

IN THE DISTRICT COURT OF OKLAHOMA COUNTY  
STATE OF OKLAHOMA

OCT 22 2024

RICK WARREN  
COURT CLERK

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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.** )

Case No. CJ-2023-3105

*Judge Natalie C. Mai*

**RECEIVER’S FIRST REPORT ON CLAIMS EVALUATION AND REQUEST FOR  
CONFIRMATION OF RECEIVER’S RECOMMENDATION**

Glen Mulready, Insurance Commissioner, as Receiver of Friday Health Plans of Oklahoma, Inc. (“FHPOK”), through Assistant Receiver, Donna L. Wilson, pursuant to 36 O.S. § 1918 respectfully submits to this Court the Receiver’s First Report on Claims Evaluation and Request for Confirmation of Receiver’s Recommendation, and in support thereof, would show the Court as follows:

**BACKGROUND**

1. On June 14, 2023, Glen Mulready, Insurance Commissioner of the State of Oklahoma was appointed as Receiver of Friday Health Plans of Oklahoma, Inc.
2. On June 23, 2023, an Order of Liquidation was entered placing FHPOK in liquidation. As such, the Receiver is charged with liquidating the estate, marshalling the assets, and collecting all monies due FHPOK for the benefit of FHPOK and its creditors.
3. On December 28, 2023, this Court entered its Order Approving Receiver’s Combined Application for Approval of (A) Notice of Liquidation of Insurer and Deadline to File

Proof of Claim, and (B) Form of Proof of Claim and Instructions and Approval of Receiver's Claims Reporting Evaluation Deadline. This Order established the claims filing bar date of February 28, 2024, the Receiver's Report on Timely Filed Claims to be filed by April 26, 2024, and the Receivers First Claims Evaluation and Request for Confirmation on Claims ready to be Adjudicated to be filed by October 26, 2024.

4. On April 26, 2024, the Receiver filed the Receiver's Report on Timely Filed Claims. The Receiver's report on timely filed claims evidenced the mailing of the Notice of Liquidation to 16,549 recipients and the receipt of 53 timely filed claims and 3 untimely filed claims.

5. In the May 29, 2024 Order Approving the Receiver's Report of Timely Filed Claims, the Court authorized the Receiver, no later than October 26, 2024, to submit the first claims evaluation and request for confirmation on claims ready to be adjudicated.

6. The Receiver informs the Court that 39 Class 3 timely filed claims and 2 untimely filed claims are ready for adjudication at this time. Pursuant to 36 O.S. § 1927.1, Class 3, is:

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.

7. The Receiver mailed a letter to each of the 41 Claimants included in this report detailing the reason for the Receiver's recommendation on September 11, 2024 and has not received any objections.

8. The Receiver intends to adjudicate the remaining claims as quickly as possible. Therefore, the claims included in this report are only a portion of the Class 3 claims to be adjudicated. The Receiver will file another report of claims to be adjudicated within six months and no later than April 25, 2025.

9. The Receiver has not completed marshalling all of FHPOK's assets. Therefore, this Report does not address the actual distribution of assets that may ultimately be made to creditors and beneficiaries of FHPOK.

#### **EXPLANATION OF RECEIVER'S RECOMMENDATION**

10. Attached hereto is a report detailing the Receiver's recommendation on the Class 3 Claims ready for adjudication. At this time the Receiver is recommending the denial of 39 Class 3 timely filed claims and the 2 untimely filed Class 3 claims which are identified in the attached report. These are claims filed by medical providers and one insured.

11. The proof of claims on the attached list have been analyzed by the Receiver to determine if a formal claim was made to the insured or FHPOK. The Receiver recommends denial of all 41 claims. The Receiver denied the claims in this report for various member policy limitations and restrictions. The Receiver asks the Court to enter an order denying these claims.

12. In compliance with the due process required by 36 O.S. § 1918, the Receiver asks the court to set a hearing on the claims and establish a date certain for filing an objection to the Receiver's recommendation.

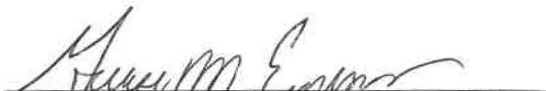
13. The recommended denial by the Receiver of any timely filed proof of claim included in the Receiver's First Report does not alter the statutory obligation, if any, of the Oklahoma Life & Health Insurance Guaranty Association, to provide indemnity and defense of a

“covered claim” as defined by the Oklahoma Life & Health Insurance Guaranty Association Act, 36 O.S. § 2021 et. seq.

