  
**AEQUICAP INSURANCE COMPANY**  
**South Carolina Property and Casualty Insurance Guaranty Association**

The undersigned, South Carolina Property and Casualty Insurance Guaranty Association having filed a claim under ID #531 60216, hereby acknowledges and agrees through its authorized representative to the Department's recommendations in the following amounts and classifications, and agrees that these are subject to court approval:

<b>Receiver's Identification Number: 531-60216 1-4</b>	<b>Classification</b>	<b>Amount Claimed</b>	<b>Amount Recommended</b>
General Administrative & Unallocated Expense, suffix -01:	Class 1	\$ 584,317.04	\$ 363,150.42
Allocated Claims Handling Expense, suffix -04:	Class 1	\$ 1,184,259.45	\$ 1,181,713.18
Loss Claims, net of recovery, suffix -02:	Class 2	\$ 3,620,088.67	\$ 3,620,088.67
Unearned Premium Claims, suffix -03:	Class 3	\$ 11,415.55	\$ 11,415.55
<b>TOTALS</b>		<b>\$ 5,400,680.71</b>	<b>\$ 5,176,367.82</b>

The undersigned also hereby agrees that this Claim Acknowledgment constitutes formal notice of the Department's recommendations on the South Carolina Property and Casualty Insurance Guaranty Association claim and waives the standard notice period.



Smitty Harrison, Executive Director  
 South Carolina Property and Casualty  
 Insurance Guaranty Association  
 P.O. Box 407  
 Columbia, SC 29202

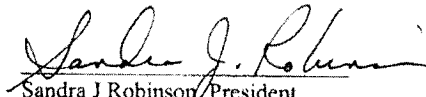
8/27/17  
 (Date)

CLAIM ACKNOWLEDGEMENT  
 AEQUICAP INSURANCE COMPANY  
Florida Workers' Compensation Insurance Guaranty Association

The undersigned, Florida Workers' Compensation Insurance Guaranty Association having filed a claim under ID #531 60213, hereby acknowledges and agrees through its authorized representative to the Department's recommendations in the following amounts and classifications, and agrees that these are subject to court approval.

Receiver's Identification Number: 531-60213 1-4	Classification	Amount Claimed	Amount Recommended
General Administrative & Unallocated Expense, suffix -01:	Class 1	\$ 1,406,349.71	\$ 1,406,349.71
Allocated Claims Handling Expense, suffix -04:	Class 1	\$ 2,905,556.74	\$ 2,905,556.74
Loss Claims, net of recovery, suffix -02:	Class 2	\$ 28,627,672.08	\$ 28,627,672.08
Unearned Premium Claims, suffix -03:	Class 3	\$ 0.00	\$ 0.00
<b>TOTALS</b>		\$ 32,939,578.53	\$ 32,939,578.53

The undersigned also hereby agrees that this Claim Acknowledgment constitutes formal notice of the Department's recommendations on the Florida Workers' Compensation Insurance Guaranty Association claim and waives the standard notice period.

  
 Sandra J Robinson, President  
 Florida Workers Compensation Insurance Guaranty Assn.  
 PO Box 15159  
 Tallahassee FL 32317

8/10/2017  
 (Date)



FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER

«company»

November 8, 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 here: https://www.myfloridacfo.com/division/receiver/ClaimEvaluationCodes\_000.htm.

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 payments related to this claim (liability settlements, etc.) or have any unpaid obligations to the Federal Government (IRS liens, etc.), you are required to notify us.

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<<insert court case number>>, 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»**

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**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.

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