

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

State of Florida, ex rel., the  
Department of Financial Services of  
the State of Florida,

Relator

CASE NO.:

Insurance Company of the Americas,  
a Florida corporation,

Respondent.

**PETITION FOR CONSENT ORDER APPOINTING THE DEPARTMENT OF FINANCIAL  
SERVICES AS RECEIVER OF INSURANCE COMPANY OF THE AMERICAS FOR  
PURPOSES OF LIQUIDATION, INJUNCTION, AND NOTICE OF AUTOMATIC STAY**

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation (“Department”), hereby petitions this Court pursuant to sections 631.031 and 631.061, Florida Statutes (2017), for the entry of a Consent Order Appointing the Department as Receiver of Insurance Company of the Americas (“Respondent” or “Company”) for purposes of liquidation, injunction, and notice of automatic stay. In support of its petition, the Department states:

1. Section 631.021, Florida Statutes, provides that a delinquency proceeding pursuant to Chapter 631, Florida Statutes, constitutes the sole and exclusive method of liquidating, rehabilitating, reorganizing, or conserving a Florida domiciled insurer.

2. This Court has jurisdiction over these proceedings pursuant to section 631.021(1), Florida Statutes, and this Court can exercise jurisdiction over any person required to cooperate with the Department and the Office of Insurance Regulation (“OIR”) pursuant to section 631.391, Florida Statutes, and over all persons made subject to this Court’s jurisdiction by other provisions of law as provided in section 631.025, Florida Statutes. Venue is proper in the Circuit

Court of Leon County pursuant to section 631.021(2), Florida Statutes. Pursuant to section 631.021(1), Florida Statutes, this Court has jurisdiction over the receivership and is authorized to enter all necessary or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, sections 631.001 *et seq.*, Florida Statutes.

3. Upon a determination by OIR that one or more grounds exist to initiate a delinquency proceeding against an insurer, and upon OIR's determination that a delinquency proceeding should be initiated, OIR is required to refer the insurer to the Department for the initiation of such delinquency proceeding. § 631.031(1), Fla. Stat.

4. By letter dated January 9, 2018, pursuant to section 631.031(1), Florida Statutes, David Altmaier, Commissioner of OIR, advised Florida's Chief Financial Officer, Jimmy Patronis, that grounds exist for the initiation of liquidation proceedings against Respondent. A copy of the letter is attached hereto and incorporated herein as **Department Exhibit 1**.

5. Section 631.031(2), Florida Statutes, empowers the Department to petition this Court for an order directing it to liquidate a domestic insurer, and section 631.061, Florida Statutes, provides that the Department may apply for such an order if the insurer is or is about to become insolvent or upon the existence of any of the grounds specified in section 631.051, Florida Statutes. Based on the documentation received from OIR, including a sworn affidavit from Virginia A. Christy, the Director of Property and Casualty Financial Oversight, the Department has determined that Respondent is or is about to become insolvent and there exist additional grounds as specified in section 631.051, Florida Statutes, that warrant the liquidation of Respondent. A copy of the Affidavit of Virginia A. Christy is attached hereto and incorporated herein as **Exhibit A to Department Exhibit 1**.

6. According to the Affidavit of Virginia A. Christy, upon the approval of an

application, Respondent was licensed by OIR on August 25, 1976, as a state of Florida domestic property and casualty insurer authorized to write workers' compensation insurance, pursuant to Part III of Chapter 624, Florida Statutes. Respondent's principal place of business, and its last known Florida address, is or was 2500 W. Lake Mary Boulevard, Suite 208, Lake Mary, Florida 32748, as listed in its recent statutory filings, but Respondent primarily operates out of Arizona.

7. Respondent's Certificate of Authority was suspended by Order on April 2, 2008 and, pursuant to section 624.421(4), Florida Statutes, Respondent was notified that its Certificate of Authority had expired by operation of law, and that it was to administer and service all existing insurance policies in Florida in accordance with the policy provisions and Florida law.

8. Respondent is currently insolvent within the meaning of section 631.011(14), Florida Statutes. Sections 631.051(1) and 631.061(1), Florida Statutes, authorize the initiation of delinquency proceedings against an insurer if the insurer is insolvent. The basis for the determination of insolvency is summarized as set forth below.

9. On or about November 8, 2017, Respondent made a request to OIR to be placed into administrative supervision pursuant to Chapter 624, Part VI, Florida Statutes, as it lacked sufficient cash to pay claims without accessing the funds held as collateral by the Department of Financial Services, Bureau of Collateral Management, in the amount of \$1,192,266.93.

10. In its October 2017 monthly financial statement ("Monthly Statement"), Respondent reported a reinsurer receivable in the amount of \$2,507,873.00 (see page Q02, line 16.1 of **Exhibit 2 to Affidavit of Virginia A. Christy**). However, this receivable, an arbitration award, has been contested and is currently on appeal to the Second Circuit Court

of Appeals in the State of New York. Copies of the Monthly Statement and the List of Litigation are attached to the **Affidavit of Virginia A. Christy** as **Exhibits 2 and 3**, respectively. That amount is not available to pay claims and is not allowed as an asset in the calculation of surplus as to policyholders.

11. OIR then communicated with Ricardo Rios, Respondent's President, and asked numerous written questions regarding Respondent's financial situation and the impact of current litigation. (**Exhibit 4 to Affidavit of Virginia A. Christy**). On behalf of Respondent, Rios acknowledged that a receivable currently reported on the Monthly Statement, a high deductible receivable from an insured, Modern Business Associates, in the amount of \$1,781,160, was unlikely to be collected. OIR would not consider said receivable as being available to pay losses or claims pursuant to section 625.012(17), and therefore it could not be considered an asset in the calculation of surplus as to policyholders. (See Monthly Statement, page Q02, line 25, **Exhibit 2 to Affidavit of Virginia A. Christy**).

12. With the application of the above two adjustments, Respondent's adjusted surplus as regards policyholders at October 31, 2017, is a negative \$601,336.00, rendering Respondent insolvent.

13. Upon receipt of the October Monthly Statement and Respondent's request to be placed into administrative supervision, OIR requested additional information from Respondent. (**Exhibit 5 to Affidavit of Virginia A. Christy**). Respondent provided bank statements for two bank accounts that reflected zero balances in each account. (**Exhibits 6 and 7 to Affidavit of Virginia A. Christy**). OIR thus determined that Respondent was insolvent or about to become insolvent within the meaning of section 631.061(1), Florida Statutes.

14. Section 631.051(11), Florida Statutes, authorizes the initiation of delinquency


proceedings against an insurer if the insurer has consented through a majority of its directors, stockholders, members, or subscribers to the entry of an order placing Respondent into receivership. On December 15, 2017, Respondent, through a Joint Resolution of the President and Directors of Insurance Company of the Americas, consented to the appointment of the Department as Receiver of Respondent. A copy of the Consent to Order of Receivership signed by Respondent is attached hereto and incorporated herein as **Exhibit 9 to Affidavit of Virginia A. Christy**.

15. Section 631.051(3), Florida Statutes, authorizes the initiation of delinquency proceedings against an insurer if the insurer “is found by OIR to be in such condition or is using or has been subject to such methods or practices in the conduct of its business, as to render its further transaction of insurance presently or prospectively hazardous to its policyholders, creditors, stockholder, or the public.” Due to Respondent’s insolvency and above-referenced business practices, Respondent’s further transaction of insurance is presently or prospectively hazardous to policyholders, creditors, stockholders, or the public.

16. Accordingly, the Department requests, pursuant to sections 631.031 and 631.061, Florida Statutes, the entry of a Consent Order Appointing the Department as Receiver of Respondent for purposes of liquidation, injunction, and notice of automatic stay to allow the Department the ability to marshal and liquidate Respondent’s assets in the best interest of Respondent’s policyholders, creditors, other claimants, and the public.

**WHEREFORE**, the Florida Department of Financial Services respectfully requests that this Court enter a Consent Order appointing the Department of Financial Services as receiver of Insurance Company of the Americas for the purposes of liquidation, injunction, and notice of automatic stay as proposed in the Order attached as **Department Exhibit 2**.

**RESPECTFULLY SUBMITTED** this 18<sup>th</sup> day of January, 2018.

  
**MIRIAM VICTORIAN**  
**Chief Attorney**  
[Miriam.Victorian@myfloridacfo.com](mailto:Miriam.Victorian@myfloridacfo.com)  
Florida Department of Financial Services  
Division of Rehabilitation and Liquidation  
Florida Bar No. 355471  
2020 Capital Circle S.E.  
Suite 310  
Tallahassee, Florida 32301  
Telephone: (850) 413-4408

**JODY E. COLLINS**  
**Senior Attorney**  
[Jody.Collins@myfloridacfo.com](mailto:Jody.Collins@myfloridacfo.com)  
Florida Department of Financial Services  
Division of Rehabilitation and  
Liquidation  
Florida Bar No. 500445  
8240 NW 52 Terrace, Suite 102  
Miami, Florida 33166  
Telephone: (786) 336-1371



## OFFICE OF INSURANCE REGULATION

**DAVID ALTMAIER**  
COMMISSIONER

**FINANCIAL SERVICES  
COMMISSION**

**RICK SCOTT**  
GOVERNOR

**JIMMY PATRONIS**  
CHIEF FINANCIAL OFFICER

**PAM BONDI**  
ATTORNEY GENERAL

**ADAM PUTNAM**  
COMMISSIONER OF  
AGRICULTURE

January 9, 2018

The Honorable Jimmy Patronis  
Chief Financial Officer  
Department of Financial Services  
Plaza Level 11, The Capitol  
Tallahassee, FL 32399-0301

Re: Insurance Company of the Americas

Dear Chief Financial Officer Patronis:

Please be advised that the Office of Insurance Regulation (hereinafter referred to as the "Office") has determined that one or more grounds exist for the initiation of delinquency proceedings, pursuant to Chapter 631, Florida Statutes, against Insurance Company of the Americas (hereinafter referred to as "ICA"). ICA is a Florida corporation that is no longer authorized to transact business as a property and casualty insurer in the state of Florida as its Certificate of Authority expired as an operation of law under Section 624.421(4), Florida Statutes. As specified in Sections 631.051 and 631.061, Florida Statutes, the grounds that permit the Department of Financial Services (hereinafter referred to as the "Department") to petition for an order appointing the Department as receiver and directing it to rehabilitate or liquidate the business of a domestic insurer include, that the insurer:

**(1) Is impaired or insolvent (§631.051(1), F.S.);**

ICA reported in its 2017 October monthly financial statement a surplus as regards policyholders totaling \$3,687,697, which includes assets in the amount of \$1,192,266.93, held as collateral by the Department of Financial Services, Bureau of Collateral Management. Two of its receivables listed in its 2017 October monthly statement, in the amounts of \$2,507,873 and \$1,781,160, are the subject of litigation in two separate lawsuits. These receivables are deemed by the Office to be not available for the payment of losses and claims and, therefore, they are not allowed as an asset in the calculation of surplus as to policyholders and must be non-admitted. Applying those two adjustments, ICA's adjusted surplus as regards policyholders at October 31, 2017, is a negative \$601,336. Therefore, the Office finds, for the reasons set forth in the attached exhibits, that ICA has insufficient assets to pay all outstanding obligations and is insolvent.

• • •

DAVID ALTMAIER • COMMISSIONER  
200 EAST GAINES STREET • TALLAHASSEE, FLORIDA 32399-0305 • (850) 413-5914 • FAX (850) 488-3334  
WEBSITE: WWW.FLOIR.COM • EMAIL: DAVID.ALTMAIER@FLOIR.COM

Affirmative Action / Equal Opportunity Employer

**EXHIBIT 1**

**Is or is about to become insolvent (§631.061(1), F.S.);**

In addition to the above basis for finding that ICA is insolvent, ICA also provided bank statements for two bank accounts, which showed zero balances in each account. Further, ICA provided a disbursement listing that includes disbursements for a 12-month period that demonstrated that \$22,386.57 represented outstanding checks not yet cleared. The Office finds that ICA is unable to pay its debts as they become due in the usual course of

business. Therefore, the Office finds, for the reasons set forth in the attached exhibits, that ICA is insolvent or is about to become insolvent.

**(2) Has consented to such an order through a majority of its directors, stockholders, members, or subscribers (§631.051(11), F.S.).**

The Office finds, for the reasons set forth in the attached exhibits, that, on December 15, 2017, ICA's Board of Directors met and executed a Joint Resolution of its President and Directors, and the President of ICA executed a Consent to Order of Rehabilitation or Liquidation.

Therefore, the Office is advising the Department of these determinations so that delinquency proceedings can be initiated by the Division of Rehabilitation and Liquidation. The following is attached in support of such determination:

Exhibit A – Affidavit of Virginia Christy, Director, Property & Casualty Financial Oversight, with Exhibits 1 through 10.

The Office is prepared to provide any additional information or assistance the Department may require to proceed as expeditiously as possible. Thank you for your attention to this matter.

Sincerely,



David Altmaier  
Insurance Commissioner



**AFFIDAVIT OF VIRGINIA A. CHRISTY**

**BEFORE ME**, the undersigned authority, personally appeared Virginia A. Christy, Director of Property & Casualty Financial Oversight for the Office of Insurance Regulation, who after being duly sworn, deposes and says:

1. I, Virginia A. Christy, am over the age of eighteen (18), sui juris, and I am competent to testify to and have personal knowledge of the facts contained herein.

2. I, Virginia A. Christy, currently hold the position of Director with the Property & Casualty Financial Oversight, Florida Office of Insurance Regulation (hereinafter referred to as the "Office"). I graduated from Missouri Southern State College in 1987 with a Bachelor of Science degree in Business Administration with a major in Accounting. I have been employed by the Office since July 2012.

3. Insurance Company of the Americas (hereinafter referred to as "ICA") was licensed on August 25, 1976, as a state of Florida domestic Property and Casualty insurer authorized to write Workers' Compensation insurance, pursuant to Part III of Chapter 624, Florida Statutes. ICA's Certificate of Authority was suspended by Order on April 2, 2008. Pursuant to Section 624.421(4), Florida Statutes, ICA was notified that its Certificate of Authority had expired by operation of law and that ICA was to administer and service all existing insurance policies in Florida in accordance with the policy provisions and the Florida Insurance Code. ICA is subject to the regulation of the Office pursuant to the Florida Insurance Code.

4. ICA is wholly owned by First Florida Equity Holdings, Inc., a Florida corporation owned 66.66% by Allied Provident Insurance, Inc., a Barbados domiciled corporation ultimately owned by Amalphis Group, Inc., a British Virgin Islands corporation wholly owned by John R.

Greenwood and 33.33% owned by Zasis, LLC, a Nevada limited liability company solely controlled by Gary T. Hirst, its sole manager.

5. The Office has determined that grounds exist for the Department of Financial Services (hereinafter referred to as the "Department") to petition for an order, under Section 631.051 or 631.061, Florida Statutes, directing the Department to initiate delinquency proceedings against ICA. The basis for this determination is summarized as follows:

(a) Pursuant to Section 631.051(1), Florida Statutes, ICA is impaired or insolvent: On or about November 8, 2017, ICA made a request to the Office to be put in Administrative Supervision, pursuant to Chapter 624, Part VI, Florida Statutes. ICA indicated that it lacked sufficient cash to pay claims without accessing funds, in the amount of \$1,192,266.93, held as collateral by the Department, Bureau of Collateral Management (attached as **Exhibit 1**). ICA's October 2017 monthly financial statement (herein after referred to as "October statement") was due on November 25, 2017. ICA filed its October statement (attached as **Exhibit 2**) on December 7, 2017. ICA reported on page Q03, line 37, surplus as regards policyholders totaling \$3,687,697, which includes the assets currently held as collateral noted above.

On page Q02, line 16.1, of its October statement, ICA noted a reinsurer receivable in the amount of \$2,507,873. This receivable has been contested in prolonged litigation, currently pending with the Second Circuit Court of Appeals in the state of New York, and is reflected in ICA's listing of litigation (attached as **Exhibit 3**), provided to the Office on December 11, 2017, as part of the requested information noted below and marked as Exhibit 5. Pursuant to Section 625.012(17), Florida Statutes, the Office deems this asset as an asset not available for

the payment of losses and claims. Accordingly, it is not allowed as an asset in the calculation of surplus as to policyholders and must be non-admitted.

On December 11, 2017, ICA acknowledged a receivable currently on its October statement, noted as a high deductible receivable, as not collectable (attached as **Exhibit 4**, see answer to question 4). On page QO2, line 25, ICA notes a write-in for other invested assets that relates to litigation with Modern Business Associates (hereinafter referred to as "MBA") regarding this high deductible receivable, which includes interest, totaling \$1,781,160. On or about December 13, 2017, ICA and MBA announced an agreement to settle the litigation and requested approval from the Office's Property and Casualty Financial Oversight Unit of the terms of the settlement, which acknowledges this receivable as not available to pay losses and claims. Pursuant to Section 625.012(17), Florida Statutes, the Office deems this receivable as an asset not available for the payment of losses and claims. Accordingly, it is not allowed as an asset in the calculation of surplus as to policyholders and must be non-admitted.

