Fill in this info	ormation to identify the case:	
Debtor	Tehum Care Services, Inc.	
United States Ba	inkruptcy Court for the: Southern	District of Texas(State)
Case number	23-90086	

Official Form 410

Proof of Claim 04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

P	art 1: Identify the Clair	m	
1.	Who is the current creditor?	AIG Member Companies listed on attached add Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	dendum)
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?	
3.	Where should notices and	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	payments to the creditor be sent?	See summary page	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
		Contact phone <u>212-458-7101</u>	Contact phone
		Contact email kevin.larner@aig.com	Contact email
		(see summary page for notice party information Uniform claim identifier for electronic payments in chapter 13 (if you use of the control of t	
4.	Does this claim amend one already filed?	✓ No✓ Yes. Claim number on court claims registry (if known) _	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	✓ No Yes. Who made the earlier filing?	

Official Form 410 Proof of Claim

Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the	debtor's account or any number you use to identify the debtor:
How much is the claim?	\$ <u>13951361.00</u>	. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, experience charges required by Bankruptcy Rule 3001(c)
What is the basis of the claim?	Attach redacted copies of any	ey loaned, lease, services performed, personal injury or wrongful death, or y documents supporting the claim required by Bankruptcy Rule 3001(c). That is entitled to privacy, such as health care information.
	How much is the claim? What is the basis of the	How much is the claim? \$\frac{13951361.00}{\text{What is the basis of the claim?}}\$ Examples: Goods sold, mone claim? Attach redacted copies of any

\$ <u>139513</u>	361.00 Does	this	amount include inte	rest or other charges?					
		No							
		Yes		mizing interest, fees, expenses, or other Bankruptcy Rule 3001(c)(2)(A).					
Examples:	Goods sold, money loaned, lease, serv	ices	performed, personal i	njury or wrongful death, or credit card.					
Attach red	ch redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).								
Limit disclo	osing information that is entitled to privac	cy, sı	uch as health care info	ormation.					
<u>insuran</u>	ce								
п.,									
∐ No	The eleienia are seen allowed the seen are seen	4							
Yes.	The claim is secured by a lien on proper	erty.							
	Nature or property:								
	Real estate: If the claim is secured Claim Attachment (Official Form 4)			residence, file a Mortgage Proof of laim.					
	Motor vehicle								
	Other. Describe: cash h	nelo	d by creditor						
	_								
	Basis for perfection: cash h	nelo	l by creditor						
	Attach redacted copies of documents, example, a mortgage, lien, certificate o has been filed or recorded.)								
	Value of property:		\$ <u>13951361.00</u>	-					
	Amount of the claim that is secured:		\$ <u>13951361.00</u>	-					
	Amount of the claim that is unsecure	ed:	\$	_(The sum of the secured and unsecured amount should match the amount in line 7.)					
	Amount necessary to cure any defau	lt as	of the date of the per	tition: \$					
	Annual Interest Rate (when case was	filed	i)%						
	Fixed								
	Variable								
☑ No									
Yes.	Amount necessary to cure any defaul	lt as	of the date of the pe	etition. \$					
			·						
☐ No									
Yes.	Identify the property: Cash held by	cre	ditor						

Proof of Claim

10. Is this claim based on a

11. Is this claim subject to a right of setoff?

lease?

Official Form 410

4.0									
12.	Is all or part of the claim entitled to priority under	V	No						
	11 U.S.C. § 507(a)?		Yes	Check all that apply:		Amount entitled to priority			
	A claim may be partly priority and partly nonpriority. For example,			Domestic support obligations (including alimony and child support) 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	under	\$			
	in some categories, the law limits the amount			Up to \$3,350* of deposits toward purchase, lease, or rental of proor services for personal, family, or household use. 11 U.S.C. § 50		\$			
	entitled to priority.			Wages, salaries, or commissions (up to \$15,150*) earned within days before the bankruptcy petition is filed or the debtor's busines whichever is earlier. 11 U.S.C. § 507(a)(4).		\$			
				Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$			
				Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	-	\$			
				Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.		\$			
			* Ar	ounts are subject to adjustment on 4/01/25 and every 3 years after that for ca	ases begun o	on or after the date of adjustment.			
Pa	ort 3: Sign Below								
	e person completing	Check	k the a	opropriate box:					
si	gn and date it.		am th	e creditor.					
	RBP 9011(b). you file this claim		am th	e creditor's attorney or authorized agent.					
ele	ectronically, FRBP 05(a)(2) authorizes courts		am th	e trustee, or the debtor, or their authorized agent. Bankruptcy Rule	3004.				
to	establish local rules ecifying what a signature		am a	guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 30	05.				
fra	person who files a audulent claim could be sed up to \$500,000,			that an authorized signature on this <i>Proof of Claim</i> serves as an a of the claim, the creditor gave the debtor credit for any payments re					
im	prisoned for up to 5 ars, or both.	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct.							
18	U.S.C. §§ 152, 157, and 71.	I declare under penalty of perjury that the foregoing is true and correct.							
		Execu	ited oi	date <u>08/11/2023</u> MM / DD / YYYY					
			<i>1icho</i> signature	el S. Davis					
		Print	the na	me of the person who is completing and signing this claim:					
		Name		Michael S. Davis First name Middle name	Last na	ame			
		Title		Attorney					
		Compa	any	Zeichner Ellman and Krause LLP					
				Identify the corporate servicer as the company if the authorized agent is	s a servicer.				
		Addres	s						
		3.00							
		Contac	t phon	Er	mail				

Official Form 410 Proof of Claim

KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0491 | International 001-424-236-7244

Debtor:		
23-90086 - Tehum Care Services, Inc.		
District:		
Southern District of Texas, Houston Division	I	
Creditor:	Has Supporting Doc	
AIG Member Companies listed on attached addendum		g documentation successfully uploaded
AIG Member Companies Attn K. Larner	Related Document S	tatement:
28 Liberty Street		
	Has Related Claim:	
New York, New York, 10005	No	
United States	Related Claim Filed I	Зу:
Phone:	Filing Dorter	
212-458-7101	Filing Party:	
Phone 2:	Authorized age	ent
Fax:		
Email:		
kevin.larner@aig.com		
Disbursement/Notice Parties:		
Michael S. Davis, Esq.		
Zeichner Ellman and Krause LLP		
1211 Avenue of the Americas		
No. Wed No. Wed 40000		
New York, New York, 10036		
United States		
Phone:		
914-649-9447		
Phone 2:		
Fax:		
E-mail:		
mdavis@zeklaw.com		
IIIdavis@zekiaw.com		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
insurance	No	
Total Amount of Claim:	Includes Interest or (Charges:
13951361.00	No	33
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
Yes: 13951361.00	Other	
Based on Lease:		n held by creditor
No	Value of Property:	Their by ordanor
Subject to Right of Setoff:	13951361.00	
1 -	Annual Interest Rate	
Yes, Cash held by creditor		:
	Arrearage Amount:	
	Basis for Perfection:	
	cash held by c	ereditor
	Amount Unsecured:	

Submitted By:

Michael S. Davis on 11-Aug-2023 9:56:45 a.m. Eastern Time

Title:

Attorney

Company:

Zeichner Ellman and Krause LLP

security

		Ī
In re:		Chapter 11
TEHUM CARE SERVICES, INC		Case No 23-90086
	Debtor.	

