

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

IN RE: The Receivership of
AVAHEALTH, INC.
d/b/a KEY INSURANCE PLAN

CASE NO.: 2012-CA-001400

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

The Florida Department of Financial Services, as Receiver of AvaHealth, Inc. d/b/a Key Insurance Plan, (hereinafter "Receiver"), by and through the undersigned counsel, hereby files this Motion for Order Approving Final Claims Report, Claims Distribution Report, Distribution Accounting Statement, and Authorizing Distribution, and as good grounds therefore states:

1. AvaHealth, Inc. d/b/a Key Insurance Plan ("AvaHealth") was a corporation authorized pursuant to the Florida Insurance Code to transact business in the State of Florida as an accident and health insurer.

2. On June 27, 2012, this Court entered an Order Appointing the Florida Department of Financial Services, as the Receiver of AvaHealth for purposes of Rehabilitation, Injunction, and Notice of Automatic Stay, effective July 2, 2012 ("Rehabilitation Order"). By order of this Court, AvaHealth was subsequently placed in receivership for purposes of liquidation on August 31, 2012 ("Liquidation Order").

3. Pursuant to section 631.021(1), Florida Statutes, this Court has jurisdiction over the 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, sections 631.001 et seq., Florida Statutes.

4. On February 2, 2014, the Court entered an Order Approving Receiver's First Interim Claims Report and Recommendation on Claims.

5. The Receiver has compiled a Final Claims Report dated June 11, 2014, which reflects the classification of all filed claims by priority in accordance with section 631.271, Florida Statutes, and the claims filing deadline. This report also incorporates the resolution of all timely filed objections and claimant information updates. The Final Claims Report is attached hereto and incorporated herein by reference as “Exhibit A.”

6. The Final Claims Report is broken down into two sections: Part A of the Report consists of all claims by non-guaranty association claimants, and Part B consists of all claims by guaranty association claimants. Part A of the report reflects that 8 non-guaranty association claims were filed with an aggregate claim amount of \$314,647.52, of which the total amount recommended by the Receiver to be paid is \$0. Part B of the report reflects that 2 guaranty association claims were filed with an aggregate claim amount of \$4,165,668.81, of which the total amount recommended by the Receiver to be paid is \$652,108.46.

7. With the approval of the Receiver’s Final Claims Report, the Receiver is now in the position to make a final distribution of receivership assets. Said assets will be distributed to claimants in Classes 1 -2 in accordance with the Claims Distribution Report dated June 13, 2014. The Claims Distribution Report is attached hereto and incorporated herein by reference as “Exhibit B.”

8. The Receiver has compiled a Distribution Accounting Statement—*Projected for a June 2014 Distribution*, (the “*Distribution Accounting*”). As shown in the *Distribution Accounting*, the Receiver is prepared to make a final distribution of \$591,447.46 to all claimants in Classes 1-2 which constitutes 100% of the amount recommended in Class 1 and 91.499% of the amount recommended in Class 2. The calculated distribution percentage takes into account the funds previously disbursed as early access funds. The final pro-rata calculation and the amount distributed

may have a slight variance due to rounding at the time of check processing. The *Distribution Accounting* is attached hereto and incorporated herein by reference as “Composite Exhibit C.”

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

10. 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 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.

11. 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.

12. In an ongoing effort to maintain accuracy and efficiency, the Receiver 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 Receiver has access to databases and other publicly available information which provide updated address information. The Receiver 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.

13. Despite its best efforts, the Receiver is not always able to distribute funds to every claimant when funds are ready for distribution due to either bad addresses or W-9 issues. The Receiver recommends that the unclaimed funds be transferred to the unclaimed property unit(s) of the state(s) reflected in the claimants' last address of record in the Receiver's files.

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

A. Approving and adopting the Receiver's Final Claims Report, Claims Distribution Report and Distribution Accounting Statement;

B. Directing the Receiver to make the above-referenced distribution to the claimants in Class 1 and Class 2 in this receivership;

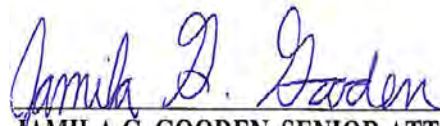
C. Approving the Receiver's procedure for processing claim assignments;

D. Authorizing the Receiver to update its records to incorporate change of address information for an interested individual/entity (e.g. agent, claimant, creditor, policyholder, subscriber) if the Receiver determines that there has been a change of address for an interested individual/entity and authorizing the Receiver to use the change of address information for future

mailings; and

E. Authorizing the Receiver to transfer unclaimed funds to the unclaimed property unit(s) of the state(s) reflected in the claimants' last address of record in the Receiver's files.

