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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., CASE NO.: 2013-CA 00358
a Florida corporation,
_____/

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES' MOTION FOR ORDER APPROVING FOURTH FINAL CLAIMS REPORT, FOURTH DISTRIBUTION REPORT, DISTRIBUTION ACCOUNTING AND FOR ORDER AUTHORIZING FOURTH PARTIAL DISTRIBUTION

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation, as Receiver for Universal Health Care Insurance Company, Inc. ("UHCIC"), by and through undersigned counsel, hereby files this *Motion for Order Approving Fourth Final Claims Report, Fourth Distribution Report, Distribution Accounting Statement and Authorizing Fourth Partial Distribution* and as good grounds therefor states the following:

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

2. Pursuant to section 631.021(1), Florida Statutes, this Court has jurisdiction over the UHCIC receivership and is authorized to enter all necessary and/or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, part I, chapter 631, Florida Statutes.

3. On May 6, 2016, this Court entered the *Order Approving the Department's First Interim Claims Report and Recommendation on Claims* ("First ICR"), which addressed 2 secured claims and 6,762 non-guaranty association claims in Classes 2, 4, 5, 6, 7 and 8.

4. On May 24, 2018, the Court entered an *Order Approving Department's Second Interim Claims Report and Recommendation on Claims* ("Second ICR"), which addressed 1,121 claims in Classes 2, 6, 8, 9 and 11.

5. **First Partial Distribution**: On June 25, 2018, the Department sought approval for, and the Court granted, the Department's First Final Claims Report and its application to make a partial distribution to many claimants whose claims were reported and evaluated in the First ICR. The Department distributed approximately $24,819,538.42 to those claimants, consisting of two secured claimants as well as over 3,000 claimants in Classes 2, 4, 5, 6, 7 and 8. This distribution represented 100% distribution of the recommended claim amount for these claims.

6. On September 6, 2018, the Court entered an *Order Approving Department's Third Interim Claims Report and Recommendation on Claims* ("Third ICR"), which included 4 claims: 1 non-guaranty association Class 8 claim, 2 guaranty association ("GA") Class 1 claims, and 1 GA Class 2 claim.

7. **Second Partial Distribution**: On January 3, 2019, the Department sought approval for, and the Court granted, the Department's Second Final Claims Report and its application to make a second partial distribution to claimants whose claims were evaluated and whose objections were resolved as of the date of the filing of the application. The Department distributed approximately $2,764,388.04 to 128 Class 2 and Class 8 claimants. This distribution represented 100% distribution of the recommended claim amount on these claims.

8. On January 9, 2019, the Court entered an *Order Approving Department's Fourth Interim Claims Report and Recommendation on Claims* ("Fourth ICR"), which contains 1 Non-GA Class 11 claim and 1 GA Class 1 claim.

9. **Third Partial Distribution:** On February 17, 2021, the Department sought approval for, and the Court granted, the Department's Third Final Claims Report and its application to make a third partial distribution to claimants whose claims were evaluated and whose objections were resolved as of the date of the filing of the application. The Department distributed approximately $18,563,455.17 to 4 claimants in Classes 1, 2, and 9. This distribution represented a 100% distribution of the recommended claim amount on these claims.

10. After the entry of the Order approving the Department's First ICR, Comprehensive Behavioral Care, Inc. n/k/a Advanzeon Solutions, Inc., ("Advanzeon") filed an objection to the Notice of Determination provided by the Department. The Department and Advanzeon were unable to resolve the objection, and on December 11, 2017 and April 4, 2018, the Receivership Court held hearings pursuant to section 631.182, Florida Statutes, on Advanzeon's objection. The Court entered an Order on May 15, 2018, overruling Advanzeon's objections and allowing Advanzeon a Class 2 Claim in the UHCIC receivership estate in the total amount of $139,344.04.