ADDENDUM TO PROOF OF CLAIM #2 OF THE AIG MEMBER COMPANIES

American Home Assurance Company, AIG Assurance Company, AIG Specialty Insurance Company, AIG Property Casualty Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Co., Lexington Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania and certain other entities related to AIG Property Casualty Inc. (collectively, the "AIG Member Companies") that conducted the business transactions described herein with VALITAS HEALTH SERVICES, INC, (Valitas") et al to the extent the Debtor herein TEHUM CARE SERVICES, INC. and its predecessors and affiliates (collectively, "Debtor") has responsibility for or an interest in such business transactions, AIG Member Companies hereby submit this proof of claim (the "Proof of Claim").

A. <u>SECURED CLAIM</u>

Annexed hereto as <u>Exhibit A</u> is a certain Payment Agreement dated effective January 1, 2012 between AIG Member Companies on-the-one-hand and Valitas on-the-other-hand, setting out Payment Obligations of Valitas, of certain affiliates of Valitas, and (to the extend applicable) of the Debtor herein TEHUM CARE SERVICES, INC and its predecessors and affiliates. The amount of that Payment Obligation is disputed and is currently subject to an on-going arbitration commenced by CHX TX d/b/a YesCare ("CHX"), asserting that it is the successor to Valitas. (The Payment Agreement annexed hereto, together with its addenda, schedules, amendments, and renewals are referred to collectively herein as the "Payment Agreement.")

AIG Member Companies hold cash as collateral in the amount of \$13,951,361 (the "Collateral") as of March 31, 2023, which CHX claims has been assigned to it. AIG Member Companies assert a secured claim for the full amount of all Payment Obligations under the Payment Agreement, secured by the Collateral, plus any other amount that may be owed to the AIG Companies by Debtor.

As of February 2023, unpaid liquidated reimbursable losses due as Payment Obligations were tabulated to be \$823,575. This amount continues to grow daily as workers compensation claims continue to be paid. The total amount of the Payment Obligations is disputed and subject to the pending arbitration commenced by CHX.

B. POTENTIAL UNLIQUIDATED COMPONENTS OF THIS PROOF OF CLAIM.

- 1. <u>Unmatured and/or Unliquidated Claim</u>. The Debtor entered into certain other agreements with the AIG Member Companies and may be obligated to pay to among other things, audit or other premiums, deductibles, self-insured retention, reimbursement obligations, fees, expenses and related costs that are not readily calculable at this time. Certain of such amounts remain unmatured, contingent and/or unliquidated, and such amounts constitute an unliquidated claim against the Debtor. Should any such amounts become liquidated or become mature such amounts shall become a liquidated claim. The AIG Member Companies expressly reserve the right to amend or supplement this Proof of Claim for whatever reason, including without limitation, for the purpose of filing additional claims or to specify the amount of the AIG Member Companies' unmatured, contingent and/or unliquidated claim as they become matured and/or liquidated.
- 2. Annexed hereto as **Exhibit B** is a list of insurance policies from which this unliquidated claim may be derived. In connection with the foregoing, the AIG Member Companies expressly preserve all rights at law or equity with respect to such funds or such rejection damages, including, without limitation, the right to (i) obtain an accounting and audit, (ii) collect applicable statutory, compensatory and punitive damages, and (iii) obtain payment of obligations from affiliates, successors, officers and/or directors of the Debtor or from present or former affiliated companies as allowed by applicable law.
- 3. Other Insurance or Services. To the extent the AIG Member Companies provide or provided any other or different insurance (including excess coverages or renewals of any insurance), or other services to the Debtor, either included within or in addition to the insurance policies listed on Exhibit B, the AIG Member Companies hereby assert a claim for all obligations of the Debtor to the AIG Member Companies arising thereunder, including, without limitation, premiums, deductibles, self-insured retention, reimbursement obligations, fees, expenses and other costs arising from such transactions, or from funds advanced or to be advanced on the Debtor's behalf. Additionally, the AIG Member Companies reserve the right to amend this proof of claim to assert further amounts due or particulars in connection therewith.
- 4. <u>Bond Obligations</u>. Claim is made to the extent of any surety bonds outstanding if any, where the Debtor agreed to pay to the AIG Member Companies, among other things, any and all loss and expense, including, without limitation, attorneys' fees, incurred by the AIG Member Companies by reason of having issued any such bonds, and losses incurred as a result of the issuance of any bonds. The amount presently due the AIG Member Companies with respect to any bonds is unliquidated and untabulated.
- 5. **Quantum Meruit**. To the extent the Debtor received a benefit from service or product provided by the AIG Member Companies, Debtor is obligated to pay the AIG Member Companies for the value of the benefits received.
- 6. **Joint Liability**. Should Debtor be liable to the AIG Member Companies (or any of them) for any obligations of any other entity, including without limitation CHX TX (d/b/a YesCare), this Proof of Claim asserts such claim, with prejudice to the obligation of such entity.

- 7. <u>Indemnity Obligations</u>. In the event the Debtor has entered into any agreement with the AIG Member Companies pursuant to which Debtor has a duty to indemnify the AIG Member Companies, a claim is made herein for such right of indemnity.
- 8. <u>Other</u>. In connection with the foregoing, Debtor also may be liable to the AIG Member Companies by virtue of relevant principles of contract and common law relating to, among other things, subrogation, suretyship, indemnification or contribution.
- 9. **<u>Right of Recoupment</u>**. The AIG Member Companies assert the right to use funds paid to them to recoup obligations of the Debtor arising therefrom.
- 10. <u>Security</u>. To the extent the AIG Member Companies hold any cash or other collateral as security for its claim, regardless of whether such cash or collateral is property of the Debtor's estate, the AIG Member Companies assert a secured claim and/or a right of setoff and reserve its rights to collect against same by recoupment and/or setoff. Alternatively, or in addition, to the extent the AIG Member Companies hold an interest in any property of the Debtor, the AIG Member Companies assert a security interest in same to the extent of applicable law.
- 11. <u>Interest</u>. The AIG Member Companies claim all rights to claim interest to the extent permitted by law, including post-petition interest to the extent such interest is secured. To the extent this claim or any portion hereof, is unliquidated, appropriate interest (if any) remains unliquidated at this time. In preparing any tabulation of a liquidated claim, we will endeavor to include a tabulation of applicable interest to the extent dates of accrual of obligations can be readily ascertained. The AIG Member Companies reserve the right to amend such calculations and to claim additional interest as facts are learned, data compiled, and/or unliquidated claims become liquidated.
- against the Debtor relates to the post-petition period the AIG Member Companies' claim against the Debtor relates to the post-petition period the AIG Member Companies are entitled to administrative priority under 11 U.S.C. §§ 503(b)(1) and 507(a)(2). Therefore, through this Proof of Claim, the AIG Member Companies also assert an administrative expense claim for all services provided, risks insured or occurrences occurring after the Petition Date, all or a portion of which may be set forth in this Proof of Claim. To the extent any amounts set forth herein are entitled to administrative expense priority, the AIG Member Companies hereby request immediate allowance and payment of its administrative expense. Any failure by the AIG Member Companies to specifically assert an administrative expense claim against the Debtor's estate shall not be deemed a waiver by the AIG Member Companies of its right to payment of an administrative expense, said right being asserted herein and fully preserved.
- 13. Arbitration. The dispute concerning the amount of this claim is currently pending in arbitration. Nothing herein is intended to supersede the jurisdiction of such arbitration. The filing of this Proof of Claim is not intended to waive any right to arbitration. The AIG Member Companies expressly reserve any right to arbitration with respect to this claim or any other dispute arising in connection with the Debtor. To the extent of any pre-existing arbitration agreement between the AIG Member Companies and Debtor, this Court's jurisdiction should be limited to referring such dispute to arbitration and enforcing any arbitration award.

