

FILED
Clerk of District Court
MAY 16 2022

ANGIE SPARKS, Clerk
By ~~SHARON G KNAPP~~

**MONTANA FIRST JUDICIAL DISTRICT COURT
LEWIS AND CLARK COUNTY**

IN THE MATTER OF THE
LIQUIDATION OF MONTANA
NONPROFIT ASSOCIATION GROUP
BENEFIT TRUST, a Self-Funded
Multiple Employer Welfare
Arrangement,

Respondent.

Case No. BDV-2020-1853

**ORDER APPROVING FIRST CLAIMS
REPORT & RECOMMENDATION OF
LIQUIDATOR**

This matter comes before the Court pursuant to the Liquidator's First Claims Report, Recommendation & Application for Order Approving Same ("the Application") filed in accordance with Montana Code Ann. § 33-2-1372. Attached as Exhibit A to the Application is a schedule containing the names and addresses of all claimants and recommended amounts to be paid on each claim, as well as the priority class of each claim. Also, attached to the Application is a detailed Affidavit of the Special Deputy Liquidator filed in support of the Application. It is appearing that the recommendations are in the interests of all claimants and other creditors in this matter, the Application is hereby approved, with actual distributions to be determined at a later time in accordance with Montana Code Ann. § 33-2-1373.

IT IS THEREFORE ORDERED that pursuant to Montana Code Ann. §§ 33-2-1301., the First Claims Report and Recommendation is APPROVED.

IT IS FURTHER ORDERED that if any additional factors hereafter come to the attention of the Liquidator or his Special Deputy that may require modification, the Liquidator shall promptly file an application to modify these claims.

Dated this 16 day of May, 2022.

MICHAEL F MCMAHON

District Court Judge
First Judicial District

MARK MATTIOLI

Commissioner of Securities & Insurance,
Office of the Montana State Auditor
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Helena, MT 59601
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Counsel for the Commissioner of Securities and Insurance

**MONTANA FIRST JUDICIAL DISTRICT COURT
LEWIS AND CLARK COUNTY**

IN THE MATTER OF THE
LIQUIDATION OF MONTANA
NONPROFIT ASSOCIATION GROUP
BENEFIT TRUST, a Self-Funded
Multiple Employer Welfare
Arrangement,

Respondent.

Case No. BDV-2020-1853

**LIQUIDATOR'S FIRST CLAIMS
REPORT, RECOMMENDATION &
APPLICATION FOR ORDER
APPROVING SAME**

Comes now Troy Downing, as Liquidator of the above-captioned health plan (MNAGBT), by and through the undersigned counsel, files herewith his First Claims Report, applies to the Court for an Order approving the Liquidator's undisputed claim determinations specified herein and recommends approval thereof.

This application is made pursuant to the Montana Insurers Supervision, Rehabilitation and Liquidation Act, Montana Code Ann. §§ 33-2-1301 et seq., specifically, Montana Code Ann. § 33-2-1372 wherein the Liquidator is required to review all claims duly filed in the liquidation proceedings, make such further investigation as he deems necessary, and submit a claims report to the Court containing his claim recommendations.

In support of his report, recommendation and application, the Liquidator would respectfully show the following:

Between the entry of the Order of Liquidation on November 5, 2020, and March 1, 2021, the latter being the Claims Bar Date, the Liquidator issued one thousand seven hundred and eighty-six (1,786) Notices of Liquidation and Proof of Claim (POC) forms, with instructions to policyholders, third-party claimants, and other potential claimants and/or creditors of MNAGBT.

On December 18, 2020, notice of the liquidation was published in The Billings Gazette, informing interested parties of the liquidation proceedings, and including contact information and instructions for the timely filing of a claim.

On or before the Bar Date of March 1, 2021, the Liquidator received two hundred fifty-one (251) timely-filed POCs. The Liquidator also received twenty-two (22) late-filed claims. Ninety-six (96) claims have now been completely adjudicated. All remaining POCs received, totaling one hundred seventy-seven (177), remain under evaluation.

Attached hereto as Exhibit A and incorporated herein is a Schedule listing the names and addresses of these ninety-six (96) claimants holding a priority class 2 claim as defined by Montana Code Ann. § 33-2-1371, the POC number assigned by the Liquidator and the valuation of the claim proposed by the Liquidator.

