

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

JUL 24 2017

STATE OF OKLAHOMA, ex rel. JOHN D.
DOAK, Insurance Commissioner,)

RICK WARREN
COURT CLERK

Plaintiffs,)

73 _____

-vs-)

Case No. CJ-2017-3547

Judge Timmons

SENIORSURE HEALTH PLANS, INC.,)
a licensed special purpose captive insurer in)
the State of Oklahoma,)

Defendants.)

**RECEIVER'S COMBINED MOTION FOR APPROVAL OF (A) NOTICE OF
LIQUIDATION AND DEADLINE FOR FILING PROOF OF CLAIM, (B) FORM OF
PROOF OF CLAIM AND INSTRUCTIONS, (C) FORM OF UNCONDITIONAL
ASSIGNMENT AND MOTION FOR APPROVAL OF RECEIVER'S
CLAIMS REPORTING AND EVALUATION PLAN**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, as statutory Receiver for SeniorSure Health Plans, Inc. ("Receiver") and, pursuant to the Oklahoma Uniform Insurers Liquidation Act, OKLA. STAT. tit. 36, §1901 *et seq.* ("OUILA") and in furtherance of the Receiver's administration and liquidation of the SeniorSure Health Plans, Inc. ("SeniorSure") estate, hereby moves the Court to enter an Order that:

A. approves the Receiver's (a) Notice of Liquidation, Permanent Injunction and Deadline for filing Proof of Claim, (b) Form of Proof of Claim and Instructions and (c) Form of Unconditional Assignment.

B. approves the Receiver's claims reporting and evaluation plan as set forth herein.

In support of this Combined Motion, the Receiver states as follows:

1. Pursuant to this Court's "Agreed Order Placing Captive Insurer Into Receivership, Appointing Receiver, Permanent Injunction and Order for Liquidation" entered on June 30, 2017 (the "Receivership Order"), the Court directed the Receiver to proceed with the liquidation of

SeniorSure.

2. Pursuant to 36 O.S. §1918, which governs proofs of claim submitted by prospective claimants 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) and Unconditional Assignment (Exhibit C). The Receiver submits that these forms are in compliance with the Order and OUILA, as applicable, and seeks Court approval for the forms contained in the attached Exhibits. The Receiver further submits that the provision of notice to prospective claimants contained in Exhibit A is both reasonable and appropriate.

3. 36 O.S. §1918 further provides that the Court may set a time period within which the Receiver shall report claims submitted with the Receiver and shall advise the Court of the Receiver's recommendation and evaluation of those claims. The Receiver accordingly seeks approval of the following claims reporting and evaluation schedule:

<u>Deadline</u>	<u>Activity to Occur On or Before Deadline:</u>
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10/27/2017	Claims filing deadline.
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12/27/2017	Receiver's Report on Timely-Filed Claims to be filed.
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04/27/2018	Receiver's First Claims Evaluations and Request for Confirmation to be filed (on claims ready for adjudication). Receiver is to submit supplemental Claims Evaluations and Requests for Confirmation not later than every six (6) months thereafter beginning on 10/27/2018, or earlier if practicable.
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4. The Receiver submits that the notification and proof of claims process sought for approval herein satisfies any and all due process requirements as contemplated by OUILA and other applicable law. *See 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 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, for the reasons stated herein, the Receiver respectfully moves the Court to enter an Order that:

- A. approves the Receiver’s (a) Notice of Liquidation, Permanent Injunction and Deadline for filing Proof of Claim, (b) Form of Proof of Claim and Instructions and (c) Form of Unconditional Assignment;
- B. approves the Receiver’s claims reporting and evaluation schedule as set forth herein.

Respectfully submitted,



Ryan Leonard, OBA # 19155
Robert Edinger, OBA # 2619
Jason A. Reese, OBA # 20813
EDINGER, LEONARD & BLAKLEY, PLLC
100 Park Avenue Building, Suite 500
Oklahoma City, OK 73102
(405) 702-9900 phone
(405) 605-8381 facsimile
rleonard@leonardlaw.net
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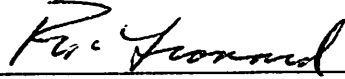
**ATTORNEYS FOR THE STATE OF
OKLAHOMA, EX. REL. JOHN DOAK,
INSURANCE COMMISSIONER FOR
THE STATE OF OKLAHOMA**

CERTIFICATE OF MAILING

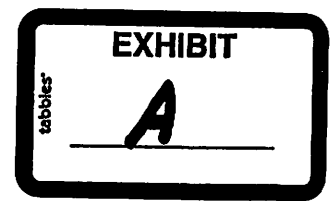
I hereby certify that on July 24th, 2017, this document mailed first class, U.S. Mail, to:

Mr. Dominick L. Lanzito
Peterson, Johnson & Murray Chicago, LLC
200 West Adams Street, Suite 2125
Chicago, IL 60606

Mr. George Gibbs
601 S. Boulder
Suite 500
Tulsa, OK 74119



Ryan Leonard



IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.
DOAK, Insurance Commissioner,

Plaintiffs,

-vs-

SENIORSURE HEALTH PLANS, INC.,
a licensed special purpose captive insurer in
the State of Oklahoma,

Defendants.