RESPECTFULLY SUBMITTED this the 19th day of June, 2014.



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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION

AVAHEALTH

FINAL CLAIMS REPORT

PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 539 POLICY NUMBER: INSURED: AMOUNT CLAIMED: \$12,500.00
 ID NO : 25-1 CLAIM NUMBER: CLAIMANT : US EQUAL OPPORTUNITY EMPLOYMENT COMMISSION AMOUNT RECOMMENDED: \$0.00
 PRIORITY : CLASS 4 INS/CLMT STATE: 1801 L ST NW AMOUNT GUARANTY PAID: \$0.00
 STATUS : Evaluated DATE OF LOSS : 08/31/2012 WASHINGTON,DC 20507 AMOUNT RECMD CLAIMANT: \$0.00
 DATE PROOF FILED : 01/22/2013

COMPANY: 539 POLICY NUMBER: INSURED: AMOUNT CLAIMED: \$10,879.85
 ID NO : 50003-1 CLAIM NUMBER: CLAIMANT : COMPREHENSIVE BEHAVIORAL CARE INS DBA COMP CARE AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID: AMOUNT RECMD CLAIMANT:
 PRIORITY : CLASS 6 INS/CLMT STATE: 3405 W DR MARTIN LUTHR KING BLVD
 STATUS : Unevaluated DATE OF LOSS : 08/31/2012 STE 101
 DATE PROOF FILED : 12/03/2012 TAMPA,FL 33607

COMPANY: 539 POLICY NUMBER: INSURED: AMOUNT CLAIMED: \$4,120.85
 ID NO : 50020-1 CLAIM NUMBER: CLAIMANT : CORAL SPRINGS MEDICAL CENTER AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID: AMOUNT RECMD CLAIMANT:
 PRIORITY : CLASS 6 INS/CLMT STATE: PO BOX 932540
 STATUS : Unevaluated DATE OF LOSS : 08/31/2012 ATLANTA,GA 31193
 DATE PROOF FILED : 02/27/2013

COMPANY: 539 POLICY NUMBER: INSURED: AMOUNT CLAIMED: \$2,039.92
 ID NO : 50025-1 CLAIM NUMBER: CLAIMANT : PITNEY BOWES PURCHASE POWER AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID: AMOUNT RECMD CLAIMANT:
 PRIORITY : CLASS 6 INS/CLMT STATE: 4901 BELFORT RD STE 120
 STATUS : Unevaluated DATE OF LOSS : 08/31/2012 JACKSONVILLE,FL 32256
 DATE PROOF FILED : 01/22/2013

COMPANY: 539 POLICY NUMBER: INSURED: AMOUNT CLAIMED: \$33,695.90
 ID NO : 50026-1 CLAIM NUMBER: CLAIMANT : GRAY ROBINSON AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID: AMOUNT RECMD CLAIMANT:
 PRIORITY : CLASS 6 INS/CLMT STATE: 401 E JACKSON ST
 STATUS : Unevaluated DATE OF LOSS : 08/31/2012 STE 2700
 DATE PROOF FILED : 03/01/2013 TAMPA,FL 33602

COMPANY: 539 POLICY NUMBER: INSURED: AMOUNT CLAIMED: \$237,837.00
 ID NO : 50034-1 CLAIM NUMBER: CLAIMANT : HEALTHTRIO LLC/ MONUMENT SYSTEMS LLC AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID: AMOUNT RECMD CLAIMANT:
 PRIORITY : CLASS 6 INS/CLMT STATE: 400 S COLORADO BLVD STE 540
 STATUS : Unevaluated DATE OF LOSS : 08/31/2012 ATTN ASMA HASAN ESQ
 DATE PROOF FILED : 02/28/2013 DENVER,CO 80246

COMPANY: 539 POLICY NUMBER: INSURED: AMOUNT CLAIMED: \$1,074.00
 ID NO : 50039-1 CLAIM NUMBER: CLAIMANT : OPHTHALMIC & FACIAL PLASTIC SURGERY CTR AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID: AMOUNT RECMD CLAIMANT:
 PRIORITY : CLASS 6 INS/CLMT STATE: 7331 COLLEGE PKWY STE 200
 STATUS : Unevaluated DATE OF LOSS : 08/31/2012 FT MYERS,FL 33907
 DATE PROOF FILED : 01/14/2013

