

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

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

CASE NO.: 2013-CA 00375

**RECEIVER'S AMENDED MOTION FOR COURT APPROVAL
OF FIRST INTERIM CLAIMS REPORT**

The Florida Department of Financial Services, as Receiver for UNIVERSAL HEALTH CARE, INC. (hereinafter "UHC" or "the Receiver") files this Amended¹ Motion for Court Approval of First 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. On March 21, 2013, the Florida Department of Financial Services was appointed Receiver of UNIVERSAL HEALTH CARE, INC. by Order of this Court. UHC was ordered into liquidation effective April 1, 2013.

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

4. UHC was a Florida Health Maintenance Organization based in St. Petersburg, Florida.

5. UHCIC and UHC were subsidiaries of Universal Health Care Group, Inc. ("UHCG"), which was the holding company for several affiliated health care entities. Subsequent to the Petitions for Orders to Show Cause which initiated these Receivership proceedings, UHCG

¹ This Motion is Amended only with respect to deleting paragraph 12 in the original Motion regarding the deadline for accepting assignments, since a distribution date is not imminent, and deleting similar language in the Wherefore clause. The numbering was then corrected in this Amended Motion.

filed a petition for relief under Chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court, Middle District, Tampa Division, Case No. 8:13-bk-01520-KRM.

6. A Chapter 11 trustee was appointed for UHCG, Soneet Kapila (“the Trustee”). On May 3, 2013, the Trustee filed a Chapter 11 petition for another affiliate of the Receivership entities, American Managed Care, LLC (“AMC”), Case No. 8:13-bk-05952-KRM, which was the managing general agent for the Receivership Entities. That case was administratively consolidated with the UHCG filing.

7. In accordance with Section 631.182, Florida Statutes, the Receiver has completed its evaluation and recommendation as to Classes 2 through 8 in the UHC receivership estate. At this time, it is unknown if there will be assets available to allow for distribution beyond Class 8.

8. The Report consists only of non-guaranty association claimants, specifically 5,384 filed claims that include one secured claim, 22 Class 2 claims, one Class 4 claim, seven Class 5 claims, 4,557 Class 6 claims, no Class 7 claims, and 796 Class 8 claims. The total amount claimed for all classes is \$325,475,929.13. The total amount recommended by the Receiver to be paid is \$26,300,377.78. The summary page is attached as Exhibit “A.”

9. The Receiver anticipates filing a subsequent Interim Claims Report in this receivership with respect to other filed claims. A First Interim Claims Report has also been filed seeking court approval with respect to filed claims in the UHCIC receivership.

10. 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 Receiver 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 Receiver has been provided with a properly executed and notarized assignment of claim agreement entered into between the parties; and

C. The Receiver has been provided with a properly executed and notarized Receiver'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.

11. Pursuant to Section 631.182, Florida Statutes, claimants are entitled to notice of the Receiver'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 "B."

12. The Receiver has a procedure for dealing with late-filed objections. For any objection filed after the deadline, the Receiver 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.

13. In an ongoing effort to maintain accuracy and efficiency, the Receiver 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 Receiver has access to databases and other publicly available information which provide updated information. The Receiver 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.

14. The Receiver 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 Receiver respectfully requests this Court enter an Order:

- A. Approving the Receiver's First Interim Claims Report and Recommendations on Claims for which no objections are filed.
- B. Authorizing and directing the Receiver to provide notice to the claimant, as herewith reported to the Court, of the Receiver's recommendation regarding his claim, by United States Mail to the last known address of such person or entity, as shown in the Receiver's files.
- C. Authorizing the Receiver 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 Receiver's Report.
- D. Approving the Receiver'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 Receiver'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 Receiver at the following address:

Florida Department of Financial Services, as
Receiver for Universal Health Care, 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 Receiver's procedure for addressing late filed objections.

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

Respectfully submitted this 24th day of May, 2016.



Jody E. Collins, Senior Attorney
Florida Bar No. 500445
Jody.Collins@myfloridacfo.com
Florida Department of Financial Services
Division of Rehabilitation and Liquidation
8240 NW 52 Terrace, Suite 102
Miami, Florida 33166
(786) 336-1371- Telephone
(305) 499-2271 Facsimile

UNIVERSAL HEALTH CARE, INC.
 FIRST INTERIM CLAIMS REPORT
 PART A - FOR NON GUARANTY ASSOCIATION CLAIMANTS

SUMMARY TOTALS	
TOTAL AMOUNT CLAIMED BY NON GUARANTY ASSOCIATION CLAIMANTS	\$325,475,929.13
TOTAL AMOUNT RECOMMENDED TO NON GUARANTY ASSOCIATION CLAIMANTS	\$26,300,377.78
TOTAL NUMBER	5,384

Secured Claims	
AMOUNT CLAIMED FOR SECURED CLAIMS BY NON GUARANTY ASSOCIATION	1 \$12,437.01
AMOUNT RECMD FOR SECURED CLAIMS TO NON GUARANTY ASSOCIATION	\$9,211.90