- No Consent to Jurisdiction; No Waiver of Jury Trial. The filing of this 14. Proof of Claim is not and shall not be deemed or construed as: (i) consent to jurisdiction of this Court with respect to proceedings, if any, involving the duties and obligations of the AIG Member Companies; (ii) a waiver or release of the AIG Member Companies' right to a trial by jury in any proceeding as to any and all matters so triable herein, whether or not the same be designated legal, public, or private rights in any case, controversy or proceeding related hereto, notwithstanding any designation of such matters as "core" proceedings pursuant to 28 U.S.C. § 157(b)(2), and whether such jury trial right is pursuant to statute or the United States Constitution; (iii) a consent to this Court's entry of final orders or judgments with respect to the Proof of Claim or any other matter involving the AIG Member Companies; (iv) a waiver of the AIG Member Companies' right to have any and all orders and judgments of this Court reviewed de novo by a court duly authorized under Article III of the United States Constitution; or (v) a waiver of the AIG Member Companies' right to move to withdraw the reference with respect to the subject matter of this Proof of Claim, any objection thereto or other proceeding which may be commenced in the Debtor' bankruptcy cases or otherwise involving the AIG Member Companies.
- 15. Reservation of Rights. In executing and filing this Proof of Claim, the AIG Member Companies: (i) do not waive any right or rights that it has or may have against any other persons liable for all or part of the claim set forth herein; (ii) expressly reserve the right to amend or supplement this Proof of Claim in any respect; (iii) expressly reserve the right to assert all claims, causes of action, defenses, offsets or counterclaims; and (iv) expressly reserve the right to contest insurance coverage in the event of any claim that may be tendered by the Debtor for coverage.

For

Insurance and Risk Management Services

effective on the 01 day of January, 2012

by and between us,

National Union Fire Insurance Company of Pittsburgh, Pa.

On behalf of itself and all its affiliates including, but not limited to:

American Home Assurance Company
The Insurance Company of the State of Pennsylvania
Commerce and Industry Insurance Company
Chartis Property Casualty Company
Illinois National Insurance Co
Chartis Casualty Company
Granite State Insurance Company
New Hampshire Insurance Company

And You, our Client

VALITAS HEALTH SERVICES, INC. 105 WESTPARK DRIVE, SUITE 200 BRENTWOOD TN 37027

in consultation with Your representative

GALLAGHER HEALTHCARE INSURANCE 1900 WEST LOOP SOUTH, HOUSTON TX 77027

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WHO HAS AGREED TO THIS AGREEMENT?

This Agreement is between:

- You, the organization(s) named as "our Client" in the Schedule, and
- us, the insurer(s) named in the Schedule.

The words "we", "us" and "our" in this Agreement refer to the insurer(s) named in the Schedule.

WHAT HAVE YOU AND WE AGREED TO?

We have agreed to the following:

- to provide You insurance and services according to the Policies and other agreements; and
- to extend credit to You by deferring our demand for full payment of the entire amount of Your Payment Obligation if You make partial payments according to this Agreement.

To induce us to agree as above,

You have agreed to the following:

- to pay us all Your Payment Obligation and to perform all Your other obligations according to this Agreement and Schedule for all entities covered by the Policies;
- to provide us with collateral according to this Agreement and Schedule;

WHEN DOES THIS AGREEMENT BEGIN?

This Agreement begins on the Effective Date shown in the first page (the title page) of this Agreement. Unless otherwise agreed in writing, this Agreement will also apply to any Policies and Schedules that we may issue as renewals, revisions, replacements or additions to the attached Schedule and the Policies listed there.

WHEN WILL THIS AGREEMENT END?

This Agreement will end only after You and we have settled and paid all obligations between You and us relating to this Agreement. Neither You nor we may cancel this Agreement without the other's consent.

WHICH WORDS HAVE SPECIAL MEANINGS IN THIS AGREEMENT?

Words with special meanings in the Policies have the same meanings in this Agreement as they have in the Policies. Non-italicized capitalized words in this Agreement are defined in the Policies, or their meanings are otherwise described in this Agreement.

The following are definitions of other special words. Terms printed in this Agreement in italic typeface have the meanings described below.

- 1. "ALAE" means Allocated Loss Adjustment Expense as defined in the Policies.
- 2. "Deductible Loss Reimbursements" means the portion of any Loss and ALAE we pay that You must reimburse us for under any "Deductible" or "Loss Reimbursement" provisions of a Policy.
- 3. "Loss" or "Losses" means damages, benefits or indemnity that we become obligated under the terms of the Policies to pay to claimants.
- "Policy" or "Policies" means:
 - any of the insurance Policies described by their Policy numbers in the Schedule, and their replacements
 - any additional insurance Policies that we may issue to You that You and we agree to make subject to this Agreement.
- "Retained Amount" or "Retention" means one of the following:
 - Self-Insured Retention: the amount specified in the applicable Policy as Your Self-Insured Retention per occurrence, accident, offense, claim or suit; or
 - Deductible: the amount specified in the applicable Policy as the Reimbursable or Deductible portion of Loss per occurrence, accident, offense, claim or suit; or
 - Loss Limit: the portion of any Loss we pay because of an occurrence, offense, accident, claim or suit, that we will include in the computation of the premiums.

