

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.)
GLEN MULREADY, Insurance)
Commissioner,)
)
Plaintiff,)
)
v.)
)
GO INSURANCE COMPANY, fka)
PEACHTREE CASUALTY)
INSURANCE COMPANY, a licensed)
property and casualty insurer in the)
State of Oklahoma,)
)
Defendant.)

FILED IN DISTRICT COURT
OKLAHOMA COUNTY

Case No. CJ-2023-6377 MAR 19 2024

RICK WARREN
COURT CLERK
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RECEIVER'S COMBINED APPLICATION FOR APPROVAL OF
NOTICE OF LIQUIDATION, AND FORM OF PROOF OF CLAIM AND
INSTRUCTIONS, AND APPLICATION FOR APPROVAL OF RECEIVER'S
CLAIMS REPORTING AND EVALUATION PLAN
AND OPPORTUNITY TO OBJECT
AND NOTICE OF HEARING

Glen Mulready, Insurance Commissioner as Receiver for Go Insurance Company ("Go Insurance"), by and through the undersigned attorney of record, and pursuant to the Oklahoma Uniform Insurers Liquidation Act, OKLA. STAT. tit. 36, § 1901, *et seq.* ("OUILA"), hereby requests the Court to enter the following Orders in furtherance of the Receiver's administration and liquidation of the Go Insurance estate:

- A. Order approving the Receiver's (a) Notice of Liquidation, Permanent Injunction and Deadline for filing Proof of Claim, and (b) Form of Proof of Claim and Instructions;
- B. Order approving the Receiver's claims reporting and evaluation plan as set forth herein.

In support, the Receiver advises the Court as follows:

1. By Order filed March 8, 2024 ("Order of Liquidation with Finding of Insolvency), the Court directed the Receiver to proceed with liquidating Go Insurance.

The Court further set a claims filing bar date of 180 days after the Order of Liquidation was filed (September 4, 2024), and directed the Receiver to notify all persons who may have claims against Go Insurance of the claims filing deadline in a form approved by the Court.

2. Pursuant to OKLA. STAT. tit. 36, § 1918, regarding claimants' proofs of claim against the receivership estate, the Receiver hereby submits the proposed Notice of Liquidation and Deadline for Filing Proof of Claim to be sent to potential claimants (Exhibit A); Proof of Claim and Instruction Form (Exhibit B). The Receiver believes these forms are in compliance with this Court's Orders and the OUILA, as applicable, and requests Court approval of the form of these documents.

3. In addition to the forms, the Receiver requests the Court's approval of the manner of the Notices, as set out therein (Exhibit A). Specifically, directing claimants to the Oklahoma Receivership Office, Inc. website to obtain a proof of claim form, or in the event they do not have Internet access, to contact the Oklahoma Receivership Office to request said form. Pursuant to OKLA. STAT. tit. 36, § 1930, notice to claimants "shall be given in a manner determined by the Court" and the Receiver believes said process to be appropriate.

4. OKLA. STAT. tit. 36, § 1918, provides that the Court may set a time period within which the Receiver shall report claims filed with the Receiver and to advise the Court of the Receiver's recommendation and evaluation of the claims. The Receiver requests approval of the following claims reporting and evaluation schedule:

<u>Deadline</u>	<u>Activity to Occur On or After Deadline</u>
9/04/24	Claims filing deadline.
11/04/24	Receiver's Report on Timely-Filed Claims due.

1/06/25

Receiver's First Claims Evaluation and Request for Confirmation due (on claims due to be adjudicated). Receiver's Supplemental Claims Evaluations and Requests for Confirmation (on subsequently evaluated claims ready to be adjudicated) will be submitted within every six (6) months thereafter, beginning with 7/07/25, or earlier if practicable.

5. The Receiver recommends and requests approval from the Court that the above-detailed notification to potential claimants and proof of claims process satisfies any and all due process requirements as contemplated by the OUILA and under the circumstances of this receivership proceeding. *See, e.g., State ex rel. Crawford v. Indemnity Underwriters Ins. Co.*, 1997 OK CIV APP 37, 943 P.2d 167, 170. (In the special and equitable context of insurer liquidation proceedings under the OUILA, "[t]he essential elements of 'due process,' as presently understood and applied, require only that a [claimant] be given notice and an opportunity to be heard in an orderly manner in a proper forum.").

CONCLUSION

WHEREFORE, pursuant to OKLA. STAT. tit. 36, §§ 1918 and 1930 and the Court's Order of Liquidation, the Receiver respectfully requests the Court to enter the following Orders in conjunction with the administration and liquidation of this receivership estate:

- A. Order approving the Receiver's (a) Notice of Liquidation, Permanent Injunction and Deadline for filing Proof of Claim, and (b) Form of Proof of Claim and Instructions;
- B. Order approving the Receiver's claims reporting and evaluation plan as set forth herein.

Respectfully submitted,



Robert A. Nance, OBA No. 6581

George M. Emerson, OBA No. 13159

RIGGS, ABNEY, NEAL, TURPEN,

ORBISON & LEWIS

528 NW 12th Street
Oklahoma City, OK 73103
(405) 843-9909
(405) 842-2913 facsimile
mance@riggsabney.com
gemerson@riggsabney.com
ATTORNEYS FOR RECEIVER

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

You are hereby notified that on March 19, 2024, the Receiver filed the Receiver's Combined Application for Approval of Notice of Liquidation, and Form of Proof of Claim and Instructions, and Application for Approval of Receiver's Claims Reporting and Evaluation Plan ("Application"). If you want to present an objection to the Application, you may do so by filing a written objection with the District Court Clerk for Oklahoma County, Oklahoma on or before April 2, 2024.

