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11	CENTRAL CIVIL W	EST COURTHOUSE
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13	INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA,	Case No. BS152302 Assigned to Hon. Amy D. Hogue
14	Applicant,	INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE
15.	v .	LIQUIDATION OF SEECHANGE
16	SEECHANGE HEALTH INSURANCE COMPANY,	HEALTH INSURANCE COMPANY AND REQUEST FOR APPROVAL OF LIQUIDATION COSTS; DECLARATION
17	Respondent.	OF JOSEPH HOLLOWAY
18		Status Conference
19		Date: April 29, 2016 Time 9:00 a.m.
20		Place: Central Civil West Courthouse Department 307
21		600 South Commonwealth Avenue Los Angeles, California 90005
22		Action Filed: November 18, 2014
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		O STATUS REPORT ON THE LIQUIDATION
	OF SEECHANGE HEALTH INS	URANCE COMPANY (BS152302)

1	TABLE OF CONTENTS
2	Page
3	I. Overview of the Liquidation Process
4	A. The Conservation Order and the Liquidation Order
-	B. Role of the Court and the Commissioner in the Liquidation Process
5	C. The Conservation & Liquidation Office
6	II. Liquidator's Report of Activities in 2015
7	A. Completion of Wind-Down of SeeChange's Activities
8	B. Guaranty Fund Payments
	C. SeeChange Proof of Claim Process
9	D. December 31, 2015 Balance Sheet
10	III. Remaining Activities of Liquidator
11	IV.Request for Approval of Fees8V.Conclusion11
12	DECLARATION OF JOSEPH HOLLOWAY
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
-	i
	INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

1	TABLE OF AUTHORITIES
2	Page
3	CASES
4 5	Carpenter v. Pacific Mut. Life Ins. Co. (1937) 10 Cal.2d 3079
6	Commercial Nat. Bank v. Superior Court (1993) 14 Cal.App.4th 3932
7 8	Gillespie v. California Standard Indemnity Co. (1989) 212 Cal.App.3d 1351
9 10	In re Executive Life Ins. Co. (1995) 32 Cal.App.4th 3449
11	<i>In re Title USA Corp.</i> (1996) 36 Cal.App.4th 3632
12 13	U.S. Dept. of Treasury v. Fabe (1993) 508 U.S. 491
14	STATUTES
15	California Insurance Code
16	§ 988
17	§ 1023
18	§ 10322, 6
19	§ 1033
20	§ 1035.5
21	§ 1030
22	§ 1057
23	Federal Affordable Care Act7
24	McCarran-Ferguson Act
25 26	Uniform Insurers Rehabilitation Act2
20 27	31 United States Code § 3713
28	ii
	INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION
	OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

TO HON. AMY D. HOGUE, SEECHANGE HEALTH INSURANCE COMPANY, AND ALL OTHER INTERESTED PARTIES:

The Insurance Commissioner of the State of California (the "**Commissioner**"), in his capacity as the liquidator of SeeChange Health Insurance Company ("**SeeChange**"), hereby submits the following status report setting forth, for the Court and all interested parties: (i) an overview of the liquidation process, (ii) the actions taken by the Commissioner in his capacity as liquidator of SeeChange (the "**Liquidator**") to marshal assets of the estate, and (iii) anticipated steps toward completing the orderly and efficient liquidation of SeeChange.

9 10

I. OVERVIEW OF THE LIQUIDATION PROCESS

A. The Conservation Order and the Liquidation Order.

SeeChange was a California domestic insurance company licensed to transact life, accident,
 and health insurance. Its primary business was to provide value-based commercial group and
 individual health coverage. SeeChange is wholly owned by SeeChange Health Management
 Company, Inc., a Delaware corporation.

