

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

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES' MOTION FOR APPROVAL
OF FIRST FINAL CLAIMS REPORT, FIRST CLAIMS DISTRIBUTION REPORT AND
DISTRIBUTION ACCOUNTING, AND FOR ORDER AUTHORIZING FIRST
DISTRIBUTION**

THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES, as Receiver for
UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC. ("UHCIC")
("DEPARTMENT"), files this Motion for Approval of First Final Claims Report, First Claims
Distribution Report and Distribution Accounting, and for Order Authorizing First Distribution,
and states as follows:

1. This Court has jurisdiction over the UHCIC Receivership and is "authorized to make
all necessary or proper orders to carry out the purposes of the Florida Insurers Rehabilitation and
Liquidation Act", Section 631.021, Florida Statutes.

2. This Court entered the *Order Approving the Receiver's First Interim Claims Report
and Recommendation on Claims* on May 6, 2016, which addressed 2 secured claims and non-guaranty
claims in Classes 2, 4, 5, 6, 7 and 8.

3. The Department now seeks to make an early distribution to many claimants whose
claims were reported and evaluated in the First Interim Claims Report (hereinafter "First ICR") so they
do not have to wait until close to the discharge date for payment. This will also save the receivership
estate funds and avoid the high cost of interest accruing in Class 10.

4. The Department's Final Claims Report dated June 19, 2018 (herein "First Final Claims Report" or "Report") is extremely detailed and contains non-public personal information, including personally identifiable financial information, relating to claimants. Pursuant to Federal Law, specifically the Gramm-Leach-Bliley Act, 15 USCS §6801 (hereinafter "the Act"), there is an obligation to protect the security and confidentiality of an individual's non-public personal information.

5. In furtherance of the Act's purpose, and to protect claimants of the UHCIC estate, the Department has not attached the full Report to this Motion. Instead, the Department offers the summary page of the Report that reflects the total amounts claimed and recommended by the Department (Exhibit A). Upon this Court's request, the Department will immediately provide a full copy of the Report to the Court.

6. This Report reflects the classification of filed claims by priority in accordance with Section 631.271, Florida Statutes.

7. The total amount claimed is \$177,523,460.64. The total amount recommended by the Department is \$24,819,539.02. The Report also incorporates the resolution of most, but not all, timely filed objections, and claimant information updates from the First ICR. Future claimant information updates resulting from the distribution process will be incorporated into the Department's database.

8. With the approval of the Report, the Department is now able to make a partial distribution of receivership assets. Said assets will be distributed 100% of the recommended amount to identified Class 2, 5, 6, 7 and 8 claimants, as well as two secured claimants, in accordance with the summary page of the Claims Distribution Report dated June 21, 2018 (herein "First Claims Distribution Report" or "CDR") (Exhibit B). The CDR lists all claims where an approved amount has been recommended in the Report for distribution at this time and is in accordance with Section 631.271, Florida Statutes.

9. Based upon the *Distribution Accounting – Projected for July 2018* (Composite Exhibit C), the Department is prepared to make a distribution of approximately \$24,819,538.42 to identified Class 2 through Class 8 claimants, as well as 2 Secured claimants. This distribution represents a 100% distribution of the recommended claim amount for these claimants at this classification.

10. The Department recommends that the Report, CDR and the Distribution Accounting be approved.

11. Despite the Department's best efforts, some approved claims may have inadequate current address information, and/or may not have provided the Department with a W-9 form, required by the Internal Revenue Service. The distribution amounts that go unclaimed and/or the checks for the claimants that are returned to the Department will be verified in an unclaimed property report. The Department asks the Court for authority to remit the funds due to these claimants to the appropriate divisions of unclaimed property in the appropriate states.

12. 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 (i.e. agents, claimants, creditors, policyholders, etc.) 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 said information for future mailings without further direction of the Court.

13. To ensure the validity of claim assignments and that the processing of assignments does not create an undue burden on estate assets, the Department does not recognize or accept any assignment of claim by the claimant of record when a distribution motion or petition has been filed with the Receivership Court. The Department recommends that any assignments on the claims referenced in this Motion that are received after the filing of this Motion be rejected.

WHEREFORE the Department respectfully requests this Court grant this Motion and enter an Order:

- A. Approving the First Final Claims Report, First Claims Distribution Report and Distribution Accounting;
- B. Directing the Department to make the above referenced distribution of approximately \$24,819,538.42 to the two Secured claimants and to the Class 2, 5, 6, 7 and 8 claimants in this receivership identified in the First Claims Distribution Report;
- C. Approving that unclaimed distribution amounts be transferred to the appropriate division(s) of unclaimed property;
- D. Authorizing the Department to proactively search for change of address information for interested parties and to use the change of address information for future mailings; and
- E. Approving the Department's recommendation on assignment of claims.