The Policies show the type of Retention that applies to any specific occurrence, offense, accident, claim or suit

- 6. **"Schedule"** means each of the attachments to this Agreement that describes specific elements of the Agreement for a specified period of time. Each *Schedule* is a part of this Agreement. Additional *Schedules* or amendments to *Schedules* may be attached to this Agreement from time to time by mutual agreement between *You* and us.
- 7. "You" or "Your" means the person or organization named as our Client in the title page of this Agreement, its predecessor and successor organizations, and each of its subsidiary, affiliated or associated organizations that are included as Named Insureds under any of the *Policies*. Each is jointly and severally liable to us for the entire amount of *Your Payment Obligation*.
- 8. "Your Payment Obligation" means the amounts that You must pay us for the insurance and services in accordance with the terms of the Policies, this Agreement, and any similar primary casualty insurance Policies and agreements with us incurred before the inception date hereof. Such amounts shall include, but are not limited to, any of the following, including any portions thereof not yet due and payable:
 - the premiums and premium surcharges,
 - Deductible Loss Reimbursements,
 - any amount that we may have paid on Your behalf because of any occurrence, accident, offense, claim or suit with respect to which You are a self-insurer,
 - any other fees, charges, or obligations as shown in the Schedule or as may arise as You and we may agree from time to time.

Loss Reserves: Your Payment Obligation includes any portion of the premiums, premium surcharges, Deductible Loss Reimbursements or other obligations that we shall have calculated on the basis of our reserves for Loss and ALAE. Those reserves shall include specific reserves on known Losses and ALAE, reserves for incurred but not reported Losses and ALAE, and reserves for statistically expected development on Losses and ALAE that have been reported to us. Any Loss development factors we apply in determining such reserves will be based on our actuarial evaluation of relevant statistical data including, to the extent available and credible, statistical data based upon Your cumulative Loss and ALAE history.

WHAT ELSE SHOULD YOU KNOW ABOUT YOUR PAYMENT OBLIGATION?

Amounts: We will calculate Your Payment Obligation according to the methods stated in the Policies and any other similar primary casualty insurance Policies and agreements between us.

You must abide by the results under this Agreement of any payment of Loss or ALAE that the claims service provider or we shall have made in the absence of negligence and in good faith under any of the Policies.

Credit: Credit is extended to You whenever Your payment of some or all of Your Payment Obligation is postponed beyond the effective date of the insurance Policies to which such obligations pertain. Any extension of unsecured credit to You under this Agreement is extended only for the duration of the Policy year for which it is extended. It is subject to review and revision or withdrawal at each anniversary of this Agreement or at other times in accordance with the terms of this Agreement. Any extension of credit to You under this Agreement, including any deferral or waiver of the collection of collateral from You is not an assumption by us of any of Your obligations to us. Any extension of credit to You does not limit our right to enforce Your performance under this Agreement. A Credit Fee may be charged for any unsecured credit extended to You. The Credit Fee, if any, is shown in the Schedule. Any such Credit Fee is an annual fee and applies only to the Policy year to which such Schedule applies. A renewal Credit Fee may be charged for the period of any renewed extension of unsecured credit, and shall be shown in the Schedule pertaining thereto.

Payment of the Credit Fee, if any, is neither payment of premium for insurance of any kind nor payment of Deductible Loss Reimbursements.

WHEN MUST YOU PAY YOUR PAYMENT OBLIGATION?

All payments are due by the due date stated in the *Schedule*, or as respects Additional Payments, within 30 days of the later of the Invoice, Notice or Bill date or *Your* evidenced receipt date of the Invoice, Notice or Bill for each such Additional Payment.

WHAT IS THE PAYMENT PLAN?

Deposit and Installments

You must pay us a Deposit and Installments in the amounts and by the dates shown in the Schedule for the Policies described in the Schedule.

Claims Payment Deposit: If so shown in the Schedule, the Deposit includes a Claims Payment Deposit. The Claims Payment Deposit will not bear interest. We will return the amount of the Claim Payment Deposit to You when You have paid us all amounts due us.

If the total amount of claims we shall have paid on Your behalf exceeds the sum of the Claims Payment Deposit for three (3) consecutive billing periods, we may require You to pay us additional funds for the Claims Payment Deposit. However, the entire Claims Payment Deposit shall not exceed 250% of the average amount of the claims we had paid in each of the prior 3 periods.

Additional Payments

You must also make payments in addition to the Deposit and Installments according to the Payment Method described under "Additional Payments" in the Schedule.

WHAT IS THE BILLING METHOD?

Deposit and Installments: You must pay us the amounts shown in the Schedule as "Installments". You must pay us those amounts by their Due Dates shown there.

Additional Payments: You have chosen the Direct Billing Method or the Automatic Withdrawal Method, or a combination of both. Your choice is shown in the Schedule.

Direct Billing Method

For the Additional Payments described under "WHAT IS THE PAYMENT PLAN?", we will further bill *You* as necessary for the payment of *Losses* we must pay or have paid within *Your Retention* and *Your* share of *ALAE* covered by the *Policies*. We will not bill more than permitted under any Aggregate Stop or Maximum Premium or Maximum Insurance Cost provisions that apply to the *Policies*.

Automatic Withdrawal Method

For the Additional Payments described under "WHAT IS THE PAYMENT PLAN?", we will draw funds from the "Automatic Withdrawal Account" described in the *Schedule* as necessary for the payment of *Losses* within *Your Retention* and *Your* share of *ALAE* covered by the *Policies*. We will not withdraw more than permitted under any Aggregate Stop or Maximum Premium or Maximum Insurance Cost provisions that apply to the *Policies*.

You hereby authorize us to withdraw funds from that Account upon our demand.

You must pay enough cash into that "Automatic Withdrawal Account" to cover our expected payments of Loss within Your Retention and Your share of ALAE during the next Claims Payment Fund Coverage Period shown in the Schedule. The minimum amount of such cash funds is shown in the Schedule as "Minimum Amount". You must make a payment in that amount into that Account immediately whenever its balance falls below 25% of that amount. Interest earned on that Account belongs to You.

WHAT ABOUT COLLATERAL?

Collateral is Required

You must deliver collateral acceptable to us to secure Your Payment Obligation at the time(s), in the form(s) and in the amount(s) shown in the Schedule. Subject to the terms of this Agreement, we may apply any collateral we hold in connection with this or any other similar primary casualty insurance Policies or agreements to Your Payment Obligation.

Grant of Security Interest and Right to Offset

You grant us a possessory security interest in any property You deliver to us to secure Your Payment Obligation. You also grant us a continuing first-priority security interest and right of offset with respect to all premiums, surcharges, dividends, cash, accounts, or funds that are payable to You and are now or may in the future come into our possession in connection with Your Payment Obligation. You agree to assist us in any reasonable way to enable us to perfect our interest. You direct us to hold all such sums as collateral for Your Payment Obligation as they may be payable now or may become payable in the future.

