

SEP 10 2020

RECEIVED

ARKANSAS STATE CLAIMS COMMISSION  
Phone #682-1619 – Fax #682-2823  
NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the Insurance Department of Arkansas, Phone #(501)371-2412

Agency

Agency Address 1 Commerce Way, Building 4, Suite 501, Little Rock, AR 72202

Reflect that Direct National Insurance Company,  
Payee/Payees

1281 Murfreesboro Pike, Nashville

Payee's Address City

TN, 37217, was/were issued  
State Zip Code

State Warrant number [REDACTED], dated 03/20/2019

in the amount of \$ 217,947.00; the same being in payment

of Voucher No. \_\_\_\_\_, Agency No. [REDACTED]

Appropriation No. [REDACTED], Character Code [REDACTED]

Fund Code [REDACTED], Social Security No. \_\_\_\_\_, or

if corporation-Federal Tax ID No. \_\_\_\_\_

Also, please furnish your current Business Area [REDACTED] Fund Code [REDACTED] Cost Center [REDACTED]

Group \_\_\_\_\_ & Fund Center [REDACTED]

Becky Crow

Agency Disbursing Officer's Full Name (please print)

Becky Crow

Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY  
(FORGED WARRANTS ONLY)

I/We Direct National Insurance Company, state that:

- \_\_\_\_\_ 1. I/we received and lost.
- X 2. I/we did not receive, endorse nor cash.
- \_\_\_\_\_ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
- X 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- \_\_\_\_\_ 5. When this warrant was cashed, the endorsement was a forgery.

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### P2-19-4-403 AFFIDAVIT OF FORGED WARRANT

The records of the \_\_\_\_\_ Insurance Department \_\_\_\_\_ of Arkansas  
Agency  
reflect that \_\_\_\_\_ Direct National Insurance Company \_\_\_\_\_ was issued Warrant number  
Payees(s) exactly as original warrant  
2019 \_\_\_\_\_ Dated 03/20/19, in the amount of \$ 217,947.00, the  
Year Warrant Number Date

same being in payment of \_\_\_\_\_  
Invoice # Agency # Fund Center Commitment Item Fund

\_\_\_\_\_  
Social Security # Gross Pay Withholding

\_\_\_\_\_  
Address - Payroll Only

\_\_\_\_\_  
Daytime Telephone #

X Becky Crow  
Disbursing Officer

I/We, \_\_\_\_\_ Direct National Insurance Company \_\_\_\_\_, state that:  
Payee (s)

#### CHECK APPROPRIATELY - ALL THAT APPLY

- 1. I received and lost.
- 2. I did not receive, endorse nor cash.
- 3. I have not authorized another person to sign my name to the warrant.
- 4. I have no knowledge of the whereabouts of the warrant or of any other person having received cashed or endorsed the warrant.
- 5. If this warrant is presented for payment, the endorsement is a forgery.
- 6. The endorsement on same is a forgery.

X \_\_\_\_\_  
Payee Signature - David Moshiaswili, Assistant Treasurer

\_\_\_\_\_  
Second Payee Signature (If Applicable)

1281 Murfreesboro Pike  
Address  
Nashville, TN 37217  
City, State, Zip Code

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code

Daytime Telephone # \_\_\_\_\_

-Daytime Telephone # \_\_\_\_\_

ON THIS THE 21 DAY OF August, 2020, before me personally appeared David Moshiaswili to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.



X Rana Mahmood  
Notary Signature

NOTARY PUBLIC MECKLENBURG NC  
County State

My commission expires 02/09/2021

Mail Claim Form To:

David Moshiaschwili

\*Direct National Insurance Company

ATTN: David Moshiaschwili

5630 University Parkway

Winston-Salem, NC 27105

210491

**ARKANSAS STATE CLAIMS COMMISSION**  
**Reissuance of Out-Dated Warrants**

**Date:** 10/9/2020

**Warrant:**



**Name of Payee:** Direct National Ins. Co.

**Amount:** \$217,947.00

Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

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MSH

DEC 28 2020

**VIA CERTIFIED MAIL**

RECEIVED

December 15, 2020

Arkansas State Claims Commission  
c/o Kathryn Irby  
101 East Capitol Avenue  
Suite 410  
Little Rock, Arkansas 72201-3823

***RE: DIRECT NATIONAL INSURANCE COMPANY V. ARKANSAS INSURANCE  
DEPARTMENT CLAIM NO. 210491***

Ms. Irby:

I represent Direct National Insurance Company in claim number [REDACTED] filed for the reissuance of warrant # [REDACTED] in the amount of \$217,947.00. In compliance with your letter to us dated November 13, 2020, the requisite claim form is attached.