IT IS HEREBY CERTIFIED that a true and correct copy of this Motion was electronically filed with the Clerk of Courts by using the ECF system and electronically noticed this 25th day of June, 2018.



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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	\$177,523,460.64
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$24,819,539.02
TOTAL NUMBER	6,761

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 :	5,647	COUNT OF CLASS 8 CLAIMS :	1,033
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	\$158,949,026.05	AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	\$13,194,442.89
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$18,935,964.29	AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$2,311,074.29
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 :

AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	\$1.00	1 CLASS 10 INTEREST CLAIMS (SEE NOTE):	
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :			

COUNT OF CLASS 5 CLAIMS :

AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	\$3,374,001.00	8 COUNT OF CLASS 11 CLAIMS :	0
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$841,000.00	AMOUNT CLAIMED FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION	\$0.00
		AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS	

COUNT OF CLASS 6 CLAIMS :

AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	\$1,950,933.92	67
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS :	\$2,667,356.76	

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 125,700,399.53
 TOTAL AMOUNT RECOMMENDED \$24,819,539.02
 TOTAL NUMBER 3,148

Secured Claims

COUNT OF SECURED CLAIMS : 2
 AMOUNT CLAIMED FOR SECURED CLAIMS : \$8,311.41
 AMOUNT RECOMMENDED FOR SECURED CLAIMS : \$17,399.11

Unsecured Claims

COUNT OF CLASS 1 CLAIMS : 0 COUNT OF CLASS 7 CLAIMS : 3
 AMOUNT CLAIMED FOR CLASS 1 CLAIMS : AMOUNT CLAIMED FOR CLASS 7 CLAIMS : \$46,744.57
 AMOUNT RECOMMENDED FOR CLASS 1 CLAIMS : AMOUNT RECOMMENDED FOR CLASS 7 CLAIMS : \$46,744.57

COUNT OF CLASS 2 CLAIMS : 2,474 COUNT OF CLASS 8 CLAIMS : 663
 AMOUNT CLAIMED FOR CLASS 2 CLAIMS : 113,283,573.45 AMOUNT CLAIMED FOR CLASS 8 CLAIMS : \$8,853,413.34
 AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS : \$18,935,964.29 AMOUNT RECOMMENDED FOR CLASS 8 CLAIMS : \$2,311,074.29

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):

COUNT OF CLASS 5 CLAIMS : 2 COUNT OF CLASS 11 CLAIMS : 0
 AMOUNT CLAIMED FOR CLASS 5 CLAIMS : \$3,364,000.00 AMOUNT CLAIMED FOR CLASS 11 CLAIMS :
 AMOUNT RECOMMENDED FOR CLASS 5 CLAIMS : \$841,000.00 AMOUNT RECOMMENDED FOR CLASS 11 CLAIMS :

COUNT OF CLASS 6 CLAIMS : 4
 AMOUNT CLAIMED FOR CLASS 6 CLAIMS : \$144,356.76
 AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS : \$2,667,356.76

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

Universal Health Care Insurance Company
Distribution Accounting
Projected for July 2018 Distribution

ESTIMATED ASSETS AT JUNE 30, 2018

Value	Reference
\$ 84,780.00	
\$ 67,818,082.71	Schedule A
Total Assets	

ESTIMATED FUNDS RETAINAGE

Value	Reference
331,558.00	Schedule B
88,000.00	Schedule E
419,668.00	

TOTAL AVAILABLE TO DISTRIBUTE

\$ 67,483,274.71

DISTRIBUTION RECOMMENDATION

Secured Claims	Claims Value - 1st Interim Report	Less Previous Distributions	Value of 1st 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
Class I - Administrative Claims-Guaranty Funds	17,398.11		17,398.11	\$ -	17,398.11	100.0000%	100.0000%	100.0000%
Class II - Less Claims-Guaranty Funds	18,835,963.69		18,835,963.69		18,835,963.69	0.0000%	0.0000%	0.0000%
Class III - Return Premium Claims-Guaranty Funds						100.0000%	100.0000%	100.0000%
Class IV - Federal Government Claims						0.0000%	0.0000%	0.0000%
Class V - Employee Claims	841,000.00		841,000.00		841,000.00	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims GA	2,667,356.75		2,667,356.75		2,667,356.75	0.0000%	0.0000%	0.0000%
Class VII - State & Local Government Claims	46,744.57		46,744.57		46,744.57	100.0000%	0.0000%	100.0000%
Class VIII - Late Filed Claims	2,311,074.29		2,311,074.29		2,311,074.29	100.0000%	0.0000%	100.0000%
Class IX - Surplus/Other-GA						0.0000%	0.0000%	0.0000%
Class X - Shareholder Claims						0.0000%	0.0000%	0.0000%
Totals	\$ 24,819,538.42		\$ 24,819,538.42		\$ 24,819,538.42	0.0000%	0.0000%	0.0000%

