IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re: Chapter 11

CANO HEALTH, INC., et al. Case No. 24-10164 (KBO)

Debtors¹. (Jointly Administered)

MOTION FOR ENTRY OF AN ORDER PURSUANT TO RULE 3018(a) OF THE FEDERAL RULES OF BANKRUPTCY PROCEDURE AUTHORIZING THE DEBTORS TO TEMPORARILY ALLOW CLAIMS FOR PURPOSES OF VOTING TO ACCEPT OR REJECT THE DEBTORS' REORGANIZATION PLAN

Creditors Humana Medical Plan, Inc., Humana Government Business, Inc., True Shore BPO, LLC, and related entities (the "Humana Entities"), by counsel, hereby move the Court for entry of an order, pursuant to Federal Rule of Bankruptcy Procedure ("Bankruptcy Rule") 3018(a) to allow, for Plan voting purposes, certain claims of the Humana Entities (the "Humana Claims") listed on Exhibit A attached hereto. In support of this Motion, the Humana Entities submit as follows:

Relief Requested

By this Motion, the Humana Entities respectfully request the entry of an order, 1. pursuant to Bankruptcy Rule 3018, to recognize impairment to the Humana Claims and "allow" them for the purpose of voting to accept or reject the debtors proposed plan of reorganization (the "Plan").

¹ The last four digits of Cano Health, Inc.'s tax identification number are 4224. A complete list of the Debtors in the chapter 11 cases may be obtained on the website of the Debtors' claims and noticing agent at https://www.kcclcc.net/CanoHealth. The Debtors' mailing address is 9725 NW 117th Avenue, Miami, Florida 33178.



Jurisdiction and Venue

- 2. The Court has jurisdiction over this matter pursuant to 28 USC §§ 1334(b) and 157. This is a core proceeding pursuant to 28 USC § 157(b)(2(G).
 - 3. Venue is proper before this Court pursuant to 28 USC §§ 1408 and 1409.
- 4. This Court also has broad authority to exercise power over the administration of this case under 11 USC § 105 to act as appropriate or necessary in the aid of the exercise of its jurisdiction.

Background

- 5. On February 4, 2024, Cano Health, Inc. and its affiliated debtors in the captioned chapter 11 cases, as debtors and debtors in possession (collectively, the "Debtors"), commenced voluntary cases under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court").
- 6. The Debtors' chapter 11 cases are being jointly administered for procedural purposes only pursuant to Rule 1015(b) of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules") and Local Bankruptcy Rule 1015-1 of the Local Rules of Bankruptcy Practice and Procedure of the United States Bankruptcy Court for the District of Delaware (the "Local Bankruptcy Rules").
- 7. The Debtors are continuing in possession of their properties and are operating their business as debtors-in-possession pursuant to sections 1107 and 1108 of the Bankruptcy Code.
- 8. Humana has a large number of executory contracts and non-residential real property leases with the Debtors related to medical care centers located across the country.
- 9. It appears that many, but not all, of the executory contracts and non-residential real property leases with the Debtors will be assumed by the Debtors through the implementation of

the Plan. To the extent that contracts are assumed and cured, the Humana Entities agree with the Debtors' assessment that the Humana Entities which are parties to such contracts are not impaired by the Plan. However, those Humana Entities holding the Humana Claims are not assured of an assumption, and more importantly, a cure, because their claims stem from contracts that terminated prior to the filing of the herein case or are otherwise not a part of the Debtors' future business plans. Holders of the Humana Claims are impaired, and should be allowed an opportunity to vote on the Plan's treatment of their claims.

Basis for Relief Requested

- 10. Only holders of allowed claims or interests are permitted to vote to accept or reject a chapter 11 plan. 11 U.S.C. § 1126. A claim represented by a timely and properly filed proof of claim "is deemed allowed, unless a party in interest . . . objects." 11 U.S.C. § 502(a). No objections to the Humana Claims have been filed and the Humana Claims should be deemed allowed for purposes of voting based on the *prima facie* evidence presented to the Court in the filed proofs of claim. Even if the Debtors filed objections to the Humana Claims prior to the Court's consideration of confirmation, the Humana Entities would have the right to have their claims allowed temporarily for the purposes of voting on the Plan if the objections could not be resolved prior to the confirmation hearing.
- 11. Where a claim is not yet allowed due a pending objection, a court "may temporarily allow the claim or interest in an amount which the court deems proper for the purpose of accepting or rejecting a plan." Bankruptcy Rule 3018(a). Litigation related to claims objections may not be resolved before voting on a plan. Bankruptcy Rule 3018(a) "was designed to give all creditors, even those holding disputed claims, the opportunity to vote." *In re Century Glove, Inc.*, 88 B.R. 45, 46 (Bankr. D. Del. 1988).

- 12. Bankruptcy courts may "employ whatever method is best suited to the circumstances of the case" when determining whether and in what amount to allow a claim for voting purposes. *In re Ralph Lauren Womenswear, Inc.*, 197 B.R. 771, 775 (Bankr. S.D.N.Y. 1996) at 775. The Court may look to (1) the debtor's scheduling of the claim, (2) the proof of claim filed, and (3) the debtor's objection to determine parties' expectations regarding the amount and nature of the claim to be voted when weighing whether to temporarily allow a claim. *In re Stone Hedge Props*, 191 B.R. 59, 65 (Bankr. M.D. Pa. 1995). In this case, no objections have been filed, so the Court need not go so far in its analysis. The allowance of the claim by virtue of the absence of objection and the impairment of the Humana Entities should be sufficient to allow voting for holders of the Humana Claims.
- deem the Humana Claims impaired for the purpose of allowing them to vote on the Plan. Temporarily "allowing" the Humana Claims in this way is within the spirit of the Bankruptcy Code, and encourages creditor voting and participation in the reorganization process. Here, the Humana Claimants have timely filed their proofs of claim in which they have asserted claims for damages for the default or termination of leases or other contracts which claims will not be fully satisfied by the terms of the Plan. The claims are deemed allowed, but even if subject to objection, litigating the potential legal and factual issues related to same cannot practicably be done prior to the confirmation hearing. Therefore, to avoid depriving the Humana Entities of their rights, the holders of the Humana Claims should be allowed to vote on the Plan.

Notice

14. Notice of this Motion shall be given to the (a) U.S. Trustee; (b) the Debtors and Debtors' counsel; (c) Counsel to the Ad Hoc First Lien Group; (d) Counsel to the DIP Agent; (e)

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Counsel to Credit Suisse AG as Administrative Agent; (f) Counsel to JP Morgan Chase Bank,

N.A. as Administrative Agent; (g) Counsel to U.S. Bank National Association as Indenture

Trustee; (h) Counsel to the Creditors' Committee, (i) any party that has requested notice pursuant

to Bankruptcy Rule 2002 as of the time of service, and (j) any other party required to be provided

notice under Local Rule 9013-1(m). Due to the nature of the relief requested herein, the Humana

Entities submit that no other or further notice need be provided.

No Prior Request

No prior motion for the relief requested herein has been made to this or any other 15.

Court.

WHEREFORE, the Humana Entities respectfully request that the Court (a) enter an order

substantially in the form annexed hereto as **Exhibit B**, granting the relief requested herein, and (b)

grant to the Humana Entities such other and further relief as the Court may deem proper.

Dated: June 17, 2024

Wilmington, Delaware

Respectfully submitted,

COOCH AND TAYLOR, P.A.

/s/ R. Grant Dick IV

R. Grant Dick IV (No. 5123)

Dean R. Roland (No. 6459)

The Brandywine Building

1000 N. West. St., Suite 1500

Wilmington, DE 19801

Tel.: (302) 984-3867

Email: gdick@coochtaylor.com

droland@coochtaylor.com

and

DINSMORE & SHOHL LLP

Ellen Arvin Kennedy, Esq. (admitted pro hac vice) 100 West Main Street, Suite 900

Lexington, KY 40507 Telephone: (859) 425-1000 Facsimile: (859) 425-1099

Email: ellen.kennedy@dinsmore.com

Sarah S. Mattingly, Esq. (admitted pro hac vice)

Dinsmore and Shohl LLP 101 S. 5th Street, Suite 2500 Louisville, KY 40202

Telephone: (859) 425-1096 Facsimile: (859) 425-1099

Email: sarah.mattingly@dinsmore.com

Attorneys for Creditor, The Humana Entities

EXHIBIT A

LIST OF ENTITIES

- Centerwell Accountable Care LLC Previously Enhanz DCE, LLC
- Humana Health Plans of Puerto Rico, Inc. and Humana Insurance of Puerto Rico and affiliates
- Humana Benefit Plan of IL, Inc. and affiliates
- Humana Health Plans, Inc.
- Humana, Inc. and affiliates
- Humana Ins. Co.
- Humana Insurance Company
- Humana Medical Plan
- Humana Health Insurance Company of Florida, Inc.
- Humana Real Estate Company
- Primary Care Holdings II, LLC
- CarePlus Health Plans, Inc.
- CarePlus Health Plans, Inc. and affiliates
- CarePlus Health Plans of Florida

Fill in this information to identify the case:		
Debtor	Cano Health, LLC	
United States Bankruptcy Court for the:		District of Delaware (State)
Case number	24-10167	

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.

Р	art 1: Identify the Clair	m	
1.	Who is the current creditor?	Centerwell Accountable Care LLC previously Name of the current creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor	
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone 502-416-4258 Contact email 1boyd18@humana.com
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?	

