

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

FILED IN DISTRICT COURT
OKLAHOMA COUNTY

OCT 20 2015

30
TIM RHODES
COURT CLERK

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

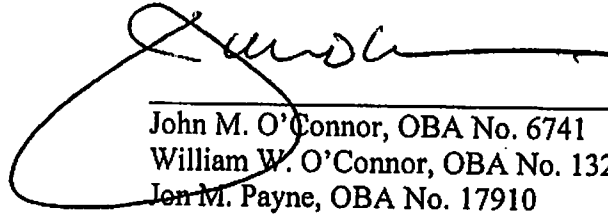
SUPPLEMENT TO RECEIVER'S APPLICATION
FOR AUTHORITY TO PAY INTEREST ON ALLOWED CLAIMS

John Doak, Insurance Commissioner for the State of Oklahoma (the "Receiver"), as Receiver for AmCare Health Plans of Oklahoma, Inc. ("AmCare") hereby supplements his pending Application for Authority to Pay Interest on Allowed Claims filed on October 15, 2015, with the attached Exhibit 1A and states:

1. On October 15, 2015, the Receiver filed the Receiver's Application for Authority to Pay Interest on Allowed Claims ("Receiver's Application"). Exhibit 1 to the Receiver's Application contains the Receiver's recommendations regarding payment of interest to 1097 claimants.
2. Recommendations for an additional 67 claimants were inadvertently omitted from the Exhibit 1 filed on October 15, 2015.
3. The attached Exhibit 1A contains the Receiver's recommendations regarding the additional 67 claimants inadvertently omitted from Exhibit 1 to the Receiver's Application.
4. The attached Exhibit 1A is hereby submitted to supplement Exhibit 1 to the

Receiver's Application.

Respectfully submitted,



John M. O'Connor, OBA No. 6741
William W. O'Connor, OBA No. 13200
Jon M. Payne, OBA No. 17910
NEWTON, O'CONNOR, TURNER & KETCHUM, P.C.
15 West Sixth Street, Suite 2700
Tulsa, OK 74119
Phone: (918) 587-0101
Facsimile: (918) 587-0102
jconnor@newtonoconnor.com

-AND-

Kelley C. Callahan, OBA # 1429
Barron B. Brown, OBA #31346
3613 NW 56th Street, Ste. 330
Oklahoma City, OK 73112
(405) 947-0022 – telephone
(405) 947-0046 – facsimile
barron.brown@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 20th 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

James Mills, Esq.
Oklahoma Insurance Department
3625 NW 56th Street, Ste. 100
Oklahoma City, OK 73112

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

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



John M. O'Connor

AMCARE RECOMMENDED INTEREST PAYMENT

Claimant	POC #	Recommended Interest Payment
1098	3426	
	Total	103.60
1099	2995	
	Total	936.67
1100	1256	
	Total	35,528.42
1101	3508	
	3509	
	3510	
	3511	
	Total	322.51
1102	3456	
	Total	7,520.34
1103	3475	
	Total	663.27
1104	3476	
	Total	208.18
1105	3490	
	Total	119.41
1106	3492	
	Total	48.18
1107	3491	
	Total	86.87
1108	3505	
	Total	714.36
1109	3440	
	Total	10.03
1110	2999	
	Total	20.65
1111	3487	
	Total	113.48
1112	3466	
	Total	657.52
1113	3418	
	Total	245.63
1114	3459	
	3461	
	3462	
	Total	6,295.53
1115	3470	
	Total	45.07
1116	3421	
	Total	9,362.82
1117	218	
	Total	775.97



AMCARE RECOMMENDED INTEREST PAYMENT

Claimant	POC #	Recommended Interest Payment
1118	2403	
	Total	16,644.78
1119	356	
	Total	1.33
1120	3497	
	Total	50,129.91
1121	3436	
	Total	13,902.24
1122	3457	
	Total	7.18
1123	3029 3030	
	Total	812.27
1124	3494	
	Total	65.39
1125	3482	
	Total	900.22
1126	3453	
	Total	4,093.93
1127	3471	
	Total	877.32
1128	3427	
	Total	547.82
1129	3477	
	Total	896.07
1130	1664	
	Total	721.95
1131	3468	
	Total	291.85
1132	603	
	Total	1,895.24
1133	2756	
	Total	236.10
1134	3495	
	Total	8,197.15
1135	3439	
	Total	329.45
1136	3506	
	Total	1,174.80
1137	3480	
	Total	56.60
1138	611	
	Total	45.20
1139	3448	
	Total	4,569.72

AMCARE RECOMMENDED INTEREST PAYMENT

Claimant	POC #	Recommended Interest Payment
1140	3498	
	Total	4,086.30
1141	2445	
	Total	164.77
1142	3469	
	Total	111.15
1143	3472	
	Total	2,852.03
1144	1694	
	Total	4,967.68
1145	3484	
	Total	4,736.97
1146	3442	
	Total	939.44
1147	3434	
	Total	434.31
1148	3493	
	Total	778.55
1149	1435	
	Total	13,727.27
1150	2072	
	Total	29.05
1151	3452	
	Total	559.41
1152	3005	
	Total	17,209.14
1153	3437	
	Total	3,078.05
1154	3507	
	Total	211.63
1155	3485	
	Total	1,879.36
1156	428	
	Total	12.33
1157	1453	
	Total	288.75
1158	3435	
	Total	71.12
1159	2436	
	Total	3,456.80
1160	2131	
	2133	
	Total	81,961.11
1161	2132	
	Total	2,984.76

AMCARE RECOMMENDED INTEREST PAYMENT

Claimant	POC #	Recommended Interest Payment
1162	3479	
	Total	357.76
1163	2292	
	Total	3,029.36
1164	3460	
	Total	2,646.19
Grand Total		320,748.32