In further support of this report, recommendation and application, the Liquidator has attached as Exhibit B, the affidavit of Michael J. FitzGibbons, Special Deputy Liquidator.

WHEREFORE, the Liquidator prays the Court issue an Order approving this First Claims Report and claim recommendations, with the actual distribution to be determined at the appropriate time in accordance with Montana Code Ann. §§ 33-2-1371 & 1373, as well as such other relief as the Court deems just and proper.

DATED this 12th day of May, 2022.



MARK MATTIOLI

*Counsel for Commissioner of Securities & Insurance
Office of the Montana State Auditor*

Exhibit A

Montana Nonprofit Association Group Benefit Trust in Liquidation
First Claims Report
Exhibit A

POC No.	Claimant Name	Contact	Address 1	Address 2	City	State	Zip	Class Code	Claim Amount	Liquidator's Recommended Amount
100050	Ashleigh Alger		1048 Mortise Loop		Helena	MT	59602	2	1,800.00	809.56
100183	Shawna Bennett		3487 Birkland Dr.		Helena	MT	59602	2	115.00	108.69
100267	Ronald W. Tharp, MD		1283 N. 14th Ave., Ste. 202		Bozeman	MT	59715	2	3,048.42	3,048.42
100266	Benjamin Sickler, MD		2900 12th Ave. N., Ste. 205W		Billings	MT	59101	2	780.00	780.00
100003	Dr. Michael Monson		1221 Dewey Blvd		Butte	MT	59701	2	68.38	68.38
100004	Helena SurgiCenter	Attn: Karol Featherstow	2440 Winne Ave		Helena	MT	59601	2	9,599.55	5,797.97
100005	North Valley Hospital	Attn: Janna Standon	1600 Hospital Way		Whitefish	MT	59937	2	389.39	265.08
100233	Pintler Family Medicine	Attn: Alice Cortright	305 W Pennsylvania Ave		Anaconda	MT	59711	2	127.20	69.48
100232	Community Hospital of Anaconda	Attn: Alice Cortright	401 W Pennsylvania Ave		Anaconda	MT	59711	2	572.40	515.16
100230	Pintler Family Medicine	Attn: Alice Cortright	305 W Pennsylvania Ave		Anaconda	MT	59711	2	315.30	283.77
100229	Pintler Family Medicine	Attn: Alice Cortright	305 W Pennsylvania Ave		Anaconda	MT	59711	2	127.20	114.48
100226	Pintler Family Medicine	Attn: Alice Cortright	305 W Pennsylvania Ave		Anaconda	MT	59711	2	659.50	448.11
100225	Pintler Family Medicine	Attn: Alice Cortright	305 W Pennsylvania Ave		Anaconda	MT	59711	2	212.20	145.98
100224	Southwest MT Clinic	Attn: Alice Cortright	401 S Alabama		Butte	MT	59701	2	978.60	841.61
100223	Community Hospital of Anaconda	Attn: Alice Cortright	401 W Pennsylvania Ave		Anaconda	MT	59711	2	25,735.17	21,025.19
100222	Southwest Mont Clinic	Attn: Alice Cortright	401 S Alabama		Butte	MT	59701	2	127.20	114.48
100015	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	349.00	125.52
100016	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	24,413.58	20,323.64
100017	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	11,819.34	7,719.56
100018	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	216.00	114.90
100019	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	216.00	114.90
100020	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	216.00	114.90
100221	Community Hospital of Anaconda	Attn: Alice Cortright	401 W Pennsylvania Ave		Anaconda	MT	59711	2	681.20	613.20
100220	Pintler Family Medicine	Attn: Alice Cortright	305 W Pennsylvania Ave		Anaconda	MT	59711	2	212.20	190.98
100023	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	60.00	14.55
100024	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	450.00	260.75
100025	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	1,004.00	780.24
100219	Southwest MT Clinic	Attn: Alice Cortright	401 S Alabama		Butte	MT	59701	2	212.20	72.65
100027	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	246.00	133.20
100028	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	246.00	133.20
100029	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	531.00	297.93
100030	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	246.00	133.20
100218	Pintler Family Medicine	Attn: Alice Cortright	305 W Pennsylvania Ave		Anaconda	MT	59711	2	58.90	53.01
100032	Deer Lodge Medical Center	c/o Tony Pfaff	1100 Hollenback Lane		Deer Lodge	MT	59722	2	246.00	133.20
100217	Community Hospital of Anaconda	Attn: Alice Cortright	401 W Pennsylvania Ave		Anaconda	MT	59711	2	206.00	140.40
100215	Southwest MT Clinic	Attn: Alice Cortright	401 S Alabama		Butte	MT	59701	2	266.20	239.58
100035	Montana Surgery Center	c/o Krista Purcell	3116 Saddle Drive Suite 2		Helena	MT	59601	2	23,666.60	5,456.86
100214	Pintler Surgical Specialists	Attn: Alice Cortright	305 W Pennsylvania Ave		Anaconda	MT	59711	2	11,281.30	4,375.88
100213	Planned Parenthood of Montana	Attn: Gwen Armstrong	1116 Grand Ave., Ste. 201		Billings	MT	59102	2	569.00	420.37
100205	Community Hospital of Anaconda	Attn: Alice Cortright	401 W Pennsylvania Ave		Anaconda	MT	59711	2	512.10	460.89
100202	Western Montana Clinic	Attn: Carol Knutson	PO Box 7609		Missoula	MT	59807	2	109.00	97.00
100197	Billings Clinic	c/o George Kimmet	PO Box 37000		Billings	MT	59107	2	846.00	279.44
100196	Billings Clinic	c/o George Kimmet	PO Box 37000		Billings	MT	59107	2	10,063.00	2,137.57
100042	Big Sky Managed Care	Attn: Jodi R. Donnelly	900 13th Ave. S.		Great Falls	MT	59405	2	475.00	217.45
100043	Sleep Diagnostics Inc	c/o Shelley Schiavon	900 N Montana Ave A-9		Helena	MT	59601	2	1,800.00	918.00