Index to Attached Schedules:

- Schedule A - Available Cash Projection
- Schedule B - Estimated Funds to be Retained by the Receiver for Discharge of the Estate
- Schedule C - Allocated State Funds Expensed
- Schedule D - Interest Earnings Projection - Pooled Cash
- Schedule E - Receiver Discharge Expenses
- Schedule F - Contributed Equity

Universal Health Care Insurance Company
 Available Cash Projection
 Projected for July 2018 Distribution

	Cash Balance as of April 30, 2018	May-18	Jun-18
Beginning Pooled Cash Balance	\$ 67,778,045.43	\$	67,801,746.71
Direct Receiver Expenses (Actual or Estimated)			
Rent-Records, Bank Fees, Postage	10,000.00		10,000.00
Sub-total	<u>10,000.00</u>		<u>10,000.00</u>
Allocated Receiver Expenses (Estimated)			
Labor & Benefits	29,804.00		29,804.00 ¹
Indirect Expenses	28,600.00		28,600.00 ²
Sub-total	<u>58,404.00</u>		<u>58,404.00</u>
Cash Balance Before Interest Earnings	<u>67,708,641.43</u>		<u>67,733,342.71</u>
Interest Earnings			
Pooled Cash:			
Actual SPIA Earnings for April to be credited on 5/01/2018.		92,105.28	
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D)			84,740.00
Ending Pooled Cash Balance	<u>\$ 67,778,045.43</u>	<u>\$ 67,801,746.71</u>	<u>\$ 67,818,082.71</u>

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity leading up to distribution.

January Actual	\$ 4,742.05
February Actual	8,527.91
March Actual	20,767.38
April Actual	25,572.26
Sub-total	<u>59,609.60</u>
4 mth. actual average (rounded)	14,902.00
Doubled for increased activity level	<u>\$ 29,804.00</u>

² Indirect Expenses: This estimate is UHIC's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on UHIC's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	26.00%
Estimated Total for the Receiver	\$ 110,000.00
Estimated Expense (rounded)	<u>\$ 28,600.00</u>

Universal Health Care Insurance Company
 Estimated Funds to be Retained by the Receiver for Discharge of the Estate
 Estimated from July 2018 through the Projected Discharge Date of April 2020

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-Dec 2018	Jan-Dec 2019	Jan-Apr 2020	Retainage Calculation
Beginning Cash Balance		\$ 67,818,082.71	\$ 42,930,140.29	\$ 42,930,956.29	\$ 42,926,112.29	\$ 42,804,260.29	\$ 42,262,952.29	
Direct Receiver Expenses								
Records Storage, Bank Fees, Postage		10,000.00	10,000.00	10,000.00	30,000.00	120,000.00	40,000.00	
Sub-total		10,000.00	10,000.00	10,000.00	30,000.00	120,000.00	40,000.00	\$ 220,000.00
Allocated Receiver Expenses								
Labor & Benefits		29,804.00	29,804.00	29,804.00	89,412.00	357,648.00	119,216.00 ¹	
Indirect Expenses		28,600.00	28,600.00	18,700.00	56,100.00	224,400.00	74,800.00 ²	
Sub-total		58,404.00	58,404.00	48,504.00	145,512.00	582,048.00	194,016.00	\$ 1,066,888.00
Claims Distribution (Approx.)		24,919,538.42						
Cash Balance Before Interest Earnings		42,930,140.29	42,861,736.29	42,872,452.29	42,790,600.29	42,102,212.29	42,028,936.29	
Interest Earnings								
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).			69,220.00	53,660.00	53,660.00	160,740.00	638,040.00	\$ 975,320.00
Projected Ending Cash Balance		\$ 67,818,082.71	\$ 42,930,140.29	\$ 42,930,956.29	\$ 42,926,112.29	\$ 42,804,260.29	\$ 42,262,952.29	\$ 331,568.00
Retainage for Receiver's Expenses								\$ 331,568.00

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average doubled for continued higher level of activity for this and future distributions.