Letter of Credit

Any letter of credit must be clean, unconditional, irrevocable and evergreen. It must be from a bank that we and the Securities Valuation Office of the National Association of Insurance Commissioners have approved and in a form acceptable to us. It must be in the amount shown in the Schedule.

If any letter of credit is canceled, no later than 30 days before that letter of credit expires, You must deliver to us a substitute letter of credit that complies with the requirements set forth above. Upon Your written request, we will not unreasonably withhold our consent to a reasonable extension of the time within which You must deliver such a substitute letter of credit to us. The substitute letter of credit must take effect no later than the date of termination of the expiring letter of credit. Your duty to deliver such a letter of credit will continue until You have satisfied all Your obligations under this Agreement and the Policies. If You fail to provide us with a qualifying substitute letter of credit as indicated above, we may draw upon the existing letter of credit in full.

Other Collateral

With respect to any collateral we accept other than a letter of credit, including but not limited to any collateral we hold in trust or escrow, any agreements between You and us about our respective rights and obligations with respect to such collateral are incorporated by reference into this Agreement. Nothing in those agreements will limit or modify any of our rights under this Agreement.

Collateral Reviews

The collateral we require to secure Your Payment Obligation is subject to reviews and revisions as described below.

We will review our collateral requirement annually. In addition, we may review our collateral requirement at any time that we may deem reasonably necessary, including at any time after an event such as but not limited to the

- 1. the non-renewal or cancellation of any Policy to which this Agreement applies,
- 2. the failure or violation of any financial covenants or tests, or minimum financial rating (if any) specified in the Schedule.
- 3. the occurrence of any direct or indirect transaction for the merger or consolidation, or the conveyance, sale, transfer, dividend, spin-off, lease, or sale and lease back, of all or any material portion of Your property, assets, business or equity to any other entity,
- 4. any material adverse change in the financial condition of You, Your subsidiaries or affiliates taken separately or in combination, or any other entity on which we rely for security or guarantee in connection with this Agreement.

You and we will cooperate with each other and each other's designated consultants in the conduct of such

If as a result of any review we find that we require additional collateral, You will provide us such additional collateral within 30 days of our written request, which shall be accompanied by a worksheet showing our calculation of the amount thereof. If a return of collateral to You is indicated, we will return annually the indicated amount to You within 30 days of our written acknowledgement thereof.

Collateral Adjustment Procedure

The additional collateral that You must provide us will be in the amount of the difference between the total unpaid amount of Your Payment Obligation and the total amount of Your collateral that we then hold. We may adjust the collateral requirement relating to the unexpired term of the Policies on the basis of our evaluation of Your financial condition. If such difference is a negative sum, that sum is the amount that we will return to You. However, we are not obligated to return collateral to You if You are in default of any provision of this Agreement or any other similar agreement relating to Your primary casualty insurance with us.

Financial Information

You must provide financial information to us as a basis for our collateral reviews within 14 days after our request. If You are not subject to the reporting requirements of the Securities and Exchange Act of 1934, You must provide us copies of Your audited annual financial statements.

If we so request, You must provide us such financial information as we may reasonably deem necessary to determine Your financial condition, including but not limited to copies of Your completed quarterly financial statements. Those statements must include the following:

- balance sheet.
- income statement.
- statement of retained earnings.
- cash flow statement,
- notes to the statements, and
- any supplemental schedules.

Reporting Requirement

Give us prompt notice of the event of any default as described in the section titled "What is a Default", or any event described in the section titled "Collateral Reviews" in this Agreement, that has happened or is about to happen.

As an alternative to the above, at Your option, provide us with the same notices at the same time that You provide such notices to any other creditor regarding any material financial or operational condition that You are obligated to report to such other creditor.

WHAT IS DEFAULT?

Default is any of the following:

- 1. failure by You or any of Your subsidiaries or affiliates to perform within 5 days after its due date any obligation You or any of Your subsidiaries or affiliates have under this Agreement or any other agreement with us.
- 2. Your insolvency, or the occurrence of any of the following:
 - the commencement of liquidation or dissolution proceedings, Your general failure to pay debts as they become due, general assignment by You for the benefit of creditors, the filing by or against You of any petition, proceeding, case or action under the provisions of the United States Bankruptcy Code or other such law relating to debtors, the appointment of, or the voluntary or involuntary filing for a petition for the appointment of, a receiver, liquidator, rehabilitator, trustee, custodian or similar official to take possession or control of any of Your property; or
 - Your default on any material outstanding debt not cured within its applicable cure period, if any.
- 3. the cancellation by You, without our prior consent, of any Policy material to this agreement, However, Your concurrent cancellation of all the unexpired Policies shall not constitute default.
- 4. the discovery of any material inaccuracy or incompleteness in any representation, warranty or condition precedent You make in connection with this Agreement, the insurance afforded by any of the Policies or Your Payment Obligation.

WHAT MAY WE DO IN CASE OF DEFAULT?

If default occurs, we may take reasonable and appropriate steps that are necessary to protect our interest. We will exercise good faith consistent with usual and customary commercial and credit practice in selecting and exercising such steps. We may take steps such as the following:

- 1. We may declare the entire unpaid amount of Your Payment Obligation immediately due and payable.
- We may change any or all unexpired Policies under Loss Reimbursement or Deductible plans to Non-Deductible plans for the remaining term of any such Policy, to become effective after ten days written notice to You. We will therewith increase the premiums for those Policies in accordance with our applicable rating plan.
- 3. We may draw upon, liquidate, or take ownership of any or all collateral we hold regardless of the form, and hold or apply such amounts to any of *Your Payment Obligations* under this Agreement or any other premium, surcharge or deductible financing agreement between *You* and us, or under any *Policies*. However we will not draw upon, liquidate, or take ownership of more collateral than is reasonably necessary to protect our interest.
- 4. We may require You to deliver to us additional collateral, including an amendment to the letter of credit or an additional letter of credit or other additional collateral. The other additional collateral, letter of credit or its amendment must conform to the requirements described above. You must deliver it within 15 days of Your receipt of a written notice from us.
- 5. We may cancel any or all unexpired *Policies* as if for non-payment of premium or *Deductible Loss Reimbursements*. We may apply any return of premium resulting from the cancellation to remedy any default.
- 6. We may withhold payment of claims to You or any of Your subsidiaries or affiliates.
- 7. We may satisfy Your obligations to us in whole or in part by set-off against any moneys, securities, collateral, consideration or property of yours received by, pledged to, held by or otherwise available to us in connection with Your Payment Obligation. You authorize us after any default to charge any account that You maintain with us in connection with Your Payment Obligation in order to satisfy any of Your obligations.

HOW WILL DISAGREEMENTS BE RESOLVED?

What if we disagree about payment due?

If You disagree with us about any amount of Your Payment Obligation that we have asked You to pay, within the time allowed for payment You must:

- give us written particulars about the items with which You disagree; and
- pay those items with which You do not disagree.