Montana Nonprofit Association Group Benefit Trust in Liquidation
First Claims Reprt
Exhibit A

POC No.	Claimant Name	Contact	Address 1	Address 2	City	State	Zip	Class Code	Claim Amount	Liquidator's Recommended Amount
100195	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	480.00	63.16
100045	Aspire Fitness Physical Therapy	Attn: Brenda Mahlum	945 Wyoming St., #135		Missoula	MT	59801	2	208.00	142.64
100194	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	13.00	4.32
100047	Alpine Women's Center	c/o Leslie Carpenter	2002 Hospital Way		Whitefish	MT	59937	2	225.00	196.38
100193	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	169.00	83.30
100049	Missoula Surgical Associates	c/o Louis Kattine, MD	PO BOX 7817		Missoula	MT	59807	2	1,933.00	1,470.19
100191	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	248.00	175.95
100190	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	248.00	175.95
100189	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	248.00	175.95
100188	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	248.00	165.95
100187	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	53.00	47.90
100186	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	13.00	4.32
100185	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	374.00	129.88
100058	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	398.00	159.84
100059	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	149.50	87.20
100060	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	269.50	133.79
100061	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	640.75	272.32
100184	Billings Clinic	c/o George Kimmert	PO Box 37000		Billings	MT	59107	2	63.25	22.28
100176	Stephanie Reichhardt, MSW, LCSW		690 S. Excelsior Ave.		Butte	MT	59701	2	248.00	175.95
100175	Stephanie Reichhardt, MSW, LCSW		690 S. Excelsior Ave.		Butte	MT	59701	2	125.00	85.00
100174	Stephanie Reichhardt, MSW, LCSW		690 S. Excelsior Ave.		Butte	MT	59701	2	125.00	85.00
100067	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	125.00	85.00
100068	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	23.25	10.55
100173	Stephanie Reichhardt, MSW, LCSW		690 S. Excelsior Ave.		Butte	MT	59701	2	246.00	133.79
100151	Yellowstone Health & Rehab	Attn: Kimberly Nicholson	PO Box 5718		Kalispell	MT	59903	2	110.00	63.50
100071	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	905.00	50.58
100072	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	298.50	5.10
100073	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	94.75	61.73
100150	Western Montana Clinic	Attn: Carol Knutson	PO Box 7609		Missoula	MT	59807	2	248.50	106.48
100075	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	158.25	128.96
100076	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	248.50	178.20
100077	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	398.75	258.00
100148	Western Montana Clinic	Attn: Carol Knutson	PO Box 7609		Missoula	MT	59807	2	19.50	14.07
100147	Western Montana Clinic	Attn: Carol Knutson	PO Box 7609		Missoula	MT	59807	2	312.00	280.20
100080	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	132.00	90.76
100081	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	290.75	211.03
100082	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	255.00	159.34
100144	Western Montana Clinic	Attn: Carol Knutson	PO Box 7609		Missoula	MT	59807	2	19.50	7.04
100143	Western Montana Clinic	Attn: Carol Knutson	PO Box 7609		Missoula	MT	59807	2	132.00	85.76
100142	Western Montana Clinic	Attn: Carol Knutson	PO Box 7609		Missoula	MT	59807	2	297.00	242.58
100138	Western Montana Clinic	Attn: Carol Knutson	PO Box 7609		Missoula	MT	59807	2	132.00	85.76
100134	MRI Center	Attn: Janet Shipley	P.O. Box 875		Helena	MT	59624	2	157.34	140.68
100133	Copper City Radiology	Attn: Janet Shipley	P.O. Box 1160		Helena	MT	59625	2	550.62	326.61
100089	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	176.00	126.08
100090	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	46.85	7.62
									63.00	48.07

