

FRIDAY HEALTH PLANS OF OKLAHOMA, INC

(the "Company")
3613 NW 56th, Suite 330
Oklahoma City, OK 73112

PROOF OF CLAIM

District Court of Oklahoma County
State of Oklahoma
Case No. CJ-2023-3105

PLEASE READ INSTRUCTIONS CAREFULLY. DEADLINE FOR FILING PROOF OF CLAIM IS FEBRUARY 28, 2024.

PART 1 Person Making Claim (Claimant)

Name _____ Mailing Address _____ City, State Zip Code _____	Claimant's Telephone Number _____ Are you represented? _____ Attorney's name, address and telephone number: _____ _____
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PART 2 Claim Information

a. Amount of claim: _____	
b. Insured's name: _____	c. Policy number: _____
d. Describe claim: _____ _____ _____ _____	e. Name and address of parties, other than the Company, who may have any responsibility for the claim: _____ _____ _____

- PART 3** a. Have you received any payments on the claim which is the subject of this Proof of Claim from any source? _____ If yes, specify the total amount received: \$ _____ And identify all sources: _____
- b. Do you owe any money to the Company? _____ If yes, specify the amount: \$ _____ And reason: _____
- c. Is this a secured claim? _____ If yes, specify all security for such claim: _____
- d. Is this claim the subject of legal action? _____ If yes, specify Court: _____ Case Number: _____ And all parties and attorneys: _____
- e. Is this claim contingent or unliquidated? _____ If yes, specify the reason: _____

AFFIRMATION

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that he or she has read the foregoing Proof of Claim and knows the contents thereof; that this claim against the Company is justly owing to the Claimant; that the matters set forth and in any accompanying statements and supporting documents are true and correct.

Claimant (signature)

Title or Official Capacity (if any)

PROOF OF CLAIM INSTRUCTIONS

General

1. If the Receiver notified you that a claim was deemed filed, you do not need to file a proof of claim.
2. The Proof of Claim must have all items completed and questions answered. If an item is not applicable, indicate so by writing "N/A" in blank.
3. If you need additional space to fully answer any question, please do so on a separate sheet of paper and attach to your Proof of Claim.
4. You must attach to the Proof of Claim documents or evidence supporting your proof of loss.
5. You have an ongoing duty to supplement your Proof of Claim with supporting documentation as additional information is received. This requirement includes notice of any change of address.
6. The Proof of Claim must be signed by the Claimant who is named in Part 1, or by a representative of the Claimant who has knowledge of the matters set forth in the Proof of Claim.
7. If you are a beneficiary or an assignee of the insured's rights to distribution from the receivership, you should complete a Proof of Claim and cause the insured to execute an Unconditional Assignment and deliver same to the Assistant Receiver. Unconditional Assignment forms can be downloaded from www.okaro.org.
8. All Proofs of Claim must be postmarked no later than **February 28, 2024**. The Receiver is not responsible for undelivered mail. To protect your claim, the Receiver recommends certified mail.
9. The Receiver suggests you keep a copy of the completed Proof of Claim for your records.
10. A copy of the Proof of Claim form should be attached to all future correspondence to the Assistant Receiver.
11. The Receiver may, at their discretion, permit a claimant to file a Proof of Claim after the deadline. However, such late-filed claims are subject to certain provisions of Oklahoma's Insurance Code, including, but not limited to, provisions discussing the possible loss of priority.
12. Telefaxes of Proof of Claims and supporting documentation will not be accepted. Return your completed form to:
Donna L. Wilson, CIR-ML
Assistant Receiver
Friday Health Plans of Oklahoma, Inc.
3613 NW 56TH, Suite 330
Oklahoma City, OK 73112
13. If you have any questions about the Proof of Claim procedure, you may call (405) 947-0022.

Allowance Procedures

14. Within such period as the Court may establish, the Receiver will prepare and file a report setting forth the claimant, amount and Receiver's recommendation with respect to each Proof of Claim.
15. Upon filing of report, the Court will schedule a time for hearing the report. If you file a Proof of Claim, you will receive notice of the hearing and other information concerning the report and hearing as the Court deems appropriate under the circumstances. In addition to other information which may be provided, if, for any reason, the Receiver does not recommend acceptance of a claim as filed by the claimant, claimant will be advised of the Receiver's recommendation regarding claim.
16. After all claims have been allowed, disallowed or estimated, the Receiver will seek Court approval to begin making distributions to the claimants from the assets of the Company.