Filing # 196274505 E-Filed 04/16/2024 11:03:40 AM

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

ORDER APPROVING DEPARTMENT'S
FIFTH INTERIM CLAIMS REPORT AND RECOMMENDATION ON CLAIMS

THIS MATTER having come before the Court on the Florida Department of Financial Services, Division of Rehabilitation and Liquidation as Receiver of Universal Health Care Insurance Company's ("Department"), *Motion for Order Approving Fifth Interim Claims Report and Recommendation on Claims*, and the Court having reviewed the Department's motion and being otherwise fully advised in all material premises, it is hereby **ORDERED AND ADJUDGED** as follows:

A. The Department's Motion is hereby Granted in all respects.

B. The Department's sample Notice of Determination is hereby approved, and the Department is hereby authorized and directed 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 of each such claimant, or to any subsequently revised address of such claimant as ascertained by the Department.

C. The Department is authorized 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. The Department is authorized and directed to establish an objection filing deadline that is not less than thirty (30) days from the date this Court's order granting approval of the Report.

E. All persons who have filed claims, as reported to the Court, are hereby directed to file any objection that they may have to the Department's Report with the Clerk of this Court. All objections must be filed/received on or before 11:59 p.m. on the objection filing deadline. Objections should be mailed to:

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

and a copy of said objection served on the Department at:

Florida Department of Financial Services
Division of Rehabilitation and Liquidation
As Receiver of Universal Health Care Insurance Company, Inc.
325 John Knox Rd.
Suite 101, The Atrium
Tallahassee, Florida 32303

F. Objections shall clearly state the name and claim identification number of the person filing the objection and shall clearly state the factual and legal reason(s) supporting the objection and claim. Any person filing an objection is required to submit documentation along with the objection to support their claim. All objections not otherwise resolved shall be set for hearing at a later date and the objectors so notified.

G. The Department's procedure for processing claim assignments is hereby approved.

H. The Department's procedure for addressing late-filed objections is hereby approved.

I. The recommendations contained in the Department's Fifth Interim Claims Report for which no objections are filed are hereby approved.

DONE AND ORDERED, in Chambers at the Leon County Courthouse in Tallahassee, Leon County, Florida, this 16 day of April 2024.

The Honorable Angela C. Dempsey
Circuit Court Judge