

SEP 25 2023

ARKANSAS STATE CLAIMS COMMISSION
Phone #682-1619 – Fax #682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

RECEIVED

Part I

The records of the Arkansas Insurance Department of Arkansas, Phone # 501-371-2400
501-371-2412
Agency

Agency Address 1 Commerce Way, Building 4, Suite 501, Little Rock, AR 72022-2087

Reflect that Harmony Health Plan, Inc.
Payee/Payees

7700 Forsyth Boulevard, Clayton
Payee's Address City

MO, 63105, was/were issued
State Zip Code

State Warrant number [REDACTED], dated 04/04/2022

in the amount of \$ 79,349.00, the same being in payment

of Voucher No. [REDACTED], Agency No. [REDACTED]

Appropriation No. [REDACTED], Character Code [REDACTED]

Fund Code [REDACTED], Social Security No. [REDACTED], or

if corporation-Federal Tax ID No. [REDACTED]

Also, please furnish your current Business Area [REDACTED] Fund Code [REDACTED] Cost Center

Group [REDACTED] & Fund Center [REDACTED]

Becky Crow
Agency Disbursing Officer's Full Name (please print)

Becky Crow
Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

- _____ 1. I/we received and lost.
- _____ 2. I/we did not receive, endorse nor cash.
- _____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
- _____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- _____ 5. When this warrant was cashed, the endorsement was a forgery.

Arkansas
State Claims Commission

P2-19-4-403
AFFIDAVIT OF FORGED WARRANT

SEP 25 2023

The records of the Insurance Department of Arkansas
Agency
reflect that Harmony Health Plan, Inc. was issued Warrant number 2022
Payees(s) exactly as original warrant
Year [Redacted] Dated 04/04/22, in the amount of \$ 79,349.00, the
Warrant Number Date

RECEIVED

same being in payment of [Redacted]
Invoice # Agency # Fund Center Commitment Item Fund

Social Security # Gross Pay Withholding

Address - Payroll Only
501-371-2612
Daytime Telephone #

X Becky Connor
Disbursing Officer

I/We, Harmony Health Plan, Inc., state that:
Payee (s)

CHECK APPROPRIATELY - ALL THAT APPLY

- 1. I received and lost.
- 2. I did not receive, endorse nor cash.
- 3. I have not authorized another person to sign my name to the warrant.
- 4. I have no knowledge of the whereabouts of the warrant or of any other person having received cashed or endorsed the warrant.
- 5. If this warrant is presented for payment, the endorsement is a forgery.
- 6. The endorsement on same is a forgery.

X Kaittore Pollard
Payee Signature
7700 Forsyth Boulevard, STE 600
Address
Clayton, MO 63105
City, State, Zip Code

[Signature]
Second Payee Signature (If Applicable)
7700 Forsyth Blvd Ste 600
Address
Clayton, MO 63105
City, State, Zip Code

Daytime Telephone # (618) 402-4318 Daytime Telephone # (314) 505-6972
ON THIS THE 30th DAY OF August, 2023, before me personally
appeared _____ to me known to be the persons described in and who
executed the foregoing instrument and acknowledged that they signed, sealed, executed and
delivered the same as their free act and deed for the purpose therein mentioned.



X Angela Mia Todd
Notary Signature
NOTARY PUBLIC St. Charles MO
County State
My commission expires 5-25-25

INSTRUCTIONS – FILING OF AFFIDAVIT OF FORGED WARRANT FORM

1. Disbursement officer must complete form including agency, warrant number, date of issue, amount, invoice number, agency code, fund center (appropriation), commitment item (character code), fund, and disbursing officer's manual signature.
2. The entire form, including the notary portion, must be completed in order to process a lost or stolen warrant for all types of warrants.

Note: If there is more than one payee on an AASIS non-payroll warrant, BOTH must sign.

ANGELA MIA TUCKER
Notary Public - Notary Seal
STATE OF MISSISSIPPI
St. Charles County
My Commission Expires May 25, 2025
Commission # 1148278

Bond for Reissuing Warrant (P5-19-4-403)
State of Arkansas

Warrant Number to be Reissued _____ Warrant Amount \$ 79,349.00
Paying State Agency Arkansas Insurance Department Phone Number (501) 371-2612
Agency Contact Becky Crow

Know by all men by these presents that we the undersigned,

Kaitlyne Pollard and Thomas Zenk
as payee(s) as his surety

are held and firmly bound unto the State of Arkansas in the sum of: \$ 158,698.00
(The amount must be double the sum of the warrant. Triple if second reissue.)