15 SeeChange was not profitable. It reported losses in 2012 and 2013, of \$19,345,256 and

16 \$37,766,179, respectively. On or about November 12, 2014, SeeChange filed its Quarterly

17 Statement with the Commissioner stating that, as of September 30, 2014, it had admitted assets of

- 18 \$23,357,058 and liabilities of \$22,149,297, with a reported paid-in capital and surplus of
- 19 \$1,207,761, which meant that SeeChange was "impaired" under the Insurance Code.¹ Based in

20 part on SeeChange's impaired condition, on November 18, 2014, the Commissioner initiated this

- 21 case by filing a petition and application for appointment of a conservator. On November 19,
- 22 2014, the Court entered the *Stipulated Order Appointing Conservator and Restraining Order*,
- 23 which appointed the Commissioner as conservator of SeeChange.
- 24 On December 31, 2014, the Commissioner, acting as SeeChange's conservator, filed his
- 25 Notice of Application and Application for Liquidation Order and Supplemental Injunctive Relief,

¹ Insurance Code section 988 defines "impaired" as a "financial situation in which the assets of an insurer are less than the sum of the insurer's minimum required capital, minimum required surplus and all liabilities as determined in accordance with the requirements for the preparation and filing of the annual statement of an insurer."

INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

which attached evidence of SeeChange's insolvency. On January 28, 2015, the Court granted the
application and entered the *Liquidation Order*. The *Liquidation Order* found that SeeChange was
insolvent and directed the Commissioner, as liquidator, "to liquidate and wind up the business of
SeeChange and to act in all ways and exercise all powers necessary for the purpose of carrying
out this Order and the liquidation provisions of the Insurance Code, Insurance Code sections 1010 *et seq.*" (Liquidation Order ¶ 1.)

7

B. Role of the Court and the Commissioner in the Liquidation Process.

Generally, sections 1010 through 1062 of the Insurance Code govern conservation and
liquidation proceedings against insurers domiciled in California.² Under these provisions, the
Commissioner has the power to operate, wind down, liquidate, and distribute the assets of an
insolvent insurer to ensure the "orderly and equitable distribution of the assets of an insolvent
insurer" to those entitled to share in those assets. (*In re Title USA Corp.* (1996) 36 Cal.App.4th
363, 372 [42 Cal.Rptr.2d 498].)

As the Liquidator, the Commissioner acts as a "trustee for the benefit of all creditors and
other persons interested in the estate of the person against whom the proceedings are pending."
(Ins. Code, § 1057.) The Commissioner, as liquidator, is vested with "broad powers" to conduct

17 the liquidation process in the manner that he determines to be in the best interests of

18 policyholders and creditors. (Commercial Nat. Bank v. Superior Court (1993) 14 Cal.App.4th

19 393, 402 [17 Cal.Rptr.2d 884], as modified on denial of reh'g (Apr. 16, 1993).)

The Court also plays a vital role in the process. In addition to assisting the Liquidator in enforcing the various injunctions set forth in the Liquidation Order (which injunctions were specifically authorized by the Insurance Code), the Court:

23

24

- acts as the arbiter of disputed claims (Ins. Code, § 1032);
- approves the compensation of deputies, clerks and assistants (Ins. Code, § 1035);
- 25 26

INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

 ² There are additional provisions elsewhere in the Insurance Code. For example,
 California has adopted the Uniform Insurers Rehabilitation Act for insurers domiciled in other states. (Ins. Code, §§ 1064.1-1064.12.)