Pa	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number	✓ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ 351168.10 . Does this amount include interest or other charges? No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.		Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		See summary page
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
		Other Describe: National Financial Assurance Agreement and setoff
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$\\\351168.10
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		☐ Variable
10	la this claim based on a	
10	Is this claim based on a lease?	✓ No
		Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a	□ No
	right of setoff?	✓ Yes. Identify the property: <u>See_summary_page</u>
		E

Official Form 410

12. Is all or part of the claim entitled to priority under	☑ No		
11 U.S.C. § 507(a)?	Yes. Chec	sk all that apply:	Amount entitled to priority
A claim may be partly priority and partly		estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up to or se	\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	☐ Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	✓ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days befo	rate the amount of your claim arising from the value of any goods recore the date of commencement of the above case, in which the goods ary course of such Debtor's business. Attach documentation supporting	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the trus I am a guara I understand that the amount of the I have examined to I declare under per Executed on date /s/Lindsey B Signature	ditor. ditor's attorney or authorized agent. tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. an authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct. O4/22/2024 MM / DD / YYYYY	ward the debt.
	Name	Lindsey Boyd	
		First name Middle name Last r	name
	Title	Attorney	
	Company	<u>Humana</u> Identify the corporate servicer as the company if the authorized agent is a servicer	<u> </u>
	Address		
	Contact phone	Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 6 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

	<u> </u>	
Debtor:		
24-10167 - Cano Health, LLC		
District:		
District of Delaware		
Creditor:	Has Supporting Doc	umentation:
Centerwell Accountable Care LLC previously Enhanz DCE,	Yes, supportir	g documentation successfully uploaded
LLC	Related Document S	tatement:
Sarah Mattingly	Har Balata I Olaha	
101 South Fifth Street, Suite 2500	Has Related Claim:	
Louisville, Kentucky, 40202	No Beloted Claim Filed I	D
USA	Related Claim Filed I	эу:
Phone:	Filing Party:	
859-425-1096	Creditor	
Phone 2:		
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisvillo Kontucky 40202		
Louisville, Kentucky, 40202 USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Enhanz DCE, LLC Downstream Provider Agreement dated 7/2/21, as amended or modified	No	
Total Amount of Claim:	Includes Interest or	Charges:
351168.10	No	
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
Yes: 351168.10	Other	
Amount of 503(b)(9):	Describe: Nati setoff	onal Financial Assurance Agreement and
No.	Value of Property:	
Based on Lease:	Annual Interest Rate	:
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement dated 7/1/2022, as amended or modified and surplus	Basis for Perfection:	
	Amount Unsecured:	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 7 of 108

Submitted By:		
	Lindsey Boyd on 22-Apr-2024 3:27:39 p.m. Eastern Time	
Title:		
	Attorney	
Compa	iny:	
	Humana	

Fill in this information to identify the case:		
Debtor	Cano Health, Inc.	
United States Ba	ankruptcy Court for the:	District of Delaware (State)
Case number	24-10164	

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.

Р	art 1: Identify the Clair	m	
1.	Who is the current creditor?	Centerwell Accountable Care LLC previously Name of the current creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor	
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone 502-416-4258 Contact email 1boyd18@humana.com
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?	

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number	☑ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ 351168.10 Does this amount include interest or other charges?
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.		Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		See summary page
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .
		☐ Motor vehicle
		Other Describe: National Financial Assurances Agreement and setoff
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$\\\351168.10\\\
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		☐ Variable
10.	Is this claim based on a	✓ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a	□ No
	right of setoff?	Yes. Identify the property: <u>See summary page</u>
		E

12. Is all or part of the claim	✓ No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) und 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	er \$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use. 11 U.S.C. § 507(a	ty
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business e whichever is earlier. 11 U.S.C. § 507(a)(4).	nds, <u>\$</u>
	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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases	begun on or after the date of adjustment.
13. Is all or part of the claim	☑ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any good days before the date of commencement of the above case, in which the good the ordinary course of such Debtor's business. Attach documentation sup	oods have been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this *Proof of Claim** serves as an acknown the amount of the claim, the creditor gave the debtor credit for any payments received. I have examined the information in this *Proof of Claim** and have reasonable belief to the claim and the personable belief to the claim and the correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date 04/22/2024	owledgement that when calculating red toward the debt.
	Company <u>Humana</u>	
	Identify the corporate servicer as the company if the authorized agent is a s	ervicer.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 11 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

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Debtor:		
24-10164 - Cano Health, Inc.		
District:		
District of Delaware	To a second	
Creditor:	Has Supporting Doc	
Centerwell Accountable Care LLC previously Enhanz DCE, LLC	Yes, supporting Related Document St	g documentation successfully uploaded tatement:
Sarah Mattingly		
101 South Fifth Street, Suite 2500	Has Related Claim:	
Laviavilla Kantualav 40202	No	
Louisville, Kentucky, 40202 USA	Related Claim Filed I	Зу:
Phone:	Filing Party:	
859-425-1096	Creditor	
Phone 2:	Orcalion	
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisville, Kentucky, 40202		
USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Enhanz DCE, LLC Downstream Provider Agreement dated	No	
7/2/2021, as amended or modified Total Amount of Claim:	Includes Interest or (
351168.10	Includes Interest or (onarges:
Has Priority Claim:	Priority Under:	
No	r riority officer.	
Has Secured Claim:	Nature of Secured A	mount:
Yes: 351168.10	Other	
Amount of 503(b)(9):		onal Financial Assurances Agreement and
No	setoff	3
Based on Lease:	Value of Property:	
No	Annual Interest Rate	:
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement dated 7/1/2022, as amended or modified and surplus	Basis for Perfection:	
	Amount Unsecured:	

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Submitted By:			
	Lindsey Boyd on 22-Apr-2024 3:33:15 p.m. Eastern Time		
Title:			
	Attorney		
Compa	Company:		
	Humana		

Fill in this information to identify the case:		
Debtor	Physicians Partners Group Puerto Rico, LLC (FL)	
United States Bankruptcy Court for the: District of Delaware (State)		
Case number	24-10179	

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.

Р	art 1: Identify the Clai	m	
1.	Who is the current creditor?	See summary page Name of the current creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor	im)
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone 502-416-4258 Contact email 1boyd18@humana.com e one):
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?	

P	Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	6. Do you have any number	✓ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ 1700772.50 Does this amount include interest or other charges?
		☑ No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	Ciaiii:	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		<u>Independent Practice Association Participation Agreement</u> , as amended or modified
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of</i>
		Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
		Other Describe: <u>National Financial Assurance Agreement and setoff</u>
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$\frac{1700772.50}{}
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		Variable
10	. Is this claim based on a	№ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11	. Is this claim subject to a	□ No
	right of setoff?	Yes. Identify the property: See summary page
1		

12. Is all or part of the claim	✓ No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) und 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	er \$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use. 11 U.S.C. § 507(a	ty
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business e whichever is earlier. 11 U.S.C. § 507(a)(4).	nds, <u>\$</u>
	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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases	begun on or after the date of adjustment.
13. Is all or part of the claim	☑ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any good days before the date of commencement of the above case, in which the good the ordinary course of such Debtor's business. Attach documentation sup	oods have been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this *Proof of Claim** serves as an acknown the amount of the claim, the creditor gave the debtor credit for any payments received. I have examined the information in this *Proof of Claim** and have reasonable belief to the claim and the personable belief to the claim and the correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date 04/22/2024	owledgement that when calculating red toward the debt.
	Company <u>Humana</u>	
	Identify the corporate servicer as the company if the authorized agent is a s	ervicer.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 16 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

i ei piiere decietantei Democrie (ex	oo, _o : _o : o o	anona. (0.0) . 0. 2000
Debtor:		
24-10179 - Physicians Partners Group Puerto Rico, LLC (FL	.)	
District:		
District of Delaware	T	
Creditor:	Has Supporting Doc	
Humana Health Plans of Puerto Rico, Inc. and Humana Insurance of Puerto Rico and affiliates	Yes, supporting Related Document States	g documentation successfully uploaded tatement:
Sarah Mattingly		
101 South Fifth Street, Suite 2500	Has Related Claim:	
Louisville, Kentucky, 40202	No	_
USA	Related Claim Filed I	Зу:
Phone:	Filing Party:	
859-425-1096	Creditor	
Phone 2:	0.00	
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisville, Kentucky, 40202		
USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com DISBURSEMENT ADDRESS		
DISBURSEMENT ADDRESS	T	
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	I
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Independent Practice Association Participation Agreement, as amended or modified	No	
Total Amount of Claim:	Includes Interest or (Charges:
1700772.50	No	3
Has Priority Claim:	Priority Under:	
No	•	
Has Secured Claim:	Nature of Secured A	mount:
Yes: 1700772.50	Other	
Amount of 503(b)(9):		onal Financial Assurance Agreement and
No	setoff	
Based on Lease:	Value of Property:	
No	Annual Interest Rate	:
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement and right to surpluses	Basis for Perfection:	
	Amount Unsecured:	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 17 of 108

Submi	Submitted By:		
	Lindsey Boyd on 22-Apr-2024 3:22:58 p.m. Eastern Time		
Title:			
	Attorney		
Company:			
	Humana		

Fill in this information to identify the case:		
Debtor	Cano Health Illinois Network,	LLC
		District of Delaware (State)
Case number	24-10195	

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?	Humana Insurance Company, Humana Health Plan, Inc. and their affiliates Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone 502-416-4258 Contact email 1boyd18@humana.com e one):
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?	

	you use to identify the debtor?		
7.	debtor:	Yes. Last 4 digits of the debtor's account or any	number you use to identify the debtor:
	How much is the claim?	\$ Unknown . Does thi	s amount include interest or other charges?
		☐ Ye	es. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, service	s performed, personal injury or wrongful death, or credit card.
	Ciaiii:	Attach redacted copies of any documents supporting	the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy,	such as health care information.
		Physician Participation Agreement	
	Is all or part of the claim	□ No	
;	secured?	Yes. The claim is secured by a lien on property	
		Nature or property:	
		Real estate: If the claim is secured b Claim Attachment (Official Form 410	y the debtor's principle residence, file a <i>Mortgage Proof of</i> -A) with this <i>Proof of Claim</i> .
		☐ Motor vehicle	
		Other Describe: National	l Financial Assurance Agreement and setoff
		<u></u>	
		Basis for perfection:	
		Attach redacted copies of documents, if a	ny, that show evidence of perfection of a security interest (for le, financing statement, or other document that shows the lien
		Value of property:	\$
		Amount of the claim that is secured:	\$ <u>Unknown</u>
		Amount of the claim that is unsecured:	\$(The sum of the secured and unsecured amount should match the amount in line 7.
		Amount necessary to cure any default a	s of the date of the petition: \$
		Annual Interest Rate (when case was file Fixed	ed)%
		Variable	
	Is this claim based on a	№ No	
	lease?	Yes. Amount necessary to cure any default a	s of the date of the petition.
	Is this claim subject to a	□ No	
1	right of setoff?	Yes. Identify the property: See summary page	e