Applying the two adjustments above, ICA's adjusted surplus as regards policyholders at October 31, 2017, is a negative \$601,336, rendering the company insolvent.

**(b) Pursuant to Section 631.061(1), Florida Statutes, ICA is insolvent or is or about to become insolvent:** The facts set forth under subsection (a) above are specifically incorporated herein by reference. In addition, after reviewing ICA's request noted above, the Office, on December 4, 2017, requested additional information regarding ICA's true financial condition (attached as **Exhibit 5**). ICA provided bank statements for two bank accounts, which show zero balances in each account (attached as **Exhibits 6 and 7**). In addition, ICA provided a disbursement listing (attached as **Exhibit 8**) that includes disbursements for a 12-month period, from 12/1/2016 through 11/30/2017, with a column labeled "O," for outstanding checks

not yet cleared, totaling \$22,386.57. Section 631.011(13), Florida Statutes, defines insolvency as, among other things, “that the insurer is unable to pay its debts as they become due in the usual course of business.” Therefore, ICA is insolvent or is about to become insolvent, pursuant to Section 631.061(1), Florida Statutes.

(c) Consent to Rehabilitation or Liquidation pursuant to Section 631.051(11), Florida Statutes: On December 15, 2017, ICA, through a majority of its directors, executed a Consent to Order of Rehabilitation or Liquidation (attached as **Exhibit 9**), which states: “RESPONDENT admits that grounds exist for the appointment of the Department of Financial Services, Division of Rehabilitation and Liquidation (herein after referred to as the “DEPARTMENT”), as Receiver of RESPONDENT for the purpose of Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.” The President of ICA, Ricardo Rios, also provided an Affidavit executed on December 18, 2017 (attached as **Exhibit 10**), explaining the makeup of the Board of the Directors and demonstrating that the individuals who executed the Consent to Order of Rehabilitation or Liquidation constituted a majority of ICA’s directors.

6. Based on the above, ICA is insolvent and has consented to rehabilitation or liquidation. Thus, grounds for issuing an Order for entry into receivership exist under Sections 631.051(1), 631.051(11), and 631.061(1), Florida Statutes.

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FURTHER AFFIANT SAYETH NOT.

Virginia A. Christy  
Virginia A. Christy, Director  
Property & Casualty Financial Oversight  
Office of Insurance Regulation

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing affidavit was sworn to and subscribed before me this 19<sup>th</sup> day of December  
2017, by Virginia A. Christy



Alyssa Lathrop  
(Signature of the Notary)

Alyssa Lathrop  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known X OR Produced Identification \_\_\_\_\_

Type of Identification Produced n/a

My Commission Expires 11-12-2018



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Treasury - Bureau of Collateral Management*

DIVISION OF TREASURY  
 BUREAU OF COLLATERAL MANAGEMENT  
 INVENTORY REPORT GENERATOR  
 AS OF - 11/30/2017

**Exhibit 1**

	Grand Original Par Total	Grand Current Par Total	Grand Market Value Total
624.411 (OR - P&C FINANCIAL OVERSIGHT)	1,190,044.93	1,190,044.93	1,192,266.93
Report Total	1,190,044.93	1,190,044.93	1,192,266.93

4 records printed.

1 account(s) printed.

Selection Criteria

Account Number = 1000001642 . Transaction To Date = 11/30/2017 . Account Type = TRUST ENTITY . INSURANCE COMPANY . Account Primary Status = Active .  
 Inventory Indicator = 1



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Treasury - Bureau of Collateral Management*

DIVISION OF TREASURY  
 BUREAU OF COLLATERAL MANAGEMENT  
 INVENTORY REPORT GENERATOR  
 AS OF - 11/30/2017

Insurance Company Of The Americas      Trust Entity      Account # 1000001642      FEIN 591660233      Pledge % N.A.

Custodian Chief Financial Officer, State Of Florida  
 Statutory Authority 624.411 (Off - P&C Financial Oversight)

CUSIP	Collateral Description	CD/LOC ID	Stress Test	Interest Rate	Maturity Date	Original Par Total	Current Par Total	Market Value Total
CASH0000001	Cash Interest		N			20,044.93	20,044.93	20,044.93
CASH1000000	Cash Deposit		N			410,000.00	410,000.00	410,000.00
Total Statutory Authority 624.411 (Off - P&C Financial Oversight)						<u>430,044.93</u>	<u>430,044.93</u>	<u>430,044.93</u>
Total for Chief Financial Officer, State Of Florida						<u>430,044.93</u>	<u>430,044.93</u>	<u>430,044.93</u>

Custodian U.S. Bank N.A. (Cfo Custodian)  
 Statutory Authority 624.411 (Off - P&C Financial Oversight)

CUSIP	Collateral Description	CD/LOC ID	Stress Test	Interest Rate	Maturity Date	Original Par Total	Current Par Total	Market Value Total
912828UE8	Us Treasury Note		N	0.75	12/31/2017	280,000.00	280,000.00	259,922.00
912828HR4	Us Treasury Note		N	3.50	02/15/2018	500,000.00	500,000.00	502,300.00
Total Statutory Authority 624.411 (Off - P&C Financial Oversight)						<u>780,000.00</u>	<u>780,000.00</u>	<u>762,222.00</u>
Total for U.S. Bank N.A. (Cfo Custodian)						<u>780,000.00</u>	<u>780,000.00</u>	<u>762,222.00</u>

**MONTHLY STATEMENT**  
**OF THE**  
**Insurance Company of the**  
**Americas**  
**Of**  
**Lake Mary**  
**in the state of FL**

**to the Insurance Department**  
**of the State of**

For the Period Ended  
October 31, 2017

**2017**





# MONTHLY STATEMENT

As of October 31, 2017  
of the Condition and Affairs of the

## Insurance Company of the Americas

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)  
 Organized under the Laws of FL  
 Incorporated/Organized..... June 18, 1976  
 Statutory Home Office  
 Main Administrative Office  
 Mail Address  
 Primary Location of Books and Records  
 Internet Web Site Address  
 Statutory Statement Contact

NAIC Company Code..... 33030  
 State of Domicile or Port of Entry FL  
 Commenced Business..... August 26, 1976  
 2500 W Lake Mary Blvd., Ste 208..... Lake Mary FL ..... 32746  
 (Street and Number) (City or Town, State, Country and Zip Code)  
 2500 W Lake Mary Blvd., Ste 208 ..... Lake Mary FL ..... 32746  
 (Street and Number) (City or Town, State, Country and Zip Code)  
 PO Box 1827..... Queen Creek AZ ..... 85142  
 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)  
 2500 W Lake Mary Blvd., Ste 208..... Lake Mary FL ..... 32746  
 (Street and Number) (City or Town, State, Country and Zip Code)

Employer's ID Number..... 59-1680233  
 Country of Domicile US  
 305-501-1367  
 (Area Code) (Telephone Number)  
 305-801-1367  
 (Area Code) (Telephone Number)  
 305-801-1354  
 (Area Code) (Telephone Number) (Extension)  
 305-801-1354  
 (Area Code) (Telephone Number) (Extension)  
 Ricardo Rios Jr.  
 (Name)  
 ricardo.rios@insuranceamericas.com  
 (E-Mail Address)

### OFFICERS

Name	Title	Name	Title
1. Ricardo Rios Jr.	President	2. Julia Grace Keen	Secretary
3. Ricardo Rios Jr.	Treasurer	4.	

### OTHER

### DIRECTORS OR TRUSTEES

Julia Grace Keen  
 Ricardo Rios Jr.

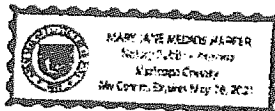
State of..... Arizona  
 County of..... Maricopa

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, entered or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been compiled in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ, or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures according to the best of their information, knowledge and belief, respectively. Furthermore, the copies of this statement by the described officers also include the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the printed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the electronic statement.

(Signature)	(Signature)	(Signature)
Ricardo Rios Jr.	Julia Grace Keen	Ricardo Rios Jr.
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
 This 21 day of November 2017

a. Is this an original filing? Yes [X] No [ ]  
 b. If no: 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_



**ASSETS**

	Current Statement Date			December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 - 2)	
1. Bonds.....	759,462		759,462	757,638
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	391,667
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....420,463), cash equivalents (\$.....0) and short-term investments (\$.....0).....	420,463		420,463	648,032
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	1,179,925	0	1,179,925	1,997,337
13. Title plants less \$.....0 charged off (for Title Insurers only).....			0	
14. Investment income due and accrued.....	4,368		4,368	7,580
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurances:				
16.1 Amounts recoverable from reinsurers.....	2,507,573		2,507,573	2,507,573
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	44,343	33,343	11,000	11,000
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	1,781,160	0	1,781,160	1,781,160
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	5,517,987	33,343	5,484,324	6,304,960
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	5,517,987	33,343	5,484,324	6,304,960

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. High Deductible Receivable.....	1,487,120		1,487,120	1,487,120
2502. Interest Award on Reinsurance Recoverable.....	294,040		294,040	294,040
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,781,160	0	1,781,160	1,781,160

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....	392,018	477,018
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	216,328	216,328
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....		
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....		
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....	210,000	
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....		
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	876,280	876,280
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....		
15. Reinsurance and loans not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		501,575
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	1,798,627	2,173,202
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	1,798,627	2,173,202
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,000,000	1,000,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....	10,449,557	10,449,557
34. Gross paid in and contributed surplus.....	7,894,828	7,894,828
35. Unassigned funds (surplus).....	(15,656,786)	(15,212,728)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Line 29 to 35, less 36).....	5,887,697	4,131,758
38. Totals (Page 2, Line 26, Col. 3).....	5,484,324	6,304,860

**DETAILS OF WRITE-INS**

2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 26 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 26 above).....	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$.....0)			
1.2 Assumed (written \$.....0)			
1.3 Ceded (written \$.....0)			
1.4 Net (written \$.....0)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct	137,054	130,821	258,323
2.2 Assumed			
2.3 Ceded			(81,805)
2.4 Net	137,054	130,821	341,223
3. Loss adjustment expenses incurred	133,833	88,880	191,452
4. Other underwriting expenses incurred	537,821	384,178	480,872
5. Aggregate write-ins for underwriting deductions	0	(48,001)	(48,001)
6. Total underwriting deductions (Lines 2 through 5)	608,208	535,878	663,552
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(808,208)	(535,878)	(663,552)
<b>INVESTMENT INCOME</b>			
9. Not investment income earned			
10. Net realized capital gains (losses) less capital gains tax of \$.....0	15,843	49,871	36,768
11. Net investment gain (loss) (Lines 9 + 10)	(357,725)	1,437	1,872
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agencies' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)	0		
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	3,457	540,000	540,000
15. Total other income (Lines 12 through 14)	3,457	540,000	540,000
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(945,636)	46,531	(387,722)
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(945,636)	46,531	(387,722)
19. Federal and foreign income taxes incurred			
20. Net income (Line 18 minus Line 19) (to Line 22)	(945,636)	46,531	(387,722)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	4,131,758	4,525,480	4,525,480
22. Net income (from Line 20)	(945,636)	46,531	(387,722)
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax			(23,008)
27. Change in nonadmitted assets			17,006
28. Change in provision for reinsurance	501,575		
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	(444,061)	46,531	(387,722)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	3,687,697	4,572,011	4,137,758
<b>DETAILS OF WRITE-INS</b>			
0501. Recovery of high deductible receivable previously written-off		(48,001)	(48,001)
0502.			
0503. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 thru 0503 plus 0599) (Line 5 above)	0	(48,001)	(48,001)
1401. Miscellaneous income	3,457	540,000	540,000
1402.			
1403. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 thru 1403 plus 1499) (Line 14 above)	3,457	540,000	540,000
3701.			
3702.			
3703. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3799) (Line 37 above)	0	0	0

**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance			
2. Net investment income	18,260	47,034	39,258
3. Miscellaneous income	3,457	540,098	549,090
4. Total (Lines 1 through 3)	21,697	587,094	579,258
5. Benefits and loss related payments	222,054	670,627	751,487
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	47,154	1,301,746	1,250,005
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered net of \$ 0 tax on capital gains (losses))			
10. Total (Lines 5 through 9)	663,208	1,882,567	1,981,492
11. Net cash from operations (Line 4 minus Line 10)	(671,511)	(1,295,483)	(1,402,234)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		720,402	726,002
12.2 Stocks			
12.3 Mortgage loans	53,642	67,500	337,500
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	53,642	811,402	1,114,102
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous acquisitions			
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase or (decrease) in contract loans and premium loans			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	53,642	811,402	1,114,102
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid-in surplus, less treasury stock			
16.3 Borrowed funds	210,000		
16.4 Net deposits on deposit-type contracts and other insurance activities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)		531	(3)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.6 minus Line 16.5 plus Line 16.6)	210,000	531	(3)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(427,869)	(281,150)	(288,135)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	648,032	1,136,167	1,136,169
19.2 End of year (Line 18 plus Line 19.1)	220,163	855,017	848,034

Note: Supplemental disclosures of cash flow information for the year-end figures:  
20-0001

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### GENERAL

- 1.1 Did the reporting entity experience any materiality requirements regarding the filing of Disclosure of Material Transactions with the State of domicile, as required by the Model Act? Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the regulatory state? Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No [ ]
- 3.2 Have there been any substantive changes in the organizational chart since the prior reporting period? Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. Yes [ ] No [X] N/A [ ]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012
- 6.2 State as of date that the latest financial statement report is made available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012
- 6.3 State as of what date the latest financial examination report is made available to other states or the parent from either the state of domicile or the reporting entity. This is the relative date of completion date of the examination report and not the date of the examination (reference sheet label). 12/24/2007
- 6.4 By what department or departments?  
Florida Department of Financial Services, Office of Insurance Regulation
- 6.5 Have all financial statement adjustments within the latest financial examination report been disclosed for in a subsequent financial statement filed with Department? Yes [X] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been completed? Yes [X] No [ ] N/A [ ]
- 7.1 Has the reporting entity had any Certificate of Authority for rates or regulations promulgating corporate reorganization of appropriate supervisors or involved by any governmental entity during its reporting period? Yes [ ] No [X]
- 7.2 If yes, give full information.

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships.
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity.
  - (c) Compliance with applicable governmental laws, rules and regulations.
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code, and
  - (e) Accountability for adherence to the code.

- 9.11 If the response to 9.1 is No, please explain.
- 9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

#### FINANCIAL

- 10.1 Does the reporting entity report any amount due from parent, subsidiaries or affiliates on Page 2 of the statement? Yes [ ] No [X]

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

#### INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes  No

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes  No

14.2 If yes, please complete the following:

	1 Prior Year End Book/Adjusted Carrying Value		2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$	0
14.22 Preferred Stock	0		0
14.23 Common Stock	0		0
14.24 Short-Term Investments	0		0
14.25 Mortgage Loans on Real Estate	0		0
14.26 All Other	0		0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$	0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$	0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes  No

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement. Yes  No

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

17. Excluding items in Schedule E-Part 5-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, issued throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1.111 - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes  No

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes  No

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note on each "... that have access to the investment accounts", "handle securities".

