Family Health Hawaii, MBS (In Liquidation) c/o ASB TOWER STE 1190 1001 BISHOP ST HONOLULU, HAWAII 96813 <u>fhh@hawaii.rr.com</u> 1-844-717-7334

<u>CLAIMANT PARTIAL DISTRIBUTION PAYMENT</u> (THIS IS NOT A BILL)

May 7, 2019

Re: **Partial distribution of funds for your claim against the insolvent insurance company formerly known as FAMILY HEALTH Hawaii, MBS**

Dear Claimant:

Pursuant to the Order Granting Liquidator's Motion Regarding Report of Claims and Plan of Partial Distribution filed on April 23, 2019, in the Circuit Court of the First Circuit State of Hawaii, the Liquidator now makes a <u>Partial</u> distribution to the class 2 claimants of Family Health Hawaii, MBS ("FHH"). <u>Enclosed with this letter is a check constituting 38% of your claim amount</u>. There currently are insufficient assets to pay your claim in full. In the event there are sufficient assets to make another distribution to the Class 2 claimants, you will be notified.

Please cash your distribution check within <u>thirty (30) days from the date of the check</u>. Any checks which remain uncashed after thirty (30) days are void, and your claim amount will be transferred to the Unclaimed Property Program of the Hawaii State Department of Budget and Finance. Once transferred, you will only be able to receive your claim amount by following the rules governing unclaimed property in the State of Hawaii.

If your check needs to be reissued for any reason, please contact the Liquidator immediately. Failure to correct any errors prior to the thirty (30) day deadline will result in a transfer of your claim amount to the Unclaimed Property Program using the information the Liquidator currently has on file. The transfer of funds using incorrect information may further delay your receipt of your claim amount.

If you have any questions, please contact the Liquidator at the above address, email address or phone number.

Wayne Yempuku Liquidation Consultant Family Health Hawaii, MBS