Case No. CJ-2017-3547
Judge Timmons

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

Notice is hereby given that, pursuant to the “Agreed Order Placing Captive Insurer Into Receivership, Appointing Receiver, Permanent Injunction and Order for Liquidation” (“Liquidation Order”) entered by this Court on June 30, 2017, the District Court of Oklahoma County, Oklahoma, placed SeniorSure Health Plans, Inc. (“SeniorSure”) into receivership and ordered its liquidation. John D. Doak, Insurance Commissioner for the State of Oklahoma, has been appointed as Receiver for SeniorSure. This Liquidation Order further:

1. Enjoins and precludes SeniorSure from conducting any further business;
2. Appoints Donna Wilson as Assistant Receiver for the company;
3. Appoints the law firm of Edinger, Leonard & Blakley, PLLC, as Counsel for the Receiver.
4. Orders the assignment and vesting of title as well as the possession of all of SeniorSure’s assets in the Receiver.

Additionally, the Court established a deadline of October 27, 2017, for policyholders, claimants and creditors of SeniorSure to submit a proof of claim with the Assistant Receiver.

Proofs of Claim forms submitted after October 27, 2017, will not be entitled any statutory priority to which they may otherwise be entitled and may cause a claimant to not receive a distribution of assets to which it may otherwise be entitled.

A Proof of Claim form may be downloaded from the website www.okaro.org. Additionally, a Proof of Claim form may be obtained by contacting the Oklahoma Receivership Office, Inc. by telephone or mail at the following address:

Oklahoma Receivership Office, Inc.
3613 N.W. 56th, Suite 330
Oklahoma City, Oklahoma 73112
Telephone: (405) 947-0022
Facsimile: (405) 947-0046

Additional inquiries may be directed to Donna Wilson, Assistant Receiver for SeniorSure, at the address of the Oklahoma Receivership Office, Inc.

Ryan Leonard, OBA # 19155
Robert Edinger, OBA # 2619
Jason A. Reese, OBA # 20813
EDINGER, LEONARD & BLAKLEY, PLLC
100 Park Avenue Building, Suite 500
Oklahoma City, OK 73102
(405) 702-9900 phone
(405) 605-8381 facsimile
rleonard@leonardlaw.net
redinger@elbattorneys.com
jreese@elbattorneys.com
ATTORNEYS FOR THE STATE OF
OKLAHOMA, EX. REL. JOHN DOAK,
INSURANCE COMMISSIONER FOR
THE STATE OF OKLAHOMA

SENIORSURE HEALTH PLANS, 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-2017-3547

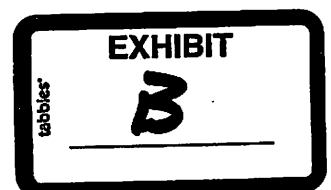
PLEASE READ INSTRUCTIONS CAREFULLY. DEADLINE FOR FILING PROOF OF CLAIM IS OCTOBER 27, 2017.

PART 1 Person Making Claim (Claimant)	
Name _____ Mailing Address _____ City, State Zip Code _____ Policy Number _____	Claimant's Telephone Number: Home _____ Claimant's Telephone Number: Work _____ Claimant's SSN or Federal Tax ID _____
Are you represented? _____ State attorney's name, address and telephone number: _____ _____	

PART 2 Claim Information			
a. Insured's Name: _____			
b. Type of Claim <input type="checkbox"/> Policy Claim <input type="checkbox"/> Reinsurance <input type="checkbox"/> Other _____	c. Amount of Claim \$ _____ \$ _____ \$ _____	d. Describe claim: _____ _____ e. Name and address of parties, other than the Company, who may have any responsibility for the claim: _____ _____ _____	
TOTAL \$ _____			

- 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: _____

THE AFFIRMATION ON THE REVERSE SIDE MUST BE COMPLETED.



PLEASE READ INSTRUCTIONS CAREFULLY. THE REVERSE SIDE MUST BE COMPLETED.

**PROOF OF CLAIM
SENIORSURE HEALTH PLANS, INC.
In Receivership (the "Company")**

District Court of Oklahoma County, State of Oklahoma; Case No. CJ-2017-3547

AFFIRMATION

State of _____)
County of _____) ss:

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 in total amount of \$ _____ 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; that no payment of or on account of the aforesaid claim has been received except as above stated; and that there are no set offs or counterclaims thereto except as above stated.