12. Is all or part of the claim entitled to priority under	☑ No		
11 U.S.C. § 507(a)?	Yes. Ch	eck all that apply:	Amount entitled to priority
A claim may be partly priority and partly		nestic support obligations (including alimony and child support) under U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up or s	to \$3,350* of deposits toward purchase, lease, or rental of property services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	— day	ges, salaries, or commissions (up to \$15,150*) earned within 180 s before the bankruptcy petition is filed or the debtor's business ends, chever is earlier. 11 U.S.C. § 507(a)(4).	\$
	☐ Tax	es or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	☐ Cor	ntributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Oth	er. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amoun	ts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	∠ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days be	icate the amount of your claim arising from the value of any goods receiver the date of commencement of the above case, in which the goods nary course of such Debtor's business. Attach documentation supporting	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the tro	editor. editor's attorney or authorized agent. ustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. rantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. at an authorized signature on this <i>Proof of Claim</i> serves as an acknowled be claim, the creditor gave the debtor credit for any payments received to determine the information in this <i>Proof of Claim</i> and have reasonable belief that the penalty of perjury that the foregoing is true and correct. te 04/22/2024 MM / DD / YYYYY	ward the debt.
	Name	Lindsey Boyd	
		First name Middle name Last r	name
	Title	Attorney	
	Company	<u>Humana</u> Identify the corporate servicer as the company if the authorized agent is a servicer	
	Address		
	Contact phone	Fmail	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 21 of 108 KCC ePOC Electronic Claim Filing Summary

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. o. priene decidance. 2 emeent (500) = 0 · = 0 · 0 ·····	amona. (0.0) . 0. =000
Debtor:		
24-10195 - Cano Health Illinois Network, LLC		
District:		
District of Delaware	1	
Creditor:	Has Supporting Doc	
Humana Insurance Company, Humana Health Plan, Inc. and their affiliates	Yes, supporting Related Document S	ng documentation successfully uploaded tatement:
Sarah Mattingly		
101 South Fifth Street, Suite 2500	Has Related Claim:	
Louisville, Kentucky, 40202	No	_
USA	Related Claim Filed I	Ву:
Phone:	Filing Party:	
859-425-1096	Creditor	
Phone 2:		
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisville, Kentucky, 40202		
USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	T
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Physician Participation Agreement	No	
Total Amount of Claim:	Includes Interest or	Charges:
Unknown	No No	
Has Priority Claim:	Priority Under:	
No Has Secured Claim:	Nature of Secured A	
Yes: Unknown	Other	mount.
Amount of 503(b)(9):		onal Financial Assurance Agreement and
No	setoff	onar manda Assurance Agreement and
Based on Lease:	Value of Property:	
No No	Annual Interest Rate	:
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement and any potential surplus	Basis for Perfection:	
	Amount Unsecured:	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 22 of 108

Submi	Submitted By:		
	Lindsey Boyd on 22-Apr-2024 11:24:20 a.m. Eastern Time		
Title:			
	Attorney		
Company:			
	Humana		

Fill in this information to identify the case:				
Debtor	Cano Health, LLC			
United States Ba	ankruptcy Court for the:	_ District of Delaware (State)		
Case number	24-10167	_		

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.

Р	art 1: Identify the Claim	lentify the Claim			
1.	Who is the current creditor?	Humana Insurance Company, Humana Health Plan, Inc. and their affiliates Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)		
		See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA		
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone 502-416-4258 Contact email 1boyd18@humana.com e one):		
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?			

	Give Information Ab	out the Claim as of the Date the Case Was Filed			
6.	Do you have any number you use to identify the	☑ No			
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:			
7.	How much is the claim?	\$ Unknown . Does this amount include interest or other charges?			
		☑ No			
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).			
8.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.			
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).			
		Limit disclosing information that is entitled to privacy, such as health care information.			
		Physician Participation Agreement			
9.	Is all or part of the claim	□ No			
	secured?	Yes. The claim is secured by a lien on property.			
		Nature or property:			
		Real estate: If the claim is secured by the debtor's principle residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.			
		☐ Motor vehicle			
		Other Describe: National Financial Assurance Agreement and setoff			
		Macional Financial Assurance Agreement and Second			
		Basis for perfection:			
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)			
		Value of property: \$			
		Amount of the claim that is secured: \$Unknown			
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.			
		Amount necessary to cure any default as of the date of the petition: \$			
		Annual Interest Rate (when case was filed)% Fixed			
		☐ Variable			
10	. Is this claim based on a	№ No			
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.			
11.	Is this claim subject to a	□ No			
	right of setoff?	✓ Yes. Identify the property: See summary page			
1		F 1 condensity the property. <u>See Summary Page</u>			

12. Is all or part of the claim	☑ No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	ck all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Dome	estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	
nonpriority. For example, in some categories, the law limits the amount	☐ Up to	\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.			\$
	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	∠ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days before	ate the amount of your claim arising from the value of any goods rece re the date of commencement of the above case, in which the goods ry course of such Debtor's business. Attach documentation supportin	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the trust I am a guara I understand that a the amount of the I have examined to I declare under period Executed on date /s/Lindsey B Signature Print the name of	ditor's attorney or authorized agent. tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. In authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct. 04/22/2024	ward the debt.
	Name	<u>Lindsey Boyd</u> First name Middle name Last r	name
	Title	Attorney	
	Company	Humana Identify the corporate servicer as the company if the authorized agent is a servicer	<u> </u>
	Address		
	Contact phone	Fmail	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 26 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

	· · · · · · · · · · · · · · · · · · ·			
Debtor:				
24-10167 - Cano Health, LLC				
District:				
District of Delaware				
Creditor:	Has Supporting Docu	mentation:		
Humana Insurance Company, Humana Health Plan, Inc. and their affiliates	Yes, supporting documentation successfully uploaded Related Document Statement:			
Sarah Mattingly				
101 South Fifth Street, Suite 2500	Has Related Claim:			
Louisville, Kentucky, 40202	No			
USA	Related Claim Filed B	y:		
Phone:	Filing Party:			
859-425-1096	Creditor			
Phone 2:	0.00.00			
Fax:				
Email:				
sarah.mattingly@dinsmore.com				
Disbursement/Notice Parties:	•			
Humana				
Lindsey Boyd, Esq.				
500 West Main Street, 21st Floor				
Louisville, Kentucky, 40202				
USA				
Phone:				
502-416-4258 Phone 2:				
Phone 2:				
Fax:				
E-mail:				
lboyd18@humana.com				
DISBURSEMENT ADDRESS				
Other Names Used with Debtor:	Amends Claim:			
	No			
	Acquired Claim:			
	No			
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:		
Physician Participation Agreement	No			
Total Amount of Claim:	Includes Interest or C	harges:		
Unknown	No			
Has Priority Claim:	Priority Under:			
No				
Has Secured Claim:	Nature of Secured Am	nount:		
Yes: Unknown	Other			
Amount of 503(b)(9):	Describe: Natio setoff	nal Financial Assurance Agreement and		
No.	Value of Property:			
Based on Lease:	Annual Interest Rate:			
Subject to Right of Setoff:				
Yes, National Financial Assurances Agreement and any	Arrearage Amount:			
potential surplus	Basis for Perfection:			
	Amount Unsecured:			

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 27 of 108

Submitted By:					
	Lindsey Boyd on 22-Apr-2024 11:32:27 a.m. Eastern Time				
Title:	Fitle:				
	Attorney				
Compa	Company:				
	Humana				

Fill in this information to identify the case:				
Debtor	Cano Health New Mexico LLC			
United States Ba	inkruptcy Court for the:	District of Delaware (State)		
Case number	24-10197			

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.

Ρ	art 1: Identify the Claim	Identify the Claim			
1.	Who is the current creditor?	Humana Insurance Company, Humana Health Plans, Inc. and affiliates Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)		
		See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, KY 40202, United States		
		Contact phone Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone Contact email 1boyd18@humana.com e one):		
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?			

6.	Do you have any number	☑ No		
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:		
7.	How much is the claim?	\$ Unknown . Does this amount include interest or other charges? No		
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).		
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.		
	Ciaiii:	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).		
		Limit disclosing information that is entitled to privacy, such as health care information.		
		Physician Participation Agreement		
9.	Is all or part of the claim	□ No		
	secured?	Yes. The claim is secured by a lien on property.		
		Nature or property:		
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .		
		Motor vehicle		
		Other Describe: National Financial Assurances Agreement and setoff		
		Basis for perfection:		
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)		
		Value of property: \$		
		Amount of the claim that is secured: \$unknown		
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.		
		Amount necessary to cure any default as of the date of the petition: \$		
		Annual Interest Rate (when case was filed)% Fixed		
		Variable		
10	. Is this claim based on a	☑ No		
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.		
11.	. Is this claim subject to a right of setoff?	□ No		
_		✓ Yes. Identify the property: <u>National Financial Assurances Agreement and surplus</u>		



12. Is all or part of the claim entitled to priority under	✓ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, 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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begur	on or after the date of adjustment.
13. Is all or part of the claim	☑ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods rec days before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supporti	have been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	Title In-House Counsel Company Humana Identify the corporate servicer as the company if the authorized agent is a service	ne information is true and correct.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 31 of 108 KCC ePOC Electronic Claim Filing Summary

Tot priorie assistance. Domestic (o	00) 201 2070 11110111	ational (010) 101 2000		
Debtor:				
24-10197 - Cano Health New Mexico LLC				
District:				
District of Delaware				
Creditor:	Has Supporting Docu			
Humana Insurance Company, Humana Health Plans, Inc. and affiliates	Yes, supportin	g documentation successfully uploaded tatement:		
Sarah S. Mattingly, Esq.				
101 S. Fifth Street Suite 2500	Has Related Claim:			
Louisville, KY, 40202	Related Claim Filed E	Bv:		
United States				
Phone:	Filing Party:			
Phone 2:	Creditor			
Fax:	Authorized age	ent		
Email:				
sarah.mattingly@dinsmore.com				
Disbursement/Notice Parties:				
Humana				
Lindsey Boyd, Esq.				
500 West Main Street, 21st Floor				
Louisville, KY, 40202				
United States				
Phone:				
Phone 2:				
Fax:				
E-mail:				
lboyd18@humana.com				
DISBURSEMENT ADDRESS				
Other Names Used with Debtor:	Amends Claim:			
Other Names Osca With Boston.	No			
	Acquired Claim:			
	No			
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:		
Physician Participation Agreement	No			
Total Amount of Claim:	Includes Interest or 0	Charges:		
Unknown	None			
Has Priority Claim:	Priority Under:			
No	Nature of Secured Ar			
Has Secured Claim: Yes: unknown	Other	nount:		
Amount of 503(b)(9):		onal Financial Assurances Agreement and		
No	setoff	onal i mancial Assulances Agreement and		
Based on Lease:	Value of Property:			
No	Annual Interest Rate:	:		
Subject to Right of Setoff:	Arrearage Amount:			
Yes, National Financial Assurances Agreement and surplus	Basis for Perfection:			
	Amount Unsecured:			
Submitted By:				
/s/ Lindsey Boyd on 22-Apr-2024 10:41:00 a.m. Eastern Tim	ie			
Title:				
In-House Counsel				
Company:				
Humana				

Fill in this information to identify the case:			
Debtor	Cano Health, LLC		
United States Ba	ankruptcy Court for the:	District of Delaware (State)	
Case number	24-10167		

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?	Humana Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
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?	Humana Lindsey Boyd, Esq.	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA	
		Contact phone <u>502-416-4258</u>	Contact phone
		Contact email lboyd18@humana.com	Contact email
		Uniform claim identifier for electronic payments in chapter 13 (if you use of	one):
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?	