1 Name of Firm or Individual	2 Affiliation
Royal Alliance Associates, Inc	U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes  No

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes  No

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
22131	Royal Alliance Associates, Inc			

18.1 Have all the filing requirements of the Purpose and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes  No

18.2 If no, list exceptions:

**GENERAL INTERROGATORIES (continued)**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [ ] No [X] N/A [ ]  
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [ ] No [X]  
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [ ] No [X]

3.2 If yes, give full and complete information thereon:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [ ] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	0	0	0	0	0	0	0

5.1 Operating Percentages:

- 5.1 A&H loss percent 0.000%
- 5.2 A&H cost containment percent 0.000%
- 5.3 A&H expense percent excluding cost containment expenses 0.000%

6.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

6.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0



**PART 1 - LOSS EXPERIENCE**

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire			0.000	
2. Allied lines			0.000	
3. Homeowners multiple part			0.000	
4. Homeowners multiple part			0.000	
5. Commercial multiple part			0.000	
6. Mortgage guaranty			0.000	
8. Ocean marine			0.000	
9. Inland marine			0.000	
10. Financial guaranty			0.000	
11.1. Medical professional liability - occurrence			0.000	
11.2. Medical professional liability - claims-made			0.000	
12. Earthquake			0.000	
13. Group accident and health			0.000	
14. Credit accident and health			0.000	
15. Other accident and health			0.000	
16. Workers' compensation		137,054	0.000	
17.1 Other liability-occurrence			0.000	
17.2 Other liability-claims made			0.000	
17.3 Excess workers' compensation			0.000	
18.1 Products liability-occurrence			0.000	
18.2 Products liability-claims made			0.000	
18.1, 18.2 Private passenger auto liability			0.000	
18.3, 18.4 Commercial auto liability			0.000	
21. Auto physical damage			0.000	
22. Aircraft (all perils)			0.000	
23. Fidelity			0.000	
24. Surety			0.000	
26. Burglary and theft			0.000	
27. Boiler and machinery			0.000	
28. Credit			0.000	
29. International			0.000	
30. Warranty			0.000	
31. Reinsurance-nonproportional assumed property	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.000	
35. Totals	0	137,054	0.000	

**DETAILS OF WRITE-INS**

3401			0.000	
3402			0.000	
3403			0.000	
3498. Sum. of remaining write-ins for Line 34 from overleaf page	0	0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)	0	0	0.000	

**PART 2 - DIRECT PREMIUMS WRITTEN**

Lines of Business	Current Year to Date		
	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Homeowners multiple part			
4. Homeowners multiple part			
5. Commercial multiple part			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1. Medical professional liability - occurrence			
11.2. Medical professional liability - claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability-occurrence			
17.2 Other liability-claims made			
17.3 Excess workers' compensation			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
18.1, 18.2 Private passenger auto liability			
18.3, 18.4 Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance-nonproportional assumed property	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. Totals	0	0	0

**NONE**

**DETAILS OF WRITE-INS**

3401			
3402			
3403			
3498. Sum. of remaining write-ins for Line 34 from overleaf page	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Year in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2017 Loss and LAE Payments (Cols. 4 + 5)	7 Q.E. Data Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.E. Data Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9 Q.E. Data IBNR Loss and LAE Reserves	10 Total Q.E. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Revised) (Cols. 4 + 7 minus Col. 5)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Revised) (Cols. 5 + 8 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserves Developed (Revised) (Cols. 11 + 12)
1. 2014 + Prior	141	533	674	253		253	141		603	358	265	271	
2. 2015				0		0			0	0	0	0	
3. Subtotals 2014 + Prior	141	533	674	253	0	253	141	0	603	358	265	271	
4. 2016				0		0			0	0	0	0	
5. Subtotals 2016 + Prior	141	533	674	253	0	253	141	0	603	358	265	271	
6. 2017	XXX	XXX	XXX	XXX		XXX	XXX		0	XXX	XXX	XXX	
7. Totals	141	533	674	253	0	253	141	0	603	358	265	271	
8. Prior Year-End's Sample As Reported Policyholders	4,192												
										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7	
										1. 282.482 %	2. 116.371 %	3. 39.049 %	
												Col. 13, Line 7 Line 8	
												4. 8.688 %	

110

### List of litigation

1. The Lloyds Case – Currently appealing judge’s decision. The case is currently on the 2<sup>nd</sup> circuit court of appeals in NY. ICA obtained an award at the arbitration panel level, which was set aside by a district court judge in NY, and that judge’s decision is currently on appeal.
2. The Modern Business Associates Cases – ICA has reach an agreement in concept with this former insured. The insured and ICA have exchanged proposed settlement documents regarding their administrative litigation and circuit court litigation. The administrative settlement will include a provision regarding the Alabama case regarding Linda Hendricks.
3. The Asgaard Case – Involving California and Florida – The California attorney is waiting on further direction. ICA’s Florida defense attorneys have been advised that ICA is out of money and they returned the retainer, which ICA used to pay the nurses for Alan Kringel. There is also an attorney in Seminole County, FL that was handling a case regarding Asgaard. These cases could fall into a default type status where ICA cannot respond to court orders, discovery or motions filed by the plaintiff, due to ICA’s inability to pay to retain counsel for its defense.
4. Linda Hendricks - Alabama Case – Hospital/Doctor is trying to collect on outstanding invoices incurred for a medical procedure done to Ms. Hendricks, whom MBA has contended ICA insured under a large deductible W/C policy that ICA and MBA commuted. ICA needs to retain counsel in Alabama and file a response by December 13, 2017, or else a default may be entered against ICA and that default could be the basis for the state court to enter a final judgment upon default against ICA.

### Location of ICA records

Accounting records are located in Queen Creek, AZ

Some claim records are located in Lake Mary, FL. The entire history of the claims is saved with the claim software “Filehandler”. Currently on a cloud basis.

## Christy, Virginia

---

**From:** Ricardo Rios <ricardo.rios@insuranceamericas.com>  
**Sent:** Monday, December 11, 2017 4:35 PM  
**To:** Murphy, Susanne; Christy, Virginia  
**Cc:** Ridenour, Robert; Tim Schoenwalder; Smith, Rodney N  
**Subject:** RE: Insurance Company of the Americas  
**Attachments:** ICA - Payment history, licenses & software info.xlsx

Ms. Murphy – See attached the information you requested and answer to your questions are below.

Ricardo Rios  
Direct. [305.901.1367](tel:305.901.1367) | [ricardo.rios@insuranceamericas.com](mailto:ricardo.rios@insuranceamericas.com)

**From:** Murphy, Susanne [mailto:Susanne.Murphy@flair.com]  
**Sent:** Monday, December 11, 2017 1:40 PM  
**To:** Ricardo Rios <ricardo.rios@insuranceamericas.com>; Christy, Virginia <Virginia.Christy@flair.com>  
**Cc:** Ridenour, Robert <Robert.Ridenour@flair.com>; Tim Schoenwalder <TS@meenanlawfirm.com>; Smith, Rodney N <Rodney.Smith@flair.com>  
**Subject:** RE: Insurance Company of the Americas

Mr. Rios,

The information provided is incomplete. Please provide, by close of business today:

- 1. The settlement amount for each outstanding claim;**  
Currently ICA has not reach a settlement with any of the outstanding claimants. As mentioned on our conference call the week before, the currently outstanding claimants are not willing to reach a settlement at this time.
- 2. The list of all outstanding claims and the reserve established for each claim, whether reduced to a settlement or not;**  
Please see the first tab (Label "Open claims") of the attached excel spreadsheet for the information you requested.
- 3. A total of all outstanding obligations, whether claims related or not, and the assets to pay such obligations;**  
Please see the 3<sup>rd</sup> tab (Label "outstanding expenses") of the attached excel spreadsheet. At this time ICA has no assets to pay its obligations. The only available funds are the statutory deposits held by the OIR.
- 4. The October monthly statement reflects surplus of \$3.6 million. What assets does this surplus consist of and how much is available to pay claims.**

The assets that make up the \$3.6 million in surplus consist of:

- \$759,462 in government bonds held by the state of Florida as a statutory deposit
- \$420,463 in cash held by the state of Florida as a statutory deposit.
- \$2,507,873 in reinsurance recoverable from Lloyds of London, currently seeking collections through the courts
- \$294,040 in reinsurance recoverable interest awarded to ICA by mediator. Currently seeking collections through the courts.
- \$1,487,120 in high deductible receivable from an insured, Modern Business Associates. At this time ICA has not finalize a settlement agreement, but this receivable will probably be not collected from the insured.

Susanne K. Murphy  
Deputy Commissioner  
Property and Casualty  
Florida Office of Insurance Regulation  
(850) 413-5083 (office)  
(850) 567-5656 (cell)  
[susanne.murphy@flor.com](mailto:susanne.murphy@flor.com)

**From:** Ricardo Rios [<mailto:ricardo.rios@insuranceamericas.com>]  
**Sent:** Monday, December 11, 2017 1:26 AM  
**To:** Christy, Virginia <[Virginia.Christy@flor.com](mailto:Virginia.Christy@flor.com)>  
**Cc:** Murphy, Susanne <[Susanne.Murphy@flor.com](mailto:Susanne.Murphy@flor.com)>; Ridenour, Robert <[Robert.Ridenour@flor.com](mailto:Robert.Ridenour@flor.com)>; Tim Schoenwalder <[TS@meenanlawfirm.com](mailto:TS@meenanlawfirm.com)>; Smith, Rodney N <[Rodney.Smith@flor.com](mailto:Rodney.Smith@flor.com)>  
**Subject:** RE: Insurance Company of the Americas

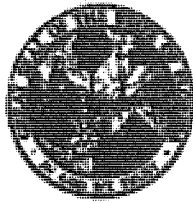
Ms. Christy – Please find attached all the information you have requested from ICA. The 3<sup>rd</sup> quarter and the October monthly statement were filed last week.  
Once you the OIR had a chance to review the attachments, please advise what are the next steps or the decision of the OIR.

**Ricardo Rios**  
Direct. 305.901.1367 | [ricardo.rios@insuranceamericas.com](mailto:ricardo.rios@insuranceamericas.com)

**From:** Christy, Virginia [<mailto:Virginia.Christy@flor.com>]  
**Sent:** Tuesday, December 5, 2017 6:44 AM  
**To:** Ricardo Rios <[ricardo.rios@insuranceamericas.com](mailto:ricardo.rios@insuranceamericas.com)>  
**Cc:** Murphy, Susanne <[Susanne.Murphy@flor.com](mailto:Susanne.Murphy@flor.com)>; Ridenour, Robert <[Robert.Ridenour@flor.com](mailto:Robert.Ridenour@flor.com)>; Tim Schoenwalder <[TS@meenanlawfirm.com](mailto:TS@meenanlawfirm.com)>  
**Subject:** Insurance Company of the Americas

Mr. Rios,  
Please see the attached letter listing the requested documentation and information regarding ICA. Please provide all requested items as soon as possible and no later than close of business Friday, December 8, 2017. Please do not hesitate to contact me if you have any questions or concerns.

**Virginia A. Christy**  
Director, Property and Casualty Financial Oversight  
Florida Office of Insurance Regulation  
200 E. Gaines Street, Suite 637A  
Tallahassee, Florida  
Telephone: (850) 413-5019  
E-Mail: [Virginia.Christy@flor.com](mailto:Virginia.Christy@flor.com)



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER  
COMMISSIONER

FINANCIAL SERVICES  
COMMISSION  
**RICK SCOTT**  
GOVERNOR  
**JIMMY PATRONIS**  
CHIEF FINANCIAL OFFICER  
**PAM BONDI**  
ATTORNEY GENERAL  
**ADAM PUTNAM**  
COMMISSIONER OF  
AGRICULTURE

SENT VIA ELECTRONIC TRANSMISSION TO:  
[ricardo.rios@insuranceamericas.com](mailto:ricardo.rios@insuranceamericas.com)

December 4, 2017

Mr. Ricardo Rios  
Director  
Insurance Company of the Americas  
PO Box 1927  
Queen Creek, AZ 85142

Re: Insurance Company of the Americas  
FL Company Code: 09398

Mr. Ricardo Rios,

It is imperative that you provide documentation and responses to the requests below, as soon as possible and no later than Friday, December 8, 2017, for the Office of Insurance Regulation (Office) to assess appropriate regulatory action concerning Insurance Company of the Americas (ICA).

1. Please provide a list of all pending litigation, the reason for the litigation, and the status of the litigation, including efforts made by ICA to reach a settlement in each case.
2. Please provide a listing, in spreadsheet form, of outstanding claims with data in each cell of columns as follows: title of the claim, date of loss, whether the claim is active or not active, the reserve amount allocated for the claim, payment status of the claim.
3. Please provide all disbursements, no matter the classification, that have occurred over the last 12 months, beginning December 1, 2016.
4. Please provide all outstanding and unpaid expenses, including litigation expenses, incurred by ICA to date.

...  
VIRGINIA A. CHRISTY • PROPERTY AND CASUALTY FINANCIAL OVERSIGHT  
200 EAST GAINES STREET • TALLAHASSEE, FLORIDA 32399-4206 • (850) 413-5019 • FAX (850) 922-2543  
WEBSITE: WWW.FLOR.COM • EMAIL: VIRGINIA.CHRISTY@FLOR.COM

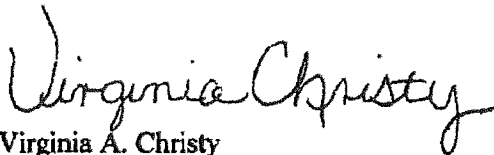
Affirmative Action / Equal Opportunity Employer

**Exhibit 5**

5. Please provide a cash flow analysis showing all cash coming in and payments going out over the last 12 months, beginning December 1, 2016.
6. Please provide all bank statements held by ICA for the last 12 months including the December 2016 bank statement.
7. Please provide a listing of other states in which ICA has an active license and any liabilities associated with any writings in other states, whether ICA's license is active in those states or not.
8. Please provide a copy of all written in-force agreements ICA has executed with any vendor, lawyer, or others.
9. Please provide the specific location of all ICA records and the format in which each record is retained.
10. Please provide the type and name of all software ICA utilizes for operations, including the accounting function and claims function.
11. Please provide a current Income Statement reflecting all income and expenses for the month of November and year to date balances and a Balance Sheet as of November 30, 2017 reflecting all assets and liabilities of ICA. ICA has not filed the 3<sup>rd</sup> Quarter Financial Statement which was due on November 15, 2017 nor has it filed the October monthly Financial Statement that was due on November 22, 2017. These statements must be filed as soon as possible.

If you have any questions regarding the information that is being requested please contact me as soon as possible so that the information can be provided within the time frame indicated. I can be reached by phone at 850-413-5019 or email at [virginia.christy@flor.com](mailto:virginia.christy@flor.com).

Sincerely,



Virginia A. Christy

Director, Property and Casualty Financial Oversight

cc. Robert Ridenour  
Susanne Murphy  
Tim Shoenwalder, Esq.

**BMO**  **Harris Bank**

A part of BMO Financial Group

**BMO HARRIS BANK N.A.**  
**P.O. BOX 94033**  
**PALATINE, IL 60094-4033**

**359341**

ACCOUNT NUMBER: XXXXXXXXXX

90 09521

INSURANCE CO OF THE AMERICAS  
 PO BOX 1927  
 QUEEN CREEK AZ 85142

Statement Period  
 11/01/17 TO 11/30/17  
 IM0099002900000000

PAGE 1 OF 2

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WE ARE MAKING CHANGES TO SOME OF THE FEES WE CURRENTLY CHARGE. NO NEW FEES ARE BEING INTRODUCED AT THIS TIME.

EFFECTIVE 12/1/17, WE WILL INCREASE THE FOLLOWING FEES FOR YOUR BUSINESS ADVANTAGE CHECKING:  
 OVERDRAFT AND NSF FROM \$35 TO \$36, CONSECUTIVE DAY OD FROM \$5 TO \$7, COIN AND CURRENCY DEPOSITED FROM \$0.14 PER \$100 IN EXCESS OF \$20,000 TO \$0.25 PER \$100 IN EXCESS OF \$20,000, OUTGOING DOMESTIC WIRE TRANSFER FROM \$25 TO \$30, AND OUTGOING FOREIGN WIRE TRANSFER FROM \$45 TO \$50.

YOUR CONTINUED USE OF THIS ACCOUNT AFTER 12/1/17 CONFIRMS YOUR AGREEMENT TO THESE CHANGES.

