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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 FIFTH INTERIM CLAIMS REPORT
AND RECOMMENDATION ON CLAIMS**

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation, as Receiver for Universal Health Care Insurance Company, Inc. ("Department"), by and through undersigned counsel, hereby files this *Motion for Order Approving Fifth Interim Claims Report and Recommendation on Claims* and in support thereof states the following:

1. On March 22, 2013, the Florida Department of Financial Services was appointed Receiver of Universal Health Care Insurance Company, 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 June 22, 2016, this Court entered the *Amended Order Approving the Department's First Interim Claims Report and Recommendation on Claims* ("First ICR"), which addressed 6,762 claims.

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.

5. On September 6, 2018, the Court entered an *Order Approving Department's Third Interim Claims Report and Recommendation on Claims* ("Third ICR"), which addressed 4 claims.

6. On January 9, 2019, the Court entered an *Order Approving Department's Fourth Interim Claims Report and Recommendation on Claims* ("Fourth ICR"), which addressed 2 claims.

7. The Court previously authorized the Department to make the following distributions on allowed Class 1-9 claims: $24,802,139.91 on 3146 claims by Order entered on June 25, 2018; $2,764,388.04 on 128 claims by Order entered on January 3, 2019; $27,145,671.17 on 4 claims by Order entered on February 17, 2021; and $139,344.04 on 1 claim by Order entered on February 10, 2022. These distributions represent 100% of the amount recommended and allowed on claims in Classes 1 through 9.

8. The Department determined that there are sufficient funds in the UHCIC receivership to pay interest on the claims in Classes 1-9, and the Department presented the Court with its methodology and plan to calculate the interest, pursuant to the requirements of section 631.271(1)(j), Florida Statutes. On August 19, 2022, the Court entered an *Order Approving Department's Methodology & Plan for Calculating Class 10 Interest Claims*.

9. Pursuant to the Court's August 19, 2022, Order, the claims for interest on allowed Class 1-9 claims have been deemed as timely filed Class 10 claims.

10. In accordance with the Liquidation Order and section 631.182, Florida Statutes, the Department has compiled a Fifth Interim Claims Report (the "Report"). The Report reflects the Department's evaluation and recommendations on 3,277 Class 10 non-guaranty association claims and 2 Class 10 guaranty association claims in the UHCIC receivership estate.

11. The Report is broken down into two sections: **Part A** of the Report consists of all claims from non-guaranty association claimants, and **Part B** consists of all claims from guaranty

association claimants. **Part A** of the report reflects that the 3,277 non-guaranty association Class 10 claims have been adjudicated and the total amount recommended by the Department is $14,987,358.43. **Part B** of the report reflects 2 guaranty association Class 10 claims have been adjudicated and the total amount recommended by the Department is $1,568,327.25. For the Court's convenience, a summary reflecting the totals from the Report is attached as **"Exhibit A"**. The entire Report totaling 550 pages is available to the court upon request.

12. 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.

13. The Department's Assignment of Claim Change Form shall contain an acknowledgement by the claimant, or someone authorized to act on behalf of the claimant, that:

A. The claimant is aware that financial information regarding claims distributions and payments published on the Department's website or otherwise available can assist the claimant in making an independent and informed decision regarding the sale of the claim;

B. The claimant understands that the purchase price being offered in exchange for the assignment may differ from the amount ultimately distributed in the receivership proceeding with respect to the claim;

C. It is the claimant's intent to sell their claim and have the Department's records be permanently changed to reflect the new owner; and

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.

14. 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 that will be established for filing objections will not be less than thirty (30) days from the date of this Court's Order granting approval of the Report. A sample copy of the "Notice of Determination" containing this information and provided to claimants is attached hereto as "**Exhibit B**".

15. 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 their objection was not filed in compliance with 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.

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 distributions. The Department has access to databases and other publicly available information which provide 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. The Department requests that its recommendations be approved unless an objection is filed thereto within the deadline set by the Court.

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

A. Approving the Department's Fifth Interim Claims Report and Recommendation on Claims;

B. Approving the Department's sample Notice of Determination and authorizing and directing the Department to provide notice to each claimant of the Department's recommendations regarding its claim, by U.S. mail and/or electronic mail to the last known physical and/or electronic mail address as shown in the Department's files or to any subsequently revised address of such claimant as ascertained by the Department;

C. 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;

D. Authorizing and directing the Department to establish an objection filing deadline that is not less than thirty (30) days from the date of this Court's order granting approval of the Report;

E. Directing all persons or entities who have filed claims, or had them deem filed, as herewith reported to the Court, to file any objection that they may have to the Department's Report with the Clerk of this Court on or before 11:59 p.m. on the objection filing deadline at:

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

And requiring that a copy of said objection be served on the Department at:

Florida Department of Financial Services
Division of Rehabilitation and Liquidation
As Receiver of Guarantee Insurance Company
325 John Knox Road, Suite 101
The Atrium
Tallahassee, Florida 32303

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

G. Approving the Department's procedure for recognizing and accepting assignment of claims;

H. Approving the Department's procedure for addressing late-filed objections;

I. Approving the recommendations contained in Department's Fifth Interim Claims Report and Recommendations on Claims for which no objections are filed.

RESPECTFULLY SUBMITTED on this the 11th day of April 2024.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on **April 11, 2024**, 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
Jamila G. Gooden, Senior Attorney
Florida Bar No. 46740
Jamila.Gooden@myfloridacfo.com
Florida Department of Financial Services
Division of Rehabilitation and Liquidation
325 John Knox Road
The Atrium, Suite 101
Tallahassee, FL 32303
Telephone: (850) 413-4414

Exhibit A

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

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	$3,277.00
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	$14,987,358.43
TOTAL NUMBER	3,277

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	$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	$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	$0.00	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	$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	$0.00	AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	$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	$0.00		
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:			
COUNT OF CLASS 5 CLAIMS :	0	COUNT OF CLASS 11 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	$0.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	$0.00
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:		AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS	
COUNT OF CLASS 6 CLAIMS :	0		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	$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.
FIFTH INTERIM CLAIMS REPORT
PART B - FOR GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED BY GUARANTY ASSOCIATION	$2.00
TOTAL AMOUNT RECOMMENDED TO GUARANTY ASSOCIATION CLAIMANTS	$1,568,327.25
TOTAL NUMBER	2

COUNT OF CLASS 1 CLAIMS :	0	COUNT OF CLASS 7 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY GUARANTY ASSOCIATION :	$0.00	AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY GUARANTY ASSOCIATION :	$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO GUARANTY ASSOCIATION :		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.

Exhibit B

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
«company»
April 9, 2024
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:
www.myfloridacfo.com/division/receiver/claims/claim-evaluation-codes

Information outlining the statutory classification of claims ("Priority of Claims") is available here:
www.myfloridacfo.com/division/receiver/claims/priorityofclaims

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 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, send a copy to 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»
Division of Rehabilitation and Liquidation • Claims Section
325 John Knox Road • Atrium Building Suite 101 • Tallahassee FL 32303
Website: www.myfloridacfo.com/division/receiver
Tel. 850-413-3081 and 800-882-3054 • Fax 850-413-3997

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»
Division of Rehabilitation and Liquidation • Claims Section
325 John Knox Road • Atrium Building Suite 101 • Tallahassee FL 32303
Website: www.myfloridacfo.com/division/receiver
Tel. 850-413-3081 and 800-882-3054 • Fax 850-413-3997