Claimant (signature)

Title or Official Capacity (if any)

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

Notary Public

Commission No.: _____

My Commission Expires: _____

IMPORTANT NOTICES

- A. Proof of Claim must be properly signed and sworn to before a Notary Public or person authorized to administer oaths.
- B. Deadline for filing Proof of Claims is **OCTOBER 27, 2017.**
- C. **If you have a change of address, you are required to inform the Receiver of the new address in order to receive any payment that might be due.**
- D. Return your completed form to: DONNA L. WILSON, CIR-ML
ASSISTANT RECEIVER
SENIORSURE HEALTH PLANS, INC.
3613 NW 56TH, SUITE 330
OKLAHOMA CITY, OK 73107

PROOF OF CLAIM INSTRUCTIONS

General

1. The Proof of Claim must be typed or legibly printed in ink.
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. Your Proof of Claim may be returned to you if any items are left blank. Please review the entire form for completion prior to mailing.
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. **FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM IS GROUNDS FOR DENIAL OF THE CLAIM.**
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 and in any accompanying statement and supporting documents.
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 address reflected in paragraph 14. Unconditional Assignment forms can be downloaded by selecting SeniorSure Health Plans, Inc from www.okaro.org.
8. All Proofs of Claim must be sworn to before a notary public or person authorized to administer oaths.
9. All Proofs of Claim must be postmarked no later than **October 27, 2017**. The Receiver is not responsible for undelivered mail. To protect your claim, the Receiver recommends certified mail.
10. The Receiver suggests you keep a copy of the completed Proof of Claim for your records.
11. All future correspondence, amendments, or attachments must include the Policy Number from the front of the Proof of Claim form to ensure proper identification. For a claim for other than policy benefits, a copy of the Proof of Claim form should be attached to the correspondence.
12. The Receiver may, at his/her 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 concerning the possible loss of priority.
13. Mail your completed Proof of Claim and supporting documentation to Donna L. Wilson, CIR-ML Assistant Receiver, SeniorSure Health Plans, Inc., 3613 NW 56th, Suite 330, Oklahoma City, OK 73112. Telefaxes of Proof of Claims and supporting documentation will not be accepted.
14. If you have any questions concerning the Proof of Claim procedure, you may contact the Oklahoma Receivership Office, Inc. at (405) 947-0022.

Part 1

15. State the name and address of party completing Proof of Claim.
16. List the SSN or Federal Tax ID and telephone numbers for party completing the Proof of Claim.

INSTRUCTIONS CONTINUED ON REVERSE SIDE

INSTRUCTIONS CONTINUED FROM REVERSE SIDE

Part 1 (continued)

17. If the party completing the Proof of Claim is represented, you must state the attorney's name, address and telephone number.

Part 2

18. Indicate the type of claim you are submitting and the amount of your claim. If the claim is contingent or unliquidated, indicate the amount of claim as "undetermined".

19. You must indicate the total amount due to you. If claim is contingent or unliquidated, indicate the amount of claim as "undetermined".

20. If there are any other persons, insurance coverage, health plans, or other entities who may have any responsibility for your claim, identify as completely as possible such persons(s) or entity(ies) in Part 2(e).

Part 3

21. If you have received any payments from any source relating to your claim, you must identify the source in Part 3(a).

22. If you owe the company any money, whether related to this claim or not, you must identify the reason in Part 3(b).

23. A "secured claim" is one for which you hold an interest in Company property as collateral for such claim. If you assert your claim is secured by any assets or property of the Company, you must attach all documents evidencing your security interest.

24. If your claim is the subject of legal action, you must specify the Court, case number and parties and their attorneys in Part 3(d).

25. If all or any portion of your claim is contingent or unliquidated (for example, the amount of your claim can not yet be determined), you must answer yes to the first portion of Part 3(e) and provide a brief explanation why your claim is contingent or unliquidated in any respect.

Affirmation

26. You must insert the total amount of your claim as indicated in Part 2(c) in the affirmation. If your claim is contingent or unliquidated, indicate the amount of claim as "undetermined".

27. You are signing the Proof of Claim under penalties of perjury. Please read the affirmation carefully before signing the Proof of Claim.

Allowance Procedures

28. Within such period as the Court may establish, the Receiver will prepare and file a report setting forth the amount and Receiver's recommendation with respect to each Proof of Claim.

29. 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.

30. 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.



SENIORSURE HEALTH PLANS, INC., in Receivership
3613 NW 56, Suite 330
Oklahoma City, Oklahoma 73112

UNCONDITIONAL ASSIGNMENT

In consideration of \$1.00 and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, _____, hereinafter referred to as "Claimant", does hereby grant, bargain, sell, convey and unconditionally assign to _____, hereinafter referred to as "Agent", all of his right, title, and interest in and to Claimant's claim against SeniorSure Health Plans, Inc. in Receivership, and claimant does hereby authorize the Receiver to deal directly with the Agent in this matter, and the Receiver is hereby relieved of any and all duties to deal with Claimant relative to this claim, and the Receiver may deal with the Agent in all matters relating to this claim.

Claimant

STATE OF _____)
) SS.
COUNTY OF _____)

This instrument was acknowledged before me on this ____ day of _____, 20____ by _____.

Notary Public

(S E A L)

Commission Expires: _____
Commission No.: _____