The Application is set for hearing on April 18, 2024 at 11:00 ~~9~~ a.m. at the Oklahoma County Courthouse, 321 Park Avenue, Room 712, Oklahoma City, Oklahoma before the Honorable Judge Sheila Stinson. The purpose of the hearing is to allow the Court to fully consider the matters for which the Application 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 Application are timely filed, the Court may cancel the

hearing and enter an Order approving the Application without a hearing.

CERTIFICATE OF SERVICE

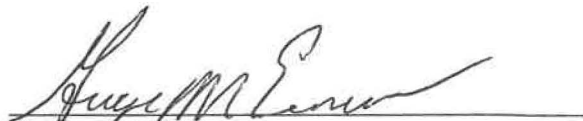
I hereby certify that on the 19th day of March, 2024, a true and correct copy of the foregoing instrument was emailed to:

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

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

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

J. Angela Ables
Kerr, Irvine, Rhodes, & Ables
aables@kiralaw.com


George M. Emerson

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

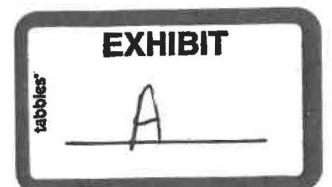
STATE OF OKLAHOMA, ex rel.)	
GLEN MULREADY, Insurance)	
Commissioner,)	
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Plaintiff,)	
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v.)	Case No. CJ-2023-6377
)	
GO INSURANCE COMPANY, fka)	
PEACHTREE CASUALTY)	
INSURANCE COMPANY, a licensed)	
property and casualty insurer in the)	
State of Oklahoma,)	
)	
Defendant.)	

**NOTICE OF LIQUIDATION, PERMANENT INJUNCTION
AND DEADLINE FOR FILING PROOF OF CLAIM**

Notice is given that upon the Petition of Glen Mulready, Insurance Commissioner, as Receiver for Go Insurance Company and the Application for Order of Receivership, and Order of Liquidation with Finding of Insolvency, the District Court of Oklahoma County, Oklahoma, placed Go Insurance Company f/k/a Peachtree Casualty Insurance Company (“Go Insurance”) into receivership and ordered the liquidation of Go Insurance Company on March 8, 2024.

In the Liquidation Order, the Court:

1. Enjoined and precluded Go Insurance from conducting any further business;
2. Appointed Glen Mulready, Insurance Commissioner, as Receiver of Go Insurance;
3. Appointed Donna Wilson as Assistant Receiver for the Company,
4. Appointed the law firm of Riggs, Abney, Neal, Turpen, Orbison & Lewis, as Counsel for the Receiver,



5. Ordered the assignment and vesting of title as well as the possession of all of Go Insurance's assets in the Receiver.
6. Ordered the Receiver to liquidate Go Insurance.
7. Terminated all policies of Go Insurance no later than April 8, 2024.

Additionally, the Court ordered that policyholders, claimants and creditors having claims against Go Insurance must file a proof of claim, together with proof of loss with the Assistant Receiver no later than September 4, 2024. Proof of Claim forms received after September 4, 2024 will lose their statutory priority and may not receive a distribution of assets.

To obtain a proof of claim form, visit the Oklahoma Receivership Office, Inc., website (www.okaro.org) where the form is available. If you do not have access to the website and need to request a form or have any questions, you may contact the Oklahoma Receivership Office, Inc., at the address and phone number shown below.

Oklahoma Receivership Office, Inc.
3613 N.W. 56th, Suite 330
Oklahoma City, Oklahoma 73112
Telephone: (405) 595-0913

Robert A. Nance, OBA No. 6581
George M. Emerson, OBA No. 13159
RIGGS, ABNEY, NEAL, TURPEN
ORBISON & LEWIS
528 NW 12th Street
Oklahoma City, Oklahoma 73103
Telephone: (405) 843-9909
Facsimile: (405) 842-2913
rnance@riggsabney.com
gemerson@riggsabney.com
ATTORNEY FOR PLAINTIFF
STATE OF OKLAHOMA, EX. REL.
GLEN MULREADY, INSURANCE
COMMISSIONER, AS RECEIVER OF
GO INSURANCE COMPANY

GO INSURANCE COMPANY
f/k/a Peachtree Casualty Insurance Company
 (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-2023-6377

PLEASE READ INSTRUCTIONS CAREFULLY. DEADLINE FOR FILING PROOF OF CLAIM IS SEPTEMBER 4, 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: _____ _____ _____

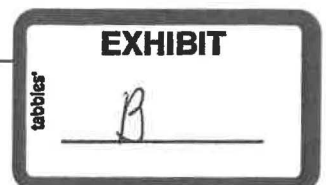
- PART 3 a.** Have you received any payments on the claim which is the subject of this Proof of Claim from any source? _____ If yes, specify the total amount received: \$ _____ And identify all sources: _____
- b.** Do you owe any money to the Company? _____ If yes, specify the amount: \$ _____ And reason: _____
- 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. 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.
2. 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.
3. You must attach to the Proof of Claim documents or evidence supporting your proof of loss.
4. 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.
5. 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.
6. 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.
7. All Proofs of Claim must be postmarked no later than **September 4, 2024**. The Receiver is not responsible for undelivered mail. To protect your claim, the Receiver recommends certified mail.
8. The Receiver suggests you keep a copy of the completed Proof of Claim for your records.
9. A copy of the Proof of Claim form should be attached to all future correspondence to the Assistant Receiver.
10. 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.
11. Return your completed form to: Go Insurance Company
3613 NW 56TH, Suite 330
Oklahoma City, OK 73112
12. If you have any questions about the Proof of Claim procedure, you may call (405) 595-0913.

Allowance Procedures

13. 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.
14. 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.
15. 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.