QUESTIONS? CONTACT YOUR BANKER OR CALL US AT 888-340-2265, OPTION #2 FOR BUSINESS OR VISIT US ONLINE AT WWW.BMOHARRIS.COM. BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052

**CHECKING ACCOUNTS**

**BUSINESS ADVANTAGE CKG** XXXXXXXXXX (Checking) **INSURANCE CO OF THE AMERICAS**  
**ACCOUNT NUMBER** XXXXXXXXXX

Interest Paid YTD 11.54

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of October 31, 2017	12,459.07
3 Deposits (Plus)	7,238.97
10 Withdrawals (Minus)	19,698.04
Ending Balance as of November 30, 2017	.00

Deposits and Other Credits

Date	Amount	Description
Nov 02	477.89	TELLER DEPOSIT
Nov 10	6,691.08	RETURNED ACH DEBIT NSF
Nov 14	70.00	CCD PAYCHEX EIB INVOICE
		FUNDING TRANSFER IN
		TRANSFER FROM <span style="background-color: black; color: black;">XXXXXXXXXX</span>

Withdrawals and Other Debits

Date	Amount	Description
Nov 01	12,000.00	OUTGOING WIRE
		FED WIRE TRANSFER DEBIT <span style="background-color: black; color: black;">XXXXXXXXXX</span>

**Exhibit 6**



**BMO**  **Harris Bank**

A part of BMO Financial Group

**BMO HARRIS BANK N.A.**  
**P.O. BOX 94033**  
**PALATINE, IL 60094-4033**

**359342**

ACCOUNT NUMBER: XXXXXXXXXXXXXXXXXXXX

Statement Period  
 11/01/17 TO 11/30/17  
 IM9099002900000000

90 09521

INSURANCE CO OF THE AMERICAS

PAGE 2 OF 2

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Nov 01	81.67	ACH DEBIT			
		CCD FEDERAL EXPRESS DEBIT			
Nov 03	160.50	POS PURCHASE	RECORD NO. 326214	CARD NO. <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		SQU SQ PSI WEIGHTLIFT	JUPITER	FL	
Nov 06	160.50	POS PURCHASE	RECORD NO. 127224	CARD NO. <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		SQU SQ PSI WEIGHTLIFT	JUPITER	FL	
Nov 06	160.50	POS PURCHASE	RECORD NO. 774266	CARD NO. <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
		SQU SQ PSI WEIGHTLIFT	JUPITER	FL	
Nov 09	107.62	ACH DEBIT			
		CCD FEDERAL EXPRESS DEBIT			
Nov 09	6,691.08	ACH DEBIT			
		CCD PAYCHEX EIB	INVOICE		
Nov 13	35.00	FORCED CHECK			
		FEE			
Nov 13	266.17	ONLINE DEBIT MEMO			
Nov 14	35.00	OVERDRAFT FEE			

Daily Balance Summary

Date	Balance	Date	Balance
Oct 31	12,459.07	Nov 09	6,424.91-
Nov 01	377.40	Nov 10	266.17
Nov 02	855.29	Nov 13	35.00-
Nov 03	694.79	Nov 14	.00
Nov 06	373.79		

Statement Period Rates

Effective	Nov 01, 2017	Balance	Rate
		ZERO to	4,999 0.010 %
		5,000 to	9,999 0.010 %
		10,000 to	24,999 0.050 %
		25,000 to	49,999 0.050 %
		50,000 to	99,999 0.050 %
		100,000 to	249,999 0.050 %
		250,000 to	499,999 0.050 %
		500,000 to	999,999 0.050 %
		1,000,000 to	99,999,999,999 0.050 %

**Important information about your Consumer Overdraft Credit Line Account**

**For overdraft credit plans with a fixed Annual Percentage Rate:**  
The periodic rate and corresponding Annual Percentage Rate does not change.

**For overdraft credit plans with a variable Annual Percentage Rate:**  
The periodic rate and corresponding Annual Percentage Rate for this plan is a variable rate which can change monthly. (See your account agreement for details on how the Annual Percentage Rate is determined.)

**CALCULATION OF BALANCE SUBJECT TO INTEREST RATE FOR CONSUMER OVERDRAFT CREDIT LINE ACCOUNTS**

We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances, and subtract any payments or credits. This gives us the daily balance.

The interest charge begins to accrue on the date an advance is posted to the account. The interest charge continues to accrue on the unpaid principal balance after the statement has been printed and mailed to you. There is no "grace period" or "free ride period" which would allow you to avoid an interest charge.

**WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR CONSUMER OVERDRAFT CREDIT LINE ACCOUNT STATEMENT**  
If you think there is an error on your statement, write to us at: Harris, Attn: Billing Department, Servicing Dept. D, 3800 Golf Road, P.O. Box 5049, Rolling Meadows, IL 60008.

- In your letter, give us the following information:
- **Account information:** Your name and account number.
  - **Dollar amount:** The dollar amount of the suspected error.
  - **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

**Credit Information**

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS AND CARD TRANSACTIONS**

Call us at 1-800-847-1066 for errors involving Card transactions, or for Electronic Transfers call 1-888-340-2265, or write to Harris, P.O. Box 94019, Palatine, Illinois 60094-4019, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the problem or error appeared. This is the information we will need in order to help resolve the problem:

1. Tell us your name, account number, and Card number (if applicable).
2. Describe the error or the transaction and the date of the transaction you are unsure about, and explain why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we require that you also inform of us the error in writing within ten Business Days.

We will determine whether an error occurred within 10\* Business Days after we hear from you and we will correct any error promptly. If we need more time, however, by law we may take up to 45\* days to investigate your complaint or question. If we decide to do this, we will provisionally credit your account within 10\* Business Days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If you fail to give us the required written confirmation of your complaint or question, then we may not credit your account or we may revoke the provisional credit we previously gave to you.

We will tell you the results of our investigation within three Business Days after completing our investigation.

\*These time periods may be extended as follows. The applicable time is 20 Business Days in place of 10 Business Days for new accounts if the notice of the error involves a transfer to or from the account within the first 30 days your account is open. The applicable time is 90 days in place of 45 days if the notice of error involves a transfer that either (1) was initiated outside the U.S., (2) resulted from a Point-of-Sale transaction, or (3) occurred within the first 30 days your account is open.

**TO RECONCILE YOUR CHECKING ACCOUNT**

- 1 List and Total all outstanding checks including those still outstanding from previous statements.
- 2 Enter the "Ending Balance" shown on this statement.
- 3 Add deposits and other credits not shown on this statement.
- 4 Total
- 5 Subtract the total of outstanding checks as determined in Step 1 above.
- 6 This figure should be your checkbook balance. If it does not agree, review the above steps and if necessary, review your checkbook entries.

① OUTSTANDING TRANSACTIONS	
NUMBER	AMOUNT

RECONCILEMENT	
②	
③	
④	
⑤	
⑥	

**BMO**  **Harris Bank**

A part of BMO Financial Group

**BMO HARRIS BANK N.A.**  
P.O. BOX 94033  
PALATINE, IL 60094-4033

72464

ACCOUNT NUMBER: XXXXXXXXXX

Statement Period  
11/01/17 TO 11/30/17  
IM0099002900000000

90 09514

INSURANCE CO OF THE AMERICAS  
2500 W LAKE MARY BLVD  
LAKE MARY FL 32746-3526

PAGE 1 OF 2

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WE ARE MAKING CHANGES TO SOME OF THE FEES WE CURRENTLY CHARGE. NO NEW FEES ARE BEING INTRODUCED AT THIS TIME.

EFFECTIVE 12/1/17, WE WILL INCREASE THE FOLLOWING FEES FOR YOUR BUSINESS PRIME MONEY MARKET:  
OVERDRAFT AND NSF FROM \$35 TO \$36, CONSECUTIVE DAY OD FROM \$5 TO \$7,  
COIN AND CURRENCY DEPOSITED FROM \$0.14 PER \$100 IN EXCESS OF \$10,000 TO \$0.25 PER \$100 IN EXCESS OF \$10,000, INCOMING DOMESTIC AND FOREIGN WIRE TRANSFER FROM \$12 TO \$15, OUTGOING DOMESTIC WIRE TRANSFER FROM \$25 TO \$30, AND OUTGOING FOREIGN WIRE TRANSFER FROM \$45 TO \$50.

YOUR CONTINUED USE OF THIS ACCOUNT AFTER 12/1/17 CONFIRMS YOUR AGREEMENT TO THESE CHANGES.

QUESTIONS? CONTACT YOUR BANKER OR CALL US AT 888-340-2265, OPTION #2 FOR BUSINESS OR VISIT US ONLINE AT WWW.BMOHARRIS.COM. BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052

---

**CHECKING ACCOUNTS**

---

**BUS PRIME MONEY MARKET**  
ACCOUNT NUMBER XXXXXXXXXX

(Checking)

**INSURANCE CO OF THE AMERICAS**

---

Interest Paid YTD

541.09

**DEPOSIT ACCOUNT SUMMARY**

Previous Balance as of October 31, 2017	477.89
1 Withdrawals (Minus)	477.89
Ending Balance as of November 30, 2017	.00

**Withdrawals and Other Debits**

Date	Amount	Description
Nov 02	477.89	ONLINE DEBIT MEMO

**Daily Balance Summary**

Date	Balance	Date	Balance
Oct 31	477.89	Nov 02	.00

**Exhibit 7**

**BMO**  **Harris Bank**

A part of BMO Financial Group

**BMO HARRIS BANK N.A.**  
**P.O. BOX 94033**  
**PALATINE, IL 60094-4033**

**72465**

**ACCOUNT NUMBER:** XXXXXXXXXX

80 09514

Statement Period  
 11/01/17 TO 11/30/17  
 IM0099002900000000

INSURANCE CO OF THE AMERICAS

PAGE 2 OF 2

0

**Statement Period Rates**

Effective Nov 01, 2017

Balance	Rate
ZERO to 4,999	0.050
5,000 to 9,999	0.050
10,000 to 24,999	0.050
25,000 to 49,999	0.050
50,000 to 99,999	0.100
100,000 to 249,999	0.100
250,000 to 499,999	0.100
500,000 to 999,999	0.100
1,000,000 to 99,999,999,999	0.100

**Important information about your Consumer Overdraft Credit Line Account**

**For overdraft credit plans with a fixed Annual Percentage Rate:**  
 The periodic rate and corresponding Annual Percentage Rate does not change.

**For overdraft credit plans with a variable Annual Percentage Rate:**  
 The periodic rate and corresponding Annual Percentage Rate for this plan is a variable rate which can change monthly. (See your account agreement for details on how the Annual Percentage Rate is determined.)

**CALCULATION OF BALANCE SUBJECT TO INTEREST RATE FOR CONSUMER OVERDRAFT CREDIT LINE ACCOUNTS**

We figure the interest charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances, and subtract any payments or credits. This gives us the daily balance.

The interest charge begins to accrue on the date an advance is posted to the account. The interest charge continues to accrue on the unpaid principal balance after the statement has been printed and mailed to you. There is no "grace period" or "free ride period" which would allow you to avoid an interest charge.

**WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR CONSUMER OVERDRAFT CREDIT LINE ACCOUNT STATEMENT**  
 If you think there is an error on your statement, write to us at Harris, Attn: Billing Department, Servicing Dept. D, 3800 Golf Road, P.O. Box 5049, Rolling Meadows, IL 60008.

- In your letter, give us the following information:
- **Account information:** Your name and account number.
  - **Dollar amount:** The dollar amount of the suspected error.
  - **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

- While we investigate whether or not there has been an error, the following are true:
- We cannot try to collect the amount in question, or report you as delinquent on that amount.
  - The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
  - While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
  - We can apply any unpaid amount against your credit limit.

**Credit Information**  
 We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS AND CARD TRANSACTIONS**

Call us at 1-800-847-1086 for errors involving Card transactions, or for Electronic Transfers call 1-866-340-2285, or write to Harris, P.O. Box 94019, Palatine, Illinois 60094-4019, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the problem or error appeared. This is the information we will need in order to help resolve the problem:

1. Tell us your name, account number, and Card number (if applicable).
2. Describe the error or the transaction and the date of the transaction you are unsure about, and explain why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, we require that you also inform of us the error in writing within ten Business Days.

We will determine whether an error occurred within 10<sup>th</sup> Business Days after we hear from you and we will correct any error promptly. If we need more time, however, by law we may take up to 45<sup>th</sup> days to investigate your complaint or question. If we decide to do this, we will provisionally credit your account within 10<sup>th</sup> Business Days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If you fail to give us the required written confirmation of your complaint or question, then we may not credit your account or we may revoke the provisional credit we previously gave to you.

We will tell you the results of our investigation within three Business Days after completing our investigation.

*\*These time periods may be extended as follows. The applicable time is 20 Business Days in place of 10 Business Days for new accounts if the notice of the error involves a transfer to or from the account within the first 30 days your account is open. The applicable time is 90 days in place of 45 days if the notice of error involves a transfer that either (1) was initiated outside the U.S., (2) resulted from a Point-of-Sale transaction, or (3) occurred within the first 30 days your account is open.*

- TO RECONCILE YOUR CHECKING ACCOUNT**
- 1 List and Total all outstanding checks including those still outstanding from previous statements.
  - 2 Enter the "Ending Balance" shown on this statement.
  - 3 Add deposits and other credits not shown on this statement.
  - 4 Total
  - 5 Subtract the total of outstanding checks as determined in Step 1 above.
  - 6 This figure should be your checkbook balance. If it does not agree, review the above steps and if necessary, review your checkbook entries.

① OUTSTANDING TRANSACTIONS	
NUMBER	AMOUNT

RECONCILEMENT	
②	
③	
④	
⑤	
⑥	

Payee Name	Check/Advice #	Date Paid	Amount Paid	Status	Pymnt Type
Definiti Healthcare Mgmt	00000070778	12/02/16	21.90	C	CLMS
AWPRX, LLC	00000070779	12/02/16	2,134.36	C	CLMS
CompCare	00000070780	12/02/16	277.82	C	CLMS
AWPRX LLC	00000070781	12/02/16	205.61	C	CLMS
Alan Kringel	00000070782	12/02/16	229.80	C	CLMS
Prescription Partners, LLC	00000070783	12/02/16	6,605.14	C	CLMS
Eduardo Garcia	00000070784	12/02/16	563.16	C	CLMS
Eduardo Garcia	00000070785	12/02/16	337.92	C	CLMS
AWPRX LLC	00000070786	12/05/16	4,220.72	C	CLMS
Alan Kringel	00000070787	12/05/16	765.48	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070788	12/05/16	792.00	C	CLMS
AWPRX LLC	00000070789	12/05/16	599.98	C	CLMS
AWPRX LLC	00000070790	12/05/16	6,476.30	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070791	12/05/16	636.00	C	CLMS
AWPRX LLC	00000070792	12/08/16	37.13	C	CLMS
Prescription Partners, LLC	00000070793	12/08/16	3,225.79	C	CLMS
Alan Kringel	00000070794	12/08/16	229.60	C	CLMS
Eduardo Garcia	00000070795	12/08/16	337.92	C	CLMS
Prescription Partners, LLC	00000070796	12/08/16	2,075.62	C	CLMS
Eduardo Garcia	00000070797	12/08/16	563.17	C	CLMS
Alan Kringel	00000070798	12/15/16	765.48	C	CLMS
Jewett Orthopaedic Clinic, P.A.	00000070799	12/15/16	162.36	C	CLMS
AWPRX, LLC	00000070800	12/15/16	1,827.32	C	CLMS
AWPRX LLC	00000070801	12/15/16	626.94	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070802	12/15/16	144.00	C	CLMS
AWPRX LLC	00000070803	12/15/16	2,053.88	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070804	12/23/16	1,188.00	C	CLMS
AWPRX LLC	00000070805	12/23/16	1,722.82	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070806	12/23/16	540.00	C	CLMS
Prescription Partners, LLC	00000070807	12/23/16	1,925.36	C	CLMS
CorVel Corporation	00000070808	12/23/16	427.20	C	CLMS
AWPRX LLC	00000070809	12/23/16	1,905.03	C	CLOI
Prescription Partners, LLC	00000070812	01/05/17	1,889.20	C	CLMS
Definiti Healthcare Mgmt.	00000070813	01/05/17	11.29	C	CLMS
Prescription Partners, LLC	00000070814	01/05/17	1,102.04	C	CLMS
Patient Direct RX LLC	00000070815	01/05/17	66.55	C	CLMS
Southeastern Integrated Medical P.L.	00000070816	01/05/17	70.56	C	CLMS
AWPRX LLC	00000070817	01/05/17	1,768.36	C	CLMS
Prospira Florida	00000070818	01/11/17	72.00	C	CLMS
Bradenton Eye Clinic	00000070819	01/11/17	94.50	C	CLMS
Prescription Partners, LLC	00000070820	01/11/17	4,445.63	C	CLMS
AWPRX LLC	00000070821	01/11/17	231.88	C	CLMS
Eduardo Garcia	00000070822	01/11/17	337.92	C	CLMS
AWPRX LLC	00000070823	01/11/17	5,313.07	C	CLMS
AWPRX LLC	00000070824	01/13/17	599.98	C	CLMS
Prescription Partners, LLC	00000070825	01/13/17	2,764.97	C	CLMS