1	• approves the compensation of outside counsel employed to assist in the liquidation
2	(Ins. Code, § 1036);
3	• may approve compromises of any claims by or against the insurance company (Ins.
4	Code, § 1037, subd. (c));
5	• authorizes the acquisition or disposition of property in excess of \$20,000 (Ins.
6	Code, § 1037, subd. (d)); and
7	• permits, under certain conditions, the investment of funds in excess of \$100,000
8	(Ins. Code, § 1037, subd. (g)).
9	Moreover, as the liquidation progresses, the Court may also be required to resolve collection
10	matters either by an order to show cause or by adversary complaint filed in this case. (See, e.g.,
11	Gillespie v. California Standard Indemnity Co.(1989) 212 Cal.App.3d 1351.) Finally, the
12	Liquidator may apply for authority or for orders designed to allow the efficient economic
13	liquidation of SeeChange. This Status Report aids the Court's oversight of the Liquidator and
14	gives any interested parties an opportunity to raise any objections to the Liquidator's proposed
15	course of action. This is the Liquidator's second status report.
16	C. The Conservation & Liquidation Office.
17	In order to ensure an orderly liquidation, the Liquidator may employ people, use the
18	insurance company's facilities, enter into contracts with vendors and professionals, and undertake
19	other operational activities necessary to marshal assets and pay claims. (See, e.g., Ins. Code., §
20	1035.) To fulfill his duties, the Liquidator uses the services of (i) the Commissioner's
21	Conservation and Liquidation Office ("CLO"), (ii) certain former employees of SeeChange, (iii)
22	specialized vendors, contractors, and consultants, and (iv) a number of professionals (including
23	outside counsel). The CLO is an administrative service entity created by the Commissioner to
24	administer the estates of insurers undergoing conservation or liquidation in California. Upon
25	obtaining a conservation or liquidation order, the Commissioner generally delegates his statutory
26	administrative duties over the insurer to the CLO and/or to special deputy insurance
27	commissioners, pursuant to section 1035 of the Insurance Code. The CLO now performs any
28	necessary functions for the liquidation of SeeChange on behalf of the Liquidator.
	3
	INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

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II.

LIQUIDATOR'S REPORT OF ACTIVITIES IN 2015

A. Completion of Wind-Down of SeeChange's Activities.

SeeChange's home office was located in Calabasas, California. The Liquidator entered
into a settlement agreement with SeeChange's Calabasas landlord to allow SeeChange to remain
in its offices from the liquidation date through June 30, 2015. Under the settlement agreement the
landlord waived filing a proof of claim against the estate in exchange for the landlord retaining
SeeChange's security deposit for lease of the premises. In June of 2015, the Liquidator closed
SeeChange's Calabasas home office and transferred all operational functions to the CLO's
headquarters in San Francisco.

10

B. Guaranty Fund Payments.

For several months prior to the filing of this case, SeeChange had been notifying its
policyholders that the company would cease issuing new or renewal insurance policies.
SeeChange's management, working under the regulatory supervision of the Department of
Insurance, implemented an orderly transition of all of SeeChange's in-force insurance business to
other insurance carriers. Effective January 1, 2015, SeeChange had no policies in force.

The cancellation or transition of SeeChange's in-force business left only pending policy 16 claims at the date of the Liquidation Order. Once the Court entered its Liquidation Order with a 17 finding that SeeChange was insolvent, the individual statewide life and health insurance guaranty 18 associations (the "Guaranty Associations") were obligated to pay the claims of SeeChange's 19 policyholders. (See, e.g., Ins. Code, § 1067.07(b).) The Liquidator coordinates with the 20 Guaranty Associations through the National Organization of Life and Health Insurance Guaranty 21 Associations ("NOLGHA"). After the Court entered its Liquidation Order, the Liquidator 22 worked to transition all claims to be administered by NOLGHA and paid by the specific state 23 Guaranty Association. As a result of paying the claims, the Guaranty Associations subrogate to 24 the policyholders' rights against SeeChange. Generally, these subrogated claims receive priority 25 treatment, subordinate only to expenses of administration of the liquidation. (Ins. Code § 1033, 26 subd. (a).) 27

