IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR LEON COUNTY, FLORIDA

In re: THE RECEIVERSHIP of UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC., a Florida corporation

CASE NO.: 2013-CA 00358

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DEPARTMENT'S MOTION FOR COURT APPROVAL OF FOURTH INTERIM CLAIMS REPORT

The Florida Department of Financial Services, as Receiver for UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC. (hereinafter "UHCIC" or "the Department"), files this Motion for Court Approval of Fourth Interim Claims Report, and states as follows:

1. On March 22, 2013, the Florida Department of Financial Services was appointed Receiver of Universal Health Care Insurance Company, Inc. by Order of this Court. UHCIC was ordered into liquidation effective April 1, 2013.

2. UHCIC was a Florida Health Insurance Company based in St. Petersburg, Florida.

3. On May 6, 2016, the Department's First Interim Claims Report was approved[1], which included recommendations as to Classes 2 through 8 in the UHCIC receivership estate. That Report consisted only of non-guaranty association claimants, specifically 6,762 filed claims.

4. On May 24, 2018, the Department's Second Interim Claims Report was approved, which contained a total of 1,121 non-guaranty association claims.

5. On September 5, 2018, the Department's Third Interim Claims Report was approved, which contained two Class 1 claims of the National Organization of Life & Health Guaranty Association (NOLHGA), one Class 2 claim by NOLHGA, and one Class 8 claim by a

[1] An *Amended Order Approving Receiver's First Interim Claims Report* with a minor revision to the original Order was entered on June 22, 2016, *nunc pro tunc* to May 6, 2016.

provider.

6. The Department now seeks approval of the Fourth Interim Claims Report, which contains two parts: Part A, for Non-Guaranty Association Claimants (marked as Exhibit A), which contains one Class 11 claimant; and Part B, for Guaranty Association Claimants (marked as Exhibit B), which contains one Class 1 claimant.

7. In order to assure the validity of claim assignments, to assure that the processing of assignments does not create an undue burden on estate resources, and to assure that assignment decisions are made using the best information available, the Department does not recognize or accept any assignment of claim by the claimant of record unless the following criteria are met:

A. A distribution petition has not been filed with this Court;

B. The Department has been provided with a properly executed and notarized assignment of claim agreement entered between the parties; and

C. The Department has been provided with a properly executed and notarized Department's Assignment of Claim Change Form and required supporting documentation.

D. The claimant understands that they will no longer have any title, interest, or rights to the claim including future mailings and distributions if they occur.

8. Pursuant to Section 631.182, Florida Statutes, claimants are entitled to notice of the Department's recommendation on their claims and the deadline for filing an objection. The deadline to be established for filing objections will not be less than forty-five (45) days from the date of this Court's Order granting approval of the Reports. A sample copy of the "Notice of Determination" containing this information and provided to claimants is attached hereto as Exhibit "C."

9. The Department has a procedure for dealing with late-filed objections. For any

objection filed after the deadline, the Department will send a letter to the claimant advising the claimant that his/her/its objection was not filed in compliance with the Florida Statutes and this Court's Order and therefore will not be handled as a filed objection. A copy of this letter will be filed with the Court.

10. In an ongoing effort to maintain accuracy and efficiency, the Department proactively works to update its records to reflect change of address information for interested parties (e.g. agents, claimants, creditors, policyholders, subscribers) before mailing notifications and distribution checks. The Department has access to databases and other publicly available information which provide updated information. The Department recommends that it have the authority to search for change of address information when applicable and to use the change of address information for future mailings without further direction of this Court.

11. The Department requests that its recommendation set forth in the Report be approved unless an objection is filed thereto within the deadline approved by the Court.

WHEREFORE the Department respectfully requests this Court enter an Order:

A. Approving the Department's Fourth Interim Claims Report and Recommendations on Claims for which no objections are filed.

B. Authorizing and directing the Department to provide notice to the claimant, as herewith reported to the Court, of the Department's recommendation regarding his claim, by United States Mail to the last known address of such person or entity, as shown in the Department's files.

C. Authorizing the Department to establish an objection filing deadline that is not less than forty-five (45) days from the date of this Court's Order granting approval of the Department's Report.

D. Approving the Department's sample Notice of Determination, and directing all persons or entities who have filed claims, or had them deemed filed, to file in writing any objection to the Department's Report they might have with the Clerk of this Court by the objection filing deadline, at:

Clerk of the Leon County Circuit Court
Second Judicial Circuit
Leon County Courthouse
301 S. Monroe Street
Tallahassee, FL 32301

And file a copy of said objection on the Department at the following address:

Florida Department of Financial Services, as
Receiver for Universal Health Care Insurance Company, Inc.
2020 Capital Circle S.E., Suite 310
Tallahassee, FL 32301

E. Requiring any person filing an objection to clearly state the name and claim identification number of the person filing the objection and to provide documentation supporting the objection and claim, and that the Court will not consider any information or documentation submitted after the objection is filed.