AWPRX LLC	00000070826	01/13/17	680.88	C	CLMS
Prescription Partners, LLC	00000070827	01/13/17	1,522.44	C	CLMS
Alan Kringel	00000070828	01/13/17	765.48	C	CLMS
Synergy	00000070829	01/20/17	1,000.00	C	CLMS
Prescription Partners, LLC	00000070830	01/20/17	2,153.14	C	CLMS
AWPRX, LLC	00000070831	01/20/17	2,134.36	C	CLMS
Patient Direct RX LLC	00000070832	01/20/17	66.55	C	CLMS
Prescription Partners, LLC	00000070833	01/20/17	2,486.33	C	CLMS
Southeastern Integrated Medical P.L.	00000070834	01/20/17	70.56	C	CLMS
Alan Kringel	00000070835	01/30/17	229.60	C	CLMS
Eduardo Garcia	00000070836	01/30/17	563.16	C	CLMS
Prescription Partners, LLC	00000070837	01/30/17	7,981.51	C	CLMS
Appel Harden Law Group	00000070838	01/30/17	648.00	C	CLMS
AWPRX LLC	00000070839	01/30/17	729.58	C	CLMS
AWPRX, LLC	00000070840	01/30/17	5,894.97	C	CLMS
GENEX Services, Inc.	00000070841	01/30/17	2,500.00	C	CLMS
CompCare	00000070842	01/30/17	64.00	C	CLMS
Hanna Sines	00000070843	01/31/17	287.16	C	CLMS
Hanna Sines	00000070844	01/31/17	287.16	C	CLMS
Hanna Sines	00000070845	01/31/17	400.08	C	CLMS
Hanna Sines	00000070846	01/31/17	400.08	C	CLMS
Hanna Sines	00000070847	01/31/17	400.08	C	CLMS
Hanna Sines	00000070848	01/31/17	287.16	C	CLMS
Florida Pain & Rehabilitation	00000070849	02/02/17	3.00	C	CLMS
Prescription Partners, LLC	00000070850	02/02/17	6,178.49	C	CLMS
Comprehensive Pain CBO	00000070851	02/02/17	57.60	C	CLMS
West Florida Medical Center Clinic, P.A.	00000070852	02/02/17	106.20	C	CLMS
The Center for Bone & Joint Surgery of	00000070853	02/02/17	117.30	C	CLMS
Comprehensive Pain CBO	00000070854	02/02/17	120.60	C	CLMS
AWPRX LLC	00000070855	02/02/17	9,710.74	C	CLMS
Appel Harden Law Group	00000070856	02/02/17	284.50	C	CLMS
Hanna Sines	00000070857	02/02/17	287.16	C	CLMS
Eduardo Garcia	00000070858	02/02/17	337.92	C	CLMS
Eduardo Garcia	00000070859	02/02/17	337.92	C	CLMS
Hanna Sines	00000070860	02/10/17	400.08	C	CLMS
Eduardo Garcia	00000070861	02/10/17	563.16	C	CLMS
Prescription Partners, LLC	00000070862	02/10/17	1,522.44	C	CLMS
Alan Kringel	00000070863	02/10/17	765.48	C	CLMS
Eduardo Garcia	00000070864	02/10/17	563.16	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070865	02/10/17	1,236.00	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070866	02/10/17	1,836.00	C	CLMS
AWPRX LLC	00000070867	02/10/17	37.00	C	CLMS
Alan Kringel	00000070868	02/10/17	229.60	C	CLMS
AWPRX LLC	00000070869	02/10/17	1,702.10	C	CLMS
Appel Harden Law Group	00000070870	02/10/17	1,000.00	C	CLMS
Corvel Corporation	00000070871	02/10/17	364.90	C	CLMS
Prescription Partners, LLC	00000070872	02/17/17	20.90	C	CLMS

AWPRX LLC	00000070873	02/17/17	2,053.88	C	CLMS
AWPRX LLC	00000070874	02/17/17	33.17	C	CLMS
AWPRX LLC	00000070875	02/17/17	52.07	C	CLMS
Prescription Partners, LLC	00000070876	02/17/17	2,153.14	C	CLMS
Definiti Healthcare Mgmt.	00000070877	02/17/17	107.42	C	CLMS
Palm Beach Neurology	00000070878	02/17/17	150.00	C	CLMS
Palm Beach Neurology	00000070879	02/23/17	150.00	C	CLMS
AWPRX, LLC	00000070880	02/23/17	3,198.60	C	CLMS
Palm Beach Neurology	00000070881	02/23/17	200.00	C	CLMS
AWPRX LLC	00000070882	02/23/17	205.61	C	CLMS
Prescription Partners, LLC	00000070883	02/23/17	2,926.42	C	CLMS
Alan Kringel	00000070884	02/23/17	229.60	C	CLMS
Hanna Sines	00000070885	02/23/17	287.16	C	CLMS
Prescription Partners, LLC	00000070886	02/23/17	2,764.97	C	CLMS
Eduardo Garcia	00000070887	02/23/17	337.92	C	CLMS
Hanna Sines	00000070888	02/23/17	400.06	C	CLMS
Eduardo Garcia	00000070889	02/23/17	451.24	C	CLMS
Eduardo Garcia	00000070890	03/09/17	563.16	C	CLMS
Prescription Partners, LLC	00000070891	03/09/17	1,794.48	C	CLMS
AWPRX LLC	00000070892	03/09/17	599.98	C	CLMS
Eraclides, Gelman, Hall, Indek, Goodman	00000070893	03/09/17	705.00	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070894	03/09/17	721.60	C	CLMS
AWPRX LLC	00000070895	03/09/17	1,905.03	C	CLOI
Alan Kringel	00000070896	03/09/17	765.48	C	CLMS
Alan Kringel	00000070897	03/09/17	765.48	C	CLMS
Comprehensive Pain Medicine	00000070898	03/09/17	781.65	C	CLMS
Appel Harden Law Group	00000070899	03/09/17	1,467.00	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070900	03/09/17	2,016.00	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070901	03/09/17	6,214.90	C	CLMS
Definiti Healthcare Mgmt.	00000070902	03/09/17	32.10	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070903	03/09/17	72.00	C	CLMS
Palm Beach Neurology	00000070904	03/09/17	150.00	C	CLMS
Alan Kringel	00000070905	03/09/17	229.60	C	CLMS
Eduardo Garcia	00000070906	03/09/17	337.92	C	CLMS
Prescription Partners, LLC	00000070907	03/09/17	2,327.86	C	CLMS
Eduardo Garcia	00000070908	03/09/17	563.16	C	CLMS
Comprehensive Pain Medicine	00000070909	03/09/17	722.25	C	CLMS
Prescription Partners, LLC	00000070910	03/09/17	7,981.51	C	CLMS
CompToday	00000070911	03/16/17	66.47	C	CLMS
Southeastern Integrated Medical P.L.	00000070912	03/16/17	70.56	C	CLMS
AWPRX, LLC	00000070913	03/16/17	2,134.36	C	CLMS
Hedquist & Associates Reporters Inc.	00000070914	03/16/17	75.00	C	CLMS
Thomas F. Winters Jr., M.D. P.A.	00000070915	03/16/17	140.00	C	CLMS
Prescription Partners, LLC	00000070916	03/16/17	2,225.10	C	CLMS
Hanna Sines	00000070917	03/16/17	287.16	C	CLMS
Prescription Partners, LLC	00000070918	03/16/17	6,605.14	C	CLMS
Eduardo Garcia	00000070919	03/16/17	563.16	V	CLMS



AWPRX LLC	00000070920	03/16/17	599.98	C	CLMS
Southeastern Integrated Medical P.L.	00000070921	03/23/17	700.00	C	CLMS
AWPRX, LLC	00000070922	03/23/17	2,794.59	C	CLMS
Alan Kringsel	00000070923	03/23/17	765.48	C	CLMS
The Center for Bone & Joint Surgery of	00000070924	03/23/17	73.60	C	CLMS
Alan Kringsel	00000070925	03/23/17	229.60	C	CLMS
Prescription Partners, LLC	00000070926	03/23/17	2,260.95	C	CLMS
Hanna Sines	00000070927	03/23/17	400.08	C	CLMS
Eraclides, Gelman, Hall, Indek, Goodman	00000070928	03/23/17	705.00	V	CLMS
Pallo, Marks & Hernandez, P.A.	00000070929	03/30/17	60.00	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070930	03/30/17	120.00	C	CLMS
Prescription Partners, LLC	00000070931	03/30/17	3,225.79	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070932	03/30/17	135.42	C	CLMS
Gregory Sailer	00000070933	03/30/17	192.24	C	CLMS
AWPRX LLC	00000070934	03/30/17	4,818.12	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070935	03/30/17	816.00	C	CLMS
GENEX Services, Inc.	00000070936	04/06/17	1,000.00	O	CLMS
Palm Beach Neurology	00000070937	04/06/17	1,190.00	O	CLMS
Pallo, Marks & Hernandez, P.A.	00000070938	04/06/17	2,388.00	C	CLMS
AWPRX LLC	00000070939	04/06/17	2,772.50	C	CLMS
West Florida Medical Center Clinic, P.A.	00000070940	04/06/17	2,436.00	O	CLMS
Pallo, Marks & Hernandez, P.A.	00000070941	04/06/17	7,052.76	O	CLMS
Comp Today	00000070942	04/06/17	128.94	C	CLMS
Prescription Partners, LLC	00000070943	04/06/17	2,278.83	C	CLMS
Law Office of Thomas C. Amore	00000070944	04/06/17	300.00	C	CLMS
Delta Associated Investigations, Inc.	00000070945	04/06/17	2,400.00	O	CLMS
Florida Pain & Rehabilitation	00000070946	04/06/17	2.00	C	CLMS
Prescription Partners, LLC	00000070947	04/06/17	3,296.45	C	CLMS
Definiti Healthcare Mgmt.	00000070948	04/06/17	10.95	C	CLMS
Definiti Healthcare Mgmt.	00000070949	04/13/17	10.95	C	CLMS
Eduardo Garcia and	00000070950	04/13/17	83,250.00	C	CLMS
Prescription Partners, LLC	00000070951	04/13/17	2,527.35	C	CLMS
Definiti Healthcare Mgmt.	00000070952	04/13/17	22.54	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070953	04/13/17	24.00	C	CLMS
Prescription Partners, LLC	00000070954	04/13/17	4,060.10	C	CLMS
AWPRX LLC	00000070955	04/13/17	55.96	C	CLMS
Appel Harden Law Group	00000070956	04/20/17	57.00	C	CLMS
The Orthopaedic Institute, P.A.	00000070957	04/20/17	64.60	C	CLMS
AWPRX LLC	00000070958	04/20/17	4,220.72	C	CLMS
Southeastern Integrated Medical P.L.	00000070959	04/20/17	78.40	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070960	04/20/17	108.00	C	CLMS
Prescription Partners, LLC	00000070961	04/20/17	2,654.81	C	CLMS
Hanna Sines	00000070962	04/20/17	287.16	C	CLMS
Hanna Sines	00000070963	04/27/17	400.00	C	CLMS
AWPRX LLC	00000070964	04/27/17	3,591.58	C	CLMS
Hanna Sines	00000070965	04/27/17	287.16	C	CLMS
Alan Kringsel	00000070966	04/27/17	229.60	C	CLMS

Prescription Partners, LLC	00000070967	04/27/17	4,513.81	C	CLMS
Alan Kringel	00000070968	04/27/17	229.60	C	CLMS
Alan Kringel	00000070969	05/05/17	229.60	C	CLMS
AWPRX, LLC	00000070970	05/05/17	3,599.23	C	CLMS
Alan Kringel	00000070971	05/05/17	229.60	C	CLMS
Alan Kringel	00000070972	05/05/17	229.60	C	CLMS
Alan Kringel	00000070973	05/05/17	229.60	C	CLMS
Prescription Partners, LLC	00000070974	05/05/17	5,092.19	C	CLMS
Hanna Sines	00000070975	05/05/17	287.16	C	CLMS
Hanna Sines	00000070976	05/12/17	287.16	C	CLMS
AWPRX LLC	00000070977	05/12/17	3,021.32	C	CLMS
Hanna Sines	00000070978	05/12/17	287.16	C	CLMS
Hanna Sines	00000070979	05/12/17	400.00	C	CLMS
Prescription Partners, LLC	00000070980	05/12/17	3,225.79	C	CLMS
Hanna Sines	00000070981	05/12/17	400.00	C	CLMS
Hanna Sines	00000070982	05/12/17	400.00	C	CLMS
Hanna Sines	00000070983	05/19/17	400.00	C	CLMS
AWPRX LLC	00000070984	05/19/17	406.41	C	CLMS
AWPRX LLC	00000070985	05/19/17	4,818.12	C	CLMS
AWPRX LLC	00000070986	05/19/17	599.98	C	CLMS
Alan Kringel	00000070987	05/19/17	765.48	C	CLMS
Alan Kringel	00000070988	05/19/17	765.48	C	CLMS
Prescription Partners, LLC	00000070989	05/19/17	4,080.10	C	CLMS
Prescription Partners, LLC	00000070990	05/19/17	1,414.48	C	CLMS
Alan Kringel	00000070991	05/19/17	765.48	C	CLMS
Alan Kringel	00000070992	05/19/17	765.48	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000070993	05/19/17	981.20	C	CLMS
The Center for Bone & Joint Surgery of	00000070994	06/02/17	1,453.00	O	CLMS
Pallo, Marks & Hernandez, P.A.	00000070995	06/02/17	2,244.00	C	CLMS
Alan Kringel	00000070996	06/02/17	2,400.00	C	CLMS
Definiti Healthcare Mgmt.	00000070997	06/02/17	3.86	C	CLMS
Prescription Partners, LLC	00000070998	06/02/17	11.99	C	CLMS
Definiti Healthcare Mgmt.	00000070999	06/02/17	12.63	C	CLMS
Definiti Healthcare Mgmt.	00000071000	06/02/17	28.18	C	CLMS
Florida Pain & Rehabilitation	00000071001	06/02/17	72.00	C	CLMS
CompToday	00000071002	06/02/17	128.94	C	CLMS
Prescription Partners, LLC	00000071003	06/02/17	135.82	C	CLMS
Appel Harden Law Group	00000071004	06/02/17	158.00	C	CLMS
AWPRX LLC	00000071005	06/02/17	161.89	C	CLMS
South Texas Spinal Clinic	00000071006	06/02/17	167.15	V	CLMS
Palm Beach Neurology	00000071007	06/02/17	200.00	C	CLMS
West FL Medical Center Clinic	00000071008	06/02/17	215.00	C	CLMS
AWPRX LLC	00000071009	06/02/17	5,350.40	C	CLMS
West Florida Medical Center Clinic, P.A.	00000071010	06/02/17	472.95	C	CLMS
Alan Kringel	00000071011	06/02/17	765.48	C	CLMS
Alan Kringel	00000071012	06/02/17	765.48	C	CLMS
Prescription Partners, LLC	00000071013	06/02/17	4,769.86	C	CLMS

Definiti Healthcare Mgmt.	00000071014	06/02/17	10.95	C	CLMS
CompCare	00000071015	06/02/17	64.07	C	CLMS
Definiti Healthcare Mgmt.	00000071016	06/07/17	3.00	C	CLMS
Definiti Healthcare Mgmt.	00000071017	06/07/17	6.19	C	CLMS
Prescription Partners, LLC	00000071018	06/07/17	2,926.42	C	CLMS
Definiti Healthcare Mgmt.	00000071019	06/09/17	11.19	C	CLMS
Definiti Healthcare Mgmt.	00000071020	06/09/17	11.75	C	CLMS
Prescription Partners, LLC	00000071021	06/09/17	7,981.51	C	CLMS
Definiti Healthcare Mgmt.	00000071022	06/09/17	12.97	C	CLMS
Prescription Partners, LLC	00000071023	06/09/17	3,296.45	C	CLMS
AWPRX, LLC	00000071024	06/09/17	6,946.52	C	CLMS
Definiti Healthcare Mgmt.	00000071025	06/09/17	22.50	C	CLMS
Definiti Healthcare Mgmt.	00000071026	06/09/17	22.84	C	CLMS
Prescription Partners, LLC	00000071027	06/09/17	3,296.45	V	CLMS
AWPRX LLC	00000071028	06/09/17	37.00	C	CLMS
AWPRX LLC	00000071029	06/16/17	43.75	C	CLMS
AWPRX LLC	00000071030	06/16/17	2,063.61	C	CLMS
AWPRX LLC	00000071031	06/16/17	80.72	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000071032	06/16/17	96.00	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000071033	06/16/17	120.00	C	CLMS
Prescription Partners, LLC	00000071034	06/16/17	2,486.33	C	CLMS
CompToday	00000071035	06/16/17	123.42	C	CLMS
AWPRX LLC	00000071036	06/16/17	124.89	C	CLMS
AWPRX, LLC	00000071037	06/16/17	2,794.59	C	CLMS
Palm Beach Neurology	00000071038	06/16/17	200.00	C	CLMS
Alan Kringel	00000071039	06/16/17	229.60	C	CLMS
Prescription Partners, LLC	00000071040	06/16/17	2,568.37	C	CLMS
Alan Kringel	00000071041	06/22/17	229.60	C	CLMS
Alan Kringel	00000071042	06/22/17	229.60	C	CLMS
Prescription Partners, LLC	00000071043	06/22/17	1,547.24	C	CLMS
Hanna Sines	00000071044	06/22/17	287.16	C	CLMS
Hanna Sines	00000071045	06/22/17	287.16	C	CLMS
AWPRX LLC	00000071046	06/22/17	6,476.30	C	CLMS
Hanna Sines	00000071047	06/22/17	400.08	C	CLMS
Prescription Partners, LLC	00000071048	06/22/17	2,365.85	C	CLMS
AWPRX LLC	00000071049	06/22/17	406.41	C	CLMS
Prescription Partners, LLC	00000071050	06/29/17	3,225.79	C	CLMS
Alan Kringel	00000071051	06/29/17	765.48	C	CLMS
Alan Kringel	00000071052	06/29/17	765.48	C	CLMS
Prescription Partners, LLC	00000071053	06/29/17	1,925.36	C	CLMS
Alan Kringel	00000071054	06/29/17	765.48	C	CLMS
AWPRX LLC	00000071055	07/06/17	774.03	O	CLMS
Prescription Partners, LLC	00000071056	07/06/17	2,202.80	C	CLMS
Alan Kringel	00000071057	07/06/17	765.48	C	CLMS
Prescription Partners, LLC	00000071058	07/06/17	2,327.86	C	CLMS
Hanna Sines	00000071059	07/06/17	400.08	C	CLMS
Pallo, Marks & Hernandez, P.A.	00000071060	07/13/17	601.67	C	CLMS

