

May 30, 2024

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

STATE OF OKLAHOMA, ex rel.)
GLEN MULREADY, Insurance Commissioner,)
)
Petitioner,)
)
v.)
)
FRIDAY HEALTH PLANS OF)
OKLAHOMA, INC., a licensed health)
maintenance organization in the State of)
Oklahoma,)
Defendant.)

APR 26 2024
RICK WARREN
COURT CLERK
111 _____

Case No. CJ-2023-3105
Judge Natalie C. Mai

RECEIVER'S REPORT OF TIMELY FILED CLAIMS

COMES NOW, the State of Oklahoma, ex. rel., Glen Mulready, Insurance Commissioner, as statutory receiver of Friday Health Plans of Oklahoma, Inc. ("Receiver") and pursuant to the Order entered December 28, 2023 files this Report of Timely Filed Claims, and shows the court as follows:

1. By Order dated June 23, 2023 ("Liquidation Order"), the Court directed the Receiver to proceed with liquidating Friday Health Plans of Oklahoma, Inc. ("FHPOK"). The Court further directed the Receiver to notify all persons, except for those policyholders and medical providers whose claims are deemed filed, who have claims against FHPOK of the claims filing bar date in a form approved by the Court.

2. On December 28, 2023 the Court entered an Order Approving Receiver's Combined Application for Approval of (A) Notice of Liquidation, (B) Form of Proof of Claim and Instructions; and Application for Approval of Receiver's Claims Reporting and Evaluation Plan and Setting Claims Bar Date.

3. The Liquidation Order required the Receiver to notice all persons holding claims against FHPOK, except for those policyholders and medical providers whose claims are deemed filed, to file proofs of claims. Such Notice is also mandated by Title 36 O.S. §1930. The December 28, 2023 Order approved the form of the notice and proof of claims. The Receiver took all reasonable efforts to determine the identity of all persons who may have claims against FHPOK and to provide them with notice to allow them the opportunity to file a claim before the February 28, 2024 claims bar date.

4. As required by the December 28, 2023 Order, the Receiver through Assistant Receiver Donna Wilson reports the following claims:

- A. Total number of Notices of Liquidation mailed by the Receiver: **16,549**.
- B. Total number of Timely filed claims postmarked on or before February 28, 2024: **53**.
- C. Total number of Untimely filed claims postmarked after February 28, 2024: **3**.

The timely filed claims are broken down by class as follows:

Class 1. The reasonable costs and expenses of administration expressly approved by the receiver, including but not limited to the following:

- a. the actual and necessary costs of preserving or recovering the assets of the insurer,
- b. compensation for all authorized services rendered in the conservation, rehabilitation or liquidation,
- c. any necessary filing or recordation fees,
- d. the fees and mileage payable to witnesses, including experts and other litigation costs and expenses,
- e. authorized reasonable attorney's and other professional services rendered in the conservation, rehabilitation or liquidation, and
- f. any reasonable expenses that were incurred in furtherance of activities that provided a material economic benefit to the estate.

Total filed #0 (none required, information will be provided to the court in the Receiver's periodic report to the court of the Estate's receipts and disbursements.)

Class 2. The administrative expenses of guaranty associations. For purposes of this section these expenses shall be the reasonable expenses incurred by the guaranty association where the expenses are not payments or expenses which are required to be incurred as direct policy benefits in fulfillment of the terms of the insurance contract or policy, and that are of the type and nature that, but for the activities of the guaranty association otherwise would have been incurred by the receiver, including but not limited to evaluations of policy coverage, activities involved in the adjustment and settlement of claims under policies, including those of in-house or outside adjusters, and the reasonable expenses incurred in connection with the arrangements for ongoing coverage through transfer to other insurers, policy exchanges or maintaining policies in force.

Total filed # 0.

Class 3. All claims under policies including claims of the federal or any state or local government for losses incurred ("loss claims") including third party claims, claims for unearned premium, all claims of a guaranty association for payment of covered claims or covered obligations of the insurer and all claims of a guaranty association for reasonable expenses other than those included in Class 2. All claims under life and health insurance and annuity policies, whether for death proceeds, health benefits, annuity proceeds or investment values shall be treated as loss claims. That portion of any loss, indemnification for which is provided by other benefits or advantages recovered by the claimant, shall not be included in this class, other than benefits or advantages recovered or

recoverable in discharge of familial obligations of support or by way of succession at death or as proceeds of life insurance, or as gratuities. No payment by an employer to his employee shall be treated as a gratuity.

Total filed 44. Amount claimed \$651,066

The above noted claims are broken down as follows:

Insureds; Total filed 2. Amount Claimed \$735.

