

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

In Re: Receivership of
Universal Health Care.,
a Florida corporation

Case No.: 2013-CA-00375

**DEPARTMENT'S MOTION FOR ORDER APPROVING SUPPLEMENTAL CLAIMS
DISTRIBUTION REPORT, SUPPLEMENTAL DISTRIBUTION ACCOUNTING
STATEMENT, AND AUTHORIZING SUPPLEMENTAL DISTRIBUTION**

The Florida Department of Financial Services, Division of Rehabilitation and Liquidation (“Department”) as Receiver of Universal Health Care, Inc. (“UHC”), by and through undersigned counsel, hereby files this Motion for Order Approving Supplemental Claims Distribution Report, Supplemental Distribution Accounting Statement, and Authorizing Supplemental Distribution, and as good grounds therefor states the following:

1. UHC was a health maintenance organization (“HMO”) based in St. Petersburg, Florida.
2. On March 21, 2013, this Court entered an *Order Appointing the Florida Department of Financial Services as the Receiver of UHC for purposes of Immediate Rehabilitation and Liquidation Effective April 1, 2013, Injunction, and Notice of Automatic Stay* (“Liquidation Order”).
3. Pursuant to section 631.021, Florida Statutes, this Court has original jurisdiction over the UHC delinquency proceeding, has exclusive jurisdiction over all assets and property of UHC, and may enter all necessary and/or proper orders to carry out the purpose of the Florida Insurers Rehabilitation and Liquidation Act, sections 631.001 *et seq.*, Florida Statutes.
4. **First Distribution:** On November 20, 2019, the Court approved the Department’s NHD/Medicaid Secured Final Claims Report and authorized the Department to make a

\$1,121,226.30 distribution on 153 claims from the funds secured for Nursing Home Diversion providers and a \$4,539,656.31 distribution on 893 claims from the funds secured for Medicaid providers. The aggregate \$5,660,882.59 distribution was 100% of the amount recommended on those claims.

5. **Second Distribution:** On December 23, 2024, the Court approved the Department's second Final Claims Report and authorized the Department to make a \$42,514,785.07 distribution on 2 secured claims; 2,433 Class 2 claims; 2 Class 5 claims; and 22 Class 6 claims. The distribution was 100% of the amount recommended on claims in Classes 2-5 and 35.87% of the amount recommended on claims in Class 6.

6. **Supplemental Distribution:** When an estate's assets are distributed, it is common for some checks to remain uncashed. These funds are transferred to the relevant state or government unclaimed property unit for handling when the receivership estate is closed. The amount of unclaimed funds from the Second Distribution was much higher than initially projected on the second Distribution Accounting Statement. As a result, the actual amount of interest earned over the last year far exceeded the amount projected. Due in large part to the interest earnings, the Department is in the position to make a supplemental distribution on the 22 claims in Class 6 in accordance with the requirements of section 631.271, Florida Statutes. The Department has prepared a supplemental Claims Distribution Report dated December 29, 2025, which is attached hereto and incorporated by reference as "**Exhibit A.**"

7. The Department has compiled a Supplemental Distribution Accounting Statement—*Projected for a January 2026, Distribution* (the “*Supplemental Distribution Accounting*”). As shown in the *Supplemental Distribution Accounting*, the Department is prepared to make a supplemental final distribution of \$1,031,123.29 on claims in Class 6. This supplemental

distribution is 33.87% of the amount recommended on claims in Class 6. The final pro-rata calculation and the amount distributed may have a slight variance due to rounding at the time of check processing. The *Supplemental Distribution Accounting* is attached hereto and incorporated by reference as “**Exhibit B.**”

8. The Department recommends that the supplemental Claims Distribution Report, and Supplemental Distribution Accounting be approved.

9. 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.