Prescription Partners, LLC	00000071061	07/13/17	1,671.75	C	CLMS
AWPRX LLC	00000071062	08/21/17	303.95	C	CLMS
AWPRX LLC	00000071063	08/21/17	271.69	C	CLMS
Prescription Partners, LLC	00000071064	07/13/17	1,539.51	C	CLMS
Prescription Partners, LLC	00000071065	07/13/17	2,225.10	C	CLMS
Alan Kringel	00000071066	08/21/17	229.60	C	CLMS
Comp Today	00000071067	08/21/17	128.94	C	CLMS
Palto, Marks & Hernandez, P.A.	00000071068	08/21/17	120.00	C	CLMS
Definiti Healthcare Mgmt.	00000071069	08/21/17	49.33	C	CLMS
AWPRX LLC	00000071070	08/21/17	24.96	C	CLMS
Definiti Healthcare Mgmt.	00000071071	08/21/17	14.31	C	CLMS
Definiti Healthcare Mgmt.	00000071072	08/21/17	21.71	C	CLMS
Definiti Healthcare Mgmt.	00000071073	08/21/17	12.63	C	CLMS
Definiti Healthcare Mgmt.	00000071074	08/21/17	10.95	C	CLMS
Definiti Healthcare Mgmt.	00000071075	08/21/17	10.95	C	CLMS
Definiti Healthcare Mgmt.	00000071076	08/21/17	10.95	C	CLMS
Definiti Healthcare Mgmt.	00000071077	08/21/17	74.06	C	CLMS
Definiti Healthcare Mgmt.	00000071078	09/06/17	10.95	C	CLMS
Definiti Healthcare Mgmt.	00000071079	09/06/17	10.95	C	CLMS
Definiti Healthcare Mgmt.	00000071080	09/06/17	10.95	C	CLMS
Definiti Healthcare Mgmt.	00000071081	09/06/17	10.95	C	CLMS
Definiti Healthcare Mgmt.	00000071082	09/06/17	13.39	C	CLMS
Definiti Healthcare Mgmt.	00000071083	09/06/17	19.46	C	CLMS
Quest Diagnostics Incorporated	00000071084	09/06/17	39.45	C	CLMS
The Orthopaedic Center	00000071085	09/06/17	44.65	C	CLMS
Southeastern Integrated Medical, P.L.	00000071086	09/06/17	102.21	C	CLMS
Palto, Marks & Hernandez, P.A.	00000071087	09/06/17	132.00	C	CLMS
Quest Diagnostics Incorporated	00000071088	09/06/17	153.75	C	CLMS
Alan Kringel	00000071089	09/06/17	229.60	O	CLMS
Hanna Sines	00000071090	09/06/17	287.16	C	CLMS
AWPRX LLC	00000071091	09/06/17	303.95	O	CLMS
Hanna Sines	00000071092	09/06/17	400.08	C	CLMS
AWPRX LLC	00000071093	09/06/17	459.72	C	CLMS
Palto, Marks & Hernandez, P.A.	00000071094	09/06/17	504.00	C	CLMS
Alan Kringel	00000071095	09/06/17	765.48	O	CLMS
Definiti Healthcare Mgmt.	00000071096	09/06/17	10.95	C	CLMS
CompCare	00000071097	09/06/17	64.07	C	CLMS
Definiti Healthcare Mgmt.	00000071098	09/28/17	13.71	O	CLMS
Laboratory Corporation of America Holdin	00000071099	09/28/17	21.19	O	CLMS
Palto, Marks & Hernandez, P.A.	00000071100	09/28/17	24.00	O	CLMS
CompToday	00000071101	09/28/17	123.42	O	CLMS
Palm Beach Neurology	00000071102	09/28/17	200.00	O	CLMS
West FL Medical Center Clinic	00000071103	09/28/17	215.00	O	CLMS
Alan Kringel	00000071104	09/28/17	229.60	O	CLMS
Alan Kringel	00000071105	09/28/17	229.60	O	CLMS
Alan Kringel	00000071106	09/28/17	250.00	O	CLMS
The Center for Bone & Joint Surgery of	00000071107	09/28/17	276.00	O	CLMS

Hanna Sines	00000071108	09/28/17	287.18	O	CLMS
Compass Health Systems	00000071109	09/28/17	300.00	O	CLMS
Hanna Sines	00000071110	09/28/17	400.08	O	CLMS
Pallo, Marks & Hernandez, P.A.	00000071111	09/28/17	612.00	O	CLMS
Alan Kringel	00000071112	09/28/17	765.48	O	CLMS
Alan Kringel	00000071113	09/28/17	765.48	O	CLMS
Felt Evans, LLP	00006000133	12/08/16	180.00	C	AP
Iron Mountain	00006000134	12/08/16	181.94	C	AP
JW Software	00006000135	12/08/16	2,275.00	C	AP
Julia Kean	00006000136	12/08/16	46.49	C	AP
Levy & Levy, LLC	00006000137	12/08/16	307.50	C	AP
Montgomery & Andrews, PA	00006000138	12/08/16	832.56	C	AP
Morley Mason, PLC	00006000139	12/08/16	500.00	C	AP
MeredithCPAs	00006000140	12/08/16	330.00	C	AP
NJ Division of Taxation - Insurance Tax	00006000141	12/08/16	780.17	C	AP
Iron Mountain	00006000142	12/19/16	181.94	C	AP
Morley Mason, PLC	00006000143	12/19/16	500.00	C	AP
Ricardo Rios	00006000144	12/19/16	2,263.63	C	AP
Texas Auto Ins. Plan Assoc.	00006000145	12/19/16	150.00	C	AP
Morley Mason, PLC	00006000146	12/27/16	500.00	C	AP
Morley Mason, PLC	00006000147	01/12/17	1,000.00	C	AP
Morley Mason, PLC	00006000148	01/17/17	500.00	C	AP
Morley Mason, PLC	00006000149	01/26/17	500.00	C	AP
JW Software	00006000150	01/30/17	2,275.00	C	AP
Morley Mason, PLC	00006000151	01/30/17	1,250.00	C	AP
Johnson Gallagher Magliery LLC	00006000152	02/08/17	12,000.00	C	AP
Morley Mason, PLC	00006000153	02/08/17	750.00	C	AP
Morley Mason, PLC	00006000154	02/11/17	750.00	C	AP
Morley Mason, PLC	00006000155	02/19/17	750.00	C	AP
CNY Business Solutions	00006000156	03/10/17	92.56	C	AP
CTK Actuarial Services, Inc.	00006000157	03/10/17	4,000.00	C	AP
Florida Department of Insurance	00006000158	03/10/17	20.00	C	AP
JW Software	00006000159	03/10/17	2,275.00	C	AP
Premier Reporting	00006000160	03/10/17	1,861.50	C	AP
Morley Mason, PLC	00006000161	03/14/17	1,500.00	C	AP
JW Software	00006000162	03/28/17	2,275.00	C	AP
L&D Technology Solutions, LLC	00006000163	03/28/17	412.50	C	AP
Premier Reporting	00006000164	03/28/17	1,861.50	C	AP
Verbatim Professional Reporters	00006000165	03/28/17	1,027.43	C	AP
Johnson Gallagher Magliery LLC	00006000166	03/29/17	12,000.00	C	AP
Morley Mason, PLC	00006000167	03/29/17	1,500.00	C	AP
Johnson Gallagher Magliery LLC	00006000168	03/29/17	12,000.00	C	AP
JW Software	00006000169	04/17/17	2,275.00	C	AP
Morley Mason, PLC	00006000170	04/17/17	2,250.00	C	AP
Oregon Dept. of Revenue	00006000171	04/17/17	150.00	C	AP
Sungard Works, LLC	00006000172	04/17/17	5,000.00	C	AP
Johnson Gallagher Magliery LLC	00006000173	04/24/17	12,000.00	C	AP

L&D Technology Solutions, LLC	00006000174	04/24/17	75.00	C	AP
Morley Mason, PLC	00006000175	04/24/17	750.00	C	AP
JW Software	00006000176	04/28/17	2,275.00	C	AP
Morley Mason, PLC	00006000177	04/28/17	1,500.00	C	AP
Johnson Gallagher Magliery LLC	00006000178	05/05/17	12,000.00	C	AP
Morley Mason, PLC	00006000179	05/05/17	750.00	C	AP
Sungard IWorks, LLC	00006000180	05/05/17	5,000.00	C	AP
Morley Mason, PLC	00006000181	06/01/17	2,250.00	C	AP
JW Software	00006000182	06/03/17	2,275.00	C	AP
Nebraska Property & Liability Ins. Guaranty Assoc.	00006000183	06/03/17	50.00	C	AP
Johnson Gallagher Magliery LLC	00006000184	06/15/17	12,000.00	C	AP
Morley Mason, PLC	00006000185	06/15/17	750.00	C	AP
Wisconsin Insurance Security Fund	00006000186	06/15/17	250.00	C	AP
Texas Auto Ins. Plan Assoc.	00006000187	06/21/17	150.00	C	AP
Workers' Compensation Administrative Trust	00006000188	06/21/17	50.00	C	AP
JW Software	00006000189	08/22/17	2,275.00	C	AP
Meenan	00006000190	08/22/17	1,742.51	C	AP
MeredithCPAs	00006000191	08/22/17	550.00	C	AP
NCCI Holdings, Inc.	00006000192	08/22/17	54.03	O	AP
Johnson Gallagher Magliery LLC	00006000193	09/06/17	12,000.00	C	AP
JW Software	00006000194	09/06/17	2,275.00	C	AP
Marylou Paolucci & Associates, P.C.	00006000195	09/06/17	3,645.85	C	AP
Iron Mountain	00006000196	10/05/17	173.29	C	AP
Johnson Gallagher Magliery LLC	00006000197	10/05/17	12,000.00	C	AP
Marylou Paolucci & Associates, P.C.	00006000198	10/05/17	3,645.85	C	AP
Appeal Tech	00006000199	10/19/17	7,000.00	C	AP
US Postal Service	00006000200	10/19/17	68.00	C	AP
Workers' Compensation Administrative Trust	00006000201	10/31/17	15.00	O	AP
TRNSF TO BMO MMF	ACH/Wire	12/31/16	180,000.00	C	AP
TRNSF TO BMO MMF	ACH/Wire	12/31/16	200,000.00	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	12/31/16	2,408.79	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	12/31/16	2,733.96	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	12/31/16	2,625.36	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	12/31/16	2,613.92	C	CLMS
PAYROLL EXP WK ENDING	ACH/Wire	12/31/16	7,837.77	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	12/31/16	7,837.77	C	AP
OUTGOING WIRE - VES	ACH/Wire	12/31/16	200,000.00	C	AP
BANK FEE - BMO HARRIS	ACH/Wire	12/31/16	150.00	C	AP
HIRST EXP REIMB	ACH/Wire	12/31/16	5,813.18	C	AP
HIRST EXP REIMB	ACH/Wire	12/31/16	2,397.19	C	AP
HIRST EXP REIMB	ACH/Wire	12/31/16	4,768.48	C	AP
PYMNT TO MAGLIERY	ACH/Wire	12/31/16	50,000.00	C	AP
HEALTH INS. - KRINGEL	ACH/Wire	12/31/16	226.92	C	CLMS
PYMNT TO FEDEX	ACH/Wire	12/31/16	282.84	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	01/30/17	7,804.44	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	01/31/17	2,625.22	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	01/31/17	2,638.25	C	CLMS

PAYMENT TO CURANTES SVC	ACH/Wire	01/31/17	2,621.81	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	01/31/17	2,618.35	C	CLMS
PAYROLL EXP WK ENDING	ACH/Wire	01/31/17	8,429.95	C	AP
HEALTH INS. - KRINGEL	ACH/Wire	01/31/17	226.92	C	CLMS
HIRST EXP REIMB	ACH/Wire	01/31/17	5,000.00	C	AP
BANK FEE - BMO HARRIS	ACH/Wire	01/31/17	100.00	C	AP
HIRST EXP REIMB	ACH/Wire	01/31/17	2,000.00	C	AP
HIRST EXP REIMB	ACH/Wire	01/31/17	3,638.01	C	AP
HIRST EXP REIMB	ACH/Wire	01/31/17	6,534.10	C	AP
HIRST EXP REIMB	ACH/Wire	01/31/17	4,390.09	C	AP
FL OFFICE EXP.	ACH/Wire	01/31/17	2,275.00	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	02/28/17	7,837.77	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	02/28/17	2,618.35	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	02/28/17	2,710.89	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	02/28/17	1,600.00	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	02/28/17	2,762.28	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	02/28/17	2,895.53	C	CLMS
HIRST EXP REIMB	ACH/Wire	02/28/17	3,521.86	C	AP
BANK FEE - BMO HARRIS	ACH/Wire	02/28/17	185.00	C	AP
HIRST EXP REIMB	ACH/Wire	02/28/17	4,000.00	C	AP
FEDEX	ACH/Wire	02/28/17	385.11	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	03/31/17	8,027.33	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	03/31/17	8,027.33	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	03/31/17	5,433.49	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	03/31/17	2,000.00	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	03/31/17	2,710.93	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	03/31/17	2,710.93	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	03/31/17	2,693.97	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	03/31/17	2,688.26	C	CLMS
HEALTH INS. - KRINGEL	ACH/Wire	03/31/17	226.92	C	CLMS
HIRST EXP REIMB	ACH/Wire	03/31/17	3,000.00	C	AP
BANK FEE - BMO HARRIS	ACH/Wire	03/31/17	185.00	C	AP
HIRST EXP REIMB	ACH/Wire	03/31/17	3,423.53	C	AP
HIRST EXP REIMB	ACH/Wire	03/31/17	5,000.00	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	04/30/17	6,685.27	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	04/30/17	6,685.27	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	04/30/17	2,849.39	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	04/30/17	2,699.40	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	04/30/17	2,712.43	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	04/30/17	2,718.35	C	CLMS
HIRST EXP REIMB	ACH/Wire	04/30/17	1,024.00	C	AP
FEDEX FEES	ACH/Wire	04/30/17	41.96	C	AP
HIRST EXP REIMB	ACH/Wire	04/30/17	3,306.06	C	AP
HIRST EXP REIMB	ACH/Wire	04/30/17	5,779.10	C	AP
BANK FEE - BMO HARRIS	ACH/Wire	04/30/17	125.00	C	AP
HIRST EXP REIMB	ACH/Wire	04/30/17	2,500.00	C	AP
HIRST EXP REIMB	ACH/Wire	04/30/17	5,000.00	C	AP