Medical Providers; Total filed 42: Amount Claimed 650,331.

Classes 4 – 10 under 36 O.S. § 1927.1 can include multiple types of claims, including creditor and commission claims, none of which may be paid until all superior class claims are paid in full with interest. The Receiver believes at this time that there will be insufficient assets to address these claims, however for the court's information, these classes include ***9 general creditor claims under Class 6 who have collectively claimed \$46,017,240. The total of the timely filed claims is \$46,668,305.***

The Receiver anticipates adjudicating certain of these claims before the court, to the extent that they may result in additional assets due the estate as a result of having them "fixed" in an amount certain as "paid" within contractual stipulations to the advantage of the estate.

Untimely filed claims under Title 36 O.S. §1930, will only share in the distribution of the assets of the estate after all allowed timely filed claims are paid in full with interest. ***Three (3) untimely filed claims in the collective amount of \$870,425 have been filed.***

5. Attached hereto as Exhibit A is the detail of the Timely Filed Claims and the Untimely Filed Claims as compiled by the Assistant Receiver.

WHEREFORE, the Receiver asks this court to approve the Report on Timely Filed Claims and such other relief as the Court deems appropriate.

Respectfully submitted,

RIGGS, ABNEY, NEAL, TURPEN,
ORBISON & LEWIS



George M. Emerson, OBA No. 13159

Robert A. Nance, OBA No. 6581

528 NW 12th

Oklahoma City, OK 73103

(405) 843-9909

(405) 842-2913 Facsimile

mance@riggsabney.com

gemerson@riggsabney.com

ATTORNEYS FOR GLEN MULREADY,

INSURANCE COMMISSIONER, AS

RECEIVER OF FRIDAY HEALTH

PLANS OF OKLAHOMA, INC.

**NOTICE OF FILING OF APPLICATION,
HEARING DATE, AND DEADLINE TO OBJECT**

You are hereby notified that on April 26, 2024, the Receiver filed the Receiver's Report of Timely Filed Claims ("Report"). If you want to present an objection to the Report, you may do so by filing a written objection with the District Court Clerk for Oklahoma County, Oklahoma on or before May 10, 2024.

The Report is set for hearing on MAY 30, 2024 at 10:00 a..m at the Oklahoma County Courthouse, 321 Park Avenue, Room 709, Oklahoma City, Oklahoma before the Honorable Judge Natalie C. Mai. The purpose of the hearing is to allow the Court to fully consider the matters for which the Report seeks approval. You may have the following rights pursuant to 36 O.S. §1938(E);

1. To appear in person at the hearing or to be represented by counsel;
2. To testify under oath, call witnesses to testify, and furnish documentary evidence, relevant to the determination of the compensation;
3. To cross-examine witnesses and have a reasonable opportunity to inspect all documentary evidence; and
4. To subpoena witnesses and compel the production of testimony and documents, relevant to the determination of the compensation.

If no objections to the Report are timely filed, the Court may cancel the hearing and enter an Order approving the Application without a hearing.

CERTIFICATE OF MAILING

I hereby certify that on the 26th day of April, 2024, a true and correct copy of the foregoing instrument was emailed or mailed, postage paid, to:

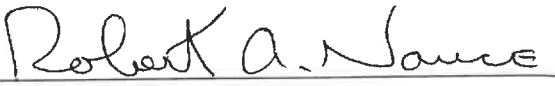
Oklahoma Receivership Office
Attn: Debra Crowe
dcrowe@okaro.org

Sherry Standifer
Oklahoma Insurance Department
Sherry.standerfer@oid.ok.gov

Darren T. Ellingson
Ellingson & Associates, L.L.C.
dellingson@ellingsonassociates.com

James W. Rhodes
Oklahoma Life & Health Insurance Guaranty
Association
jwrhodes@oklifega.org

FHP ABC
10 South LaSalle Street, Ste. 3300
Chicago, IL 60603


Robert A. Nance

POCs received through 4/25/2024

Timely Filed Yes

Priority Class	Claimant Type	POCs Filed	Claimed Amount
3	Insured	2	735
	Medical Provider	42	650,331
3 Total		44	651,066
6	General Creditor	9	46,017,240
6 Total		9	46,017,240
Grand Total		53	46,668,305

Timely Filed No

Priority Class	Claimant Type	POCs Filed	Claimed Amount
3	Insured	1	324
	Medical Provider	1	512,659
3 Total		2	512,983
6	General Creditor	1	357,442
6 Total		1	357,442
Grand Total		3	870,425