10. 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. Granting this Motion;
- B. Approving and adopting the Department’s supplemental Claims Distribution Report, and the Supplemental Distribution Accounting Statement;
- C. Directing the Department to make the above-referenced distribution on claims as indicated in the Supplemental Distribution Accounting Statement;

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

E. 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 finds 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

F. 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 6th day of January 2026.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on January 6, 2026, 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
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Florida Department of Financial Services
Division of Rehabilitation and Liquidation
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Exhibit A

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
UNIVERSAL HEALTH CARE, INC.
CLAIMS DISTRIBUTION REPORT

SUMMARY TOTALS

TOTAL AMOUNT CLAIMED	\$14,380,216.12
TOTAL AMOUNT RECOMMENDED	\$3,043,914.52

TOTAL NUMBER	22
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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 :	0	COUNT OF CLASS 8 CLAIMS :	0
AMOUNT CLAIMED FOR CLASS 2 CLAIMS :		AMOUNT CLAIMED FOR CLASS 8 CLAIMS :	
AMOUNT RECOMMENDED FOR CLASS 2 CLAIMS :		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 :	22		
AMOUNT CLAIMED FOR CLASS 6 CLAIMS :	\$14,380,216.12		
AMOUNT RECOMMENDED FOR CLASS 6 CLAIMS :	\$3,043,914.52		

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, INC.
 CLAIMS DISTRIBUTION REPORT

COMPANY: 543 ID NO : 900002-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : MI DATE OF LOSS : 04/01/2013 DATE PROOF FILED : 02/14/2014	INSURED : CLAIMANT : HEALTH MANAGEMENT ASSOCIATES 120 N WASHINGTON SQ LANSING,MI 48933-1617	AMOUNT CLAIMED : \$35,489.08 AMOUNT RECOMMENDED : \$35,489.08 AMOUNT GUARANTY PAID : \$0.00 AMOUNT DUE CLAIMANT : \$35,489.08
COMPANY: 543 ID NO : 9001786-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : VA DATE OF LOSS : 04/01/2013 DATE PROOF FILED : 04/02/2014	INSURED : CLAIMANT : GENERAL DYNAMICS INFORMATION TECHNOLOGY INC 3150 FAIRVIEW PARK DR FALLS CHURCH,VA 22042-4504	AMOUNT CLAIMED : \$9,615.80 AMOUNT RECOMMENDED : \$9,615.80 AMOUNT GUARANTY PAID : \$0.00 AMOUNT DUE CLAIMANT : \$9,615.80
COMPANY: 543 ID NO : 9001951-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : NY DATE OF LOSS : 04/01/2013 DATE PROOF FILED : 06/23/2014	INSURED : CLAIMANT : MARK HAYES IN CARE OF GREENBERG TRAURIG LLP 200 PARK AVE METLIFE BLDG NEW YORK,NY 10166	AMOUNT CLAIMED : \$39,809.64 AMOUNT RECOMMENDED : \$39,809.64 AMOUNT GUARANTY PAID : \$0.00 AMOUNT DUE CLAIMANT : \$39,809.64
COMPANY: 543 ID NO : 9001966-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/01/2013 DATE PROOF FILED : 06/30/2014	INSURED : CLAIMANT : ZACHARIAH ZACHARIAH MD AND KELLEY KRONENBERG ATTORNEYS AT LAW 10360 WEST STATE ROAD 84 FT LADERDALE,FL 33324	AMOUNT CLAIMED : \$5,548,100.00 AMOUNT RECOMMENDED : \$117,550.29 AMOUNT GUARANTY PAID : \$0.00 AMOUNT DUE CLAIMANT : \$117,550.29
COMPANY: 543 ID NO : 9002959-02 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/01/2013 DATE PROOF FILED : 06/30/2014	INSURED : CLAIMANT : AMERICAN MANAGED CARE LLC C/O SONEET KAPILA CH11TRUSTEE PO BOX 14213 FT LAUDERDALE,FL 33302-4213	AMOUNT CLAIMED : \$68,000.00 AMOUNT RECOMMENDED : \$1,329,500.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT DUE CLAIMANT : \$1,329,500.00
COMPANY: 543 ID NO : 9002960-02 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/01/2013 DATE PROOF FILED : 06/30/2014	INSURED : CLAIMANT : UNIVERSAL HEALTH CARE GROUP INC C/O SONEET KAPILA CH11TRUSTEE PO BOX 14213 FT LAUDERDALE,FL 33302-4213	AMOUNT CLAIMED : \$68,000.00 AMOUNT RECOMMENDED : \$1,329,500.00 AMOUNT GUARANTY PAID : \$0.00 AMOUNT DUE CLAIMANT : \$1,329,500.00
COMPANY: 543 ID NO : 9002967-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : FL DATE OF LOSS : 04/01/2013 DATE PROOF FILED : 06/30/2014	INSURED : CLAIMANT : RICHARD AND DONNA BAILEY AND KELLEY KRONENBERG ATTORNEYS AT LAW 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : \$108,000.00 AMOUNT RECOMMENDED : \$2,288.25 AMOUNT GUARANTY PAID : \$0.00 AMOUNT DUE CLAIMANT : \$2,288.25

