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**COPY**

GV 204523

THE STATE OF TEXAS

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v.

AMCARE HEALTH PLANS OF TEXAS,  
INC. and AMCARE MANAGEMENT, INC. §

LIQUIDATION OVERSIGHT  
IN THE DISTRICT COURT OF

TRAVIS COUNTY, TEXAS

200<sup>th</sup> JUDICIAL DISTRICT

SPECIAL DEPUTY RECEIVER'S  
STATEMENTS OF EXPENSE FOR SEPTEMBER 2003

TO THE HONORABLE JUDGE OF THIS COURT:

COMES NOW, Jean Johnson, Special Deputy Receiver under contract to the Permanent Receiver of Amcare Health Plans of Texas, Inc. and Amcare Management, Inc., pursuant to TEX. INS. CODE ANN. art. 21.28, § 12(b), and presents to this Court STATEMENTS OF EXPENSE FOR SEPTEMBER 2003, for each entity in the above-referenced receivership estate. The Statements of Expense cover the period of September 1, 2003, through September 30, 2003, and are sworn to by the Special Deputy Receiver.

Respectfully submitted,

RIEWE & WELCH, P.C.  
811 Barton Springs Rd., Suite 740  
Austin, Texas 78704  
Telephone: 512/482-9291  
Facsimile: 512/482-9211  
e-mail: briewe@r-wlaw.com

Brian E. Riewe  
State Bar No. 16915600

Steven R. Welch  
State Bar No. 21126600

**FILED**

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By: Brian E. Riewe

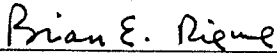
Attorneys for the Special Deputy Receiver

## NOTICE

Pursuant to TEX. INS. CODE ANN. art. 21.28, § 12(b), these Statements shall be approved by the court unless objection is filed within ten (10) days after the presentation of the statement. The objection, if any, must be made by a party at interest and shall specify the item or items objected to and the ground of such objection. The court shall set the objection down for hearing. The burden of proof shall be upon the party objecting to show that the items objected to are improper, unnecessary or excessive.

The Special Master has asked that the following rules be provided to you:

1. A copy of any objection shall be served on:
  - (a) Special Master, Tom Collins, 708 Rio Grande, Suite 200, Austin, Texas 78701;
  - (b) The Special Master's Docket Clerk, Ms. Jean Sustaita, Texas Department of Insurance, 333 Guadalupe, Hobby Tower III, Room 540, Austin, Texas;
  - (c) All interested persons, including those listed on the Statement's Certificate of Service; and
  - (d) The undersigned counsel.
2. Any written objection shall specifically list all reasons for objection with supporting references to and discussion of statutory and case authorities. Reasons not stated in writing will not be considered orally at the hearing.
3. Failure to file timely a written objection before the Special Master and appear for hearing constitutes a waiver of the right to object to the Special Master's Order of Recommendation to the District Court.

  
\_\_\_\_\_  
Brian E. Riewe

**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of the above document was forwarded via electronic mail to the following persons on this the 15th day of October, 2003:

Mr. James Kennedy, **Attorney for the Receiver**  
Texas Department of Insurance  
333 Guadalupe, Tower I  
9th Floor, MC-110-1A  
Austin, Texas 78701  
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Dallas, Texas 75231  
Email: rmeeks@dallasradiologists.com

Kaner Medical Group  
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Glendale, California 92103  
Email: JBuck@CHW.edu

*Brian E. Riewe*

Brian E. Riewe


NO. GV 204523

THE STATE OF TEXAS	§	IN THE DISTRICT COURT OF
	§	
VS.	§	TRAVIS COUNTY, TEXAS
	§	
AMCARE HEALTH PLANS OF TEXAS, INC. and AMCARE MANAGEMENT, INC.	§	200 <sup>th</sup> JUDICIAL DISTRICT

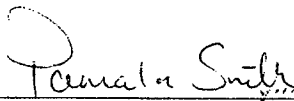
Affidavit

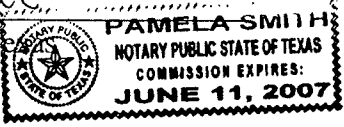
THE STATE OF TEXAS	§
	§
COUNTY OF DALLAS	§