F. Approving the Department's procedure for addressing late filed objections.

WHEREFORE the Florida Department of Financial Services as Receiver of UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC. requests the Court to approve the Receiver's Fourth Interim Claims Report as more fully stated above.

Respectfully submitted this 7th day of January, 2019.

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FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.
FOURTH INTERIM CLAIMS REPORT
PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 542	**POLICY NUMBER :**	**INSURED :**		**AMOUNT CLAIMED :**	$1.00
ID NO : 9003832-1	**CLAIM NUMBER :**	**CLAIMANT :**	UNIVERSAL HEALTH CARE GROUP INC	**AMOUNT RECOMMENDED :**	$1.00
PRIORITY : CLASS 11	**INS/CLMT STATE :**			**AMOUNT GUARANTY PAID :**	$0.00
STATUS : Evaluated	**DATE OF LOSS :** 04/01/2013		C/O SONEET KAPILA CH11TRUSTEE	**AMOUNT RECMD CLAIMANT :**	$1.00
	DATE PROOF FILED : 06/30/2014		PO BOX 14213		
			FT LAUDERDALE,FL 33302		

EXHIBIT A

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9
*** If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.
FOURTH INTERIM CLAIMS REPORT
PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	$1.00
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	$1.00
TOTAL NUMBER	1

Secured Claims

COUNT OF SECURED CLAIMS	0		
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	$0.00		
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION			

UnSecured Claims

COUNT OF CLASS 1 CLAIMS	0	COUNT OF CLASS 7 CLAIMS	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS		AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 2 CLAIMS	0	COUNT OF CLASS 8 CLAIMS	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	$0.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS		AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 3 CLAIMS	0	COUNT OF CLASS 9 CLAIMS	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS		AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	
COUNT OF CLASS 4 CLAIMS	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	$0.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:			
COUNT OF CLASS 5 CLAIMS	0	COUNT OF CLASS 11 CLAIMS	1
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS:	$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	$1.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	$1.00
COUNT OF CLASS 6 CLAIMS	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION CLAIMANTS	$0.00		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :			

Note: Class 10 Claims are comprised of interest per F S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.
FOURTH INTERIM CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

COMPANY: 542	**POLICY NUMBER :**	**INSURED :**		**AMOUNT CLAIMED :**	$62,038.69
ID NO : 9000058-1	**CLAIM NUMBER :**	**CLAIMANT :**	SOUTH CAROLINA LIFE ACCIDENT&HEALTH INS GUAR ASSOC	**AMOUNT RECOMMENDED**	
PRIORITY : CLASS 1	**INS/CLMT STATE :**			**TO GUARANTY ASSOCIATION :**	$28,997.69
STATUS : Evaluated	**DATE OF LOSS :** 04/01/2013		PO BOX 8625		
	DATE PROOF FILED : 06/12/2014		COLUMBIA,SC 29202		

EXHIBIT B

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.
*** If status is unevaluated, then dollar amounts have been suppressed

FLORIDA DEPARTMENT OF FINANCIAL SERVICES -DIVISION OF REHABILITATION AND LIQUIDATION
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.
FOURTH INTERIM CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	$62,038.69
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION CLAIMANTS	$28,997.69
TOTAL NUMBER	1

COUNT OF CLASS 1 CLAIMS :	1	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	$62,038.69	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	$28,997.69	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	$0.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 8 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY GUARANTY ASSOCIATION :	$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY GUARANTY ASSOCIATION :	$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 9 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY GUARANTY ASSOCIATION :	$0.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO GUARANTY ASSOCIATION :			
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY GUARANTY ASSOCIATION :	$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS:	$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO GUARANTY ASSOCIATION :		AMOUNT RECMD FOR CLASS 11 CLAIMS TO GUARANTY ASSOCIATION CLAIMANTS :	
COUNT OF CLASS 6 CLAIMS :	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY GUARANTY ASSOCIATION :	$0.00		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO GUARANTY ASSOCIATION :			

Note: Class 10 Claims are comprised of interest per F.S. 631.271 (1) (j) on allowed claims in Classes 1 - 9.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
January 7, 2019
NOTICE of DETERMINATION

«IMBARCODE»
RCN: «RCN»
«FULLNAME»
«ADDRESSLINE1»
«ADDRESSLINE2»
«city» «state» «ZIPCODE»

INSURED NAME:	«POLICYHOLD»
POLICY NUMBER:	«POLICY_NO»
CLAIM NUMBER:	«CLAIM_NO»
CLASS:	«CLASS»
AMOUNT CLAIMED:	«AMT_CLAIMD»
AMOUNT RECOMMENDED CLAIMANT:	«AMT_DUE_CL»
EVALUATION CODE:	«EVALCODE1»
EMAIL: «EMAIL»	

OBJECTION FILING DEADLINE: Day, Month/Date/Year

The purpose of this Notice of Determination (NOD) is to inform you of the Department's recommendations concerning the amount recommended and classification of a claim that was filed by you or someone on your behalf.