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 UNIVERSAL HEALTH CARE, INC.
 CLAIMS DISTRIBUTION REPORT

COMPANY: 543 ID NO : 9002969-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : RAGHAVENDRA AND KATHLEEN VIJAYANAGAR MD AND KELLEY KRONENBURG ATTORNEYS AT LAW FL 10360 WEST STATE ROAD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$250,000.00 \$5,296.87 \$0.00 \$5,296.87
COMPANY: 543 ID NO : 9002972-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : JAMES HOLTON AND KELLEY KRONENBERG ATTORNEYS AT LAW FL 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$250,000.00 \$5,296.87 \$0.00 \$5,296.87
COMPANY: 543 ID NO : 9002975-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : DON DEFOSSET AND KELLEY KRONENBERG ATTORNEYS AT LAW FL 10360 WEST STATE ROAD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$1,000,000.00 \$21,187.49 \$0.00 \$21,187.49
COMPANY: 543 ID NO : 9002977-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : RAGHAVENDRA VIJAYANAGAR IRA AND KELLEY KRONENBERG ATTORNEYS AT LAW FL 10360 WEST STATE ROAD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$500,001.60 \$10,593.78 \$0.00 \$10,593.78
COMPANY: 543 ID NO : 9002978-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : ABHIJIT PANDYA AND KELLEY KRONENBERG ATTORNEYS AT LAW FL 10360 WEST STATE ROAD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$201,600.00 \$4,271.40 \$0.00 \$4,271.40
COMPANY: 543 ID NO : 9002979-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : CLAYTON KEARNEY IRREVOCABLE TRUST AND KELLEY KRONENBERG ATTORNEYS AT LAW FL 10360 WEST STATE RD 84 FORT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$750,000.00 \$15,890.61 \$0.00 \$15,890.61
COMPANY: 543 ID NO : 9002980-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : BK FAMILY INVESTMENT PARTNERSHIP I AND KELLEY KRONENBERG ATTORNEYS AT LAW FL 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$750,000.00 \$15,890.61 \$0.00 \$15,890.61

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
 UNIVERSAL HEALTH CARE, INC.
 CLAIMS DISTRIBUTION REPORT

COMPANY: 543 ID NO : 9002981-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : PADMINI AND GOVIN RAJAN AND KELLEY KRONENBERG FL ATTORNEYS AT LAW 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$500,000.00 \$10,593.74 \$0.00 \$10,593.74
COMPANY: 543 ID NO : 9002982-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : SCOTT AND JOANNA SEGAL AND KELLEY KRONENBERG FL ATTORNEYS AT LAW 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$500,000.00 \$10,593.74 \$0.00 \$10,593.74
COMPANY: 543 ID NO : 9002986-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : RSMT PROPERTIES LP AND KELLEY KRONENBERG FL ATTORNEYS AT LAW 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$2,000,000.00 \$42,374.97 \$0.00 \$42,374.97
COMPANY: 543 ID NO : 9002987-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : BRINDAVAN LLC AND KELLEY KRONENBERG ATTORNEYS AT FL LAW 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$1,000,000.00 \$21,187.49 \$0.00 \$21,187.49
COMPANY: 543 ID NO : 9002991-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : SAMANT SHARMA AND KELLEY KRONENBERG ATTORNEYS FL AT LAW 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$100,800.00 \$2,135.70 \$0.00 \$2,135.70
COMPANY: 543 ID NO : 9002992-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : THE RUSH LLC AND KELLEY KRONENBERG ATTORNEYS AT MD LAW C/O JOHN RUSH 11419 PATRIOT LANE POTOMAC,MD 20854	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$375,000.00 \$7,945.31 \$0.00 \$7,945.31
COMPANY: 543 ID NO : 9002993-01 PRIORITY : CLASS 6 STATUS : EVALUATED	POLICY NUMBER : CLAIM NUMBER : INS/CLMT STATE : DATE OF LOSS : DATE PROOF FILED :	INSURED : CLAIMANT : JOHN J RUSH IRA AND KELLEY KRONENBERG ATTORNEYS FL AT LAW 10360 WEST STATE RD 84 FT LAUDERDALE,FL 33324	AMOUNT CLAIMED : AMOUNT RECOMMENDED : AMOUNT GUARANTY PAID : AMOUNT DUE CLAIMANT :	\$225,000.00 \$4,767.18 \$0.00 \$4,767.18