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number	☑ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ Unknown . Does this amount include interest or other charges? No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		Independent Practice Association Participation Agreement
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .
		☐ Motor vehicle
		Other Describe: National Financial Assurance Agreement and setoff
		Designation and the state of th
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$\underset{\unknown}\$ unknown
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		☐ Variable
10	Is this claim based on a	No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a	□ No
	right of setoff?	Yes. Identify the property: <u>See summary page</u>

12. Is all or part of the claim	☑ No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Che	ck all that apply:	Amount entitled to priority
A claim may be partly priority and partly	— □ Dom	estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	
nonpriority. For example, in some categories, the law limits the amount	Up to	\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ \$
entitled to priority.	☐ Wag	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends,	\$
	which	never is earlier. 11 U.S.C. § 507(a)(4).	<u> </u>
	Taxe	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Cont	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Othe	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim entitled to administrative	✓ No		
priority pursuant to 11 U.S.C. 503(b)(9)?	days befo	cate the amount of your claim arising from the value of any goods record the date of commencement of the above case, in which the goods ary course of such Debtor's business. Attach documentation supporting	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the trus I am a guara I understand that the amount of the I have examined I declare under pe	ditor. ditor's attorney or authorized agent. stee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. antor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. an authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct.	ward the debt.
	<u>/s/Lindsey E</u> Signature	soya	
	Print the name of	f the person who is completing and signing this claim:	
	Name	<u>Lindsey Boyd</u> First name Middle name Last r	name
	Title	Attorney	
	Company	Humana Identify the corporate servicer as the company if the authorized agent is a servicer	<u> </u>
	Address	Dinsmore and Shohl LLP, 101 South Fifth Street, Kentucky, 40202, USA	
	Contact phone	859-425-1096 Email sarah mattingly@din	smore com

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 35 of 108 KCC ePOC Electronic Claim Filing Summary

	· ·	• •
Debtor:		
24-10167 - Cano Health, LLC		
District:		
District of Delaware		
Creditor:	Has Supporting Docu	
Humana		g documentation successfully uploaded
Lindsey Boyd, Esq.	Related Document S	tatement:
500 West Main Street, 21st Floor	Has Related Claim:	
Louisvillo Kontuolov 40202	No	
Louisville, Kentucky, 40202 USA	Related Claim Filed By:	
Phone:	Related Claim Filed I	oy.
502-416-4258	Filing Party:	
Phone 2:	Creditor	
Fax:		
Email:		
lboyd18@humana.com		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Independent Practice Association Participation Agreement	No	
Total Amount of Claim:	Includes Interest or 0	Charges:
Unknown	No	
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
Yes: Unknown	Other	
Amount of 503(b)(9):	Describe: Nation	onal Financial Assurance Agreement and
No	Value of Property:	
Based on Lease:		
No	Annual Interest Rate	:
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement and any potential surplus	Basis for Perfection:	
potential ourplas		
	Amount Unsecured:	
Submitted By:		
Lindsey Boyd on 22-Apr-2024 9:50:59 a.m. Eastern Time		
Title:		
Attorney		
Company:		
Humana		
Optional Signature Address:		
Dinsmore and Shohl LLP 101 South Fifth Street, Suite 2500		
Louisville, Kentucky, 40202 USA		
Telephone Number:		
859-425-1096		
Email:		
sarah mattingly@dinsmore.com		

Fill in this information to identify the case:			
Debtor	Belen Pharmacy Group, LLC		
United States Ba	ankruptcy Court for the:	District of Delaware (State)	
Case number	24-10202		

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.

Ρ	art 1: Identify the Clair	m	
1.	Who is the current creditor?	Humana Name of the current creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor	n)
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Humana Sarah S. Mattingly, Esq. 101 S. Fifth Street Suite 2500 Louisville, KY 40202, United States Contact phone Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, KY 40202, United States Contact phone Contact email lboyd18@humana.com one):
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?	

P	Give Information Ab	out the Claim as of the Date the Case Was Filed			
6.	Do you have any number you use to identify the	✓ No			
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:			
7.	How much is the claim?	\$ 645.80 Does this amount include interest or other charges?			
		№ No			
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).			
8.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.			
	claim?	tach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).			
		Limit disclosing information that is entitled to privacy, such as health care information.			
		Contract			
9.	Is all or part of the claim	□ No			
	secured?	Yes. The claim is secured by a lien on property.			
		Nature or property:			
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .			
		☐ Motor vehicle			
		Other Describe: National Financial Assurances Agreement and setoff			
		Other. Describe. Nactional Financial Assurances Agreement and secon			
		Basis for perfection:			
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)			
		Value of property: \$			
		Amount of the claim that is secured: \$\unknown\$			
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)			
		Amount necessary to cure any default as of the date of the petition: \$			
		Annual Interest Rate (when case was filed)% Fixed			
		Variable			
10	. Is this claim based on a	✓ No			
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.			
11.	. Is this claim subject to a	□ No			
	right of setoff?				
		✓ Yes. Identify the property: <u>National Financial Assurances Agreement and surplus</u>			

12. Is all or part of the claim entitled to priority under	✓ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, 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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun o	on or after the date of adjustment.
13. Is all or part of the claim	✓ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods received days before the date of commencement of the above case, in which the goods have the ordinary course of such Debtor's business. Attach documentation supporting	nave been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct. Executed on date 04/22/2024	ard the debt. information is true and correct.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 39 of 108 KCC ePOC Electronic Claim Filing Summary

Tot priorie assistance. Domestic (o	66) 261 2616 III.	ational (010) 101 2000	
Debtor:			
24-10202 - Belen Pharmacy Group, LLC			
District:			
District of Delaware			
Creditor:	Has Supporting Doc		
Humana		g documentation successfully uploaded	
Sarah S. Mattingly, Esq.	Related Document S	tatement:	
101 S. Fifth Street Suite 2500	Has Related Claim:		
Louisville, KY, 40202	Yes		
United States	Related Claim Filed I	3v·	
Phone:			
	Filing Party:		
Phone 2:	Authorized age	ent	
Fax:			
Email:			
sarah.mattingly@dinsmore.com			
Disbursement/Notice Parties:	1		
Humana			
Lindsey Boyd, Esq.			
500 West Main Street, 21st Floor			
Louisville, KY, 40202			
United States			
Phone:			
Phone 2:			
Fax:			
E-mail:			
lboyd18@humana.com			
DISBURSEMENT ADDRESS			
Other Names Used with Debtor:	Amends Claim:		
	No		
	Acquired Claim:		
	No	I	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:	
Contract	No		
Total Amount of Claim:	Includes Interest or 0	Charges:	
645.80	No		
Has Priority Claim:	Priority Under:		
No			
Has Secured Claim:	Nature of Secured A		
Yes: unknown	Describe: Nati setoff	onal Financial Assurances Agreement and	
Amount of 503(b)(9):	Value of Property:		
No Based on Language			
Based on Lease:	Annual Interest Rate		
No Subject to Right of Setoff:	Arrearage Amount:		
Racie for Porfaction:			
Yes, National Financial Assurances Agreement and surplus Amount Unsecured:			
	Amount onsecured:		
Submitted By:			
/s/ Lindsey Boyd on 22-Apr-2024 9:53:27 a.m. Eastern Time			
Title:			
In-House Counsel			
Company:			
Humana			

Fill in this information to identify the case:				
Debtor	IFB Pharmacy, LLC			
United States Ba	nkruptcy Court for the:		District of Delaware (State)	
Case number	24-10200		-	

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 Claim				
1.	Who is the current creditor?	Humana Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Humana Sarah S. Mattingly, Esq. 101 S. Fifth Street Suite 2500 Louisville, KY 40202, United States Contact phone Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, KY 40202, United States Contact phone Contact email lboyd18@humana.com one):		
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?			