28

1	The Commissio	oner is informed	that the Guaranty Associations in the following states paid
2			liquidation through December 31, 2015:
3	Arizona	16,306	
4	California	17,267,669	
5	Colorado	1,953,751	
6	Florida	4,806	
7	Idaho	2,364	
8	Illinois	19,295	
9	Indiana	30,560	
10	Iowa	479	
11	Kansas	3,229	
12	Kentucky	185	
13	Maryland	3,520	
14	Michigan	4,264	
15	Missouri	119	
16	Nebraska	960	
17	Nevada	10,176	
18	North Dakota	213	
19	Ohio	53	
20	Oklahoma	8,395	
21	Tennessee	1,116	
22	Virginia	5,547	
23	Wisconsin	<u>92,278</u>	
24	Total	<u>\$19,425,195</u>	
25			
26	C. SeeChang	e Proof of Clain	n Process.
27	The Liquidation	Order provides	that "The rights and liabilities of claimants, policyholders,
28	shareholders, members	and all other pe	ersons interested in the assets of SeeChange are fixed as of 5
			S SECOND STATUS REPORT ON THE LIQUIDATION ALTH INSURANCE COMPANY (BS152302)

1 the date of entry of this Order." (Liquidation Order, \P 28.) It also provides that any party with 2 rights against SeeChange may assert those rights only through a proof of claim: 3 Any and all claims against SeeChange – including without limitation those 4 claims which in any way affect or seek to affect any of the assets of SeeChange, wherever or however such assets may be owned or held – must be filed no later 5 than December 31, 2015 (the "Claims Bar Date") in accordance with the provisions of Insurance Code sections 1010 et seq. (including without limitation 6 Insurance Code section 1023). The claim must be timely filed on the form provided by the Liquidator, together with proper proofs thereof, and must 7 be supplemented with 1023(f). As provided in Insurance Code section 1024, any claims not filed by the Claims Bar Date shall be conclusively deemed forever 8 waived and no action may be maintained thereon. 9 (Liquidation Order ¶ 29.) 10 The Court established December 31, 2015 as a bar date for proofs of claim. The Liquidator 11 mailed 3,113 proofs of claim to policyholders, providers, brokers, employees and other creditors. 12 The notice of the bar date was also published in three California newspapers shortly after the 13 Court issued the Liquidation Order. Proof of service of the notices to creditors was filed with the 14 Court. In response to the notice, 154 creditors executed and returned proofs of claim. The total 15 asserted value of the returned proofs of claim is \$28,911,183.42. This amount includes claims 16 filed by the Guaranty Associations based on the amount of policyholder claims that have been 17 statutorily funded. All filed proofs of claim are in the process of being adjudicated by the 18 Liquidator. Parties who are dissatisfied with the adjudication of their claims may seek relief from 19 this Court under section 1032. However, it is not anticipated that there will be any distributions 20 beyond payment to priority creditors (which are, primarily, the Guaranty Associations). 21 22 /// 23 /// 24 /// 25 26 27 28 6 INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

1	D. December 31, 2015 Balance Sheet.			
2	The following is the December 31, 2015 balance	sheet prepared by the Liquidator and		
3	currently subject to routine audit by the California Department of Finance:			
4	641 SeeChange Ins			
5	C C			
6	STATEMENT OF ASSETS AN As of December 31,			
7	(unaudited) ³			
8				
9	Cash and cash equivalents: Unrestricted	52,886		
10	Participation in pooled investments, at market Accrued investment income	7,122,602 19,079		
11	Recoverable from reinsurers, net of allowances Other receivable	1,182,586 		
12	Total ASSETS	8,455,499		
13	LIABILITIES			
14 15	Claims against policies, including guaranty associations (Class 2) All other claims (Class 7)	19,631,769 		
16	Total LIABILITIES	24,197,193		
17 18	NET ASSETS (DEFICIENCY)	(15,741,693)		
18 19	III. REMAINING ACTIVITIES OF LIQUIDATOR			
	The Liquidator continues to bill and collect reinsur			
20		C		
21	accordance with their contracts. All reinsurance claims r	-		
22	April 30, 2016 in accordance with the requirements of the	-		
23	with the contingency noted below, that the SeeChange in	solvency <i>can</i> be closed in 2017. The		
24	main two activities over the next twelve months will be t	he determination of valid proofs of claim		
25	and the final billing of reinsurance and collection. Once	these items can be completed, a plan to		
26	disburse assets and a closing budget for the estate can be	determined.		
27				
28	³ Numbers do not add up precisely due to roundin	ıg.		
	7			
	INSURANCE COMMISSIONER'S SECOND STATUS OF SEECHANGE HEALTH INSURANCE	-		

OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

1	The major challenge facing the estate is the adjudication of the claim from the Centers for
2	Medicare and Medicaid Services ("CMS"). The claim (over \$4 million) is based on the Risk
3	Adjustment Program and Transitional Reinsurance requirements under the Federal Affordable
4	Care Act ("ACA"). CMS asserted its claim as a priority claim under the Federal Priority Statute,
5	31 U.S.C. § 3713, ⁴ and asserts that such claims are entitled to first-priority treatment. The
6	Liquidator is currently investigating the claim and determining whether the Federal Priority
7	Statute would give the claim priority. The issue of the priority of the claim, and whether the
8	Federal Priority Statute applies in this proceeding (in light of the McCarran-Ferguson Act) ⁵ , may
9	have to be resolved by this Court (or a Federal court). The timing of the Liquidator's proposal to
10	distribute assets under Insurance Code section 1035.5 is totally dependent upon the resolution of
11	this claim priority.
12	
13	IV. REQUEST FOR APPROVAL OF FEES
14	In the process of administering the liquidation of SeeChange, the Liquidator incurred costs
15	in the total amount of \$1,451,596 from January 1, 2015 through December 31, 2015. The chart
16	that follows is an accounting of all costs incurred by the Liquidatorin that time period.
17	
18	
19	
20	⁴ 31 U.S.C. § 3713(a)(1) provides:
	(1) A claim of the United States Government shall be paid first when—
21	(A) a person indebted to the Government is insolvent and—
22	 (i) the debtor without enough property to pay all debts makes a voluntary assignment of property;
23	(ii) property of the debtor, if absent, is attached; or
24	(iii) an act of bankruptcy is committed; or
25	(B) the estate of a deceased debtor, in the custody of the executor or administrator, is not enough to pay all debts of the debtor.
26	⁵ In U.S. Dept. of Treasury v. Fabe (1993) 508 U.S. 491, the Supreme Court held that the
27	Federal Priority Statute was reverse-preempted in insurance insolvency proceedings to the extent (as is the case here) a state's insurance insolvency law gave priority to a liquidator's administrative claims and the claims of policyholders.
28	
	8 INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION
	OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

