

FILED IN DISTRICT COURT  
IN THE DISTRICT COURT FOR OKLAHOMA COUNTY OKLAHOMA COUNTY  
STATE OF OKLAHOMA

OCT 15 2015

TIM RHODES  
COURT CLERK

31 \_\_\_\_\_

STATE OF OKLAHOMA, ex rel., )  
JOHN DOAK, Insurance Commissioner for )  
the State of Oklahoma, as Receiver for )  
AmCare Health Plans of Oklahoma, Inc. )

Plaintiff, )

vs. )

AmCare HEALTH PLANS OF OKLAHOMA, )  
INC., )

Defendant. )

Case No. CJ-2003-5311  
*The Honorable Aletia Haynes*  
*Timmons*

**ORDER SETTING HEARING FOR RECEIVER'S**  
**APPLICATION FOR AUTHORITY TO PAY INTEREST ON**  
**ALLOWED CLAIMS AND ESTABLISHING DEADLINE FOR OBJECTIONS**

ON THIS 15 day of October, 2015, the Receiver's Application for Authority to Pay Interest on Allowed Claims ("Receiver's Application") filed on October 14, 2015, comes before the undersigned Judge of the District Court. The Court, being fully advised of the premises and for good cause, finds and concludes that a hearing should be set for the Receiver's Application and objections thereto and that the following orders should be entered.

**IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED** that the Receiver's Application be and hereby is set for hearing before the undersigned Judge at 11:00 a.m. on November 12, 2015.

**IT IS FURTHER ORDERED, ADJUDGED, AND DECREED** that any objections to the Receiver's Application shall be delivered to this Court on or before 11:00 a.m. on November 12, 2015.

IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that any claimant having an objection to the Receiver's Application appear in person or through legal counsel at 11:00 a.m. November 12, 2015 in Courtroom # 105, Oklahoma County Courthouse, 321 Park Avenue, Oklahoma City, Oklahoma, and shall be prepared to present their objection at that time.


IT IS FURTHER ORDERED, ADJUDGED, AND DECREED that service by first class mail of a copy of the form of notice attached as Exhibit 1 to this Order with a Claimant specific, single-page mailer in the form attached hereto as Exhibit 2, within three business days of the filing of this Order, to each claimant to whom the Receiver's Application proposes to pay interest, is adequate notice of the deadline for presenting an objection to Receiver's Application, and the hearing date for the Receiver's Application.

SIGNED THIS 15 DAY of October 2015.

ALETIA HAYNES TIMMONS

Aletia Haynes Timmons  
Judge of the District Court

Submitted by:

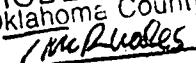
  
John M. O'Connor, OBA No. 6741  
NEWTON, O'CONNOR, TURNER & KETCHUM, P.C.  
15 West Sixth Street, Suite 2700  
Tulsa, Oklahoma 74119  
Telephone: (918) 587-0101  
Facsimile: (918) 587-0102  
[joconnor@newtonoconnor.com](mailto:joconnor@newtonoconnor.com)

ATTORNEYS FOR PLAINTIFF,  
STATE OF OKLAHOMA, ex rel.  
JOHN DOAK, INSURANCE,  
COMMISSIONER

-AND-

CERTIFIED COPY  
AS FILED OF RECORD  
IN DISTRICT COURT

OCT 15 2015

TIM RHODES Court Clerk  
Oklahoma County  


Kelley C. Callahan, OBA #1429  
Barron B. Brown, OBA # 31346  
3613 NW 56<sup>th</sup> Street, Ste. 330  
Oklahoma City, OK 73112  
(405) 947-0022 – telephone  
(405) 947-0046 – facsimile  
[kelly.callahan@oid.ok.gov](mailto:kelly.callahan@oid.ok.gov)

**ATTORNEYS FOR PLAINTIFF, STATE  
OF OKLAHOMA, ex rel., JOHN DOAK,  
Insurance Commissioner for the State of  
Oklahoma, as Receiver for AmCARE  
Health Plans of Oklahoma, Inc., in Liquidation**

**CERTIFICATE OF SERVICE**

I hereby certify that on the 15th day of October, 2015, a true and correct copy of the above and foregoing instrument was sent via U.S. Mail, postage paid, to:

AmCare Health Plans of Oklahoma, Inc.  
c/o Billy Bostick  
Bostick/Crawford Consulting Group  
720 Mountain Terrace  
Hurst, Texas 76053

Amcareco, Inc.  
c/o Thomas S. Lucksinger, President  
10200 Old Katy Road  
Houston, TX 77043

Oklahoma Insurance Department  
3625 NW 56<sup>th</sup> Street, Ste. 100  
Oklahoma City, OK 73112

Oklahoma Receivership Office  
Donna Wilson / Debra Crowe  
3613 NW 56<sup>th</sup> Street, Ste. 330  
Oklahoma City, OK 73112