P	Give Information Ab	out the Claim as of the Date the Case Was Filed		
6.	Do you have any number you use to identify the	☑ No		
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:		
7.	How much is the claim?	\$ 1.45 Does this amount include interest or other charges?		
		☑ No		
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).		
8.	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.			
claim? Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).				
		Limit disclosing information that is entitled to privacy, such as health care information.		
		Contract		
9.	Is all or part of the claim	□ No		
	secured?	Yes. The claim is secured by a lien on property.		
		Nature or property:		
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .		
		Motor vehicle		
		Other Describe: National Financial Assurances Agreement and setoff		
		Basis for perfection:		
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)		
		Value of property: \$		
		Amount of the claim that is secured: \$unknown		
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.		
		Amount necessary to cure any default as of the date of the petition: \$		
		Annual Interest Rate (when case was filed)% Fixed		
		Variable		
10	. Is this claim based on a	№ No		
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.		
11.	Is this claim subject to a	□ No		
	right of setoff? Yes. Identify the property: National Financial Assurances Agreement and surplus			
		Tool looking the property. Indictional infinite and Assultances Agreement and surplus		

12. Is all or part of the claim entitled to priority under	✓ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, 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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun o	on or after the date of adjustment.
13. Is all or part of the claim	✓ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods received days before the date of commencement of the above case, in which the goods have the ordinary course of such Debtor's business. Attach documentation supporting	nave been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct. Executed on date 04/22/2024	ard the debt. information is true and correct.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 43 of 108 KCC ePOC Electronic Claim Filing Summary

· or priorite decision con 2 criticalis (e	00, 20: 20: 0	amona. (0.0) . 0. =000
Debtor:		
24-10200 - IFB Pharmacy, LLC		
District:		
District of Delaware	Has Commandian Das	
Creditor: Humana	Has Supporting Doc	umentation: ng documentation successfully uploaded
	Related Document S	
Sarah S. Mattingly, Esq. 101 S. Fifth Street Suite 2500	Related Document 3	tatement.
101 3. I litil Street Suite 2300	Has Related Claim:	
Louisville, KY, 40202	No	
United States	Related Claim Filed	Ву:
Phone:	_	
Phone 2:	Filing Party:	
	Authorized ag	ent
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Laufauffla ICV 40000		
Louisville, KY, 40202 United States		
Phone:		
Phone:		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
Other Names used with Deptor:	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Contract	No	
Total Amount of Claim:	Includes Interest or	Charges:
1.45	No	
Has Priority Claim:	Priority Under:	
No	•	
Has Secured Claim:	Nature of Secured A	mount:
Yes: unknown	Describe: Nati	onal Financial Assurances Agreement and
Amount of 503(b)(9):	setoff	
No	Value of Property:	
Based on Lease:	Annual Interest Rate	:
No	Arrearage Amount:	
Subject to Right of Setoff:	· ·	
Yes, National Financial Assurances Agreement and surplus	Basis for Perfection:	
	Amount Unsecured:	
Submitted By:		
/s/ Lindsey Boyd on 22-Apr-2024 9:59:52 a.m. Eastern Time	;	
Title:		
In-House Counsel		
Company:		
Humana		

Fill in this information to identify the case:			
Debtor	DGM MSO, LLC		
United States Ba	ankruptcy Court for the:	District of Delaware (State)	
Case number	24-10180		

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.

Р	art 1: Identify the Claim			
1.	Who is the current creditor?	See summary page Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor		
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA	
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone 502-416-4258 Contact email 1boyd18@humana.com e one):	
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?		

. — — — —
charges?
t, fees, expenses, or other ule 3001(c)(2)(A).
gful death, or credit card.
le 3001(c).
a Mortgage Proof of
ement and setoff
of a security interest (for iment that shows the lien
the secured and unsecured ald match the amount in line 7
\$



12. Is all or part of the claim	☑ No		
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Chec	ck all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Dome	estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	
nonpriority. For example, in some categories, the law limits the amount	☐ Up to	\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.			\$
	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	☐ Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Othe	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	✓ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days befo	rate the amount of your claim arising from the value of any goods receive the date of commencement of the above case, in which the goods ary course of such Debtor's business. Attach documentation supporting	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the trus I am a guara I understand that the amount of the I have examined to I declare under per Executed on date /s/Lindsey Executed Signature	ditor's attorney or authorized agent. Itee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. In an authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct. 04/22/2024	ward the debt. e information is true and correct.
	Hamo	First name Middle name Last r	name
	Title	Attorney	
	Company	Humana Identify the corporate servicer as the company if the authorized agent is a servicer	
	Address	500 West Main Street, 21st Floor, Louisville, Ke	
	Contact phone	859-425-1096 Email sarah mattingly@din	smore com

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 47 of 108 KCC ePOC Electronic Claim Filing Summary

	· ·	· ,	
Debtor:			
24-10180 - DGM MSO, LLC			
District:			
District of Delaware			
Creditor:	Has Supporting Doc	umentation:	
Humana Insurance Company, Humana Health Insurance Company of Florida, Inc., Humana Medical Plan, and their affiliates	Yes, supporting documentation successfully uploaded Related Document Statement:		
Sarah Mattingly	Has Related Claim:		
101 South Fifth Street, Suite 2500	No		
	Related Claim Filed I	Dv.	
Louisville, Kentucky, 40202	Related Claim Filed By.		
USA	Filing Party:		
Phone:	Creditor		
859-425-1096			
Phone 2:			
Fax:			
Email:			
sarah.mattingly@dinsmore.com			
Disbursement/Notice Parties:			
Humana			
Lindsey Boyd, Esq.			
500 West Main Street, 21st Floor			
Louisville, Kentucky, 40202			
USA			
Phone:			
502-416-4258			
Phone 2:			
Fax:			
E-mail:			
lboyd18@humana.com			
DISBURSEMENT ADDRESS			
Other Names Used with Debtor:	Amends Claim:		
Cirio Namos Goda Min Boston	No No		
	Acquired Claim:		
	No No		
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:	
Agreements	No		
Total Amount of Claim:	Includes Interest or 0	Charges:	
Unknown	No		
Has Priority Claim:	Priority Under:		
No			
Has Secured Claim:	Nature of Secured A	mount:	
Yes: Unknown	Other		
Amount of 503(b)(9):	Describe: Nati	onal Financial Assurance Agreement and	
No	setoff		
Based on Lease:	Value of Property:		
No	Annual Interest Rate	:	
Subject to Right of Setoff:	Arrearage Amount:		
Yes, National Financial Assurances Agreement and any potential surplus	Basis for Perfection:		
	Amount Unsecured:		

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 48 of 108

Submitted By:

Lindsey Boyd on 22-Apr-2024 10:15:35 a.m. Eastern Time

Title:

Attorney

Company:

Humana

Optional Signature Address:

500 West Main Street, 21st Floor

Louisville, Kentucky, 40202

USA

Telephone Number:

859-425-1096

Email:

sarah.mattingly@dinsmore.com

Fill in this information to identify the case:			
Debtor	Cano Health, LLC		
United States Ba	ankruptcy Court for the:	District of Delaware (State)	
Case number	24-10167	_	

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 Clai	m		
1.	Who is the current creditor?	See summary page Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor		
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA	
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you us	Contact phone 502-416-4258 Contact email 1boyd18@humana.com	
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?		

. — — — —
charges?
t, fees, expenses, or other ule 3001(c)(2)(A).
gful death, or credit card.
le 3001(c).
a Mortgage Proof of
ement and setoff
of a security interest (for iment that shows the lien
the secured and unsecured ald match the amount in line 7
\$



12. Is all or part of the claim entitled to priority under	☑ No		
11 U.S.C. § 507(a)?	Yes. Ch	eck all that apply:	Amount entitled to priority
A claim may be partly priority and partly		nestic support obligations (including alimony and child support) under U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up or s	to \$3,350* of deposits toward purchase, lease, or rental of property services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	— day	ges, salaries, or commissions (up to \$15,150*) earned within 180 s before the bankruptcy petition is filed or the debtor's business ends, chever is earlier. 11 U.S.C. § 507(a)(4).	\$
	☐ Tax	es or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	☐ Cor	ntributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Oth	er. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amoun	ts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	∠ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days be	icate the amount of your claim arising from the value of any goods receiver the date of commencement of the above case, in which the goods nary course of such Debtor's business. Attach documentation supporting	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the tro	editor. editor's attorney or authorized agent. ustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. rantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. at an authorized signature on this <i>Proof of Claim</i> serves as an acknowled be claim, the creditor gave the debtor credit for any payments received to determine the information in this <i>Proof of Claim</i> and have reasonable belief that the penalty of perjury that the foregoing is true and correct. te 04/22/2024 MM / DD / YYYYY	ward the debt.
	Name	Lindsey Boyd	
		First name Middle name Last r	name
	Title	Attorney	
	Company	<u>Humana</u> Identify the corporate servicer as the company if the authorized agent is a servicer	
	Address		
	Contact phone	Fmail	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 52 of 108 KCC ePOC Electronic Claim Filing Summary

Debtor:				
24-10167 - Cano Health, LLC				
District:				
District of Delaware				
Creditor:	Has Supporting Doc	umentation:		
Humana Insurance Company, Humana Health Insurance	Yes, supportin	g documentation successfully uploaded		
Company of Florida, Inc., Humana Medical Plan, and their affiliates	Related Document S	tatement:		
Sarah Mattingly				
101 South Fifth Street, Suite 2500	Has Related Claim:			
101 South Filth Street, Suite 2300	No			
Louisville, Kentucky, 40202	Related Claim Filed I	Зу:		
USA	Filing Party:			
Phone:	Creditor			
859-425-1096	Orcuitor			
Phone 2:				
Fax:				
Email:				
sarah.mattingly@dinsmore.com				
Disbursement/Notice Parties:				
Humana				
Lindsey Boyd, Esq.				
500 West Main Street, 21st Floor				
Louisville, Kentucky, 40202				
USA				
Phone:				
502-416-4258				
Phone 2:				
Filone 2.				
Fax:				
E-mail:				
lboyd18@humana.com				
DISBURSEMENT ADDRESS				
Other Names Used with Debtor:	Amends Claim:			
Other Names odea with pester.	No			
	Acquired Claim:			
	No No			
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:		
Agreements	No No	ommorm oranii idonamori		
Total Amount of Claim:	Includes Interest or (Charges:		
Unknown	No	g		
Has Priority Claim:	Priority Under:			
No	· ····································			
Has Secured Claim:	Nature of Secured A	mount:		
Yes: Unknown	Other			
Amount of 503(b)(9):	Describe: National Financial Assurance Agreement and			
No	setoff			
Based on Lease:	Value of Property:			
No	Annual Interest Rate	-		
Subject to Right of Setoff:				
Yes, National Financial Assurances Agreement and any	Arrearage Amount:			
potential surplus	Basis for Perfection:			
	Amount Unsecured:			

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 53 of 108

Submit	Submitted By:		
	Lindsey Boyd on 22-Apr-2024 10:33:49 a.m. Eastern Time		
Title:			
	Attorney		
Compa	ny:		
	Humana		

Fill in this information to identify the case:		
Debtor	Cano HP MSO, LLC	
United States Ba	nkruptcy Court for the:	_ District of Delaware (State)
Case number	24-10186	_

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.

Р	art 1: Identify the Clai	m		
1.	Who is the current creditor?	See summary page Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor		
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA	
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone 502-416-4258 Contact email 1boyd18@humana.com e one):	
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?		