Montana Nonprofit Association Group Benefit Trust in Liquidation
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POC No.	Claimant Name	Contact	Address 1	Address 2	City	State	Zip	Class Code	Claim Amount	Liquidator's Recommended Amount
100091	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	171.25	102.65
100119	St Vincent Healthcare		PO Box 912593		Denver	CO	80291	2	1,555.45	629.64
100111	St James Healthcare		PO Box 912593		Denver	CO	80291	2	199,951.77	77,678.30
100101	St Vincent Healthcare		PO Box 912593		Denver	CO	80291	2	2,860.66	364.44
100095	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	248.50	133.20
100096	SCL Health	Attn: Danielle Stowell	PO Box 912596		Denver	CO	80291	2	63.25	44.55
TOTAL									352,395.07	166,050.92

Exhibit B

MARK MATTIOLI

Commissioner of Securities & Insurance,
Office of the Montana State Auditor
840 Helena Avenue
Helena, MT 59601
Phone: (406) 444-2040
Fax: (406) 444-3497
Email: Mark.Mattioli@mt.gov

Counsel for the Commissioner of Securities and Insurance

**MONTANA FIRST JUDICIAL DISTRICT COURT
LEWIS AND CLARK COUNTY**

IN THE MATTER OF THE
LIQUIDATION OF MONTANA
NONPROFIT ASSOCIATION GROUP
BENEFIT TRUST, a Self-Funded
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Arrangement,

Respondent.

Case No. BDV-2020-1853

**AFFIDAVIT OF MICHAEL J.
FITZGIBBONS IN SUPPORT OF
LIQUIDATOR'S FIRST CLAIMS
REPORT, RECOMMENDATION &
APPLICATION FOR ORDER
APPROVING SAME**

Michael J. FitzGibbons, being first duly sworn, deposes and says as follows:

1. I am the Special Deputy Liquidator of Montana Nonprofit Association Group Benefit Trust (MNAGBT). I was appointed to my position by the then Liquidator, Matthew M. Rosendale, Commissioner of Securities and Insurance, Montana State Auditor and am continuing as Special Deputy Liquidator under the current Liquidator, Troy Downing.
2. I am over 21 years of age and suffer no legal disability.
3. By virtue of my appointment as Special Deputy Liquidator, I have been actively and personally involved in the liquidation of MNAGBT at all times since it was placed into liquidation, including the matters addressed in this Affidavit. My

responsibilities as the Special Deputy Liquidator include supervision and oversight of and direct involvement in the liquidation process. I am familiar with the claims process and with the claims that have been filed. Therefore, I have personal knowledge of the matters addressed in this Affidavit.