On this day personally appeared before me, Jean Johnson, in her capacity as Special Deputy Receiver of Amcare Health Plans of Texas, Inc., upon her oath stated that the foregoing is a true and correct copy of the Statement of Expenses for the period of September 1, 2003, through September 30, 2003, in the receivership estate of Amcare Health Plans of Texas, Inc. and Amcare Management, Inc., in Cause No. GV-204523 pending in the 200th Judicial District Court of Travis County, Texas, pursuant to TEX. INS. CODE ANN. art. 21.28, § 12(b).

  
 \_\_\_\_\_  
 Jean Johnson, Special Deputy Receiver of  
 Amcare Health Plans of Texas, Inc.

SWORN TO, AND SUBSCRIBED BEFORE ME by Jean Johnson, on this the 14 day of October, 2003.

  
 \_\_\_\_\_  
 Notary Public, State of Texas



**Liquidation Oversight Standardized Attested 12 (b) Expenses**  
**AMCARE MANAGEMENT, INC.**  
**RECEIVERSHIP #512M**  
**FOR THE MONTH ENDING SEPTEMBER 30, 2003**

	<u>SDR</u>	<u>SUB</u>	<u>TOTAL</u>
<b>ASSET RELATED GROUP</b>			
<b>Premium</b>			
Collection Expense			
SDR		-	-
Subcontractor	-	-	-
<b>Receivable</b>			
Agent Balance Expense			
SDR	-	-	-
Subcontractor	-	-	-
Reinsurance Expense			
SDR		-	-
Subcontractor	-	-	-
Subrogation Expense			
SDR		-	-
Subcontractor	-	-	-
Intercompany Receivable Expenses			
SDR	-	-	-
Subcontractor	-	-	-
Other Receivable Expenses			
SDR	4	-	4
Subcontractor	-	-	-
<b>Litigation Receivable</b>			
D&O Litigation Expense			
SDR	40	-	40
Subcontractor	-	-	-
Judgment Expense			
SDR	-	-	-
Subcontractor	-	-	-
Investment Account Expense			
SDR	-	-	-
Subcontractor	-	-	-
Other Litigation Expense			
SDR	40	-	40
Subcontractor	-	90	90
<b>Sale/Conversion of Investment Assets</b>			
Securities/Bonds Sales Expense			
SDR	-	-	-
Subcontractor	-	-	-
Statutory Deposit Expense			
SDR	-	-	-
Subcontractor	-	-	-
Real Estate Sales Expense	-	-	-
Mortgage Note Expense	-	-	-
Subsidiary Affiliated Expense	-	-	-

**Liquidation Oversight Standardized Attested 12 (b) Expenses**  
**AMCARE MANAGEMENT, INC.**  
**RECEIVERSHIP #512M**  
**FOR THE MONTH ENDING SEPTEMBER 30, 2003**

	<u>SDR</u>	<u>SUB</u>	<u>TOTAL</u>
Other Asset Sales Expenses	-	-	-
SDR	-	-	-
Subcontractor	-	-	-
<b>Sale of Company Fixed Assets</b>			
Charter Sales Expense	-	-	-
Furniture, Fixtures & Equipment Expense	-	-	-
SDR	808	-	808
Subcontractor	-	7,264	7,264
Company Real Estate Expense	-	-	-
Other Fixed Asset Expense	-	-	-
	<hr/>	<hr/>	<hr/>
<b>TOTAL ASSET GROUP EXPENSE</b>	892	7,354	8,246
			-
<b>CLAIMS RELATED GROUP</b>			-
			-
Class I Covered Claims Expense			-
SDR Fees	-	-	-
SDR Subcontractor Fees	-	-	-
Other Covered Claims			-
Class I Non Covered Claims Expenses			-
SDR Fees	522	-	522 *
SDR Subcontractor Fees	-	-	- *
Other Non Covered Claims	-	-	- *
	<hr/>	<hr/>	<hr/>
<b>TOTAL CLAIMS GROUP EXPENSE</b>	522	-	522
<b>ADMINISTRATIVE RELATED GROUP</b>			
Class I General Admin Expenses			
SDR		-	-
Subcontractor		-	-
Accounting/Auditing/Federal Income Tax Services	-	1,022	1,022
Consulting Fees/Services	-	-	-
Legal Fees/Services	-	20	20
Liquidation Division Allocation	-	250	250
Bank/Miscellaneous Charges	-	-	-
Building/Utilities	-	-	-
Contract/Employee	-	-	-
Equipment/Lease/Maintenance	-	-	-
Employee - Payroll, PRTax, Benefits	-	-	-
Inventory/Storage/Moving	-	4,745	4,745
Mailing/Printing/Postage/Publication	-	1	1
Office Supplies/Miscellaneous	-	-	-
Telephone	-	-	-