Fees and Expense as of Date of Liquidation	A F	Outside Attorney 'ees and ofessional Fees		OI Legal nd DOJ Legal		lministrative fice Expense			E	Total xpenses by Month
January 2015	\$	54,337	\$	7,395	\$	851	\$	37,663	\$	100,246 ⁶
February 2015	\$	103,564	\$	12,524	\$	2,341	\$	37,060	\$	155,489
March 2015	\$	27,992	\$	-	\$	9,579	\$	80,473	\$	118,043
April 2015	\$	202,494	\$	5,744	\$	39,286	\$	66,058	\$	313,583
May 2015	\$	169,220	\$	14,064	\$	13,657	\$	59,044	\$	255,985
June 2015	\$	67,651	\$	1,016	\$	6,715	\$	52,616	\$	127,998
July 2015	\$	1,033	\$	758	\$	3,053	\$	39,642	\$	44,486
August 2015	¢	71,089	¢		\$	22.129	¢	24 497	¢	107 71 4
Sept. 2015	\$ \$	33,448		- 3,545	Դ \$	22,138 4,834	\$ \$	34,487 26,985	\$ \$	127,714 68,812
October 2015	\$	358	\$	248	\$	3,522	\$	19,196	\$	23,322
Nov. 2015	\$	113	\$	-	\$	3,353	\$	15,700	\$	19,165
Dec. 2015	\$	64,790	\$	554	\$	10	\$	31,401	\$	96,755
Total Expense by Service ⁷	\$	796,088	\$	45,847	\$	109,338	\$	500,323	\$	1,451,596
As noted a								the Liquidator		
-	aut	horizes the	e Li		o b	e reimbursed	for	all administra	tio	n costs from
Section 1035 also		horizes the	e Li		o b	e reimbursed	for	all administra	tion	n costs from
ection 1035 also ssets of the estate The costs of	e: of e	mploying	spe	iquidator t cial deput	у со	ommissioners	, cl	erks, and assis	stan	ts
ection 1035 also ssets of the estate The costs of appointed conserving	e: of ei to c g, co	mploying arry out th onducting,	spe iis a liq	iquidator t cial deput article, and uidating, o	y co d al disp	ommissioners l expenses of oosing of, or o	, cl tak the	erks, and assis ing possession rwise dealing	stan 1 of wit	ts , h the
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1	commissioner, subject to the approval of the court, and shall be paid out of the assets of that person to the department.
2	
3	(Ins. Code, § 1035, subd. (a).) Insurance Code section 1036 similarly authorizes the Liquidator to
4	compensate legal counsel with the Court's approval.
5	The Liquidator is vested with substantial discretion to conduct the liquidation of an
6	insolvent insurer subject to the limitation "that the exercise of discretion be neither arbitrary nor
7	improperly discriminatory." (See In re Executive Life Ins. Co. (1995) 32 Cal.App.4th 344, 356
8	[citing Carpenter v. Pacific Mut. Life Ins. Co. (1937) 10 Cal.2d 307, 329].) His decisions to pay
9	administrative expenses in the ordinary course of business are reviewed by the Court on an abuse
10	of discretion standard. (In re Executive Life, supra, 32 Cal.App.4th at 358.)
11	The Commissioner is a public officer designated as the steward for the funds of
12	the insolvent insurer whose estate he or she administers. The Commissioner's initial determination necessarily requires adequately detailed information describing the work work performed how it was performed, the time spent and
13	describing the work performed, by whom it was performed, the time spent and when it was spent, and the rate and amount billed, unless an approved contract
14	specifies a different basis of compensation The Commissioner should possess sufficient information to be able to determine from the billings any excessive or duplicative charges, and sock electricity and correction where appropriate
15	duplicative charges, and seek clarification and correction where appropriate
16	To obtain court approval for payment of the fees deemed appropriate, the Commissioner must supply the court with adequate information to permit
17	intelligent evaluation of the basis for the Commissioner's determination. The court must be satisfied that the Commissioner has performed his duty to protect
18	the interests of the estate. It is not required by statute, nor is it practical, for the court to undertake a detailed review of the invoices before approving payment.
19	The Commissioner must, however, be ready to provide whatever documentation the court may find necessary in determining the propriety of the Commissioner's
20	request that payment be approved.
21	(Id. [affirming the trial court's approval of payment of legal fees under Insurance Code section
22	1036].)
23	The standards for approval of the fees and costs have been met. The professionals
24	employed for the liquidation of SeeChange provided the Liquidator invoices that describe in
25	detail the tasks performed, the person who performed the work, and the time expended on each
26	task. Invoices are reviewed by the Liquidator's staff who are familiar with the work performed
27	and are approved for payment only to the extent they comply with CLO guidelines and are
28	reasonable, necessary, accurate and appropriate. As described in the attached Declaration of
	10
	INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

