

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. On March 6, 2025 this Court approved the Receiver's First Report on Claim Evaluation and Request for Confirmation of Receiver's Recommendation denying 41 Class 3 claims.

7. The Receiver informs the Court that another 3 Class 3 timely 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.

8. The Receiver previously notified each of the 3 Claimants included in this report detailing the reason for the Receiver's recommendation and has not received any objections.

9. 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 October 25, 2025.

10. 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

11. 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 3 Class 3 timely filed claims which are identified in the attached report. These are claims filed by one medical provider and two insureds.

12. 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 3 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.

13. 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.

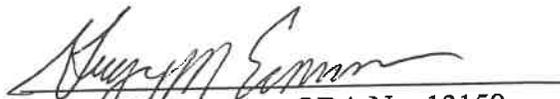
14. The recommended denial by the Receiver of any timely filed proof of claim included in the Receiver's Second Report does not alter the statutory obligation, if any, of the

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 22nd day of April, 2025, a true and correct copy of the foregoing instrument was mailed, postage paid, or emailed to:

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

Sherry Standerfer
Oklahoma Insurance Department
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George M. Emerson

Timely Filed Yes

| Report | Priority Class | Recommendation | POCNumber | Claimant Type | Amount Claimed | Amount Allowed |
|--------------------|----------------|----------------|-----------|------------------|----------------|----------------|
| 2 | 3 | Deny | 1024 | Medical Provider | 164.00 | - |
| 2 | 3 | Deny | 1036 | Insured | 734.92 | - |
| 2 | 3 | Deny | 1052 | Insured | - | - |
| Grand Total | | | | | 898.92 | - |