January Actual	\$ 4,742.05
February Actual	8,527.91
March Actual	20,767.38
April Actual	25,572.26
Sub-total	59,609.60
4 mth. actual average (rounded)	14,902.00
Doubled for increased activity level	29,804.00

² Indirect Expenses: This estimate is UHICs estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on UHICs estimated total assets divided by the Receiver's estimated total assets for all receiverships.

	Before Distribution	After Distribution
Estimated Total Asset %	26.00%	17.00%
Estimated Total for the Receiver	\$ 110,000.00	\$ 110,000.00
Estimated Expense (rounded)	\$ 28,600.00	\$ 18,700.00

³ The June 2018 interest is not included in the Retainage Calculation as it is included as Accrued Interest in the Estimated Assets at June 30, 2018 on the Distribution Accounting Statement.

Universal Health Care Insurance Company
 Allocated State Funds Expensed
 Estimated from May 2018 through the Projected Discharge Date of April 2020
THIS STATEMENT INCLUDED FOR INFORMATION PURPOSES ONLY - AMOUNTS NOT PART OF DISTRIBUTION CALCULATION

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-Dec 2018	Jan-Dec 2019	Jan-Apr 2020	Totals
Accrued Allocated State of Florida Expenses (Estimated)									
Labor & Benefits	\$ 860.00	\$ 860.00	\$ 430.00	\$ 430.00	\$ 430.00	\$ 1,290.00	\$ 5,160.00	\$ 1,720.00	\$ 11,180.00
Indirect Expenses	5,980.00	5,980.00	5,980.00	5,980.00	3,910.00	11,730.00	46,920.00	15,640.00	102,120.00
Total	\$ 6,840.00	\$ 6,840.00	\$ 6,410.00	\$ 6,410.00	\$ 4,340.00	\$ 13,020.00	\$ 52,080.00	\$ 17,360.00	\$ 113,300.00

Assumptions for Allocated State of Florida Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average doubled for continued higher level of activity for this and future distributions.

January Actual	147.32
February Actual	235.10
March Actual	613.17
April Actual	719.29
Sub-total	1,714.88
4 mo. actual average (rounded)	\$ 430.00
Doubled for increased distribution activity	\$ 860.00

² Indirect Expenses: This estimate is UHCIC's estimated pro rata share of the Receiver's estimated total indirect expenses. The pro rata share calculation is based on UHCIC's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

	Before Distribution	After Distribution
Estimated Total Asset %	26.00%	17.00%
Estimated Total for the State	\$ 23,000.00	\$ 23,000.00
Estimated Expense (rounded)	\$ 5,980.00	\$ 3,910.00

³ Per cent Receiver policies and procedures, these accumulated amounts are recorded directly against estate equity as opposed to a liability account.

Interest accrued for April 2018	Ending cash balance	Beginning cash balance	Average cash balance	Assumed SP/A interest rate (Annualized)	Subtotal (Annualized)	Accrual for April
92,165.28	67,801,746.71	67,778,045.43	67,789,896.07	1.50%	1,016,848.44	64,740.00
Interest accrued for May 2018	67,801,746.71	67,801,082.71	67,809,914.71	1.50%	1,017,148.72	84,760.00
Accrual for June 2018	67,818,082.71	42,930,140.29	55,374,111.50	1.50%	830,611.67	69,220.00
Interest accrued for July 2018	42,930,140.29	42,930,956.29	42,930,548.29	1.50%	643,956.22	53,660.00
Accrual for August	42,930,956.29	42,926,112.29	42,928,534.29	1.50%	643,928.01	23,660.00
Interest accrued for September	42,926,112.29	42,804,260.29	42,865,188.29	1.50%	642,977.79	166,740.00
Accrual for October - December 2018	42,804,260.29	42,262,952.29	42,533,606.29	1.50%	638,004.09	638,004.00
Interest accrued for January - December 2019	42,262,952.29	42,866,976.29	42,464,964.29	1.50%	636,974.46	212,320.00
Accrual for January - April 2020	42,262,952.29	42,866,976.29	42,464,964.29	1.50%	636,974.46	212,320.00

Used Actual Accrual

Universal Health Care Insurance Company
Receiver Discharge Expenses
Projected for July 2018 Distribution

Discharge Expenses (Projected for Post 4/30/2020)
Records Storage, Labor - Scanning Permanent Records,
Unclaimed Property Scanning and Filing Holders Reports,
2018 - 2020 Tax Return Preparation

88,000.00
\$ 88,000.00

Total