\_\_\_\_\_  
John M. O'Connor

IN THE DISTRICT COURT OF OKLAHOMA COUNTY  
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel., )  
JOHN DOAK, Insurance Commissioner for )  
the State of Oklahoma, as Receiver for )  
AmCare Health Plans of Oklahoma, Inc. )  
 )  
Plaintiff, ) Case No. CJ-2003-5311  
 ) *The Honorable Aletia H. Timmons*  
vs. )  
 )  
AmCare HEALTH PLANS OF OKLAHOMA, )  
INC., )  
 )  
Defendant. )

**NOTICE OF OBJECTION DEADLINE AND HEARING ON THE RECEIVER'S  
APPLICATION TO PAY INTEREST ON ALLOWED CLAIMS**

You are hereby notified, that on November 12, 2015 at 11:00 a.m., a hearing will be held before the Honorable Aletia H. Timmons, District Court Judge of Oklahoma County, Oklahoma, at which time the Receiver's Application to Pay Interest on Allowed Claims ("Receiver's Application") shall be heard. **The hearing will be conducted at the Oklahoma County Courthouse, 321 Park Ave., Room # 105, Oklahoma City, Oklahoma.**

The Receiver has paid the allowed amount of your claim(s) against the receivership estate for AmCare Health Plans of Oklahoma, Inc. ("AmCare")<sup>1</sup>. You are receiving this Notice because the Receiver has recommended to the Court that interest be paid on your claim(s). The amount of interest the Receiver recommends the AmCare estate pay on your claim(s) is specified in the single-page, "Claim Specific Notice" enclosed herewith. The Receiver's Application is filed in

<sup>1</sup> In cases where a claimant owed resubmission fees to the Estate or had received an overpayment from the Estate, the claimant received the allowed amount less the resubmission fees and overpayments.



the above-referenced receivership proceeding pending in the District Court for Oklahoma County, Oklahoma. A copy of the Receiver's Application is also available on the website for the Oklahoma Receivership Office at [www.okaro.org](http://www.okaro.org). The second column contained in the table in Exhibit 1 to the Receiver's Application contains the Proof of Claim number(s) ("POC #") for each claim of a given claimant that the Receiver is recommending interest be paid upon. The POC #(s) assigned to your claim(s) are identified on the enclosed Claim Specific Notice. The third column in the table contained in Exhibit 1 contains the Receiver's recommended, total interest payment for all claims of a given claimant.

**IF YOU DO NOT WISH TO OBJECT TO THE RECEIVER'S RECOMMENDATION CONCERNING PAYMENT OF INTEREST ON YOUR CLAIM(S), YOU ARE NOT REQUIRED TO TAKE ANY ACTION AT THIS TIME.** IF YOU WISH TO OBJECT TO THE RECEIVER'S RECOMMENDATION CONCERNING PAYMENT OF INTEREST ON YOUR CLAIM(S) OR TO ANY OTHER ASPECT OF THE RECEIVER'S APPLICATION, YOU MUST DELIVER YOUR FILED OBJECTION TO THE COURT NO LATER THAN 11:00 A.M. ON NOVEMBER 12, 2015.

*Failure to appear at the hearing or to deliver timely your filed objection may result in your claim being denied and may be treated as your agreement to the Receiver's recommendation concerning payment of interest in relation to your claim(s).* If you file an objection or if you appear at the hearing to object to the Receiver's recommendation, the Receiver may seek and the Court may grant a continuance of the hearing on payment of interest on your claim(s) to a later date.

Any questions regarding this Notice, the Receiver's Application, the Receiver's recommendation as to payment of interest in regard to your claim(s) or to any of the other claims made the subject of the Receiver's Application should be directed to the Oklahoma

**Receivership Office. Contact information for the Oklahoma Receivership Office is set forth below.**

**Oklahoma Receivership Office**

Attention: Jamin Dawes  
3613 NW 56<sup>th</sup>, Suite 330  
Oklahoma City, OK 73112  
Phone: (405) 947-0022  
Fax: (405) 947-0046

**Receiver's Counsel Address:**

John M. O'Connor  
Newton O'Connor Turner & Ketchum  
15 West Sixth Street, Suite 2700  
Tulsa, OK 74119  
(918) 587-0101 (telephone)  
(918) 587-0102 (facsimile).

AmCare Health Plans of Oklahoma,  
In Receivership  
3813 NW 56TH St, Suite 330  
Oklahoma City, OK 73112

[ ADDRESS REDACTED ]

PROOF OF CLAIM (POC) IDENTIFICATION:

Tax ID: [ REDACTED ]

POC:	Recommended Interest Payment:
2624	
2626	
2627	
2628	
2629	
2630	
2631	
2632	
2633	
2634	
2635	
2636	
2637	
2638	
2639	
Total	1,877.63

EXHIBIT  
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