COMPANY: 539 POLICY NUMBER: INSURED: AMOUNT CLAIMED: \$12,500.00
 ID NO : 50040-1 CLAIM NUMBER: CLAIMANT : NICOLE SIABA AMOUNT RECOMMENDED: AMOUNT GUARANTY PAID: AMOUNT RECMD CLAIMANT:
 PRIORITY : CLASS 5 INS/CLMT STATE: 14596 POLO CLUB DR
 STATUS : Evaluated DATE OF LOSS : 08/31/2012 STRONGSVILLE,OH 44136
 DATE PROOF FILED : 01/22/2013

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

EXHIBIT A

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS \$314,647.52
 TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS \$0.00
 TOTAL NUMBER 8

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

UnSecured Claims

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

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

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

COUNT OF CLASS 4 CLAIMS : 1 CLASS 10 INTEREST CLAIMS (SEE NOTE):
 AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS: \$12,500.00
 AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:

COUNT OF CLASS 5 CLAIMS : 1 COUNT OF CLASS 11 CLAIMS : 0
 AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS: \$12,500.00 AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS: \$0.00
 AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS: AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:

COUNT OF CLASS 6 CLAIMS : 6
 AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS: \$289,647.52
 AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :

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

COMPANY: 539	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 50029-1	CLAIM NUMBER :	CLAIMANT : FLORIDA LIFE AND HEALTH INSURANCE GUARANTY FUND	AMOUNT RECOMMENDED
PRIORITY : CLASS 1	INS/CLMT STATE :	3740 BEACH BLVD STE 201A	TO GUARANTY ASSOCIATION :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE,FL	\$26,265.77
	DATE PROOF FILED :		
COMPANY: 539	POLICY NUMBER:	INSURED:	AMOUNT CLAIMED:
ID NO : 50029-2	CLAIM NUMBER :	CLAIMANT : FLORIDA LIFE AND HEALTH INSURANCE GUARANTY FUND	AMOUNT RECOMMENDED
PRIORITY : CLASS 2	INS/CLMT STATE :	3740 BEACH BLVD STE 201A	TO GUARANTY ASSOCIATION :
STATUS : Evaluated	DATE OF LOSS :	JACKSONVILLE,FL	\$625,842.69
	DATE PROOF FILED :		

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

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	\$4,165,668.81
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION	\$652,108.46
TOTAL NUMBER	2

COUNT OF CLASS 1 CLAIMS :	1	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	\$780,718.76	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	\$26,266.77	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	\$3,384,950.05	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	\$626,842.89	AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :			
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 6 CLAIMS :	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	\$0.00		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :			

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
 AVAHEALTH
 CLAIMS DISTRIBUTION REPORT

COMPANY: 539	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$780,718.76
ID NO : 50029-01	CLAIM NUMBER :	CLAIMANT : FLORIDA LIFE AND HEALTH INSURANCE GUARANTY FUND	AMOUNT RECOMMENDED :	\$26,265.77
PRIORITY : CLASS 1	INS/CLMT STATE : FL	3740 BEACH BLVD STE 201A		
STATUS : EVALUATED	DATE OF LOSS : 08/31/2012	JACKSONVILLE,FL 32207-3877		
	DATE PROOF FILED : 01/11/2013		AMOUNT DUE GUARANTY ASSOC. :	\$26,265.77
COMPANY: 539	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$3,384,950.05
ID NO : 50029-02	CLAIM NUMBER :	CLAIMANT : FLORIDA LIFE AND HEALTH INSURANCE GUARANTY FUND	AMOUNT RECOMMENDED :	\$625,842.69
PRIORITY : CLASS 2	INS/CLMT STATE : FL	3740 BEACH BLVD STE 201A		
STATUS : EVALUATED	DATE OF LOSS : 08/31/2012	JACKSONVILLE,FL 32207-3877		
	DATE PROOF FILED : 01/11/2013		AMOUNT DUE GUARANTY ASSOC. :	\$625,842.69

EXHIBIT B

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 AVAHEALTH
 CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$4,165,668.81
TOTAL AMOUNT RECOMMENDED	\$652,108.46
TOTAL NUMBER	2

Secured Claims

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

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	1	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :	\$780,718.76	AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :	\$26,265.77	AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	
COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	\$3,384,950.05	AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	\$625,842.69	AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :		AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 9 CLAIMS :	
COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :			
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :			
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 11 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 11 CLAIMS :	
COUNT OF CLASS 6 CLAIMS :	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS :			
AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :			