**Liquidation Oversight Standardized Attested 12 (b) Expenses**  
**AMCARE MANAGEMENT, INC.**  
**RECEIVERSHIP #512M**  
**FOR THE MONTH ENDING SEPTEMBER 30, 2003**

	<u>SDR</u>	<u>SUB</u>	<u>TOTAL</u>
Travel	-	-	-
Class I SDR Admin Expenses			
Administration	245	-	245
Accounting	545	-	545
Special Services	81	-	81
Travel	-	-	-
<b>TOTAL GENERAL ADMINISTRATIVE GROUP EXPENSE</b>	<u>871</u>	<u>6,038</u>	<u>6,909</u>
<b>GRAND TOTALS</b>	<u>2,285</u>	<u>13,392</u>	<u>15,677</u>

\* Includes time spent by contractors and employees to process Medicaid claims for Texas Childrens Health Plans ("TCHP"). TCHP is a contract entered into by the Conservator of Amcare Health Plans of Texas, Inc. to assume Medicaid members and enrollees.



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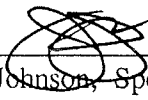
Affidavit

THE STATE OF TEXAS

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COUNTY OF DALLAS

On this day personally appeared before me, Jean Johnson, in her capacity as Special Deputy Receiver of Amcare Management, Inc., upon her oath stated that the foregoing is a true and correct copy of the Statement of Expenses for the period of September 1, 2003, through September 30, 2003, in the receivership estate of Amcare Health Plans of Texas, Inc. and Amcare Management, Inc., in Cause No. GV-204523 pending in the 200th Judicial District Court of Travis County, Texas, pursuant to TEX. INS. CODE ANN. art. 21.28, § 12(b).

  
\_\_\_\_\_  
Jean Johnson, Special Deputy Receiver of  
Amcare Management, Inc.

SWORN TO AND SUBSCRIBED BEFORE ME by Jean Johnson, on this the  
14 day of October, 2003.

  
\_\_\_\_\_  
Notary Public, State of Texas 

**Liquidation Oversight Standardized Attested 12 (b) Expenses**  
**AMCARE HEALTH PLANS OF TEXAS, INC.**  
**RECEIVERSHIP #512H**  
**FOR THE MONTH ENDING SEPTEMBER 30, 2003**

	<u>SDR</u>	<u>SUB</u>	<u>TOTAL</u>
<b>ASSET RELATED GROUP</b>			
<b>Premium</b>			
Collection Expense			
SDR	105	-	105
Subcontractor	-	-	-
<b>Receivable</b>			
Agent Balance Expense			
SDR	-	-	-
Subcontractor	-	-	-
Reinsurance Expense			
SDR	306	-	306
Subcontractor	-	-	-
Subrogation Expense			
SDR	80	-	80
Subcontractor	-	2,848	2,848
Intercompany Receivable Expenses			
SDR	-	-	-
Subcontractor	-	-	-
Other Receivable Expenses			
SDR	1,819	-	1,819
Subcontractor	-	3,322	3,322
<b>Litigation Receivable</b>			
D&O Litigation Expense			
SDR	1,259	-	1,259
Subcontractor	-	-	-
Judgment Expense			
SDR	-	-	-
Subcontractor	-	-	-
Investment Account Expense			
SDR	-	-	-
Subcontractor	-	-	-
Other Litigation Expense			
SDR	3,138	-	3,138
Subcontractor	-	22,325	22,325
<b>Sale/Conversion of Investment Assets</b>			
Securities/Bonds Sales Expense			
SDR	-	-	-
Subcontractor	-	-	-
Statutory Deposit Expense			
SDR	-	-	-
Subcontractor	-	75	75
Real Estate Sales Expense	-	-	-
Mortgage Note Expense	-	-	-
Subsidiary Affiliated Expense	-	-	-