The condition of this obligation is that the said payee,

Harmony Health Plan, Inc. has (check one):
Payee Name

Lost Stolen Failed to receive

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this 30th day of August, 20 23

First Payee Taxpayer Identification Number (SSN or Federal ID): _____

Kaitlyne Pollard X Kaitlyne Pollard
First Payee Name First Payee Signature

7700 Forsyth Boulevard, STE 600 (618) 402-4318
Payee Mailing Address Clayton, MO 63105 Payee Phone Number

If Applicable
Second Payee Taxpayer Identification Number (SSN or Federal ID): _____
X
Second Payee Name Second Payee Signature

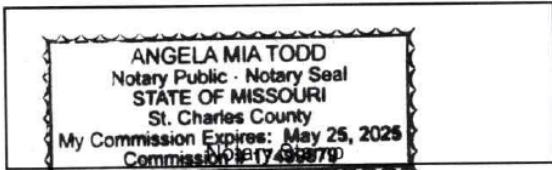
Surety must be 18 years of age or older and must be someone other than the payee(s)

Thomas Zenk X [Signature]
Surety Name (Printed or Typed Name) Surety Signature

7700 Forsyth Blvd, STE 600 (314) 505-6972
Surety Mailing Address Clayton, MO 63105 Surety Phone Number

Surety, after first being duly sworn, states that his real and personal property is sufficient to meet the requirements for the bonded amount.

Subscribed and sworn before this 30th day of August, 20 23



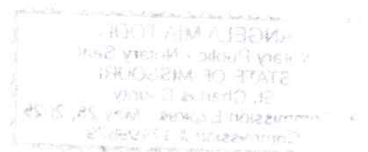
X [Signature]
Notary Public Signature

My Commission Expires: 5/25/25

**INSTRUCTIONS
FILING OF BOND FOR REISSUING WARRANT FORM**

1. Disbursement officer must complete the following fields on the form: warrant number, amount, paying state agency, phone, agency contact, and the surety amount (double the sum of the warrant).
2. The entire form, including the notary portion and surety, must be completed in order to process a lost or stolen warrant for all types of warrants.
3. The payee must be an individual, not a business.
4. The surety must be an individual 18 years or older that is not the payee or a business.
5. The bond form must be notarized, stamped, and signed by the notary.

*Note: If there is more than one payee on an AASIS non-payroll warrant, **BOTH** must sign. State or Local governments, as well as school districts, do not need to fill out the bond form for a warrant reissue. The Bond Form is only required for current year forgeries and prior year reissues.*





Department of Finance and Administration
Office of Accounting
Non-Payroll Warrant Cancellation Form
(Prior and Current Year)

DFA
SEP 11 2023
OFFICE OF ACCOUNTING

Warrant Number:	Agency Number	Agency Name	
		Arkansas Insurance Department	CODE A FOR PICK-UP
Reason for Cancellation: LOST WARRANT: Harmony Health Plan, Inc. never received the \$79,349.00 warrant.			

Void Reason: 05 Printed incorrectly 06 Destroyed/Unusable 10 Check voided after printing
 13 Reported lost 16 Undeliverable

Is the Warrant to be reissued? Yes No

If no, what are the corresponding document numbers? If it is a MIRO document, provide both document numbers. The invoice numbers provided will used to reverse the invoice, if the invoice is reversed.

Is this a multi-payee invoice document? Yes No

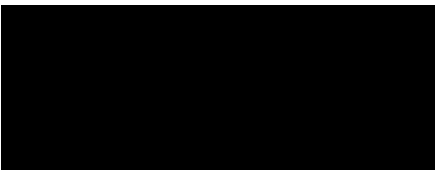
If yes, provide the following information from the invoice document.

