BRETT O'NEIL BARBARA C. HARRIS Office of the Montana State Auditor, Commissioner of Securities and Insurance (CSI) 840 Helena Ave. Helena, MT 59601 406-444-2040 NANCY SWEENEY
CLERK DISCOURSE

FILED

DY LA STATE OF THE STATE OF THE

1

Attorneys for the CSI

MONTANA FIRST JUDICIAL DISTRICT COURT LEWIS AND CLARK COUNTY

IN THE MATTER OF THE LIQUIDATION OF CARECONCEPTS INSURANCE, INC, A RISK RETENTION GROUP,

Respondent.

CASE NO. BDV- 2016 - 6410

NOTICE OF APPOINTMENT OF SPECIAL DEPUTY LIQUIDATOR

COMES NOW, the Commissioner of Securities and Insurance, Office of the Montana State Auditor, by and through counsel, and submits the following notice of appointment of special deputy liquidator for CARECONCEPTS INSURANCE, INC., A Risk Retention Group (Respondent).

On August 8, 2016, this Court entered its Order Commencing Liquidation and Appointing Liquidator (Order). The Order appointed the Commissioner as Liquidator in this matter. The Order also included a provision that the Commissioner is vested with authority to appoint a special deputy liquidator to act on her behalf pursuant to Mont. Code Ann. § 33-2-1345.

Pursuant to the Court's Order and the authority provided in § 33-2-1345, the Commissioner hereby appoints Michael J. FitzGibbons as special deputy liquidator. Mr. FitzGibbons is the principal of FitzGibbons and Company, Inc., a financial services firm providing receivership services for liquidation of insurance companies. Mr. FitzGibbons is routinely engaged as a court-appointed receiver, regularly assists state insurance departments in liquidation actions, and holds the credential of Certified Insurance Receiver (ML). Mr. FitzGibbons will be assisted in his efforts by employees

of FitzGibbons and Company, Inc. and of the Office of the Montana State Auditor, Commissioner of Securities and Insurance.

Respectfully submitted this ______ day of August, 2016.

MONICA J. LINDEEN

Commissioner of Securities and Insurance,

Montana State Auditor

BRETT O'NEIL

BARBARA C. HARRIS

Attorneys for the Commissioner

CERTIFICATE OF SERVICE

I hereby certify that on the 22 day of August, 2016, I served a true and accurate copy of the foregoing Notice of Appointment of Special Deputy Liquidator upon the Respondent, by first class U.S. mail, to the following address:

Dan Seman ALPS Risk & Insurance Services 111 N. Higgins Ave., Suite 200 Missoula, MT 59801

> Offige of the Montana State Auditor, Commissioner of Securities and Insurance