**WHEREFORE**, the Receiver prays that this Court enter an Order for the following: 1) order that notice of opportunity to object and be heard on the denied claims on the Exhibit be given by the Receiver; 2) establish a date for filing an objection to the recommendation of the Receiver; 3) establish a date for hearing the Receiver’s recommendation to the court and any objections thereto; 4) upon hearing any objections thereto, enter an order approving the Receiver’s Report; and 5) such other relief as the Court deems appropriate.

Respectfully submitted,

RIGGS, ABNEY, NEAL, TURPEN,  
ORBISON & LEWIS



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ATTORNEYS FOR RECEIVER

**CERTIFICATE OF MAILING**

I hereby certify that on the 27<sup>th</sup> day of October, 2024, a true and correct copy of the foregoing instrument was mailed, postage paid, or emailed to:

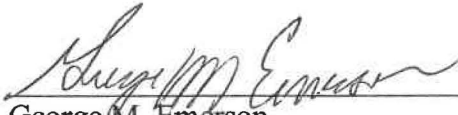
Oklahoma Receivership Office  
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George M. Emerson

Timely Filed Yes

Report	Priority Class	Recommendation	POCNumber	Claimant Type	Amount Claimed	Amount Allowed
1	3	Deny	1006	Medical Provider	600.00	-
1	3	Deny	1007	Medical Provider	2,880.00	-
1	3	Deny	1008	Medical Provider	2,040.00	-
1	3	Deny	1009	Medical Provider	9,008.33	-
1	3	Deny	1010	Medical Provider	19,385.81	-
1	3	Deny	1012	Medical Provider	164.00	-
1	3	Deny	1013	Medical Provider	75.02	-
1	3	Deny	1014	Medical Provider	221.00	-
1	3	Deny	1015	Medical Provider	222.00	-
1	3	Deny	1016	Medical Provider	164.00	-
1	3	Deny	1017	Medical Provider	30.01	-
1	3	Deny	1018	Medical Provider	210.00	-
1	3	Deny	1019	Medical Provider	121.00	-
1	3	Deny	1020	Medical Provider	221.00	-
1	3	Deny	1021	Medical Provider	221.00	-
1	3	Deny	1022	Medical Provider	224.00	-
1	3	Deny	1023	Medical Provider	527.00	-
1	3	Deny	1025	Medical Provider	342.00	-
1	3	Deny	1026	Medical Provider	250.00	-
1	3	Deny	1027	Medical Provider	400.00	-
1	3	Deny	1028	Medical Provider	317.00	-
1	3	Deny	1029	Medical Provider	317.00	-
1	3	Deny	1030	Medical Provider	400.00	-
1	3	Deny	1031	Medical Provider	250.00	-
1	3	Deny	1032	Medical Provider	114.00	-
1	3	Deny	1033	Medical Provider	2,800.00	-
1	3	Deny	1034	Medical Provider	2,100.00	-
1	3	Deny	1035	Medical Provider	2,100.00	-
1	3	Deny	1037	Medical Provider	616.08	-
1	3	Deny	1038	Medical Provider	316.88	-
1	3	Deny	1039	Medical Provider	316.88	-
1	3	Deny	1040	Medical Provider	316.88	-
1	3	Deny	1042	Medical Provider	1,160.00	-
1	3	Deny	1043	Medical Provider	2,160.00	-
1	3	Deny	1044	Medical Provider	330.00	-
1	3	Deny	1045	Medical Provider	1,755.00	-
1	3	Deny	1046	Medical Provider	3,130.00	-
1	3	Deny	1047	Medical Provider	3,570.00	-
1	3	Deny	1053	Medical Provider	583,262.78	-
<b>Grand Total</b>					<b>642,638.67</b>	<b>-</b>

Timely Filed No

<b>Report</b>	<b>Priority Class</b>	<b>Recommendation</b>	<b>POCNumber</b>	<b>Claimant Type</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
<b>1</b>	<b>3</b>	Deny	<b>1054</b>	Medical Provider	512,659.09	-
<b>1</b>	<b>3</b>	Deny	<b>1055</b>	Insured	323.60	-
<b>Grand Total</b>					<b>512,982.69</b>	-