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Please Read Instructions on Reverse Side of Yellow copy

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

LIBERTY INSURANCE CORP. TAX DEPARTMENT, Claimant

vs.

State of Arkansas, Respondent

AR INSURANCE DEPARTMENT

COMPLAINT

Do Not Write in These Spaces		
Claim No.	10-0700-CC	
Date Filed	January 13, 2010	
	(Month) (Day) (Year)	
Amount of Claim \$	191,987.00	
Fund	AID	

REISS. OF WARRANT
#05W-0712228

LIBERTY INSURANCE CORP. TAX DEPARTMENT, Plaintiff, of Attn: Mary Nice-Hodorawis, 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.)

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-0712228, DATED 06/21/06 PAYABLE TO LIBERTY INSURANCE CORP. TAX DEPARTMENT, IN THE AMOUNT OF \$191,987.00 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 12, 2010.

As parts of this complaint, the claimant make the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof; when? (Yes or No) (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 verily believes that they are true.
Michael Gifford (Print Claimant/Representative Name) [Signature] (Signature of Claimant/Representative)

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

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

[Signature] (Date)

SF1-R7/99

WILLIAM F. HEAL (Notary Public)
 NOTARY PUBLIC
 My Commission Expires July 8, 2010 (Day) (Year)

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 191,987.00

Claim No. 10-0700-CC

Liberty Insurance Corp., Tax Dept Claimant
vs.

Attorneys
Pro se Claimant

Arkansas Insurance Department Respondent
State of Arkansas

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-0712228.

Warrant is still outstanding and no duplicate has been issued.

The Claims Commission unanimously allowed this claim in the amount of \$191,987.00 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 \$191,987.00 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
[Signature] 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.