

**DAYMED HEALTH MAINTENANCE PLAN, INC.  
NOTICE OF LIQUIDATION ORDER  
AND BAR DATE FOR FILING PROOFS OF CLAIM**

**ALL MEMBERS, HOSPITALS, PRIMARY CARE PHYSICIANS, SPECIALISTS, CREDITORS, AND OTHER PERSONS KNOWN OR REASONABLY EXPECTED TO HAVE CLAIMS AGAINST DAYMED HEALTH MAINTENANCE PLAN, INC.**

On March 4, 1999, DayMed Health Maintenance, Plan, Inc. ("DayMed") was determined to be insolvent and ordered liquidated by Judge Michael H. Watson of the Court of Common Pleas, Franklin County, Ohio, Case No. 99CVH03 01866. David S. Meyer, Ohio Interim Superintendent of Insurance, was appointed as Liquidator pursuant to Ohio Revised Code Chapter 3903 (the "Liquidator").

The Liquidation Order enjoins all persons from (1) instituting or continuing to prosecute any civil action or claim against DayMed or the Liquidator, (2) from in any way interfering with the possession, control, title, rights, and interests of the Liquidator as provided by Ohio Revised Code Sections 3903.01 to 3903.99, inclusive, or (3) taking any action which tends to give rise to waste of assets, a preference, judgment, attachment, lien or the making of a levy against DayMed or its property or assets subject to the possession or control of the Liquidator.

Pursuant to statute and court order, all policies of insurance and similar obligations issued by DayMed are canceled effective no later than 12:01 a.m., April 4, 1999, and all Medicaid enrollment through DayMed is terminated effective March 31, 1999. DayMed will provide no coverage or indemnification for any loss made after these dates. While coverage continues through these dates, payment of any covered claims is subject to the Proof of Claim process referenced below. All policyholders of DayMed should secure other coverage by the above dates. Contact your agent, broker, attorney and/or insurance advisor immediately to discuss your individual situation and for assistance in obtaining other coverage, or if you are a Medicaid enrollee, contact the Ohio Department of Human Services Consumer Hotline at 1-(800) 324-8680. If you have further questions regarding your healthcare options, please contact the Consumer Services Division of the Ohio Department of Insurance at 1-(800) 686-1526.

If coverage is secured with another company prior to 12:01 a.m., April 4, 1999, please send a copy of the declaration page, face sheet, or binder of the new policy, which shows the effective date of the new policy, to DayMed Health Maintenance Plan, Inc., In Liquidation at Suite B, 1952 W. Broad Street, Columbus, OH 43223 so that your DayMed policy can be cancelled as of the date you obtained the new coverage. If no evidence of replacement coverage is received, the DayMed policy will be canceled at 12:01 a.m., April 4, 1999, or the normal expiration date if the policy expires prior to April 4, 1999.

It is anticipated that you will receive a Proof of Claim form within the next 120 days to be used in filing your claim in the liquidation proceedings. A Proof of Claim form must be used for making a claim for any amounts owed you by DayMed. **THE DEADLINE FOR FILING CLAIMS IS DECEMBER 1, 1999.**

DayMed agents are not permitted to credit or refund unearned premium resulting from cancellations with effective dates after March 4, 1999. If you have a claim for unearned premium, it must be filed directly in the DayMed liquidation proceedings on a Proof of Claim form.

After all claims have been evaluated and the amount determined and approved by the Liquidation Court, covered claims that are allowed will be paid by priority level based on available funds. The amount paid will depend on the ratio of assets to total allowed claims by priority level. The Liquidator will not know the distribution percentage that can be paid on any individual claim until claims are evaluated and all assets converted to cash. This process will take a number of months after the deadline of December 1, 1999 for filing Proofs of Claim has passed and the Liquidator cannot state at this time if or when any distribution of assets will be made on allowed claims.

Providers that contracted with DayMed (Contract Providers) are prohibited by contract from pursuing members for unpaid balances covered by DayMed. Contract Providers must file a Proof of Claim form in the liquidation proceedings for any unpaid fees.

Any claims of which you become aware should be submitted to the Liquidator on a Proof of Claim form which will be provided to you at a later date. Please address all inquiries to: "DayMed Health Maintenance Plan, Inc., In Liquidation." The telephone number is 1- (614) 995-0855. Proofs of Claim must be returned to: DayMed Health Maintenance Plan, Inc., In Liquidation, Suite B, 1952 W. Broad Street, Columbus, Ohio 43223.

Alan F. Berliner  
Interim Superintendent of Insurance, State of Ohio  
Liquidator of DayMed Health Maintenance Plan, Inc.

(OVER)

**DAYMED HEALTH MAINTENANCE PLAN, INC., IN LIQUIDATION**  
**CLAIM NOTICE AND CLAIM FILING PROCEDURES**

1. Proof of Claim forms are anticipated to be mailed within the next 120 days to all known policyholders/insureds, claimants and creditors as reflected on the books and records of DayMed Health Maintenance Plan, Inc. The Proof of Claim should be completed in its entirety and all questions answered.
2. Your Proof of Claim form and all supporting documentation **must be received by the Liquidator on or before December 1, 1999**, the claim filing deadline established by the Liquidation Court.
3. If your claim is for unearned premium, you must submit documentation evidencing proof of premium payment and certify that you have not received the return of premium from your agent or broker, and/or that it has not been applied/credited to premium due by you for your new/replacement coverage.
4. If you move prior to receiving your Proof of Claim form, it is your responsibility to provide us with your new address. Failure to do so may result in your claim being barred from participating in any distribution of assets.
5. The Liquidator, in the normal course of the liquidation proceeding, will independently evaluate claims made against the assets of the DayMed Health Maintenance Plan, Inc.
6. When your claim is evaluated by the Liquidator, you will be notified as to the Liquidator's determination for the allowance or disallowance of your claim, and you will have 60 days from the date of the notice in which to submit a written objection if you disagree.
7. After all claims have been evaluated and the amount determined and approved by the Liquidation Court, covered claims that are allowed will be paid by priority level based on available funds. The amount paid will depend on the ratio of assets to total allowed claims by priority level. The Liquidator will not know the distribution percentage that can be paid on any individual claim until claims are evaluated and all assets converted to cash. This process will take a number of months after the deadline of December 1, 1999 for filing Proofs of Claim has passed and the Liquidator cannot state at this time if or when any distribution of assets will be made on allowed claims.