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
	Do you have any number	✓ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ Unknown . Does this amount include interest or other charges? No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.		Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		Agreements
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .
		Motor vehicle
		Other Describe: National Financial Assurance Agreement and setoff
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$\underset{\unknown}\$ Unknown
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)%
		☐ Fixed ☐ Variable
		- variable
10. Is this claim based on a lease?		№ No
		Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a	□ No
	right of setoff?	✓ Yes. Identify the property: <u>See_summary_page</u>
		IV 100. reciting the property. See Summary page

12. Is all or part of the claim	✓ No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) und 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	er \$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use. 11 U.S.C. § 507(a	ty
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business e whichever is earlier. 11 U.S.C. § 507(a)(4).	nds, <u>\$</u>
	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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases	begun on or after the date of adjustment.
13. Is all or part of the claim	☑ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any good days before the date of commencement of the above case, in which the good the ordinary course of such Debtor's business. Attach documentation sup	oods have been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this *Proof of Claim** serves as an acknown the amount of the claim, the creditor gave the debtor credit for any payments received. I have examined the information in this *Proof of Claim** and have reasonable belief to the claim and the personable belief to the claim and the correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date 04/22/2024	owledgement that when calculating red toward the debt.
	Company <u>Humana</u>	
	Identify the corporate servicer as the company if the authorized agent is a s	ervicer.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 57 of 108 KCC ePOC Electronic Claim Filing Summary

	· ·	· ,
Debtor:		
24-10186 - Cano HP MSO, LLC		
District:		
District of Delaware		
Creditor:	Has Supporting Doc	umentation:
Humana Insurance Company, Humana Health Insurance Company of Florida, Inc., Humana Medical Plan, and their affiliates	Yes, supporting documentation successfully uploaded Related Document Statement:	
Sarah Mattingly	Has Related Claim:	
101 South Fifth Street, Suite 2500	No	
	Related Claim Filed By:	
Louisville, Kentucky, 40202	Trelated Oldini i lied i	
USA	Filing Party:	
Phone:	Creditor	
859-425-1096		
Phone 2:		
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisville, Kentucky, 40202		
USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Agreements	No	
Total Amount of Claim:	Includes Interest or 0	Charges:
Unknown	No	
Has Priority Claim:	Priority Under:	
No	•	
Has Secured Claim:	Nature of Secured A	mount:
Yes: Unknown	Other	
Amount of 503(b)(9):	Describe: Nati	onal Financial Assurance Agreement and
No	setoff	
Based on Lease:	Value of Property:	
No	Annual Interest Rate:	
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement and any potential surplus	Basis for Perfection:	
	Amount Unsecured:	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 58 of 108

Submit	Submitted By:		
	Lindsey Boyd on 22-Apr-2024 10:40:51 a.m. Eastern Time		
Title:			
	Attorney		
Compa	ny:		
	Humana		

Fill in this information to identify the case:			
Debtor	Physicians Partners Group Merger, LLC		
United States Ba	ankruptcy Court for the: District of Delaware (State)		
Case number	24-10172		

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.

Р	art 1: Identify the Clai	l .		
1.	Who is the current creditor?	See summary page Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor		
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, KY 40202, United States	
		Contact phone Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone Contact email 1boyd18@humana.com e one):	
4.	Does this claim amend one already filed?	✓ No✓ Yes. Claim number on court claims registry (if known)	Filed on MM / DD / YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	✓ No Yes. Who made the earlier filing?		

P	Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	6. Do you have any number you use to identify the	☑ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ Unknown . Does this amount include interest or other charges?
		☑ No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	Ciaiii:	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		Agreements
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		☐ Motor vehicle
		Other Describe: National Financial Assurances Agreement and setoff
		Other. Describe. National Pinancial Assurances Agreement and Second
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$unknown
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		Variable
10	. Is this claim based on a	№ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a	□ No
	right of setoff?	Yes. Identify the property: <u>National Financial Assurances Agreement and surplus</u>
	Test restricts the property. <u>National Financial Assurances Agreement and Surpius</u>	

12. Is all or part of the claim entitled to priority under	☑ 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, in some categories, the law limits the amount	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$	
	Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$	
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, 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.	\$	
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begur	on or after the date of adjustment.	
13. Is all or part of the claim	☑ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods rec days before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supporti	have been sold to the Debtor in	
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	Check the appropriate box:		
	Address		
	Contact phone Email		

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 62 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance. Domestic (o	66) 251-2079 Intern	ational (310) 731-2009	
Debtor:			
24-10172 - Physicians Partners Group Merger, LLC			
District: District of Delaware			
Creditor:	Has Supporting Docu	umentation:	
Humana Ins. Co., Humana Health Ins. Co. of FL., Inc.		g documentation successfully uploaded	
Humana Medical Plan and affiliates	Related Document St		
Sarah S. Mattingly, Esq.			
101 S. Fifth Street Suite 2500	Has Related Claim:		
Louisville KV 40202	No Related Claim Filed By:		
Louisville, KY, 40202 United States			
Phone:	Filing Party:		
	Creditor		
Phone 2:	Authorized agent		
Fax:			
Email:			
sarah.mattingly@dinsmore.com			
Disbursement/Notice Parties:			
Humana			
Lindsey Boyd, Esq.			
500 West Main Street, 21st Floor			
Louisville, KY, 40202			
United States			
Phone:			
Phone 2:			
Fax:			
E-mail:			
lboyd18@humana.com			
DISBURSEMENT ADDRESS			
Other Names Used with Debtor:	Amends Claim:		
	No		
	Acquired Claim:		
	No		
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:	
Agreements	No		
Total Amount of Claim:	Includes Interest or Charges:		
Unknown	No		
Has Priority Claim:	Priority Under:		
No Has Secured Claim:	Nature of Secured A		
Yes: unknown	Other		
Amount of 503(b)(9):	Describe: National Financial Assurances Agreement and		
No	setoff	onari manda Assurances Agreement and	
Based on Lease: Value of Property:			
No Annual Interest Rate:		:	
hight to Pight of Satoff			
Yes, National Financial Assurances Agreement and surplus	Arrearage Amount:		
	Basis for Perfection:		
	Amount Unsecured:		
Submitted By:			
/s/ Lindsey Boyd on 22-Apr-2024 10:22:43 a.m. Eastern Time			
Title:			
In-House Counsel			
Company:			
Humana			

Fill in this information to identify the case:			
Debtor	Cano Health, Inc.		
United States Bankruptcy Court for the:		District of Delaware (State)	
Case number	24-10164	_	

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	Part 1: Identify the Claim			
1.	Who is the current creditor?	See summary page Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor		
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?		
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
		See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA	
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use of the contact payments).	Contact phone 502-416-4258 Contact email 1boyd18@humana.com	
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?		

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed	
	o you have any number	✓ No	
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	
7.	How much is the claim?	\$ 151071.88 . Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other	
		charges required by Bankruptcy Rule 3001(c)(2)(A).	
8.	What is the basis of the claim?	les: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). sclosing information that is entitled to privacy, such as health care information.	
		Lease	
9.	Is all or part of the claim	□ No	
	secured?	✓ Yes. The claim is secured by a lien on property.	
		Nature or property:	
		<u> </u>	
		Real estate: If the claim is secured by the debtor's principle residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.	
		☐ Motor vehicle	
		Other Describe: Asset Purchase Agreement dated 9/25/2023	
		Other. Describe. Asset Ful thase Agreement dated 9/23/2023	
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)	
		Value of property: \$	
		Amount of the claim that is secured: \$\frac{151071.88}{}\$. (The sum of the secured and unsecured)	
		amount should match the amount in line 7.	
		Amount necessary to cure any default as of the date of the petition: \$	
		Annual Interest Rate (when case was filed)% Fixed	
		☐ Variable	
10	. Is this claim based on a lease?	No Yes. Amount necessary to cure any default as of the date of the petition. \$151071.88	
11	. Is this claim subject to a right of setoff?	No✓ Yes. Identify the property: <u>Asset Purchase Agreement dated 9/25/2023</u>	



12. Is all or part of the claim entitled to priority under	☑ No		
11 U.S.C. § 507(a)?	Yes. Chec	sk all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount		estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
	Up to or se	\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	☐ Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	∠ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indic	rate the amount of your claim arising from the value of any goods rece re the date of commencement of the above case, in which the goods ary course of such Debtor's business. Attach documentation supportin	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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. Check the appropriate box: I am the creditor. I am the creditor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledg the amount of the claim, the creditor gave the debtor credit for any payments received tow I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct. Executed on date 64/22/2024 MM / DD / YYYYY //s/Lindsey Boyd Signature Print the name of the person who is completing and signing this claim:		ward the debt.	
	Name	Lindsey Boyd	
		First name Last r	ате
	Title	Attorney	
	Company	<u>Humana</u> Identify the corporate servicer as the company if the authorized agent is a servicer	
	Address		
	Contact phone	Fmail	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 66 of 108 KCC ePOC Electronic Claim Filing Summary

Debtor:				
24-10164 - Cano Health, Inc.				
District:				
District of Delaware				
Creditor:	Has Supporting Doc	umentation:		
Humana Real Estate Company and Primary Care Holdings II, LLC and related entities	Yes, supporting documentation successfully uploaded Related Document Statement:			
Sarah Mattingly				
101 South Fifth Street, Suite 2500	Has Related Claim: No			
Louisville, Kentucky, 40202				
USA	Related Claim Filed By:			
Phone:	Filing Party:			
859-425-1096	Creditor			
Phone 2:				
Fax:				
Email:				
sarah.mattingly@dinsmore.com				
Disbursement/Notice Parties:				
Humana				
Lindsey Boyd, Esq.				
500 West Main Street, 21st Floor				
Louisville, Kentucky, 40202				
USA				
Phone:				
502-416-4258				
Phone 2:				
Fax:				
E-mail:				
lboyd18@humana.com				
DISBURSEMENT ADDRESS				
Other Names Used with Debtor:	Amends Claim:			
	No			
	Acquired Claim:			
	No			
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:		
Lease	No			
Total Amount of Claim:	Includes Interest or Charges:			
151071.88	No			
Has Priority Claim:				
No				
Has Secured Claim:	Nature of Secured A	mount:		
Yes: 151071.88	Other			
Amount of 503(b)(9):	Describe: Asset Purchase Agreement dated 9/25/2023			
No	Value of Property:			
Based on Lease: Annual Interest Rate:				
Yes, 151071.88	Arrearage Amount			
Subject to Right of Setoff:	Arrearage Amount:			
Yes, Asset Purchase Agreement dated 9/25/2023	Basis for Perfection:			
	Amount Unsecured:			

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 67 of 108

Submitted By:					
	Lindsey Boyd on 22-Apr-2024 3:37:10 p.m. Eastern Time				
Title:	Title:				
	Attorney				
Compa	Company:				
	Humana				

Fill in this information to identify the case:				
Debtor	Cano Health, LLC			
United States Ba	ankruptcy Court for the:	District of Delaware (State)		
Case number	24-10167			

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 Claim				
1.	Who is the current creditor?	See summary page Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor			
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA		
		Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use of the contact payments).	Contact phone 502-416-4258 Contact email 1boyd18@humana.com		
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?			