11. The Department has compiled a Fourth Final Claims Report dated December 13, 2021, and it is a compilation of all the claims evaluated to date by the Department, in accordance with section 631.271, Florida Statutes. This report also incorporates the resolution of all timely filed objections, including the resolution of the Advanzeon objection, and claimant information updates. The total amount claimed to date is $316,527,189.22. The total amount recommended by the Department to date is $71,398,671.27. A summary of the Fourth Final Claims Report is attached hereto and incorporated herein by reference as **Exhibit A**.

12. With the approval of the Department's Fourth Final Claims Report, the Department is now in the position to make a fourth partial distribution of receivership assets. Said assets will be distributed to Class 2 Claimant, Advanzeon Solutions, Inc., in accordance with the Fourth

Claims Distribution Report dated December 7, 2021. The Fourth Claims Distribution Report is attached hereto and incorporated herein by reference as **Exhibit B.**

13. The Department has compiled a Distribution Accounting Statement—*Projected for a December 2021 Distribution*, (the "*Distribution Accounting*"). As shown in the *Distribution Accounting*, the Department is prepared to make a fourth partial distribution of $139,344.04 to Class 2 Claimant, Advanzeon Solutions, Inc. This distribution constitutes 100% of the amount recommended on Advanzeon's Class 2 claim. The final pro-rata calculation and the amount distributed may have a slight variance due to rounding at the time of check processing. The *Distribution Accounting* is attached hereto and incorporated herein by reference as **Exhibit C**.

14. The Department recommends that the Fourth Final Claims Report, Fourth Claims Distribution Report, and Distribution Accounting be approved.

15. Upon the filing of this Motion for Order Authorizing Distribution, no further assignment of claim shall be accepted by the Department.

16. 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 that provides updated address information. The Department requests 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.

17. Despite its best efforts, the Department is not always able to distribute funds to every claimant when funds are ready for distribution due to either bad addresses or W-9 issues.

The Department recommends that the unclaimed funds be transferred to the unclaimed property unit(s) of the state(s) reflected in the claimants' last address of record in the Department's files.

WHEREFORE, the Department moves this Honorable Court for entry of an Order:

A. Approving and adopting the Department's Fourth Final Claims Report, the Fourth Claims Distribution Report, and Distribution Accounting Statement;

B. Directing the Department to make the above-referenced distribution to the claimants as indicated in the Distribution Accounting;

C. Directing the Department not to recognize or accept further assignment of claims;

D. Authorizing the Department to update its records to incorporate change of address information for an interested individual/entity (e.g. agent, claimant, creditor, policyholder, subscriber) if the Department determines that there has been a change of address for an interested individual/entity and authorizing the Department to use the change of address information for future mailings; and

E. Authorizing the Department to transfer unclaimed funds to the unclaimed property unit(s) of the state(s) reflected in the claimants' last address of record in the Department's files.

RESPECTFULLY SUBMITTED on this the 10th day of February 2022.

/s/ Jamila G. Gooden
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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on February 10, 2022, a complete and accurate copy of the foregoing document was filed with the Clerk of Courts using the Florida Courts e-filing portal and was served on all email addresses listed in the portal for service in this matter.

/s/Jamila G. Gooden, Esq.

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	$307,657,875.53
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	$62,816,455.27
TOTAL NUMBER	7,884

Secured Claims

COUNT OF SECURED CLAIMS :	2
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	$8,311.41
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	$17,399.11

UnSecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	3
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	$46,744.57
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :		AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	$46,744.57
COUNT OF CLASS 2 CLAIMS :	6,387	COUNT OF CLASS 8 CLAIMS :	1,384
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	$213,665,297.36	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	$30,965,480.52
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	$20,705,170.55	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	$3,658,746.28
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	1
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	$18,549,102.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	$18,350,309.00
COUNT OF CLASS 4 CLAIMS :	1	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	$1.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:			
COUNT OF CLASS 5 CLAIMS :	8	COUNT OF CLASS 11 CLAIMS :	30
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	$3,374,001.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	$38,506,019.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	$841,000.00	AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS	$16,529,729.00
COUNT OF CLASS 6 CLAIMS :	68		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	$2,542,918.67		
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	$2,667,356.76		