FLORIDA DEPARTMENT OF FINANCIAL SERVICES-DIVISION OF REHABILITATION AND LIQUIDATION
UNIVERSAL HEALTH CARE, INC.
CLAIMS DISTRIBUTION REPORT

COMPANY: 543	POLICY NUMBER :	INSURED :	AMOUNT CLAIMED :	\$100,800.00
ID NO : 9002994-01	CLAIM NUMBER :	CLAIMANT : ANIL AND POONAM RAIKER AND KELLEY KRONENBERG	AMOUNT RECOMMENDED :	\$2,135.70
PRIORITY : CLASS 6	INS/CLMT STATE :	FL ATTORNEYS AT LAW	AMOUNT GUARANTY PAID :	\$0.00
STATUS : EVALUATED	DATE OF LOSS :	04/01/2013 10360 WEST STATE RD 84	AMOUNT DUE CLAIMANT :	\$2,135.70
	DATE PROOF FILED :	06/30/2014 FT LAUDERDALE,FL 33324		

Exhibit B

Universal Health Care, Inc.
Supplemental Distribution Accounting
Projected for January 2026 Distribution

ESTIMATED ASSETS AT December 31 2025

	<u>Value</u>	<u>Reference</u>
Cash	7,700,054.81	
Total Assets	\$ 7,700,054.81	

ESTIMATED FUNDS RETAINAGE

	<u>Value</u>	<u>Reference</u>	
Distribution Liability	6,713,079.52		
Class I - Administrative Claims			
Retainage for Receiver Expenses (Net of interest)			
Estimate (January 2026 - April 2026)	(46,948.00)	Schedule B	(Interest earned between January 2026 - April 2026 is projected to exceed windup expenses.)
Post Discharge Expenses			
Retainage for records storage, records scanning, tax return prep. & labor	2,800.00	Schedule E	
Total Proposed Retainage	6,668,931.52		
TOTAL AVAILABLE TO DISTRIBUTE	\$ 1,031,123.29		

DISTRIBUTION RECOMMENDATION

	Claims Value	Less Previous Claims Distributions	Value of 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	\$ 10,343.90	\$ 10,343.90	\$ -	\$	\$ -	0.0000%	0.0000%	100.0000%
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	40,571,515.55	40,571,515.55	\$ -	-	-	0.0000%	0.0000%	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	841,000.00	841,000.00	\$ -	-	-	0.0000%	0.0000%	100.0000%
Class VI - General Creditors Claims GA	-	-	\$ -	-	-	0.0000%	0.0000%	0.0000%
Class VI - General Creditors Claims Other	3,043,914.52	1,091,925.17	\$ 1,951,989.35	1,031,123.29	52.8242%	33.8749%	69.7473%	
Class VII - State & Local Government Claims	154,423.23	-	\$ 154,423.23	-	-	0.0000%	0.0000%	0.0000%
Class VIII - Late Filed Claims	1,482,713.80	-	\$ 1,482,713.80	-	-	0.0000%	0.0000%	0.0000%
Class IX - Surplus/Other Claims	1,244,793.61	-	\$ 1,244,793.61	-	-	0.0000%	0.0000%	0.0000%
Class XI - Shareholder Claims	1.00	-	\$ 1.00	-	-	0.0000%	0.0000%	0.0000%
Totals	\$ 47,348,705.61	\$ 42,514,784.62	\$ 4,833,920.99	\$ -	\$ 1,031,123.29			