LLOYDS LEGAL FEES	ACH/Wire	05/31/17	20,500.00	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	05/31/17	6,685.27	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	05/31/17	6,685.27	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	05/31/17	2,686.37	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	05/31/17	2,682.42	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	05/31/17	2,712.42	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	05/31/17	2,712.44	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	05/31/17	2,749.73	C	CLMS
CAREGIVER FEES. - KRINGEL	ACH/Wire	05/31/17	27,865.00	C	CLMS
HIRST EXP REIMB	ACH/Wire	05/31/17	5,000.00	C	AP
HIRST EXP REIMB	ACH/Wire	05/31/17	3,000.00	C	AP
CAREGIVER FEES. - KRINGEL	ACH/Wire	05/31/17	5,191.13	C	CLMS
CAREGIVER FEES. - KRINGEL	ACH/Wire	05/31/17	674.00	C	CLMS
HEALTH INS. - KRINGEL	ACH/Wire	05/31/17	226.92	C	CLMS
BANK FEE - BMO HARRIS	ACH/Wire	05/31/17	285.00	C	AP
HIRST EXP REIMB	ACH/Wire	05/31/17	2,681.10	C	AP
HIRST EXP REIMB	ACH/Wire	05/31/17	2,500.00	C	AP
FEDEX FEES	ACH/Wire	05/31/17	102.33	C	AP
FEDEX FEES	ACH/Wire	05/31/17	30.14	C	AP
TN STATE INCOME TAX	ACH/Wire	04/30/17	100.00	C	AP
NJ STATE INCOME TAX	ACH/Wire	04/30/17	765.25	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	06/30/17	6,691.08	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	06/30/17	6,691.08	C	AP
HEALTH INS. - KRINGEL	ACH/Wire	06/30/17	226.92	C	CLMS
BANK FEE - BMO HARRIS	ACH/Wire	06/30/17	170.00	C	AP
HIRST EXP REIMB	ACH/Wire	06/30/17	2,516.24	C	AP
HIRST EXP REIMB	ACH/Wire	06/30/17	3,000.00	C	AP
FEDEX FEES	ACH/Wire	06/30/17	210.04	C	AP
FEDEX FEES	ACH/Wire	06/30/17	382.33	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	06/30/17	2,712.43	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	06/30/17	2,127.42	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	06/30/17	958.14	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	06/30/17	2,735.84	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	06/30/17	2,800.11	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	07/31/17	2,599.52	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	07/31/17	2,702.12	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	07/31/17	2,859.89	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	07/31/17	2,728.40	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	07/31/17	2,748.64	C	CLMS
PAYROLL EXP WK ENDING	ACH/Wire	07/31/17	6,691.08	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	07/31/17	6,691.08	C	AP
HIRST CREDIT CARD	ACH/Wire	07/31/17	2,000.00	C	AP
BANK FEE - BMO HARRIS	ACH/Wire	07/31/17	125.00	C	AP
HIRST EXP REIMB	ACH/Wire	07/31/17	2,727.94	C	AP
HIRST EXP REIMB	ACH/Wire	07/31/17	2,949.41	C	AP
HIRST EXP REIMB	ACH/Wire	07/31/17	4,000.00	C	AP
FEDEX FEES	ACH/Wire	07/31/17	68.25	C	AP



HIRST EXP REIMB	ACH/Wire	07/31/17	3,607.40	C	AP
HEALTH INS. - KRINGEL	ACH/Wire	07/31/17	226.92	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	08/31/17	2,709.02	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	08/31/17	2,702.41	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	08/31/17	2,728.86	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	08/31/17	2,715.59	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	08/31/17	2,714.49	C	CLMS
PAYROLL EXP WK ENDING	ACH/Wire	08/31/17	6,691.08	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	08/31/17	6,691.08	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	08/31/17	7,025.63	C	AP
LEGAL RETAINER	ACH/Wire	08/31/17	5,000.00	C	AP
BANK FEE - BMO HARRIS	ACH/Wire	08/31/17	335.00	C	AP
HIRST EXP REIMB	ACH/Wire	08/31/17	2,658.93	C	AP
KRINGEL PHYSICAL THERAPY	ACH/Wire	08/31/17	428.00	C	CLMS
KRINGEL PRESCRIPTIONS	ACH/Wire	08/31/17	173.65	C	CLMS
FEDEX FEES	ACH/Wire	08/31/17	272.62	C	AP
HIRST EXP REIMB	ACH/Wire	08/31/17	857.07	C	AP
HEALTH INS. - KRINGEL	ACH/Wire	08/31/17	226.92	C	CLMS
LEGAL RETAINER	ACH/Wire	08/31/17	20,000.00	C	AP
LEGAL RETAINER	ACH/Wire	08/31/17	10,500.00	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	09/30/17	2,707.88	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	09/30/17	2,854.14	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	09/30/17	2,721.36	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	09/30/17	2,911.45	C	CLMS
PAYROLL EXP WK ENDING	ACH/Wire	09/30/17	5,439.30	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	09/30/17	7,025.63	C	AP
BANK FEE - BMO HARRIS	ACH/Wire	09/30/17	160.00	C	AP
INTERNET SVC	ACH/Wire	09/30/17	67.95	C	AP
KRINGEL PHYSICAL THERAPY	ACH/Wire	09/30/17	535.00	C	CLMS
KRINGEL PRESCRIPTIONS	ACH/Wire	09/30/17	372.59	C	CLMS
FEDEX FEES	ACH/Wire	09/30/17	225.35	C	AP
PAYMENT TO CURANTES SVC	ACH/Wire	10/31/17	2,931.29	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	10/31/17	2,948.92	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	10/31/17	3,301.98	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	10/31/17	2,179.27	C	CLMS
PAYMENT TO CURANTES SVC	ACH/Wire	10/31/17	2,890.51	C	CLMS
PAYROLL EXP WK ENDING	ACH/Wire	10/31/17	6,691.08	C	AP
PAYROLL EXP WK ENDING	ACH/Wire	10/31/17	6,691.08	C	AP
NJ STATE INCOME TAX	ACH/Wire	10/31/17	19.00	C	AP
HEALTH INS FOR KRINGEL	ACH/Wire	10/31/17	453.84	C	AP
INTERTNET SVC	ACH/Wire	10/31/17	128.01	C	AP
LEGAL EXP	ACH/Wire	10/31/17	18,000.00	C	AP
LEGAL EXP	ACH/Wire	10/31/17	7,500.00	C	AP
KRINGEL PHYSICAL THERAPY	ACH/Wire	10/31/17	1,926.00	C	CLMS
KRINGEL PRESCRIPTIONS	ACH/Wire	10/31/17	253.40	C	CLMS
FEDEX FEES	ACH/Wire	10/31/17	157.31	C	AP
LEGAL EXP	ACH/Wire	10/31/17	5,000.00	C	AP





## OFFICE OF INSURANCE REGULATION

DAVID ALTMANN  
Commissioner

### CONSENT TO ORDER OF REHABILITATION OR LIQUIDATION

IT IS HEREBY agreed as follows:

1. INSURANCE COMPANY OF THE AMERICAS (herein after referred to as "RESPONDENT"), is a Florida corporation, whose Certificate of Authority to transact business as a property and casualty insurance company in the state of Florida has expired.

2. Through the Joint Resolution of RESPONDENT's President, and Directors, attached hereto as Exhibit "A," RESPONDENT admits that grounds exist for the appointment of the Department of Financial Services, Division of Rehabilitation and Liquidation (herein after referred to as the "DEPARTMENT"), as Receiver of RESPONDENT for the purpose of Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.

3. RESPONDENT consents to the entry of an Order appointing the DEPARTMENT as Receiver and acknowledges that the DEPARTMENT may apply to the Court for an Order of Rehabilitation or Liquidation, at the sole discretion of the DEPARTMENT, on the basis that the Respondent has consented to the entry of such an Order. RESPONDENT further agrees that the DEPARTMENT shall have the sole discretion to determine whether RESPONDENT shall be placed into rehabilitation or liquidation. In the event that the DEPARTMENT initially obtains an Order appointing it as Receiver of RESPONDENT for purposes of Rehabilitation, the RESPONDENT further consents to the DEPARTMENT obtaining a subsequent Order appointing

**Exhibit 9**

the DEPARTMENT as Receiver for the purposes of Liquidation, should the DEPARTMENT, at any time and in its sole discretion, determine that Rehabilitation of Respondent is not feasible.

4. RESPONDENT expressly waives any right to notice, to a hearing or further proceedings of any kind, and to an appeal in the event that the DEPARTMENT determines that the Rehabilitation of the RESPONDENT is not feasible and that Liquidation of RESPONDENT is necessary.

5. RESPONDENT acknowledges that it has executed this Consent to Order of Rehabilitation or Liquidation voluntarily and of its own accord, having had the opportunity to consult counsel of its choosing, and has not been threatened or coerced to execute this consent by the Department of Financial Services, Florida Office of Insurance Regulation, or any other individual or entity.

6. RESPONDENT and its President, Ricardo Rios, further agree that in the event it is deemed necessary by the DEPARTMENT in its sole discretion, Ricardo Rios will voluntarily make a personal appearance, without the necessity of service of a subpoena or any other type of process, in the Circuit Court in and for Leon County, Florida, to offer sworn testimony regarding the circumstances surrounding the execution of this Consent to Order of Rehabilitation or Liquidation.

By execution hereof INSURANCE COMPANY OF THE AMERICAS consents to the appointment of DEPARTMENT OF FINANCIAL SERVICES as receiver for purposes of Rehabilitation or Liquidation, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind INSURANCE COMPANY OF THE AMERICAS to the terms and conditions above.

Corporate Seal

INSURANCE COMPANY OF THE AMERICAS

Rishel Langdon

Witness

By: [Signature]

Ricardo Rios

Gin Harper  
Witness

Date: 12-15-17

STATE OF Arizona

COUNTY OF Maricopa

The foregoing instrument was acknowledged before me this 15 day of December, 2017

by Ricardo Rios as

(Name of Person)

officer  
(Type of Authority - e.g. officer, trustee, attorney-in-fact)

For INSURANCE COMPANY OF THE AMERICAS  
(Company Name)



[Signature]  
(Signature of the Notary)

MARY JANE MEDIUS HARPER  
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**JOINT RESOLUTION OF THE PRESIDENT AND DIRECTORS  
OF INSURANCE COMPANY OF THE AMERICAS**

The undersigned, being the President and Directors of Insurance Company of the Americas (the "Company"), hereby certify that the following is a true and correct copy of a resolution adopted at a meeting of the President and Directors of the company:

**RESOLVED**, that the Board of Directors of the Company consent to the entry of an Order Appointing the Florida Department of Financial Services (the "Department") as Receiver and acknowledges that the Department may apply to the Court for an Order of Rehabilitation or Liquidation, at the sole discretion of the Department, on the basis that Company has consented to the entry of such an Order. Company further agrees that the Department shall have the sole discretion to determine whether Company shall be placed into rehabilitation or liquidation. In the event that the Department initially obtains an Order appointing it as Receiver of Company for purposes of Rehabilitation, the Company further consents to the Department obtaining a subsequent Order appointing the Department as Receiver for the purposes of Liquidation, should the Department, at any time and in its sole discretion, determine that Rehabilitation of Company is not feasible.

**FURTHER RESOLVED**, that the President of Company is hereby authorized to execute any and all consent agreements or other documents on behalf of Insurance Company of the Americas to obtain entry of an Order for Rehabilitation or Liquidation and is authorized to take any and all additional actions deemed necessary or appropriate by the Department to effectuate the foregoing or to comply with such an Order without further approval of the Directors.

Dated this 15 day of December 2017.

**PRESIDENT OF INSURANCE COMPANY OF THE AMERICAS**

  
\_\_\_\_\_  
Ricardo Rios

**DIRECTORS OF INSURANCE COMPANY OF THE AMERICAS**

  
\_\_\_\_\_  
Ricardo Rios

  
\_\_\_\_\_  
Julie Kean

\_\_\_\_\_

**EXHIBIT "A"**

AFFIDAVIT OF RICARDO RIOS

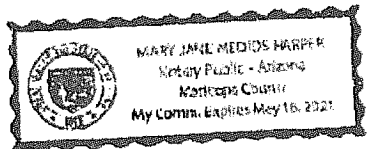
COUNTY OF Maricopa  
STATE OF ARIZONA

Before me, the undersigned authority, personally appeared Ricardo Rios, who being duly sworn states the following facts, under the penalty of perjury:

1. I am over the age of majority, suffer no legal disabilities and have personal knowledge of the information contained in this Affidavit.
2. I am the president of Insurance Company of the Americas ("ICA").
3. From September 1, 2017, to the present, I and Julie Kean have been the only two members of ICA's Board of Directors. Former ICA director Matthew Nordgren resigned from ICA's Board of Directors prior to that date. Former ICA director John Greenwood died prior to that date.

[Signature]  
Affiant

Sworn to and subscribed before me on the 18 day of December, 2017.



[Signature]  
NOTARY PUBLIC  
Mary Jane Harper  
(Print, type or stamp commissioned name of notary)

Check one:

- Personally known
- Produced Identification

Type of identification produced \_\_\_\_\_





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

State of Florida, ex rel., the  
Department of Financial Services  
of the State of Florida,

Relator

v.

CASE NO.: 2018 CA \_\_\_\_\_

Insurance Company of the Americas, a Florida  
Corporation,

Respondent. \_\_\_\_\_ /

**CONSENT ORDER APPOINTING THE FLORIDA DEPARTMENT OF FINANCIAL  
SERVICES AS RECEIVER OF INSURANCE COMPANY OF THE AMERICAS FOR  
PURPOSES OF LIQUIDATION, INJUNCTION, AND NOTICE OF AUTOMATIC STAY**

**THIS CAUSE** was considered on the Petition of the State of Florida, Department of Financial Services (“Department”), for a Consent Order appointing the Department as receiver of Insurance Company of the Americas (“Respondent” or “Company”), for purposes of liquidation, injunction, and notice of automatic stay, which was filed on January \_\_, 2018, (hereinafter, “Petition”). The Court, having reviewed and considered the pleadings of record, and otherwise being fully informed in the premises, finds as follows:

1. Section 631.021, Florida Statutes (2017), provides that a delinquency proceeding pursuant to Chapter 631, Florida Statutes, constitutes the sole and exclusive method of liquidating, rehabilitating, reorganizing, or conserving a Florida domiciled insurer.

2. This Court has jurisdiction over these proceedings pursuant to section 631.021(1), Florida Statutes, and this Court can exercise jurisdiction over any person required to cooperate with the Department and the Office of Insurance Regulation (“OIR”) pursuant to section 631.391 Florida Statutes, and over all persons made subject to this Court’s jurisdiction by other provisions

of law as provided in section 631.025, Florida Statutes. Venue is proper in the Circuit Court of Leon County pursuant to section 631.021(2), Florida Statutes. Pursuant to section 631.021(1), Florida Statutes, this Court has jurisdiction over the receivership and is authorized to enter all necessary or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, sections 631.001 *et seq.*, Florida Statutes.

3. Respondent was licensed as a Florida domiciled insurance company and on August 25, 1976, was authorized by OIR to transact workers' compensation insurance business. Respondent lists its principal place of business as 2500 W. Lake Mary Boulevard, Suite 208, Lake Mary, Florida, but Respondent primarily operates out of Arizona.

4. Respondent's Certificate of Authority was suspended by Order on April 2, 2008 and, pursuant to Section 624.421(4), Florida Statutes, Respondent was notified that its Certificate of Authority had expired by operation of law, and that it was to administer and service all existing insurance policies in Florida in accordance with the policy provisions and Florida law.

5. Upon a determination by OIR that one or more grounds exist to initiate a delinquency proceeding against an insurer and upon OIR's determination that a delinquency proceeding should be initiated, OIR is required to refer the insurer to the Department for the initiation of such delinquency proceeding. § 631.031(1), Fla. Stat.

6. By letter dated January 9, 2018, pursuant to section 631.031(1), Florida Statutes, David Altmaier, Commissioner of OIR, advised Florida's Chief Financial Officer, Jimmy Patronis, that grounds exist for the initiation of liquidation proceedings against Respondent.

7. Section 631.031(2), Florida Statutes, empowers the Department to petition this Court for an order directing it to liquidate a domestic insurer, and section 631.061, Florida Statutes,

provides that the Department may apply for such an order if the insurer is or is about to become insolvent or upon the existence of any of the grounds specified in section 631.051, Florida Statutes.

8. Based on the evidence presented in the Department's Petition, the Court has determined that sufficient grounds exist for the liquidation of Respondent pursuant to the following provisions of law:

A. Section 631.061(1), Florida Statutes, due to Respondent's insolvency within the meaning of section 631.011(14), Florida Statutes;

B. Section 631.051(11), Florida Statutes, due to Respondent's consent, through a Joint Stipulation of its board of directors, to the appointment of the Department as receiver of Respondent for the purposes of liquidation; and

C. Section 631.051(3), Florida Statutes, due to the existence of the foregoing grounds for liquidation, Respondent's further transaction of insurance is presently or prospectively hazardous to policyholders, creditors, stockholders, or the public.

9. The Court therefore finds that it is in the best interests of Respondent, its policyholders, creditors, stockholders, and the public that the Department be appointed receiver of Respondent for purposes of liquidation.

**THEREFORE, IT IS ORDERED AND ADJUDGED:**

10. The Department shall be and is hereby appointed receiver of Respondent for purposes of liquidation, effective immediately upon the entry of this Order.

11. The Department has full power to direct and manage the affairs of Respondent, to hire and discharge employees, and to deal with the property and business of the Respondent.

12. All officers, directors, trustees, administrators, agents and employees, and all other persons representing Respondent or currently employed or utilized by Respondent in connection

with the conduct of its business are discharged forthwith; provided, however, the Department may retain such persons in the Department's discretion.

13. For purposes of this Order, the term "affiliate" shall be defined in accordance with section 631.011(1), Florida Statutes, and shall include, but not be limited to, the following affiliates:

Allied Provident Insurance, Inc.