We will review the disputed items promptly and provide *You* with further explanations, details, or corrections. *You* must pay us the correct amounts for the disputed items within 10 days of agreement between *You* and us about their correct amounts. Any disputed items not resolved within 60 days after our response to *Your* written particulars must immediately be submitted to arbitration as set forth below. With our written consent, which shall not be unreasonably withheld, *You* may have reasonable additional time to evaluate our response to *Your* written particulars.

So long as You are not otherwise in default under this Agreement, we will not exercise our rights set forth under "What May We Do in Case of Default?", pending the outcome of the arbitration on the disputed amount of Your Payment Obligation.

What about disputes other than disputes about payment due?

Any other unresolved dispute arising out of this Agreement must be submitted to arbitration. You must notify us in writing as soon as You have submitted a dispute to arbitration. We must notify You in writing as soon as we have submitted a dispute to arbitration.

Arbitration Procedures

How arbitrators must be chosen: You must choose one arbitrator and we must choose another. They will choose the third. If You or we refuse or neglect to appoint an arbitrator within 30 days after written notice from the other party requesting it to do so, or if the two arbitrators fail to agree on a third arbitrator within 30 days of their appointment, either party may make an application to a Justice of the Supreme Court of the State of New York, County of New York and the Court will appoint the additional arbitrator or arbitrators.

Qualifications of arbitrators: Unless *You* and we agree otherwise, all arbitrators must be executive officers or former executive officers of property or casualty insurance or reinsurance companies or insurance brokerage companies, or risk management officials in an industry similar to *Yours*, domiciled in the United States of America not under the control of either party to this Agreement.

How the arbitration must proceed: The arbitrators shall determine where the arbitration shall take place. The arbitration must be governed by the United States Arbitration Act, Title 9 U.S.C. Section 1, et seq. Judgment upon the award rendered by the arbitrators may be entered by a court having jurisdiction thereof.

You and we must both submit our respective cases to the arbitrators within 30 days of the appointment of the third arbitrator. The arbitrators must make their decision within 60 days following the termination of the hearing, unless You and we consent to an extension. The majority decision of any two arbitrators, when filed with You and us will be final and binding on You and on us.

The arbitrators must interpret this Agreement as an honorable engagement and not merely a legal obligation. They are relieved of all judicial formalities. They may abstain from following the strict rules of law. They must make their award to effect the general purpose of this Agreement in a reasonable manner.

The arbitrators must render their decision in writing, based upon a hearing in which evidence may be introduced without following strict rules of evidence, but in which cross-examination and rebuttal must be allowed.

The arbitrators may award compensatory money damages and interest thereupon. They may order *You* to provide collateral to the extent required by this Agreement. They will have exclusive jurisdiction over the entire matter in dispute, including any question as to its arbitrability. However, they will not have the power to award exemplary damages or punitive damages, however denominated, whether or not multiplied, whether imposed by law or otherwise.

Expenses of Arbitration: You and we must each bear the expense of our respective arbitrator and must jointly and equally bear with each other the expense of the third arbitrator and of the arbitration.

This Section will apply whether that dispute arises before or after termination of this Agreement.

TO WHOM MUST YOU AND WE GIVE NOTICES?

We will mail or deliver all notices to You at Your address in the Schedule. You must mail or deliver all notices to our Law Representative with a copy to our Account Executive at the address specified in the Schedule. All notices must be in writing.

MAY RIGHTS OR OBLIGATIONS UNDER THIS AGREEMENT BE ASSIGNED?

Neither You nor we may assign our rights or obligations under this Agreement without the written consent of the other, which shall not be unreasonably withheld.

WILL PAST FORBEARANCE WAIVE RIGHTS UNDER THIS AGREEMENT?

Past forbearance, neglect or failure to enforce any or all provisions of this Agreement, or to give notice of insistence upon strict compliance with it, will not be a waiver of any rights. A waiver of rights in a past circumstance will not be a course of conduct that waives any rights in any subsequent circumstance.

WHO MUST PAY TO ENFORCE THIS AGREEMENT?

If *You* or we fail to perform or observe any provisions under this Agreement, the other may incur reasonable additional expenses to enforce or exercise its remedies. Either *You* or we must reimburse the other upon demand and presentation of clear and convincing supporting evidence for any and all such additional expenses.

HOW MAY THIS AGREEMENT BE CHANGED?

This Agreement may be changed only by agreement by You and us, as evidenced by a written addendum to this Agreement, duly executed by the authorized representatives of each.

WHAT IF THE LAW CHANGES?

If any part of this Agreement should become unenforceable because of any change in law, the remainder of this Agreement will remain in full force and effect.

ARE YOU AUTHORIZED TO MAKE THIS AGREEMENT?

You hereby represent and warrant that Your execution, delivery and performance of this Agreement have been authorized by all necessary corporate actions. The individual executing this agreement on Your behalf has full right and authority to execute and deliver this agreement and to bind You jointly and severally.

SIGNATURES

TO SIGNIFY AGREEMENT, You and we have caused this Agreement to be executed by the duly authorized representatives of each.

> For National Union Fire Insurance Company of Pittsburgh, Pa., On behalf of itself and its affiliates first listed above:

In Houston, TX, This 2/5/ day of Typed Name Anner M. Jones

Title Attorney in Fact

For You, our Client

VALITAS HEALTH SERVICES, INC. Breutwood

⊼his ∫১^শ√day of Signed by

Typed Name

Title

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00001356606	19 - PRZMANY CO 19 - PRZMANY CO	11 - HOUSTON 11 - HOUSTON	UNIOLOSS UNIOLOSS	4696751 4696751	990899E3	CONDON/HEA TH INC CONDON/HEA TH INC	NECOOF HE STATE OF FA.	2005-09-25 2005-06-01	2006-06-01 2006-06-01		
0000512700	SS - PRZMANY CO	11 - HOUSTON 31 - HOUSTON	UNIONN	4696751	990899E3	CONDON/HEALTH INC CONDON/HEALTH INC	NECOOF THE STATE OF FIL.	2005-06-01 2005-08-04	2011-06-01 2011-06-01		
00009841995	19 - PRZMANY CO 19 - PRZMANY CO	SI - HOUSTON SI - HOUSTON	DROW CONTRAC	4696751 4696751	990830K3	CORDON HEALTH, INC CORDON HEALTH, INC	NECOGF THE STATE OF FIL. NUF I CO OF PETTER, RIGH PA.	2007-01-07 2007-06-01	2012-06-01 2012-06-01		
00012714998 00012717000	IS - PRZMARY NA IS - PRZMARY NA	SI - HOUSTON SI - HOUSTON	UNRIGHT DIPLOPERELIME	4696751 4696751	990830K3	CORDON HEALTH, INC CORDON HEALTH, INC	NEW HARPSHIRE RELEMBLE CO.	3918-91-01 3918-91-01	3639-61-61 3639-61-61		
00012717903 00014122504	IS - PRZMARY NA IS - PRZMARY NA	SI - HOUSTON SI - HOUSTON	UNRIGHT DIPLOPERELIME	GREATES GREATES	990830K3 08828K3	CORDON HEALTH, INC CORDON HEALTH, INC	NEW HARPSHIRE RELEMBLE CO.	3918-91-01 3918-91-01	3039-01-01 2019-01-01		
00014122506	SS - PRZMANY NA SS - PRZMANY NA	SI - HOUSTON SI - HOUSTON	THE OWNER AND	ERESRO ERESRO	08283 08283	CORDON HEALTH, INC	NEW HARPSHIRE BELINNICE CO.	2018-01-01 2018-01-01	201941-01		
00014122910	SS - PRZMANY NA SS - PRZMANY NA	11 - HOUSTON 11 - HOUSTON	NOWN	BHOHO	08083 08083	CORDON HEATH INC	SEA HAPPHIE ASLESSES CO.	20/8/01/01 20/8/01/01	2019-01-01		
00014122914	SS - PRZMANY NA SS - PRZMANY NA	11 - HOUSTON 31 - HOUSTON	UNIONN	E862883	0802803 0802803	CONDON/HEALTH INC CONDON/HEALTH INC	NEW HARPSHIRE RELIGIOUS CO	2018-01-01 2018-01-01	2019-01-01 2019-01-01		
00015425388 00015425391	IS - PRZMANY NA IS - PRZMANY NA	11 - HOUSTON 11 - HOUSTON	ANDIAN	4696751	99089963 99089963	CORDON/EA/TH/AC CORDON/EA/TH/AC	NEW HARPSHIRE BELIEVED CO.	2017-01-01 2017-01-01	20174741		
00015425394	IS - PRZMANY NA IS - PRZMANY NA	11 - HOUSTON 11 - HOUSTON	ANDIAN	4696751	99089963 99089963	CORDON/EA/TH/AC CORDON/EA/TH/AC	NEW HAPPINE BUILDINGS CO.	2017-01-01 2017-01-01	20174741		
00015425398	IS - PRZMAKY NA	11 - HOURTON	MICHAEL	4696751	99089063	CONTON HEALTH, INC	NEW HARPSHIEF BELIEVINGS CO.	2017-01-01	20174741		
00015519019	IS - PRZMAKY NA	SI - HOUSTON	INFLORESCENT	4696751	99089063	CONTON HEALTH, INC	NEW HARPSHIEF BELIEVINGS CO.	2016-01-01	201741-01		
00015684268	SS - PRZHADO NA SS - PRZHADO NA	11 - HOUSTON	UNBOWN	4696751	99089963	CONDON/HEA THE RIC	NEA HAPPINE BELEVICE CO	2015-01-01	201601-01		
00015684272 00025638738	SS - PRZMANY CO SS - PRZMANY NA	11 - HOUSTON 11 - HOUSTON	NOWN	ENGRA	990899C3 08629E3	CORDON HEATH INC	NECOCK THE STATE OF FA. SEA HAMPSHIRE ASSURANCE CO.	20/0/01/01 2000/01/01	2013-01-01		
0002063E760 0002309617E	SS - PRZMANY NA SS - PRZMANY NA	11 - HOUSTON 31 - HOUSTON	UNIONN	6883883 4696751	095830K3	CONDON/HEALTH INC CONDON/HEALTH INC	MERICA HOME ASSUMMENTS CO	2008-01-01 2018-01-01	2021-01-01 2020-01-01		
00038338090	SS - PRZMAKY NA. SS - PRZMAKY NA.	SI - HOUSTON SI - HOUSTON	WORKS	4696751 4696751	935830£3	CONIZON HEALTH, INC CONIZON HEALTH, INC	NEW HAPPINE BELEVICE CO.	2015-01-01 2015-01-01	2016-01-01 2016-01-01		
00038238192	IS - PRZMANY NA IS - PRZMANY NA	11 - HOUSTON 11 - HOUSTON	ANDIAN	4696751	99089963 99089963	CORDON/EA/TH/AC CORDON/EA/TH/AC	NEW HARPSHIRE BELIEVED CO.	2015-01-01 2015-01-01	2016-01-01		
00038338594	SS - PRZMARY NA	11 - HOURTON	ANDIONN	ACRETUS	99049063	CONDON/REALTH, INC	NEW HARPSHIRE RELIGIOUS CO	2015-01-01	2016-01-01		
00038238096	SS - PRZMARY NA	SI - HOUSTON	ANDIONN	4696FE1	99043063	CORIZON HEALTH, INC	NEW HARPSHIRE RELEMBEE CO.	2015-01-01	2016-01-01		
00018318263	SS - PRZMANY CO	11 - HOURTON	ANDON	acrers:	99089963	COMPONIES THE INC.	NEW HARPSHIRE BELIEVED CO.	2016-01-01	2015-01-01		
00038238244	SP - PRZMANY CO	11 - HOURTON	ANNON	4696751	99089963	CONTON HEATH RC	NEW HEIGHTE BELTHELD CO	2016-01-01	2015-01-01		
00018318244 00063724800	IS - PRZMUKY NA.	11 - HOUSTON 11 - HOUSTON	ANNOUN	AERETS1	99083063 99083063	CORDON HEALTH, INC	NECCOF THE STATE OF FA. NEW HAIPSHIPE RELEMENCE CO.	2017-07-01	2018-01-01		
00063724603 00063724604	IS - PRZMARY NA IS - PRZMARY NA	SI - HOUSTON SI - HOUSTON	UNROUN	4696751 4696751	990830K3	CORDON HEALTH, INC CORDON HEALTH, INC	NEW HARPSHIRE RELEMBLE CO.	3917-07-01 3917-07-01	2018-01-01 2018-01-01		
00063724606 00063724609	SS - PRZMAKY NA. SS - PRZMAKY NA.	SI - HOUSTON SI - HOUSTON	WORKS	4696751 4696751	935830£3	CONIZON HEALTH, INC CONIZON HEALTH, INC	NEW HAPPINE BELEVICE CO.	2017-07-01 2017-07-01	2018-01-01 2018-01-01		