6.	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:			
7.	How much is the claim?	\$\frac{151071.88}{\omega}\$. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).			
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Lease			
9.	Is all or part of the claim secured?	No ✓ Yes. The claim is secured by a lien on property. Nature or property: ☐ Real estate: If the claim is secured by the debtor's principle residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. ☐ Motor vehicle ☑ Other. Describe: Asset Purchase Agreement dated 9/25/2023 Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: Amount of the claim that is secured: \$151071.88 Amount of the claim that is unsecured: \$151071.88 Amount of the claim that is unsecured: \$151071.88 Amount necessary to cure any default as of the date of the petition: \$			
10	Is this claim based on a lease?	 No ✓ Yes. Amount necessary to cure any default as of the date of the petition. 			
11	Is this claim subject to a right of setoff?	No ✓ Yes. Identify the property: <u>Asset Purchase Agreement dated 9/25/2023</u>			



12. Is all or part of the claim	☑ No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	ck all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Dome	estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	
nonpriority. For example, in some categories, the law limits the amount	☐ Up to	\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.			\$
	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	∠ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days before	ate the amount of your claim arising from the value of any goods rece re the date of commencement of the above case, in which the goods ry course of such Debtor's business. Attach documentation supportin	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the trust I am a guara I understand that a the amount of the I have examined to I declare under period Executed on date /s/Lindsey B Signature Print the name of	ditor's attorney or authorized agent. tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. In authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct. 04/22/2024	ward the debt.
	Name	<u>Lindsey Boyd</u> First name Middle name Last r	name
	Title	Attorney	
	Company	Humana Identify the corporate servicer as the company if the authorized agent is a servicer	<u> </u>
	Address		
	Contact phone	Fmail	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 71 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

· or priorite decision con 2 circles (e	00, <u>-</u> 0 : <u>-</u> 0 : 0	anona (0.0) . 0. =000	
Debtor:			
24-10167 - Cano Health, LLC			
District:			
District of Delaware			
Creditor:	Has Supporting Doc		
Humana Real Estate Company and Primary Care Holdings II, LLC and related entities		ng documentation successfully uploaded	
	Related Document S	tatement:	
Sarah Mattingly 101 South Fifth Street, Suite 2500	Has Related Claim:		
101 South Filth Street, Suite 2500	No		
Louisville, Kentucky, 40202	Related Claim Filed By:		
USA			
Phone:	Filing Party:		
859-425-1096	Creditor		
Phone 2:			
Fax:			
Email:			
sarah.mattingly@dinsmore.com			
Disbursement/Notice Parties:			
Humana			
Lindsey Boyd, Esq.			
500 West Main Street, 21st Floor			
Louisville, Kentucky, 40202			
USA			
Phone:			
502-416-4258			
Phone 2:			
Fax:			
E-mail:			
lboyd18@humana.com			
DISBURSEMENT ADDRESS			
Other Names Used with Debtor:	Amends Claim:		
	No		
	Acquired Claim:		
	No		
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:	
Lease	No		
Total Amount of Claim:	Includes Interest or Charges:		
151071.88	No		
Has Priority Claim:	Priority Under:		
No	National Action		
Has Secured Claim:	Nature of Secured A	mount:	
Yes: 151071.88	Other		
Amount of 503(b)(9):		et Purchase Agreement dated 9/25/2023	
No December 1	Value of Property:		
Based on Lease:	Annual Interest Rate:		
Yes, 151071.88 Subject to Right of Setoff:	Arrearage Amount:		
Yes, Asset Purchase Agreement dated 9/25/2023 Basis for Perfection:			
	Amount Unsecured:		

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 72 of 108

Submitted By:					
	Lindsey Boyd on 22-Apr-2024 3:41:02 p.m. Eastern Time				
Title:					
	Attorney				
Compa	Company:				
	Humana				

Fill in this information to identify the case:				
Debtor	Cano Health, Inc.			
United States Ba	ankruptcy Court for the:	District of Delaware (State)		
Case number	24-10164	_		

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	Part 1: Identify the Claim				
1.	Who is the current creditor?	Primary Care Holdings II, LLC Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor			
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Primary Care Holdings II, LLC Sarah Mattingly 101 South Fifth Street, Suite 2500 Louisville, Kentucky 40202, USA Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA Contact phone Contact email boyd18@humana.com		
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?			

6.	Do you have any number you use to identify the	No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ Unknown . Does this amount include interest or other charges? No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	Ciaiii:	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		Business Associate Agreement
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .
		☐ Motor vehicle
		Other Describe: National Financial Assurance Agreement and setoff
		Otter. Describe. Nactorial Financial Assurance Agreement and Secon
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$Unknown
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		☐ Variable
10	. Is this claim based on a	№ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	. Is this claim subject to a	□ No
	right of setoff?	Yes. Identify the property: See summary page
		was a second of the property of the second o



12. Is all or part of the claim	☑ No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	k all that apply:	Amount entitled to priority
A claim may be partly priority and partly	— ☐ Dome	stic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	œ.
nonpriority. For example, in some categories, the law limits the amount		\$3,350* of deposits toward purchase, lease, or rental of property vices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ \$
entitled to priority.	☐ Wage	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends,	\$
		ever is earlier. 11 U.S.C. § 507(a)(4).	Ψ
	Taxes	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contr	ibutions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other	. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	✓ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicated days before	ate the amount of your claim arising from the value of any goods rece the date of commencement of the above case, in which the goods ry course of such Debtor's business. Attach documentation supportin	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the trust I am a guaran I understand that a the amount of the I have examined the I declare under per Executed on date /s/Lindsey B Signature	litor. litor's attorney or authorized agent. litee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. In authorized signature on this <i>Proof of Claim</i> serves as an acknowledge claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the nalty of perjury that the foregoing is true and correct. 04/22/2024 MM / DD / YYYY	ward the debt. e information is true and correct.
	Company	Humana	_
	Joinpally	Identify the corporate servicer as the company if the authorized agent is a servicer	
	Address		
	Contact phone	Fmail	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 76 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

. o. phone deciclation 2 office in		anona (0.0) . 0. 2000
Debtor:		
24-10164 - Cano Health, Inc.		
District:		
District of Delaware		
Creditor:	Has Supporting Doc	
Primary Care Holdings II, LLC		g documentation successfully uploaded
Sarah Mattingly	Related Document S	tatement:
101 South Fifth Street, Suite 2500	Has Related Claim:	
Louisville, Kentucky, 40202	No	
USA	Related Claim Filed By:	
Phone:	Related Claim Filed I	sy.
859-425-1096	Filing Party:	
Phone 2:	Creditor	
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisvillo Kontuola, 40202		
Louisville, Kentucky, 40202 USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Business Associate Agreement	No	
Total Amount of Claim:	Includes Interest or	Charges:
Unknown	No	
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
Yes: Unknown	Other	15
Amount of 503(b)(9):	Describe: Nati setoff	onal Financial Assurance Agreement and
No Beard on Lease	Value of Property:	
Based on Lease:		
No Annual Interest Rate: Subject to Right of Setoff:		•
Yes, National Financial Assurances Agreement and any		
potential surplus	Basis for Perfection:	
	Amount Unsecured:	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 77 of 108

Submi	Submitted By:			
	Lindsey Boyd on 22-Apr-2024 11:39:51 a.m. Eastern Time			
Title:	Title:			
	Attorney			
Company:				
	Humana			

Fill in this information to identify the case:				
Debtor	Cano Health, LLC			
United States Ba	ankruptcy Court for the:		_ District of Delaware (State)	
Case number	24-10167		-	

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 Clai	im	
1.	Who is the current creditor?	Primary Name of the current creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor	im)
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Primary Sarah Mattingly 101 South Fifth Street, Suite 2500 Louisville, Kentucky 40202, USA Contact phone Sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you us	Where should payments to the creditor be sent? (if different) Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA Contact phone Contact email boyd18@humana.com
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?	