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

Claim Distribution Listing
For Company # 539
AVAHEALTH

06/13/2014
10:55:47

Parameters used for Distribution Processing

		GF	Non-GF
Post Period	12-2014		
		100.0000	100.0000
		91.4990	91.4990
Doc Date	06/13/2014		
	Class 1 Percentage	100.0000	100.0000
	Class 2 Percentage	91.4990	91.4990
	Class 3 Percentage	0.0000	0.0000
	Class 4 Percentage	0.0000	0.0000
	Class 5 Percentage	0.0000	0.0000
	Class 6 Percentage	0.0000	0.0000
	Class 7 Percentage	0.0000	0.0000
	Class 8 Percentage	0.0000	0.0000
	Class 9 Percentage	0.0000	0.0000
	Class 10 Percentage	0.0000	0.0000
	Class 11 Percentage	0.0000	0.0000
	Secured Percentage	0.0000	0.0000

Claim Distribution Listing

06/13/2014

For Company # 539

AVAHEALTH

Vendor#	ID No.	Claimant Name	Amount Due Claimant	Check Amount
000000001	50029-1	FLORIDA LIFE AND HEALTH INSURANCE GUARANTY	\$26,265.77	\$26,265.7700
000000001	50029-2	FLORIDA LIFE AND HEALTH INSURANCE GUARANTY	\$625,842.69	\$572,639.8029

Total Distribution Records: 2

Incomplete NBA Records :

0

Total Amount Due Claimants

\$652,108.46

Total Amount to be distributed to Claimants

\$598,905.57

Avahealth, Inc.
Distribution Accounting
Projected for June 2014 Distribution

ESTIMATED ASSETS - May 31, 2014

	<u>Value</u>	<u>Reference</u>
Cash	\$ 616,891.46	Schedule A
Accrued Interest (to be paid 6/01/2014)	\$ 500.00	
Advance to Guaranty Associatioin	7,457.80	
Total Assets	\$ 624,849.26	

ESTIMATED FUNDS RETAINAGE

	<u>Value</u>	<u>Reference</u>
Class I - Administrative Claims Retainage for Receiver Expenses Estimate (June 2014)	20,944.00	Schedule B
Discharge Expenses Retainage for records storage, records destruction, tax return prep. & labor (post June 2014)	5,000.00	Schedule F
Total Proposed Retainage for Discharge	25,944.00	

TOTAL AVAILABLE TO DISTRIBUTE **\$ 598,905.26**

DISTRIBUTION RECOMMENDATION

	<u>Claims Value</u>	<u>Less Previous Claims Distributions</u>	<u>Value of Claims Outstanding</u>	<u>Apply Adv. Pmts. to Guaranty Assoc.</u>	<u>Recommended Distribution</u>	<u>% Value of Claims Outstanding</u>	<u>% Value of Gross Filed Claims</u>	<u>Total % of Claims Value Distributed</u>
Class I - Administrative Claims-Guaranty Funds	\$ 26,265.77	\$ -	\$ 26,265.77	\$ 7,457.80	\$ 18,807.97	100.0000%	100.000%	100.0000%
Class II - Loss Claims-Guaranty Funds	625,842.69	-	625,842.69	-	572,639.49	91.4990%	91.4989%	91.4989%
Class II - Loss Claims-Other	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Guaranty Funds	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Other	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class IV - Federal Government Claims	12,500.00	-	12,500.00	-	-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims	2,000.00	-	2,000.00	-	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims	300,147.52	-	300,147.52	-	-	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	-	-	-	-	-	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%
Totals	\$ 966,755.98	\$ -	\$ 966,755.98	\$ 7,457.80	\$ 591,447.46			

Index to Attached Schedules:

- Schedule A - Available Cash Projection
- Schedule B - Estimated Funds to be Retained by the Receiver for Discharge of the Estate
- Schedule C - Allocated State Funds Expensed
- Schedule D - Interest Earnings Projection - Pooled Cash
- Schedule E - Receiver Discharge Expenses