Amalphis Group, Inc.

First Florida Equity Holdings, Inc.

Zasis, LLC

14. Title to all property, real or personal; contracts; rights of action; and all books and records of Respondent, wherever located, is vested in the Department pursuant to sections 631.111 and 631.141, Florida Statutes.

15. **THE DEPARTMENT IS AUTHORIZED AND DIRECTED TO:**

A. Take immediate possession of all the assets, estate, and property of every kind whatsoever and wherever located belonging to Respondent pursuant to sections 631.111 and 631.141, Florida Statutes, whether in the possession of Respondent or its officers, directors, shareholders, trustees, employees, consultants, attorneys, agents, affiliates, or other persons, including but not limited to: offices maintained by Respondent; furniture; fixtures; equipment; office supplies; choses in action; rights of action; contract rights; books, papers, claims and claim files, policy files, application files, premium records, rate books, underwriting manuals, personnel records, and all other records and data that are otherwise the property of the Respondent, in whatever form maintained; evidences of debt; bank accounts; savings accounts; certificates of deposit, stocks, bonds, debentures, and other securities; mortgages; real property; and all funds held by Respondent's agents, subagents, producing agents, brokers, solicitors, service representatives, premium finance companies, or others under agency contracts or otherwise which

are due and unpaid to Respondent, including premiums, unearned commissions, agents' balances, agents' reserve funds, and subrogation recoveries.

B. Marshal and liquidate the assets of Respondent.

C. Publish notice specifying the time and place fixed for the filing of claims with the Department once each week for three consecutive weeks in the Florida Administrative Weekly published by the Secretary of State, at least once in the Florida Bar News, and in all states where Respondents may have issued insurance policies using methods of publication similar to those being used in the State of Florida.

D. Give notice of this proceeding to Respondent's agents pursuant to section 631.341, Florida Statutes, and to its insureds, if any.

E. Employ and authorize the compensation of legal counsel, actuaries, accountants, clerks, consultants, and such assistants as it deems necessary, purchase or lease personal or real property as it deems necessary, and authorize the payment of the expenses of these proceedings and the necessary incidents thereof, as approved by the Court, to be paid out of the funds or assets of the Respondent in the possession of the Department or coming into its possession.

F. Reimburse such employees, from the funds of this receivership, for their actual necessary and reasonable expenses incurred while traveling on the business of this receivership.

G. Not defend or accept service of process on legal actions wherein Respondent, the Department, or the insured is a party defendant, commenced either prior to or subsequent to the order, without authorization of this Court; except, however, in actions where Respondent is a nominal party, as in certain foreclosure actions, and the action does not affect a

claim against or adversely affect the assets of Respondent, the Department may file appropriate pleadings in its discretion.

H. Commence and maintain all legal actions necessary, wherever necessary, for the proper administration of this receivership proceeding.

I. Collect all debts that are economically feasible to collect that are due and owing to Respondent.

J. Deposit funds and maintain bank accounts in accordance with section 631.221, Florida Statutes.

K. Take possession of all of Respondent's securities and certificates of deposit on deposit with the Chief Financial Officer of Florida or any similar official of any other state, if any, and convert to cash as much as may be necessary, in its judgment, to pay the expenses of administration of this receivership.

L. Negotiate and settle subrogation claims and final judgments without further order of this Court.

M. Sell any salvage recovered property without further order of this Court.

N. Update its records to incorporate change of address information for interested individuals/entities (e.g., agent, claimant, creditor, policyholder, subscriber) if the Department determines that there has been a change of address for any interested individuals/entities. The Department is authorized to use change of address information for future mailings.

O. Transfer unclaimed funds to the unclaimed property unit(s) of the states(s) reflected in the claimants' last address of record in the Department's files.

P. Dispose of and destroy obsolete and unneeded records pursuant to section

631.141(12), Florida Statutes.

Q. Apply to this Court for further instructions in the discharge of its duties as the Department deems necessary.

**IT IS FURTHER ORDERED AND DIRECTED:**

16. Any “Covered Entity” or “Business Associate” in possession of “Protected Health Information” (“PHI”) as defined in and governed by the federal Health Insurance Portability and Accountability of 1996, is authorized and directed to disclose such PHI to the Department as receiver of Respondent, to the same extent that such disclosure would have been permissible if made directly to Respondent prior to the entry of this Order.

17. Any “financial institution” in possession of “nonpublic personal information” (“NPI”) as defined in and governed by the Gramm-Leach-Bliley Financial Modernization Act of 1999, is authorized and directed to disclosed such NPI to the Department as receiver of Respondent, to the same extent that such disclosure would have been permissible if made directly to Respondent prior to the entry of this Order.

18. Pursuant to the provisions of section 631.252, Florida Statutes, all policies of insurance or similar contracts of coverage that have not expired are canceled **on the date 30 days from the entry of this Order, effective 12:01 AM, specifically February \_\_\_\_\_, 2018.** Policies or contracts of coverage with normal expiration dates prior to the dates otherwise applicable under this paragraph, or which are terminated by insureds, or lawfully cancelled by the Department or insurer before such date, shall stand canceled as of the earlier date.

19. The Department shall continue to coordinate with the applicable Guaranty Associations to provide continued coverage for Respondent’s policyholders prior to the cancellation of policies pursuant to section 631.252, Florida Statutes.

20. All agents, brokers, or other persons having sold policies of insurance and/or collected premiums on behalf of Respondent are required to account for and pay all premiums and commissions unearned due to cancellation of policies in the normal course of business owed to Respondent directly to the Department within twenty (20) days of demand by the Department or appear before this Court to show cause, if any they may have, as to why they should not be required to account to the Department or be held in contempt of Court for violation of the provisions of the Order. No agent, broker, premium finance company, or other person should use premium monies owed to Respondent for refund of unearned premium or for any purpose other than payment to the Department.

21. Any premium finance company that has entered into a contract to finance a premium for a policy issued by Respondent is required to pay any premium owed to Respondent directly to the Department.

22. Reinsurance premiums due to or payable by Respondent shall be remitted to, or disbursed by, the Department. The Department shall handle reinsurance losses recoverable or payable by Respondent. All correspondence concerning reinsurance shall be between the Department and the reinsuring company or intermediary.

23. The United States Postal Service shall be directed to provide any information requested by the Department regarding Respondent and to handle future deliveries of Respondent's mail as directed by the Department.

24. Any bank, savings and loan association, financial institution, or other person which has on deposit, in its possession, custody or control any funds, accounts and any other assets of Respondent is directed to immediately transfer title, custody, and control of all such funds, accounts, and other assets to the Department. The Department shall be authorized to change the



name of such accounts and other assets, withdraw them from such bank, savings and loan association or other financial institution, or take any lesser action necessary for the proper conduct of this receivership. No bank, savings and loan association, or other financial institution shall be permitted to exercise any form of set-off, alleged set-off, lien, any form of self-help whatsoever, or refuse to transfer any funds or assets to the Department's control without permission of this Court.

25. Any entity furnishing telephone, water, electric, sewage, garbage, or trash removal services to Respondent is required to maintain such service and transfer any such accounts to the Department as of the date of the Order, unless instructed to the contrary by the Department.

26. Upon request by the Department, any company providing telephonic services to Respondent is directed to provide a reference of calls from the number presently assigned to Respondent to any such number designated by the Department or perform any other services or changes necessary to the conduct of the receivership.

27. Respondent shall surrender all insurance licenses and certificates of authority issued by any and all states that permitted Respondent to operate any insurance business in any state.

28. All executory contracts to which Respondent was a party shall be cancelled and stand cancelled unless specifically adopted by the Department within ninety (90) days of the date of this Order or from the date of the Department's actual knowledge of the existence of such contract, whichever is later. "Actual Knowledge" means the Department has in its possession a written contract to which Respondent is a party, and the Department has notified the vendor in writing acknowledging the existence of the contract.

A. Further, the Department shall have the authority to do the following:

i. Pay for services provided by any of Respondent's vendors, in the ninety (90) day period prior to assuming or rejecting the contract, which are necessary to administer the receivership estate; and

ii. Once the Department determines Respondent's vendor is necessary in the continued administration of the receivership estate for a period to exceed the ninety (90) days from the date of this Order, or from the date of Department's actual knowledge of such contract, whichever is later, the Department may make minimal modifications to the terms of the contract, including, but not limited to, the expiration date of the agreement, the scope of the services to be provide, and/or the compensation to be paid to Respondent's vendor pursuant to the contract. "Minimal Modifications" shall mean any minimum alteration made to the contract to adapt to the new circumstances of the receivership estate. In no event will any minimal modification be construed as the Department entering into a new contract with Respondent's vendor.

**B. Any vendor, including but not limited to, any and all employees / contractors of insurer, claiming the existence of a contractual relationship with the insurer shall provide notice to the Department of such relationship.** This notice shall include any and all documents and information regarding the terms and conditions of the contract, including a copy of the written contract between the vendor and the insurer, if any, what services or goods were provided pursuant to the contract, any current, future and/or past due amounts owing under the contract, and any supporting documentation for third party services or goods provided. Failure to provide the required information may result in vendors' contractual rights not being recognized by the Department. The rights of the parties to any such contracts are fixed as of the date of the Order

and any cancellation under this provision shall not be treated as an anticipatory breach of such contracts.

29. Any information technology service provider or data processing service, which has custody or control of any data processing information and records, including, but not limited to, source documents, claims data, policy administration data, data processing cards, input tapes, all types of storage information, master tapes or any other recorded information, relating to Respondent is directed to transfer custody and control of such records to the Department. The Department shall be authorized to compensate any such entity for the actual use of hardware and software, which the Department finds to be necessary to this proceeding. Compensation should be based upon the monthly rate provided for in contracts or leases with Respondent which were in effect when this proceeding was instituted, or based upon such contract as may be negotiated by the Department, for the actual time such equipment and software is used by the Department. Any past due or pending balances due from Respondent shall be processed as claims against the estate, and shall not be a basis for withholding the services contemplated in this Paragraph.

30. All attorneys employed by Respondent as of the date of the Order are required, **within ten (10) days of receiving notice of this Order**, to report to the Department on the name, company claim number, and status of each file they are handling on behalf of Respondent. Said report should also include an accounting of any funds received from or on behalf of Respondent. All attorneys employed by Respondent are advised that pursuant to sections 631.011(17) and 631.011(21), Florida Statutes, a claim based on mere possession does not create a secured claim and all attorneys employed by Respondent, pursuant to In Re the Receivership of Syndicate Two, Inc., 538 So.2d 945 (Fla. 1st DCA 1989), who are in possession of litigation files or other material, documents, or records belonging to or relating to work performed by the attorney on behalf of

Respondent are required to deliver such litigation files, material, documents, or records intact and without purging to the Department, on request, notwithstanding any claim of a retaining lien which, if otherwise valid, should not be extinguished by the delivery of these documents.

31. All subsidiaries, affiliates, parent corporations, ultimate parent corporations, and any other business entity affiliated with Respondent having any interest in the building located at 2500 W. Lake Mary Blvd., Suite 208, Lake Mary, Florida 32748, or any other facility in which Respondent may operate, shall make available, at that location and at no charge to the Department or to Respondent, office space and related facilities (telephone service, copiers, computer equipment and software, office supplies, parking, etc.) to the extent deemed necessary by the Department in its sole discretion.

32. All subsidiaries, affiliates, parent corporations, ultimate parent corporations, and any other business entity affiliated with Respondent having any interest in the computer equipment, software, and peripherals currently used by or for Respondent shall provide complete access to and administrative control of all such computer equipment, software, and peripherals to the Department at no charge to the Department to the extent deemed necessary by the Department in its sole discretion.

33. All claims shall be filed with the Department **on or before the date that is six months from the date this Order is entered**, or be forever barred, and all such claims shall be filed on proof of claim forms prepared by the Department. If the deadline for filing claims falls on a Saturday, Sunday, or a legal holiday, the deadline is extended to the next business day.

34. 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 shall 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 Department's Assignment of Claim Change Form and required supporting documentation.
- D. The Department's Assignment of Claim Change Form shall contain an acknowledgement by the claimant, or someone authorized to act on behalf of the claimant, that:
  - i. 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;
  - ii. 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;
  - iii. 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
  - iv. The claimant understands that that they will no longer have any title, interest, or rights to the claim including future mailings and distributions if they occur.

35. Any person, firm, corporation, or other entity having notice of the Order that fails to abide by its terms is directed to appear before this Court to show good cause, if any they may have, as to why they should not be held in contempt of Court for violation of the provisions of this Order.

## CONTINUATION OF INVESTIGATION

36. The Department shall be authorized to conduct an investigation as authorized by section 631.156, Florida Statutes, to determine the causes of the insolvency; to discover assets for recovery; to determine the location of assets and their manner of recovery; and to make fully available to the Court the true state of Respondent's financial affairs.

37. The Department may take statements under oath and examine and review the books, records, and documents of any present or former officer, director, manager, trustee, agent, adjuster, employee, or independent contractor of Respondent or its affiliates and any other person possessing any executive authority over, or exercising or having exercised any control over, any segment of the affairs of the Respondent (hereinafter "Controlling Persons").

38. Section 631.391, Florida Statutes, imposes on Controlling Persons a duty to cooperate with the Department during its investigation. Such cooperation shall include, but not be limited to, providing oral testimony under oath, in both their official, representative and individual capacities and the production of all documents that are calculated to disclose the true state of Respondent's affairs.

39. In furtherance of this investigation, Respondent's parent corporations, its subsidiaries, and affiliates are required to make all books, documents, accounts, records, including all records located in any premises occupied by such parent corporations, subsidiaries or affiliates available for full, free and unhindered inspection and examination by the Department during normal business hours (8:00 a.m. to 5:00 p.m.) Monday through Friday, from the date of the Order and to provide copies of any records requested by the Department whether or not such records are related to Respondent.

40. Upon receipt of a certified copy of Department the existence of any accounts of Respondent and any funds contained therein and any and all documents in its possession relating to Respondent for the Department's inspection and copying.

41. All Sheriffs and all law enforcement officials of this state shall cooperate with and assist the Department in the implementation of this Order.

### **INJUNCTION**

42. Pursuant to sections 631.041(3) and (4), Florida Statutes, all persons, firms, corporations, and associations within the jurisdiction of this Court, including, but not limited to, Respondent and its officers, directors, stockholders, affiliates, members, subscribers, agents, and all other persons are enjoined and restrained from the further transaction of the insurance business of the Respondent; from doing, doing through omission, or permitting to be done any action which might waste or dispose of the books, records, and assets of Respondent; from in any means interfering with the Department or these proceedings; from the transfer of property and assets of Respondent without the consent of the Department; from the removal, concealment, or other disposition of Respondent's property, books, records, and accounts; from the commencement or prosecution of any actions against Respondent or the Department together with its agents or employees, the service of process and subpoenas, or the obtaining of preferences, judgments, writs of attachment or garnishment or other liens; and, from the making of any levy or execution against Respondent or any of its property or assets.

43. Notwithstanding the provisions of this paragraph, the Department should be permitted to accept and be subpoenaed for non-party production of claims files in its possession, including medical records, which may be contained therein. In such cases, the requesting party must submit an affidavit to the Department stating that notice of the non-party production was

appropriately issued and provided to the patient, and that the patient was given the opportunity to object and either did not object to the non-party production, or objected and the Court overruled the objection, in which case a copy of the Court's ruling must be attached to the affidavit. The Department should be authorized to impose a charge for copies of such claim files pursuant to the provisions of sections 119.07(1)(a), and 624.501, Florida Statutes.

#### **NOTICE OF AUTOMATIC STAY**

44. Notice is hereby given that, pursuant to section 631.041(1), Florida Statutes, the filing of the Department's Petition herein operates as an automatic stay applicable to all persons and entities, other than the Department, which shall be permanent and survive the entry of the Order, and which prohibits:

A. The commencement or continuation of judicial, administrative, or other action or proceeding against the insurer or against its assets or any part thereof;

B. The enforcement of a judgment against the insurer or an affiliate obtained either before or after the commencement of the delinquency proceeding;

C. Any act to obtain possession of property of the insurer;

D. Any act to create, perfect or enforce a lien against property of the insurer, except a secured claim as defined in section 631.011(21), Florida Statutes;

E. Any action to collect, assess or recover a claim against the insurer, except claims as provided for under Chapter 631, Florida Statutes; and

F. The set-off or offset of any debt owing to the insurer except offsets as provided in section 631.281, Florida Statutes.



45. This Court retains jurisdiction of this cause for the purpose of granting such other and further relief as from time to time shall be deemed appropriate.

**DONE and ORDERED** in Chambers at the Leon County Courthouse in Tallahassee, Leon County, Florida this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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**CIRCUIT JUDGE**