**Liquidation Oversight Standardized Attested 12 (b) Expenses**  
**AMCARE HEALTH PLANS OF TEXAS, INC.**  
**RECEIVERSHIP #512H**  
**FOR THE MONTH ENDING SEPTEMBER 30, 2003**

	<u>SDR</u>	<u>SUB</u>	<u>TOTAL</u>
Other Asset Sales Expenses	-	-	-
SDR	-	-	-
Subcontractor	-	-	-
<b>Sale of Company Fixed Assets</b>			
Charter Sales Expense	-	-	-
Furniture, Fixtures & Equipment Expense	-	-	-
SDR	-	-	-
Subcontractor	-	-	-
Company Real Estate Expense	-	2	-
Other Fixed Asset Expense	-	-	-
	-	-	-
<b>TOTAL ASSET GROUP EXPENSE</b>	<b>6,707</b>	<b>28,572</b>	<b>35,279</b>
	-	-	-
<b>CLAIMS RELATED GROUP</b>			
	-	-	-
Class I Covered Claims Expense	-	-	-
SDR Fees	-	-	-
SDR Subcontractor Fees	-	-	-
Other Covered Claims	-	-	-
Class I Non Covered Claims Expenses	-	-	-
SDR Fees	36,154	-	36,154 *
SDR Subcontractor Fees	-	4,469	4,469 *
Other Non Covered Claims	-	82	82 *
	-	-	-
<b>TOTAL CLAIMS GROUP EXPENSE</b>	<b>36,154</b>	<b>4,551</b>	<b>40,705</b>
	-	-	-
<b>ADMINISTRATIVE RELATED GROUP</b>			
Class I General Admin Expenses			
SDR	-	-	-
Subcontractor	-	-	-
Accounting/Auditing/Federal Income Tax Services	-	2,504	2,504
Consulting Fees/Services	-	5,125	5,125
Legal Fees/Services	-	7,240	7,240
Liquidation Division Allocation	-	3,500	3,500
Bank/Miscellaneous Charges	-	2,242	2,242
Building/Utilities	-	-	-
Contract/Employee	-	-	-
Equipment/Lease/Maintenance	-	-	-
Employee - Payroll, PRTax, Benefits	-	-	-
Inventory/Storage/Moving	162	9,307	9,469
Mailing/Printing/Postage/Publication	116	463	579
Office Supplies/Miscellaneous	-	-	-
Telephone	-	12	12

**Liquidation Oversight Standardized Attested 12 (b) Expenses**  
**AMCARE HEALTH PLANS OF TEXAS, INC.**  
**RECEIVERSHIP #512H**  
**FOR THE MONTH ENDING SEPTEMBER 30, 2003**

	<u>SDR</u>	<u>SUB</u>	<u>TOTAL</u>
Travel	728	-	728
Class I SDR Admin Expenses			
Administration	1,030	-	1,030
Accounting	3,543	-	3,543
Special Services	7,520	-	7,520
Travel	6,914	-	6,914
<b>TOTAL GENERAL ADMINISTRATIVE GROUP EXPENSE</b>	<u>20,013</u>	<u>30,393</u>	<u>50,406</u>
<b>GRAND TOTALS</b>	<u>62,874</u>	<u>63,516</u>	<u>126,390</u>

\* Includes time spent by contractors and employees to process Medicaid claims for Texas Childrens Health Plans ("TCHP"). TCHP is a contract entered into by the Conservator of Amcare Health Plans of Texas, Inc. to assume Medicaid members and enrollees.