InSecured Claims	
AMOUNT CLAIMED FOR CLASS 1 CLAIMS BY NON GUARANTY ASSOCIATION	0 \$0.00
AMOUNT RECMD FOR CLASS 1 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT CLAIMED FOR CLASS 2 CLAIMS BY NON GUARANTY ASSOCIATION	22 \$23,404.46
AMOUNT RECMD FOR CLASS 2 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$6,204.79
AMOUNT CLAIMED FOR CLASS 3 CLAIMS BY NON GUARANTY ASSOCIATION	0 \$0.00
AMOUNT RECMD FOR CLASS 3 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT CLAIMED FOR CLASS 4 CLAIMS BY NON GUARANTY ASSOCIATION	1 \$1.00
AMOUNT RECMD FOR CLASS 4 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$1.00
AMOUNT CLAIMED FOR CLASS 5 CLAIMS BY NON GUARANTY ASSOCIATION	7 \$3,371,512.54
AMOUNT RECMD FOR CLASS 5 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$841,000.00
AMOUNT CLAIMED FOR CLASS 6 CLAIMS BY NON GUARANTY ASSOCIATION	4,557 297,327,668.43
AMOUNT RECMD FOR CLASS 6 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$23,834,614.28

AMOUNT CLAIMED FOR CLASS 7 CLAIMS BY NON GUARANTY ASSOCIATION	0 \$0.00
AMOUNT RECMD FOR CLASS 7 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT CLAIMED FOR CLASS 8 CLAIMS BY NON GUARANTY ASSOCIATION	796 \$24,740,905.69
AMOUNT RECMD FOR CLASS 8 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$1,609,346.81
AMOUNT CLAIMED FOR CLASS 9 CLAIMS BY NON GUARANTY ASSOCIATION	0 \$0.00
AMOUNT RECMD FOR CLASS 9 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00
AMOUNT CLAIMED FOR CLASS 10 INTEREST CLAIMS (SEE NOTE):	1
AMOUNT RECMD FOR CLASS 10 INTEREST CLAIMS (SEE NOTE):	\$1.00

AMOUNT CLAIMED FOR CLASS 11 CLAIMS BY NON GUARANTY ASSOCIATION	0 \$0.00
AMOUNT RECMD FOR CLASS 11 CLAIMS TO NON GUARANTY ASSOCIATION CLAIMANTS:	\$0.00

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, RECEIVER

«company»

May 18, 2016

NOTICE of DETERMINATION

«IMBARCODE»

RCN: «CD_COMPANY» «ID_NO»-«SUFFIX»
«LONGNAME»
«ADDRESSLINE1»
«ADDRESSLINE2»
«city» «state» «ZIPCODE»

IDENTIFICATION NUMBER: «cd_company» «id_no»-«suffix»
INSURED: «policyhold»
POLICY NUMBER: «policy_no»
CLAIM NUMBER: «claim_no»
AMOUNT CLAIMED: «amt_claimd»
AMOUNT RECOMMENDED CLAIMANT: «AMT_DUE_CL»
CLASS: «class»

RE: «COMPANY»

Civil Action: «CASE_NO»
2nd Judicial Circuit Court
Leon County, Florida

OBJECTION FILING DEADLINE: ?filing deadline?

The purpose of this Notice of Determination is to inform you of the Receiver's recommendations concerning the amount recommended and classification of your claim filed against the Receivership Estate of «COMPANY». Your claim was assigned the following evaluation description:

Evaluation Description: <<eval code>>

A copy of the court order approving these recommendations and information outlining the statutory classification of claims ("Priority of Claims") can be obtained at the website listed below.

If the "Amount Recommended Claimant" is blank, your claim was not evaluated for an amount recommended as there are no funds to pay your claim. Additional explanation regarding payment of claims can be found on the back of this form.

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 Receiver (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 ?filing deadline?. 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: The Civil Action Number noted above, your identification number noted above, and your correct address, email address and telephone number. State in detail all legal and factual reasons for your objection.
2. Attach a copy of this notice and any documentation to support your objection. By order of the Court, all documentation must be filed with your objection.
3. File the original with the Clerk of Court, file a copy with the Receiver, and keep a copy for yourself.
4. If your objection cannot be resolved, a hearing will be scheduled before the Circuit Court, Leon County, Florida.

«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

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER «company»

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 website listed below or the Global Receivership Information Database (GRID) website at:
<https://i-site.naic.org/grid/gridDisc.jsp>.

As part of its duties, the Receiver must investigate, collect and convert all company assets into cash, evaluate claims and resolve all objections regarding the Receiver'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 Receiver 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 website listed below.

Some non-confidential information (i.e., certain claimant names, addresses and recommended claim information) is compiled by the Receiver 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 Receiver's website.

IMPORTANT INFORMATION: You may be contacted by outside third parties who may offer to purchase your claim in exchange for the transfer of your rights to a distribution, if any, in the future. Please be advised that the Receiver 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 to sell their claim to an outside third party. All available information on the financial condition of «COMPANY» may be found at the website listed below or the Global Receivership Information Database (GRID) website at:
<https://i-site.naic.org/grid/gridDisc.jsp>.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES, RECEIVER
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