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, Inc.
Available Cash Projection
Projected for January 2026 Distribution

	Cash Balance as of September 30 2025	Oct-25	Nov-25	Dec-25
Beginning Pooled Cash Balance	\$ 7,617,695.63	\$ 7,628,688.45	\$ 7,634,690.45	
Unclaimed Property Funds Received			59,247.36	
Direct Receiver Expenses (Actual or Estimated)				
Rent-Records, Bank Fees, Postage, Insolvency Reports	3,717.50	8,085.00	8,000.00	
Sub-total	<u>3,717.50</u>	<u>8,085.00</u>	<u>8,000.00</u>	
Allocated Receiver Expenses (Estimated)				
Labor & Benefits	11,636.00	11,636.00	11,636.00	
Indirect Expenses	1,147.00	1,147.00	1,147.00	
Sub-total	<u>12,783.00</u>	<u>12,783.00</u>	<u>12,783.00</u>	
Cash Balance Before Interest Earnings	7,601,195.13	7,607,820.45	7,673,154.81	
Interest Earnings				
Actual SPIA Earnings for September to be credited on October	27,493.32			
Estimate based on assumed SPIA APR on the previous month's average				
Pooled Cash balance (See Schedule D)	26,870.00	26,900.00		
Ending Pooled Cash Balance	<u><u>\$ 7,617,695.63</u></u>	<u><u>\$ 7,628,688.45</u></u>	<u><u>\$ 7,634,690.45</u></u>	<u><u>\$ 7,700,054.81</u></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.

June Actual	\$ 9,760.65
July Actual	5,775.23
August Actual	4,605.64
September Actual	3,131.72
Sub-total	<u>23,273.24</u>
4 mth. actual average (rounded)	5,818.00
Doubled for increased activity level	<u><u>\$ 11,636.00</u></u>

² Indirect Expenses: This estimate is UHC's estimated pro rata share of the Receiver's estimated total indirect expenses.

The pro rata share calculation is based on UHC's estimated total assets divided by the Receiver's estimated total assets for all receiverships.

Estimated Total Asset %	0.43%
Estimated Total for the Receiver	\$ 264,709.10
Estimated Expense (rounded)	<u><u>\$ 1,147.00</u></u>

Universal Health Care, Inc.
Estimated Funds to be Retained by the Receiver for Discharge of the Estate
Estimated from January 2026 through the Projected Discharge Date of April 2026

	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	Retainage Calculation
Beginning Cash Balance		\$ 7,700,054.81	\$ 6,682,578.52	\$ 6,694,845.52	\$ 6,705,342.52	
Direct Receiver Expenses						
Records Storage, Bank Fees, Postage		600.00	300.00	300.00	300.00	
Sub-total		<u>600.00</u>	<u>300.00</u>	<u>300.00</u>	<u>300.00</u>	<u>\$ 1,500.00</u>
Allocated Receiver Expenses						
Labor & Benefits		11,636.00	11,636.00	11,636.00	11,636.00	
Indirect Expenses		1,147.00	1,147.00	1,147.00	1,147.00	
Sub-total		<u>12,783.00</u>	<u>12,783.00</u>	<u>12,783.00</u>	<u>12,783.00</u>	<u>\$ 51,132.00</u>
Claims Distribution (Approx.)			<u>1,031,123.29</u>			
Cash Balance Before Interest Earnings			6,655,548.52	6,669,495.52	6,681,762.52	6,692,259.52
Interest Earnings						
Estimate based on assumed SPIA APR on the previous month's average Pooled Cash balance (See Schedule D).		27,030.00	25,350.00	23,580.00	23,620.00	\$ 99,580.00
Projected Ending Cash Balance	<u>\$ 7,700,054.81</u>	<u>\$ 6,682,578.52</u>	<u>\$ 6,694,845.52</u>	<u>\$ 6,705,342.52</u>	<u>\$ 6,715,879.52</u>	
Retainage for Receiver's Expenses						<u>\$ (46,948.00)</u>

Assumptions for Allocated Receiver Expenses:

¹ Labor & Benefits: This estimate is based on a four month actual average. Doubled for increased activity through the 2nd month of distribution.