Please contact me at [REDACTED] or [holly.lafevers@ngic.com](mailto:holly.lafevers@ngic.com) with any questions

Sincerely,

Holly LaFavers

Arkansas Bar# 95280

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

DEC 28 2020

- Mr.
- Mrs.
- Ms.
- Miss

Direct National Insurance Company, Claimant

vs.

State of Arkansas, Respondent

Arkansas Insurance Department

Direct National Insurance Company

5630 University Pkwy., Winston-Salem, NC 27105

(Name)

the above named Claimant, of

(Street or R.F.D. & No.)

(City)

County of

represented by

(State) (Zip Code) (Daytime Phone No.)

(Legal Counsel, if any, for Claim)

of

(Street and No.)

(City)

(State)

(Zip Code)

(Phone No.)

(Fax No.)

says:

State agency involved:

Amount sought:

Month, day, year and place of incident or service:

Explanation This claim is being filed for the reissuance of warrant # [redacted] date 03-20-19 payable to Direct National Insurance Company in the amount of \$217,947.00 payable from Arkansas Insurance Department. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on September 10, 2020.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated. (1) Has claim been presented to any state department or officer thereof?

(Yes or No) ; when? (Month) (Day) (Year) ; to whom? (Department)

and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? ; if so, state name and address

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: ; and was acquired on ; in the following manner:

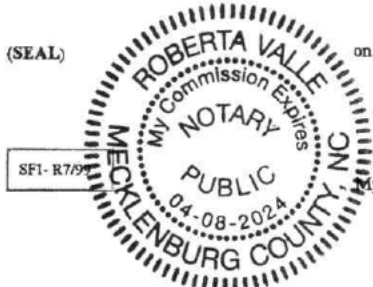
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verify believes that they are true.

David Moshiaschwili  
(Print Claimant/Representative Name)

[Signature]  
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Charlotte, NC  
(City) (State)

(SEAL) on this 23rd day of December, 2020  
(Date) (Month) (Year)



[Signature]  
(Notary Public)  
My Commission Expires: April 08 2024  
(Month) (Day) (Year)

Do Not Write in These Spaces

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Claim No. \_\_\_\_\_

Date Filed (Month) (Day) (Year) \_\_\_\_\_

Amount of Claim \$ 217,947.00

Fund DFA/RD

COMPLAINT

Reissuance of Warrant (Check)  
1910558263

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**DIRECT NATIONAL INSURANCE  
COMPANY**

**CLAIMANT**

**V.**

**CLAIM NO. 210491**

**ARKANSAS INSURANCE DEPARTMENT**

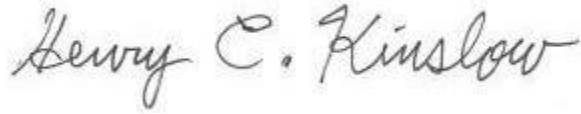
**RESPONDENT**

**ORDER**

This claim was filed by Direct National Insurance Company (the “Claimant”) requesting reissuance of outdated warrant no. 1910558263 payable from Arkansas Insurance Department (the “Respondent”) in the amount of \$217,947.00. The Warrant is still outstanding, and no duplicate has been issued.

As such, the Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$217,947.00 and refers this claim to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



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ARKANSAS STATE CLAIMS COMMISSION

Courtney Baird  
Dexter Booth  
Henry Kinslow, Co-Chair  
Paul Morris, Co-Chair  
Sylvester Smith

DATE: January 15, 2020

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).