00067713661	19 - PRZMARY CO	11 - HOURTON	ANDIONN	ACRETUS	99049063	CONDON/REALTH, INC	NUFICO OF PETERLEICH PA	2010-06-01	2012-06-01		
00068023422	13 - PRZMANY NA	11 - HOUSTON	INDION	acres:	99089943	CORDON HEATH INC	SEA HAMPHINE ASLAUGE CO	2016/01/01	2017-01-01		
00068023427	11 - PRZMAN NA	11 - HOUSTON	SOMEST COMP.	ACRES 1	99089963	CONDON-RATH RC	SEA HERESTER BELEVINE CO	2016/01/01	20174141		
00068022429 00068022411	IS - PRZMANY NA	11 - HOUSTON	UNNOUN	4696751	99089963 99089963	CORDON HEATH INC	NEW HAPPINES BELEVISOR CO.	2016-01-01 2016-01-01	201741-01		
00068022611 00088126196	IS - PRZMANY NA IS - PRZMANY NA	11 - HOUSTON	WARREST COMP T UNKNOWN	4696751 4696751	99589063 99589063	CONDON/REALTH, INC	NAVOOF THE STATE OF FA.	2016-01-01 2017-07-01	2017-01-01 2018-01-01		
00088328598 00088328597	SS - PRZMANY NA SS - PRZMANY NA	11 - HOUSTON 11 - HOUSTON	WICHAR	4696751 4696751	99089963 99089963	CORDON HEALTH, INC CORDON HEALTH, INC	NEW HAPPINE BELEVICE CO.	2017-07-01 2017-07-01	2018-01-01 2018-01-01	=	E
00068023614 00068023612	SS - PRZMANY NA SS - PRZMANY NA	SI - HOUSTON SI - HOUSTON	WORKERS COMP T WARRION	4696751 4696751	99089063 99089063	CONDON HEALTH, INC CONDON HEALTH, INC	NEW HAPPINE RELEMES CO.	2016-01-01 2016-01-01	2017-01-01 2017-01-01	E	E
00068023610 00068023628	SS - PRZMANY NA SS - PRZMANY NA	SI - HOUSTON SI - HOUSTON	NORKERS COMPT	4696751 4696751	99583043 99583043	CONZON HEALTH, INC CONZON HEALTH, INC	NEW HARPSHIRE RELIGIACE CO	2016-01-01 2016-01-01	2017-01-01 2017-01-01		
00068023426	IS - PRIMARY NA	11 - HOUSTON	INDION .	4696751	99089963	CONDON/HIS TH INC	NEA HAPPINE ASSESSED CO	2016-01-01	201741-01		
00048023421	11 - PRIMARY NA	11 - HOUSTON	DELOGRAPHICAL TOP	4696751	99089963	CONDON HEATH INC	NEW HORSE STUMBER CO	2016-01-01	201741-01		
00047712660	19 - PRZMANY CO	11 - HOUSTON	INNOVATIONS	4696751	9968963	CORDON HEALTH, INC	NECOOP INS STATE OF FIL.	2010-06-01	2011-06-01		
00063724608 00063724605	HIS - PRZMAKY NAS HIS - PRZMAKY NAS	11 - HOUSTON	AND DESCRIPTION	4696751 4696751	990830K3 990830K3	CORDON HEALTH, INC	SEA HEIPEHRE ASSESSED CO	2017-07-01 2017-07-01	2018-01-01 2018-01-01		
00063724803 00063724803	IS - PRZMANY NA	11 - HOUSTON	WICHWIN	4696751 4696751	99589963 99589963	CONDONNESS TH, INC	WARREN HOME ASSUMINCE CO	2017-07-01 2017-07-01	2018-01-01 2018-01-01		
00063724598 00038238265	SS - PRZHANY NA SS - PRZHANY CO	SI - HOUSTON	WICHARD	ERRORAS GENETET	090830E3	COMPON HEALTH, INC COMPON HEALTH, INC	NEW HARPSHIRE BELIEVINGS CO.	2017-01-01 2016-01-01	2015-01-01		
00038238264 00038238263	SS - PRZMANY NAS SS - PRZMANY NAS	31 - HOUSTON	ANDON	4696751	99089063	CONSON HEALTH, INC CONSON HEALTH, INC	NEW HARPSHIRE INSURANCE CO.	2015-01-01	201641-01		
00018218242	SS - PRZMANY NA	11 - HOUSTON	INDIONAL PROPERTY.	acres:	99089963	COMPONING THE RC	NEW HORPOWER BELLEVING CO.	2015-01-01	201601-01		
00038238593	SS - PRZMANY CO	11 - HOUSTON	INDIONAL PROPERTY.	acres:	99089963	COMPONING THE RC	NEW HORPOWER BELLEVING CO.	2016-01-01	201501-01		
00038338593	SS - PRZMANY CO	11 - HOUSTON	INDION	ACRETS!	99089963	CONDON/BATH, NO	NEA HARPSHIRE ASSURANCE CO	3914-91-01	201541-01		
00038238592	19 - PRZMANY CO	11 - HOURTON	MICHAEL	4696751	99089063	CONTON HEALTH, INC	NEW HAPPINES BELIEVED CO.	2016-01-01	2015-01-01		
00023094184	IS - PRZMANY NA	11 - HOURTON	ANNOIN	4696751	99089063	CORDON HEALTH, INC	MERICIN HOME ASSURANCE CO	2000-01-01	2021-01-01		
00030608761	SS - PRZMANY NA SS - PRZMANY NA	11 - HOUSTON 11 - HOUSTON	ANDIONN	ERECRES	GM2003	CORDON HEALTH, INC CORDON HEALTH, INC	NEW HARPSHIE BELEVICE CO.	2020-01-01 2020-01-01	2014141		
00015684272	SS - PRZMANY CO SS - PRZMANY NA	SI - HOUSTON SI - HOUSTON	JANSON	4696751 4696751	990899K3	CORDON HEALTH, INC	NECOCY THE STATE OF PA. NEW HARPSHIRE BELLEVINGS CO.	2015-01-01 2015-01-01	2015-01-01		
00015684267	SS - PRZMARY NA SS - PRZMARY CO	11 - HOUSTON 31 - HOUSTON	UNROSN UNROSN	4696751	990899C3	CORPONHEATH INC	NECODY THE STATE OFFILE	2015-01-01 2012-01-01	2016-01-01		
00013519018	SS - PRZMANY NA SS - PRZMANY NA	11 - HOUSTON 31 - HOUSTON	UNROSN UNROSN	4696751	990899C3	CORPONHEATH INC	SEA HAPPINE BELEVICE CO	2016-01-01 2017-01-01	201741-01		
00015425397	SS - PRZMARY NA	11 - HOURTON	ANDIONN	ACRETUS	99049063	CONDON/REALTH, INC	MATRICIA HOME ASSURANCE CO	2017-01-01	20174741		
00015425393	IS - PRZMAKY NA	11 - HOURTON	MICHAEL	4696751	99089063	CONTON HEALTH, INC	NEW HAPPINES BELIEVED CO.	2017-01-01	20174741		
00014122517	SS - PRZMAKY NA	11 - HOUSTON	ANDION	6883883	GRAZING S	CORDON HEALTH, INC	NEW HARPSHIE BELEVINES CO	2018-01-01	201941-01		
00014122513	IS - PRZMAKY NA	SI - HOUSTON	NORKEKE COMPT	EMERKS	082003	CONTON HEALTH, INC	MERICAN HOME ASSUMANCE CO	2018-01-01	201941-01		
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