Then the monthly average is used.

June Actual	\$ 9,760.65
July Actual	\$ 5,775.23
August Actual	\$ 4,605.64
September Actual	<u>\$ 3,131.72</u>
Sub-total	23,273.24
4 mth. actual average (rounded)	<u>\$ 5,818.00</u>
Doubled for increased activity level	<u><u>\$ 11,636.00</u></u>

² Indirect Expenses: This estimate is UHC's estimated pro rata share of the Receiver's estimated total indirect expenses.

The pro rata share calculation is based on UHC's estimated total assets divided by the Receiver's estimated total assets for all receiverships. Total assets drop significantly post distribution so a reduced % is used after the 2nd month of distribution.

	Before Distribution
Estimated Total Asset %	0.43%
Estimated Total for the Receiver	\$ 264,709.10
Estimated Expense (rounded)	<u><u>\$ 1,147.00</u></u>

Universal Health Care, Inc.
Interest Earnings Projection - Pooled Cash
Projected for January 2026 Distribution

Interest accrued for October 2025

Beginning cash balance	7,617,695.63
Ending cash balance	7,628,688.45
Average cash balance	7,623,192.04
Assumed SPIA interest rate (Annualized)	4.23%
Subtotal (Annualized)	322,461.02

Accrual for October 2025 \$ 26,870.00

Interest accrued November 2025

Beginning cash balance	7,628,688.45
Ending cash balance	7,634,690.45
Average cash balance	7,631,689.45
Assumed SPIA interest rate (Annualized)	4.23%
Subtotal (Annualized)	322,820.46

Accrual for November 2025 \$ 26,900.00

Interest accrued for December 2025

Beginning cash balance	7,634,690.45
Ending cash balance	7,700,054.81
Average cash balance	7,667,372.63
Assumed SPIA interest rate (Annualized)	4.23%
Subtotal (Annualized)	324,329.86

Accrual for December 2025 \$ 27,030.00

Interest accrued for January 2026

Beginning cash balance	7,700,054.81
Ending cash balance	6,682,578.52
Average cash balance	7,191,316.67
Assumed SPIA interest rate (Annualized)	4.23%
Subtotal (Annualized)	304,192.69

Accrual for January 2026 \$ 25,350.00

Interest accrued for February 2026

Beginning cash balance	6,682,578.52
Ending cash balance	6,694,845.52
Average cash balance	6,688,712.02
Assumed SPIA interest rate (Annualized)	4.23%
Subtotal (Annualized)	282,932.52

Accrual for February 2026 \$ 23,580.00

Interest accrued for March 2026

Beginning cash balance	6,694,845.52
Ending cash balance	6,705,342.52
Average cash balance	6,700,094.02
Assumed SPIA interest rate (Annualized)	4.23%
Subtotal (Annualized)	283,413.98

Accrual for March 2026 \$ 23,620.00

Interest accrued for April 2026

Beginning cash balance	6,705,342.52
Ending cash balance	6,715,879.52
Average cash balance	6,710,611.02
Assumed SPIA interest rate (Annualized)	4.23%
Subtotal (Annualized)	283,858.85

Accrual for April 2026 \$ 23,650.00

Universal Health Care, Inc.
Receiver Discharge Expenses
Projected for January 2026 Distribution

Discharge Expenses (Projected for Post 4/24/2026)

Tax returns 2025 & 2026		2,800.00
Unclaimed Property Scanning and Filing Holders Reports		
Total	\$	<u>2,800.00</u>

Universal Health Care, Inc.
Statement of Contributed Equity from Regulatory Trust Fund Estimated Balances
Projected for Discharge by 04/24/26

Contributed Equity Balance as of 09/30/2025	\$ 622,718.73
Accrual for October 2025 - April 2026 (Estimate from Schedule C)	<u>\$ 3,540.94</u>
Total	<u><u>\$ 3,540.94</u></u>
Projected Contributed Equity Balance as of 04/24/2026	<u><u>\$ 626,259.67</u></u>