	Fund
	Fund Center (Appropriation)
	Vendor Number
	G/L Code
	Amount
	Cost Center
	Tax Code
	WBS Element
	Internal Order
	Line Item # from Invoice

Completed by	Becky Crow	Phone (501) 371-2612
--------------	------------	----------------------

Remit form to:
Office of Accounting, 1509 W 7th, Suite 403, Little Rock, AR 72203
Telephone: (501) 682-1675 | Fax: (501) 683-0823

**ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants**

Warrant:  **Date:** 9/27/2023

Name of Payee:

Amount: \$79,349.00

Upon checking with Rick of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

CM

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

September 27, 2023

Harmony Health Plan, Inc.
c/o Kaitlyne Pollard
7700 Forsythe Boulevard
Clayton, Missouri 63105

RE: **Claim No. 231587** – Reissuance of Check No. [REDACTED]

Dear Ms. Pollard,

The Claims Commission received notification from the Arkansas Insurance Department that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

In order to have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

January 15, 2025

Harmony Health Plan, Inc.
c/o Catherine Caso
7700 Forsyth Boulevard
Attn: Unclaimed Property
Clayton, Missouri 63105

RE: **Claim No. 231587** – Reissuance of Check No. [REDACTED]

Dear Ms. Caso,

The Claims Commission received notification from the Arkansas Insurance Department that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

In order to have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with SaBreana Hyche or me.

Sincerely,

Kathryn Irby

ES: sjhyche

Enclosure

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

CLAIM FORM

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

1. Claimant *(If there are additional claimants, please fill out an additional form for each)*

Plan, Inc Harmony Health		us_aupclaims10@pwc.com		
_____		_____		
(title/last name/first name or company)		(email)		
7700 Forsyth Blvd	Clayton	MO	63105	
(address)	(city)	(state)	(zip)	(primary phone)

2. Claimant's Legal Counsel *(If not represented by an attorney, you may skip this section)*

_____	_____	_____	_____	_____
(last name)	(first name)	(state)	(zip)	(email)
_____	_____	_____	_____	_____
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: _____

If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.

3. State Agency Involved Arkansas Insurance Department

(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)

4. Incident Date 4/4/2022

5. Claim Type

Reissuance of Warrant

5a. Location of Incident

5b. Explanation of Incident

Premium tax overpayment for tax year 2021. Check was never received by company.

5c. CHECK HERE if this claim involves damage to a motor vehicle.

5d. CHECK HERE if this claim involves damage to property other than a motor vehicle.

5e. Insurance Coverage

- If your property was covered by insurance on the date of the incident, you must provide a copy of the insurance declarations in effect at that time. This is not the same as your insurance card. You may obtain a copy of your insurance declarations from your insurer or insurance agent.

- If you did NOT have insurance coverage in effect on your property on the date of the incident, CHECK HERE

5f. Additional Required Documents for Property Damage Claims

You must submit invoice(s) documenting repair costs OR three estimates for repair OR an explanation why this documentation cannot be provided.

6. If a state vehicle was involved, please provide the following information

(type of state vehicle involved)

(license number)

(driver)

7. If your claim involves personal injuries, please CHECK HERE

- All personal injury claims require a copy of your health insurance information in place at the time of the incident.

- If you did NOT have health insurance on the date of the incident, CHECK HERE

8. Amount Sought: \$79,349.00

IMPORTANT

Please note that the Claims Commission staff is happy to answer questions about the claim process, but Claims Commission staff cannot give legal advice. For questions please contact us through email at ascc.new.claims@arkansas.gov or by phone at (501) 682-1619.

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by Harmony Health (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Catherine Caso

Name of Representative of Business Entity
(must be printed legibly)

Catherine Caso

Signature of Representative

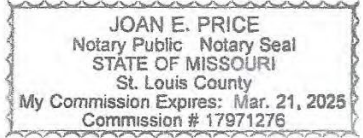
Acknowledgement

State of Missouri

County of St. Louis

On this the 13th day of March, 2025, before me, the undersigned notary, personally appeared Catherine Caso known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.



[Seal of Office]

Joan E. Price

Signature of Notary Public

My Commission expires: March 21, 2025

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

HARMONY HEALTH PLAN, INC

CLAIMANT

V.

CLAIM NO. 231587

ARKANSAS INSURANCE DEPARTMENT

RESPONDENT

ORDER

This claim was filed by Harmony Health Plan, Inc. (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$79,349.00 payable from Arkansas Insurance Department.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$79,349.00 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, Chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: June 5, 2025

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).