Exhibit A

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.
FINAL CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	$8,869,313.69
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION CLAIMANTS	$8,582,216.00
TOTAL NUMBER	4

COUNT OF CLASS 1 CLAIMS :	3	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	$2,386,140.69	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :	$2,099,043.00	AMOUNT RECMD FOR CLASS 7 CLAIMS TO GUARANTY ASSOCIATION :	
COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY GUARANTY ASSOCIATION :	$6,483,173.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY GUARANTY ASSOCIATION :	$0.00
AMOUNT RECMD FOR CLASS 2 CLAIMS TO GUARANTY ASSOCIATION :	$6,483,173.00	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-DIVISION OF REHABILITATION AND LIQUIDATION
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.
CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	$1,732,462.83
TOTAL AMOUNT RECOMMENDED	$139,344.04
TOTAL NUMBER	1

Secured Claims

COUNT OF SECURED CLAIMS :	0
AMOUNT CLAIMED FOR SECURED CLAIMS :	
AMOUNT RECOMMENDED FOR SECURED CLAIMS :	

Unsecured Claims

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS :		AMOUNT CLAIMED FOR CLASS 7 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS :	
COUNT OF CLASS 2 CLAIMS :	1	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :	$1,732,462.83	AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :	$139,344.04	AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS :	
COUNT OF CLASS 3 CLAIMS :	0	COUNT OF CLASS 9 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 3 CLAIMS :		AMOUNT CLAIMED FOR CLASS 9 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 3 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 9 CLAIMS :	
COUNT OF CLASS 4 CLAIMS :	0	CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT CLAIMED FOR CLASS 4 CLAIMS :			
AMOUNT RECOMMENDED FOR CLASS 4 CLAIMS :			
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS :		AMOUNT CLAIMED FOR CLASS 11 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS :		AMOUNT RECOMMENDED FOR CLASS 11 CLAIMS :	
COUNT OF CLASS 6 CLAIMS :	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS :			
AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :			

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

Exhibit B

Universal Health Care Insurance Company
Distribution Accounting - 4th
Projected for December 2021 Distribution

ESTIMATED ASSETS AT November 30, 2021

	$	**22,740,150.77**
Cash		
	$	22,740,150.77
Total Assets	**$**	**22,740,150.77**

DISTRIBUTION RECOMMENDATION

	Claims Values for 4th Distribution	Less Previous Claims Distributions	Value of 1st, 2nd, 3rd &4th Interim Claims Outstanding	Apply Adv. Pmts. to Guaranty Assoc.	Recommended Distribution	% Value of Claims Outstanding	% Value of Gross Filed Claims	Total % of Claims Value Distributed
Secured Claims	$ -	$ -	$ -	$ -	$ -	0.0000%	0.0000%	0.0000%
Class I - Administrative Claims-Guaranty Funds	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Guaranty Funds	-	-	-	-	-	0.0000%	0.0000%	0.0000%
Class II - Loss Claims-Other	139,344.04		139,344.04		139,344.04	100.0000%	100.0000%	100.0000%
Class III - Return Premium Claims-Guaranty Funds	-	-	-		-	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Other	-	-	-		-	0.0000%	0.0000%	0.0000%
Class IV - Federal Government Claims	-	-	-		-	0.0000%	0.0000%	0.0000%
Class V - Employee Claims			-		-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims GA	-	-	-		-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims Other		-	-		-	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims			-		-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	-		-		-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other-GA	-	-	-		-	0.0000%	0.0000%	0.0000%
Class X - Interest Claims	16,757,074.90	-	16,757,074.90		-	0.0000%	0.0000%	0.0000%
Class XI - Shareholder Claims	16,529,730.00	-	16,529,730.00		-	0.0000%	0.0000%	0.0000%
Totals	**$ 33,426,148.94**	**$ -**	**$ 33,426,148.94**	**$ -**	**$ 139,344.04**			

Exhibit C