A listing of the evaluation codes and their descriptions is available here: https://www.myfloridacfo.com/division/receiver/ClaimEvaluationCodes_000.htm.

Information outlining the statutory classification of claims ("Priority of Claims") is available here: http://www.myfloridacfo.com/Division/Receiver/PriorityOfClaims.htm.

If the "Amount Recommended Claimant" is blank, your claim was not evaluated for an amount recommended as there are insufficient funds to pay your claim. Additional explanation regarding payment of claims and outside third party offers to purchase claims (assignments) is on the back of this form.

If you have received any payments related to this claim (liability settlements, etc.) or have any unpaid obligations to the Federal Government (IRS liens, etc.), you are required to notify us.

If you agree with the amount recommended and the assigned class, no further action on your part is necessary. If you object to the amount recommended or to the assigned class of your claim, you **must** file your **WRITTEN** objection with **BOTH** the Department (address below) and The Clerk of Court at:

CLERK OF THE LEON COUNTY CIRCUIT COURT
LEON COUNTY COURTHOUSE
301 S. MONROE STREET
TALLAHASSEE, FLORIDA 32301

Your objection **must be filed** (received) by the objection filing deadline noted above. We recommend that you send your objection by certified mail, return receipt requested. **OBJECTIONS FILED (RECEIVED) AFTER THE DEADLINE WILL NOT BE CONSIDERED.** The objection procedure is:

1. At the top of your statement, include the following information: (a) Civil Action Number<<**CASE_NO**>>, Second Judicial Circuit Court, Leon County, Florida; (b) the RCN noted above your name; and (c) your address, email address and telephone number.
2. State in detail all legal and factual reasons for your objection.
3. Attach a copy of this notice and any supporting documentation to your objection. By Order of the Court, all documentation must be filed with your objection.
4. File the original with the Clerk of Court, file a copy with the Department, and keep a copy for yourself.
5. If your objection cannot be resolved, a hearing will be scheduled before the Circuit Court, Leon County, Florida.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
2020 CAPITAL CIRCLE SE, SUITE 310
TALLAHASSEE, FLORIDA 32301
Website: http://www.myfloridacfo.com/division/receiver
Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-413-3997

EXHIBIT C

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»

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PAYMENT OF CLAIMS INFORMATION

Please be advised that the assets in the receivership estate of «COMPANY» may not be sufficient to fund a distribution payment to all claimants. Distribution of funds to claimants is made in accordance with Section 631.271, Florida Statutes. This statute specifies the order in which claims are paid and may differ depending on the year the company was placed into receivership. Beginning with Class 1, all approved claims in a class must be paid in full before any payment is made to the next class. If there are insufficient funds to pay a class in full, all approved claims in that class are paid in equal pro rata shares. Therefore, depending on the assets available for distribution, you and other claimants in your class may only receive a percentage of the amount recommended on your claim (i.e. 25% pro rata share distribution of funds in your class equals 25 cents on the dollar). Further information on the financial condition of **«COMPANY»** can be found at the Department's website listed below.

As part of its duties, the Department must investigate, collect and convert all company assets into cash, evaluate claims and resolve all objections regarding the Department's evaluation. This process usually takes several years to complete. Distributions to claimants are made only if/when sufficient funds become available and the Court has approved the distribution. We cannot currently estimate if/when a payment may be made. Your patience in this process is appreciated.

CLAIMANT INFORMATION

If a distribution is made, the payee(s) name(s) on the claim check will be the same as the name(s) appearing on the front of this form. If the information on this form, including address, is incorrect, or becomes incorrect in the future, it is your responsibility to notify the Department and document any changes to a claimant's name or address. Information on how to submit a name and/or address change is available at the Department's website listed below.

Some non-confidential information (i.e., certain claimant names, addresses and recommended claim information) is compiled by the Department and filed with the Court in order to make recommendations regarding the value and class of claims. This information is available to consumers as a public record in accordance with Article I, Section 24 of the Florida State Constitution and Chapter 119, Florida Statutes, and may be accessed through the court files of this receivership or via the Department's website.

***IMPORTANT INFORMATION*:** You may be contacted by outside third parties who may offer to purchase your claim for a discounted amount in exchange for the transfer of your rights to a distribution, if any, in the future. Please be advised that the Department is not in any way affiliated with third party purchasers of claims and cannot advise or counsel individual claimants with respect to any potential distribution amounts or assist a claimant in the personal decision whether to sell their claim to an outside third party for less than the full amount recommended or wait for a distribution. All available information on the financial condition of **«COMPANY»** may be found at the Department's website listed below.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
2020 CAPITAL CIRCLE SE, SUITE 310
TALLAHASSEE, FLORIDA 32301
Website: http://www.myfloridacfo.com/division/receiver
Telephone: 850-413-3081, Toll Free: 800-882-3054, Facsimile: 850-413-3997