1	Joseph Hollowey submitted berowith through his	staff the Liquidator corefully managed all fees				
1	Joseph Holloway submitted herewith, through his staff, the Liquidator carefully managed all fees					
2	and expenses to ensure that they were reasonable and necessary considering the circumstances					
3	and exigencies of this case. Accordingly, the Liquidator respectfully requests that the Court					
4	approve the payment of the fees and expenses.					
5	V. CONCLUSION					
6	Consistent with his obligations and the authority set forth under the Liquidation Order, the					
7	Liquidator is conducting a diligent and efficient liquidation of SeeChange. Thus, based on this					
8	Report, the Liquidator respectfully requests that the Court enter the proposed order served and					
9	lodged concurrently herewith, approve the fees and costs described herein, and set a continued					
10	status conference to take place in approximately 12	2 months.				
11	Dated: March 29, 2016	Respectfully Submitted,				
12		KAMALA D. HARRIS				
13		Attorney General of California STEPHEN LEW				
14		Senior Assistant Attorney General				
15		MATTHEW C. HEYN				
16		Deputy Attorney General Attorneys for Insurance Commissioner of the				
17		State of California				
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	INSURANCE COMMISSIONER'S SECOND S OF SEECHANGE HEALTH INSUR					

1	DECLARATION OF JOSEPH HOLLOWAY
2	I, Joseph Holloway, hereby declare as follows:
3	1. I am over 18 years old. I have personal, first-hand knowledge of the facts set forth in
4	this declaration. If called upon to testify to the facts below, I could and would competently do
5	so. I make this declaration in support of the Insurance Commissioner's Second Status Report on
6	the Liquidation of SeeChange Health Insurance Company and Request for Approval of
7	Liquidation Costs (the "Second Liquidation Report").
8	2. In Paragraph 3 of its <i>Liquidation Order</i> entered on January 28, 2015 (the
9	"Liquidation Order"), the Court appointed Insurance Commissioner Dave Jones to serve as
10	Liquidator of SeeChange Health Insurance Company ("SeeChange"). In that paragraph the
11	Court appointed me to serve as the on-site Liquidation Manager for SeeChange. I also served as
12	the on-site Conservation Manager for SeeChange from November 19, 2014 through January 28,
13	2015.
14	3. I have a Bachelor of Arts degree in accounting from North Carolina State University
15	and hold the designation of Certified Financial Examiner from the Society of Financial
16	Examiners. From 1985 to 2005, I worked as an examiner, regulatory specialist, and chief
17	forensic accountant for the North Carolina Department of Insurance. Since 2005, I have worked
18	for the Insurance Commissioner's Conservation & Liquidation Office. I have over 25 years of
19	experience working with insurance companies experiencing financial difficulties, including
20	companies in supervision, conservation, rehabilitation, and liquidation.
21	4. As a result of my appointment as Liquidation Manager of SeeChange, I am
22	knowledgeable concerning all of the steps taken by SeeChange and by the Liquidator to take
23	possession of and manage SeeChange's assets and records, and otherwise to manage SeeChange
24	in liquidation.
25	5. I have read the foregoing Second Liquidation Report and I believe that the facts set
26	forth in the report are true.
27	
28	
	12 INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION
	OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)

6. Through his staff, the Liquidator prepared a statutory-basis balance sheet for
 SeeChange for December 31, 2015. I supervised the preparation of the balance sheet and I
 believe it is accurate. The balance sheet is accurately reproduced in the foregoing Second
 Liquidation Report.

7. Pursuant to the authority vested in the Liquidator by the Liquidation Order, the
Liquidator retained professionals and incurred expenses necessary to allow him to perform all of
his duties and obligations. An accurate monthly breakdown of all fees and expenses that the
Liquidator paid during 2015 is included in the foregoing Second Liquidation Report.

8. Through his staff, the Liquidator carefully managed and reviewed all expenses and
fees incurred. He approved fees and expenses only when they were reasonable and proper
considering the circumstances and exigencies of SeeChange's liquidation. If the Court
determines that it is necessary, I am ready to provide whatever documentation the Court may
find necessary in determining the propriety of the fees and expenses paid.

I declare under penalty of perjury under the laws of the State of California that theforegoing is true and correct.

Date: March 29,2016

LA2014512962 INSURANCE COMMISSIONER'S SECOND STATUS REPORT ON THE LIQUIDATION OF SEECHANGE HEALTH INSURANCE COMPANY (BS152302)