4. The claims process has included the following components, each and every one of which has been followed:

a. Notice of MNAGBT's liquidation was given in accordance with Montana Code Ann. § 33-2-1346 (1).

b. In accordance with Montana Code Ann. § 33-2-1346(2), the notice specified that the last date to file a timely proof of claim with the Liquidator was March 1, 2021. Timely proofs of claim must be postmarked no later than 5:00 P.M. Mountain Standard Time, on such date.

c. The Liquidator's Proof of Claim (POC) forms comply with Montana Code Ann. § 33-2-1365 and provided notice thereof in accordance with Montana Code Ann. § 33-2-1346(2).

d. As the duly-appointed Special Deputy Liquidator, I have considered each and every of the ninety-six (96) POCs subject to this Claims Report, in accordance with the requirements of the Montana Insurers Supervision, Rehabilitation, and Liquidation Act, Montana Code Ann. 33-2-1301 *et seq.* (the "Act").

e. I am administering the POC process. The former third-party administrator, EBMS declined to complete the run-off. Therefore, my staff is making recommendations

based on a listing of unpaid claims provided by the Office of the Montana State Auditor, Commissioner of Securities and Insurance compiled by EBMS.

f. Each and every POC subject to this Claims Report contains the necessary claim file documentation for the Liquidator's recommendation thereon.

g. To the extent this Claims Report includes claims that were denied in whole or in part, notice of such denial complying with Montana Code Ann. § 33-2-1368(1) was provided to the affected claimants and either no timely objection was made by the affected claimants, or the objection was resolved by mutual agreement.

5. I am submitting this Affidavit in support of Liquidator's First Claims Report, Recommendation & Application for Order Approving Same ("Report, Recommendation and Application"), which pertains to ninety-six (96) claims in priority class 2, as prescribed by Montana Code Ann. §§ 33-2-1371 and -1372.

6. Between the entry of the Liquidation Order on November 5, 2020, and March 1, 2021, the bar date, I caused to be issued one thousand seven hundred eighty-six (1,786) Notices of Liquidation and POC forms, with instructions to policyholders, third-party claimants, and/or other potential claimants and creditors of Care Concepts.

7. On December 18, 2020, notice of the liquidation was published The Billings Gazette, informing interested parties of the liquidation proceedings, and including contact information and instructions for the timely filing of a claim.

8. On or before the Bar Date of March 1, 2021, I received two hundred fifty-

one (251) timely-filed POCs¹. I also received twenty-two (22) late-filed claims.

9. Ninety-six (96) claims have now been completely adjudicated. All remaining POCs received, totaling one hundred seventy-seven (177), remain under evaluation.

10. Attached to the Report, Recommendation and Application and incorporated by reference as Exhibit A is a listing of the names and addresses of ninety-six (96) claimants in this liquidation within priority class 2 as defined in Montana Code Ann. § 33-2-1371(2), the number assigned to the POC submitted by each of these claimants and the amount of the claim finally recommended and now proposed as the Liquidator's recommendation pursuant to Montana Code Ann. § 33-2-1372. Actual distributions will be determined and made at the appropriate time in accordance with Montana Code Ann. §§ 33-2-1371 and -1373.

11. To the best of my knowledge and belief, the claims subject to this Report and Application are not subject to modification. If any additional factors hereafter come to my attention which may require any modification, such as third-party payments or releases of any such claims, I will immediately notify the Liquidator, and he and/or I will promptly bring those matters to the attention of this Court to modify such claims.

¹ I received 239 timely-filed POCs, but my office created 11 POCs for various Providers wherein the insured member filed POCs, and the Plan owes the Providers. Furthermore, an additional POC filed by a Provider was split into two POCs to accommodate two separate insured members.

FURTHER AFFIANT SAYETH NOT.

DATED this 12th day of May, 2022.



MICHAEL J. FITZGIBBONS
Special Deputy Liquidator

SWORN to before me this 12th day of May, 2022



SARAH E. ALEXANDER
Notary Public - Arizona
Maricopa Co. / #551135
Expires 09/15/2022

Sarah E. Alexander
Notary Public for the State of Arizona
My commission expires 09/15/2022

**MONTANA FIRST JUDICIAL DISTRICT COURT
LEWIS AND CLARK COUNTY**

IN THE MATTER OF THE
LIQUIDATION OF MONTANA
NONPROFIT ASSOCIATION GROUP
BENEFIT TRUST, a Self-Funded
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Arrangement,

Respondent.

Case No. BDV-2020-1853

**ORDER APPROVING FIRST CLAIMS
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IT IS THEREFORE ORDERED that pursuant to Montana Code Ann. §§ 33-2-1301., the First Claims Report and Recommendation is APPROVED.

IT IS FURTHER ORDERED that if any additional factors hereafter come to the attention of the Liquidator or his Special Deputy that may require modification, the Liquidator shall promptly file an application to modify these claims.

Dated this ____ day of _____, 2022.

District Court Judge
First Judicial District