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Please print in ink or type

JAN 13 2010

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

Arkansas State
Claims Commission

- Mr.
- Mrs.
- Ms.
- Miss

Do Not Write in These Spaces

Claim No. 10-0699-CC

Date Filed JANUARY 13, 2010
(Month) (Day) (Year)

Amount of Claim \$ 24,231.00

Fund AID

~~LM PROPERTY & CASULTY, INS. CO. TAX DEPARTMENT~~

vs.

State of Arkansas, Respondent

AR INSURANCE DEPARTMENT

COMPLAINT

REISS. OF WARRANT
#05W-0712230

~~LM PROPERTY & CASULTY, INS. CO. TAX DEPARTMENT~~ of ~~Attn: Mary Nica Hodorawic, 175 Berkeley St.~~
(Name) (Street or R.F.D. & No.) (City)

Boston, MA 02117 617-654-4684 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 REISSUANCE OF WARRANT #05W-0712230, DATED 06/21
PAYABLE TO LM PROPERTY & CASULTY, INS. CO. TAX DEPARTMENT, IN THE AMOUNT OF
\$24,231.00, PAYABLE FROM THE 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) IS/ARE ATTACHED
TO AND MADE A PART OF THIS COMPLAINT.~~

~~COMPLETED PAPERWORK FOR REISSUANCE OF THIS WARRANT WAS RECEIVED IN THIS
OFFICE ON JANUARY 29, 2010.~~

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

and that \$ _____ was paid thereon: (2) Has any third person or corporation an interest in this claim? _____ if no, state name and address

and that the nature thereof is as follows: _____ (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

_____ 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 verily believes that they are true.

Michael Gifford
(Print Claimant/Representative Name)

Michael Gifford
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Boston Mass
(City) (State)

(SEAL) on this 12 day of January, 2010
(Date) (Month) (Year)

William L. Ward
(Notary Public)

My Commission Expires: _____
My Commission Expires July 9, 2010 (Day) (Year)

SF1- R7-99

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 24,231.00

Claim No. 10-0699-CC

LM Property & Casualty Ins. Co. Claimant
vs.

Attorneys
Pro se Claimant

Arkansas Insurance Department
State of Arkansas Respondent

Carla Kincannon, Disbursing Officer
Respondent

Date Filed January 13, 2010

Type of Claim Reissuance of warrant

FINDING OF FACTS

This claim was filed requesting reissuance of outdated warrant(s) No. 05W-0712230.

Warrant is still outstanding and no duplicate has been issued.

The Claims Commission unanimously allowed this claim in the amount of \$24,231.00 and will submit the claim in a Claims Bill to the 87th Arkansas General Assembly, 2010 Legislative Session, for subsequent approval and payment.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously allows this claim in the amount of \$24,231.00 and will submit the claim in a claims bill to the 87th General Assembly, 2010 Legislative Session for subsequent approval and payment.

Date of Hearing January 15, 2010

Date of Disposition January 15, 2010

[Signature] Chairman
Bill Laney Commissioner
[Signature] Commissioner

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.

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