Avahealth, Inc.
Available Cash Projection
Projected for June 2014 Distribution

	Cash Bal. as of April 30, 2014	May-14
Beginning Pooled Cash Balance	X	\$ 637,219.13
Direct Receiver Expenses (Actual or Estimated)		
Rent-Storage & Utilities		250.00
Sub-total		250.00
Allocated Receiver Expenses (Estimated)		
Labor & Benefits		20,544.00 ¹
Indirect Expenses		150.00 ²
Sub-total		20,694.00
Cash Balance Before Interest Earnings		616,275.13
Interest Earnings		
Pooled Cash:		
Actual SPIA Earnings for April to be credited on 5/01/2014.		616.33
Ending Pooled Cash Balance	\$ 637,219.13	\$ 616,891.46

Assumptions for Allocated Receiver Expenses:

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

January Actual	\$ 14,578.31
February Actual	6,084.23
March Actual	4,091.59
April Actual	16,332.21
Sub-total	41,086.34
4 mth. actual average (rounded)	10,272.00
Doubled for increased activity level	\$ 20,544.00

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

Estimated Total Asset %	0.10%
Estimated Total for the Receiver	\$ 150,000.00
Estimated Expense (rounded)	\$ 150.00

Avahealth, Inc.
Estimated Funds to be Retained by the Receiver for Administration of the Estate
Estimated from May 2014 through the Projected Discharge Date of June 2014

	May	June	Retainage Calculation
Beginning Cash Balance		\$ 616,891.46	
Direct Receiver Expenses			
Records Storage, Utilities, Other Misc.		250.00	
Sub-total		250.00	\$ 250.00
Allocated Receiver Expenses			
Labor & Benefits		20,544.00 ¹	
Indirect Expenses		150.00 ²	
Sub-total		20,694.00	\$ 20,694.00
Claims Distribution (Approx.)		\$ 591,997.03	
Cash Balance Before Interest Earnings		3,950.43	
Interest Earnings			
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).		- ³	\$ -
Projected Ending Cash Balance	\$ 616,891.46	\$ 3,950.43	\$ 20,944.00

Assumptions for Allocated Receiver Expenses:

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

January Actual	\$ 14,578.31
February Actual	6,084.23
March Actual	4,091.59
April Actual	16,332.21
Sub-total	41,086.34
4 mth. actual average (rounded)	\$ 10,272.00
Doubled for increased distribution activity	\$ 20,544.00

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

Estimated Total Asset %	0.10%
Estimated Total for the Receiver	\$ 150,000.00
Estimated Expense (rounded)	\$ 150.00

³ The May 2014 interest is not included in the 'Retainage Calculation' as it is included as Accrued Interest in the Estimated Assets at May 31, 2014 on the Distribution Accounting Statement.

Avahealth, Inc.

Allocated State Funds Expensed

Estimated from May 2014 through the Projected Discharge Date of June 2014

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

	<u>May</u>	<u>June</u>	<u>Totals</u>
Accrued Allocated State of Florida Expenses (Estimated)			
Labor & Benefits	\$ 90.00 ¹	\$ 90.00 ¹	\$ 180.00
Indirect Expenses	20.00 ²	20.00 ²	\$ 40.00
Total	<u>\$ 110.00</u>	<u>\$ 110.00</u>	\$ 220.00

Assumptions for Allocated State of Florida Expenses:

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

January Actual	-
February Actual	340.25
March Actual	-
April Actual	-
Sub-total	340.25
4 mth. actual average (rounded)	<u>\$ 90.00</u>

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

Estimated Total Asset %	0.10%
Estimated Total for the State	<u>\$ 20,000.00</u>
Estimated Expense (rounded)	<u>\$ 20.00</u>

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

Avahealth, Inc.
Interest Earnings Projection - Pooled Cash
Projected for June 2014 Distribution

Interest accrued for May 2014

Beginning cash balance at 05/01/2014	\$	637,219.13
Ending cash balance at 05/31/2014		616,891.46
Average cash balance for May		627,055.30
Assumed SPIA interest rate (Annualized)		1.00%
Subtotal (Annualized)		6,270.55

Accrual for May (Rounded) **\$** **500.00**

Interest accrued for June 2014

Beginning cash balance at 06/01/2014	\$	616,891.46
Ending cash balance at 06/30/2014		3,950.43
Average cash balance for June		310,420.95
Assumed SPIA interest rate (Annualized)		1.00%
Subtotal (Annualized)		3,104.21

Accrual for June (Rounded) **\$** **300.00**

Avahealth, Inc.
Receiver Discharge Expenses
Projected for June 2014 Distribution

Discharge Expenses (Projected for Post 6/30/2014)

Records Storage, Records Destruction, 2013-14 Tax Returns Preparation	\$ 5,000.00
Total	<u>\$ 5,000.00</u>