P	Give Information Ab	out the Claim as of the Date the Case Was Filed
	Do you have any number	☑ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ Unknown Does this amount include interest or other charges?
		☑ No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		Agreements
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .
		☐ Motor vehicle
		Other Describe: National Financial Assurance Agreement and setoff
		Other. Describe. National Pinancial Assurance Agreement and Secon
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$Unknown
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		Variable
10	. Is this claim based on a	№ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11	Is this claim subject to a	□ No
	right of setoff?	✓ Yes. Identify the property: <u>See summary page</u>
		r con rectary the property. See Sullilliarly page

12. Is all or part of the claim	☑ No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	c all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Dome:	stic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	
nonpriority. For example, in some categories, the law limits the amount	☐ Up to	\$3,350* of deposits toward purchase, lease, or rental of property vices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	☐ Wage:	s, salaries, or commissions (up to \$15,150*) earned within 180	\$
	which	pefore the bankruptcy petition is filed or the debtor's business ends, ever is earlier. 11 U.S.C. § 507(a)(4).	\$
	Taxes	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contri	butions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other.	Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts a	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	№ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days befor	ate the amount of your claim arising from the value of any goods rece e the date of commencement of the above case, in which the goods y course of such Debtor's business. Attach documentation supportin	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the truston I am a guarant I understand that at the amount of the of I have examined the I declare under per Executed on date /// Lindsey Book Signature	tor's attorney or authorized agent. ee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. attor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. In authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to be information in this <i>Proof of Claim</i> and have reasonable belief that the halty of perjury that the foregoing is true and correct. O4/22/2024 MM / DD / YYYYY	ward the debt.
	Name	Lindsey Boyd	
		First name Middle name Last r	name
	Title		
	Company	<u>Humana</u> Identify the corporate servicer as the company if the authorized agent is a servicer	<u> </u>
	Address		
	Contact phone	Fmail	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 81 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (8	<u> </u>	ational (310) 731-2009
Debtor:		
24-10167 - Cano Health, LLC		
District:		
District of Delaware		
Creditor:	Has Supporting Docu	
Primary		g documentation successfully uploaded
Sarah Mattingly	Related Document S	tatement:
101 South Fifth Street, Suite 2500	Use Belefe d Oleier	
Laviavilla Mantualiu 40000	Has Related Claim:	
Louisville, Kentucky, 40202	No	
USA	Related Claim Filed B	Зу:
Phone:	Filing Party:	
859-425-1096	Creditor	
Phone 2:		
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisville, Kentucky, 40202		
USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
F		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Agreements	No	
Total Amount of Claim:	Includes Interest or 0	Charges:
Unknown	No	
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
Yes: Unknown	Other	
Amount of 503(b)(9):		onal Financial Assurance Agreement and
No	setoff	
Based on Lease:	Value of Property:	
No	Annual Interest Rate	:
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement and any potential surplus	Basis for Perfection:	
poteritiai surpius	Amount Unsecured:	
Culputition Divi		
Submitted By:		
Lindsey Boyd on 22-Apr-2024 11:47:26 a.m. Eastern Time		
Title:		
Company:		
Humana		

Fill in this information to identify the case:			
Debtor	Cano Health, LLC		
United States Ba	ankruptcy Court for the:	District of Delaware (State)	
Case number	24-10167		

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.

Pa	art 1: Identify the Clair	m	
1.	Who is the current creditor?	Humana Inc. and affiliates Name of the current creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor	m)
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Humana Inc. and affiliates Sarah Mattingly 101 South Fifth Street, Suite 2500 Louisville, Kentucky 40202, USA Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA Contact phone Contact email boyd18@humana.com
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?	

6.	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:
7.	How much is the claim?	\$ 1100000.00
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		ProCare
9.	Is all or part of the claim secured?	□ No
	Secureu:	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		☐ Motor vehicle
		Other Describe: National Financial Assurances Agreement and setoff
		
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$\frac{1100000.00}{}
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		Variable
10.	Is this claim based on a	No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a	□ No
	right of setoff?	✓ Yes. Identify the property: <u>National Financial Assurances Agreement and Surplus</u>
		La contraction of the property interest of a final contract of the property of



12. Is all or part of the claim	✓ No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) und 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	er \$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use. 11 U.S.C. § 507(a	ty
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business e whichever is earlier. 11 U.S.C. § 507(a)(4).	nds, <u>\$</u>
	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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases	begun on or after the date of adjustment.
13. Is all or part of the claim	✓ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any good days before the date of commencement of the above case, in which the good the ordinary course of such Debtor's business. Attach documentation sup	oods have been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this *Proof of Claim** serves as an acknown the amount of the claim, the creditor gave the debtor credit for any payments received. I have examined the information in this *Proof of Claim** and have reasonable belief to the claim and the personable belief to the claim and the correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date 04/22/2024	owledgement that when calculating red toward the debt.
	Company <u>Humana</u>	
	Identify the corporate servicer as the company if the authorized agent is a s	ervicer.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 85 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

Debtor:		
24-10167 - Cano Health, LLC		
District:		
District of Delaware		
Creditor:	Has Supporting Docume	ntation:
Humana Inc. and affiliates		cumentation successfully uploaded
Sarah Mattingly	Related Document Stater	ment:
101 South Fifth Street, Suite 2500		
	Has Related Claim:	
Louisville, Kentucky, 40202	No	
USA	Related Claim Filed By:	
Phone: 859-425-1096	Filing Party:	
Phone 2:	Creditor	
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisville, Kentucky, 40202		
USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No l	
Basis of Claim:	J	form Claim Identifier:
ProCare Total Amount of Claim:	No Includes Interest or Char	2001
1100000.00	Includes Interest or Char No	ges:
Has Priority Claim:	Priority Under:	
No	r nonty onder.	
Has Secured Claim:	Nature of Secured Amou	nt:
Yes: 1100000.00	Other	
Amount of 503(b)(9):	Describe: National	Financial Assurances Agreement and
No	setoff	-
Based on Lease:	Value of Property:	
No	Annual Interest Rate:	
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement and Surplus	Basis for Perfection:	
	Amount Unsecured:	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 86 of 108

Submi	Submitted By:			
	Lindsey Boyd on 22-Apr-2024 3:44:48 p.m. Eastern Time			
Title:	Title:			
	Attorney			
Company:				
	Humana			

Fill in this information to identify the case:		
Debtor	Cano Health, LLC	
United States Ba	nkruptcy Court for the:	_ District of Delaware (State)
Case number	24-10167	_

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 Claim		
1.	Who is the current creditor?	CarePlus Health Plans, Inc. and affiliates Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, KY 40202, United States
		Contact phone Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you us	Contact phone Contact email 1boyd18@humana.com se one):
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?	

	Do you have any number you use to identify the	✓ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ Unknown Does this amount include interest or other charges? No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	Ciaiii:	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		Contract
9.	Is all or part of the claim	□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .
		☐ Motor vehicle
		Other. Describe: Set off
		Guidi. Besonbe.
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$Unknown
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)% Fixed
		☐ Variable
10.	Is this claim based on a	№ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a	□ No
	right of setoff?	Yes. Identify the property: Surplus



12. Is all or part of the claim entitled to priority under	✓ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, 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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun o	on or after the date of adjustment.
13. Is all or part of the claim	✓ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods received days before the date of commencement of the above case, in which the goods have the ordinary course of such Debtor's business. Attach documentation supporting	nave been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct. Executed on date 04/22/2024	ard the debt. information is true and correct.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 90 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

Debtor:			
24-10167 - Cano Health, LLC			
District:			
District of Delaware	Han Commenting Dans	um antation.	
Creditor:	Has Supporting Docu		
CarePlus Health Plans, Inc. and affiliates		g documentation successfully uploaded	
Sarah S. Mattingly, Esq.	Related Document S	tatement:	
101 S. Fifth Street Suite 2500	Has Related Claim:		
Louisville, KY, 40202	No		
United States	Related Claim Filed B	Зу:	
Phone:		<u>* </u>	
Phone 2:	Filing Party:		
	Authorized age	ent	
Fax:			
Email:			
sarah.mattingly@dinsmore.com			
Disbursement/Notice Parties:			
Humana			
Lindsey Boyd, Esq.			
500 West Main Street, 21st Floor			
Laviavilla IXV 40000			
Louisville, KY, 40202 United States			
Phone:			
Phone:			
Phone 2:			
Fax:			
E-mail:			
lboyd18@humana.com			
DISBURSEMENT ADDRESS			
Other Names Used with Debtor:	Amends Claim:		
Other Names Used with Deptor:	No		
	Acquired Claim:		
	No		
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:	
Contract	No		
Total Amount of Claim:	Includes Interest or 0	Charges:	
Unknown	No	3	
Has Priority Claim:	Priority Under:		
No	·		
Has Secured Claim:	Nature of Secured A	mount:	
Yes: Unknown	Other		
Amount of 503(b)(9):	Describe: Set	off	
No	Value of Property:		
Based on Lease:	Annual Interest Rate		
No		•	
Subject to Right of Setoff:	Arrearage Amount:		
Yes, Surplus Basis for Perfection:			
	Amount Unsecured:		
Cubmitted Dv.			
Submitted By:	torn Time		
/s/ Lindsey Boyd on 22-Apr-2024 10:07:25 a.m. East	tern rime		
Title: In-House Counsel			
Company:			

Fill in this information to identify the case:			
Debtor	Physicians Partners Group Merger, LLC		
United States Ba	ankruptcy Court for the: District of Delaware (State)		
Case number	24-10172		

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.

Р	art 1: Identify the Claim		
1.	Who is the current creditor?	CarePlus Health Plans, Inc. and affiliates Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	See summary page	Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, KY 40202, United States
		Contact phone Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact phone Contact email 1boyd18@humana.com e one):
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?	

Pa	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number	☑ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ Unknown . Does this amount include interest or other charges? No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
		Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		Contract
9. Is all or part of the claim No		□ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		☐ Motor vehicle
		Other. Describe: Set off
		Other. Bedonbe.
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$unknown
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)%
		☐ Fixed
		Variable
10.	Is this claim based on a	☑ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a right of setoff?	□ No
	ngiil oi seloii !	✓ Yes. Identify the property: Surplus

12. Is all or part of the claim entitled to priority under	☑ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, 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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	☑ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods receduly before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supporting	have been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	Check the appropriate box:	vard the debt. e information is true and correct. ame
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 94 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

Debtor:	(000) 201 2010	,	
24-10172 - Physicians Partners Group Merger, LLC			
District:			
District of Delaware			
Creditor:	Has Supporting Doc	umentation:	
CarePlus Health Plans, Inc. and affiliates		ng documentation successfully uploaded	
Sarah S. Mattingly, Esq.	Related Document S	tatement:	
101 S. Fifth Street Suite 2500	Use Beletad Claims		
Lautavilla IXV 40000	Has Related Claim:		
Louisville, KY, 40202 United States	Yes	n	
Phone:	Related Claim Filed	ву: 	
	Filing Party:		
Phone 2:	Creditor		
Fax:	Authorized ag	ent	
Email:			
sarah.mattingly@dinsmore.com			
Disbursement/Notice Parties:	l .		
Humana			
Lindsey Boyd, Esq.			
500 West Main Street, 21st Floor			
Louisville, KY, 40202			
United States			
Phone:			
Phone 2:			
Fax:			
E-mail:			
L-mail: lboyd18@humana.com			
DISBURSEMENT ADDRESS			
	I otataa		
Other Names Used with Debtor:	Amends Claim:		
	-	Acquired Claim:	
	No		
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:	
Contract	No	omorni olam identilier.	
Total Amount of Claim:	Includes Interest or	L Charges:	
Unknown	No	onal goo.	
Has Priority Claim:	Priority Under:		
No	•		
Has Secured Claim:	Nature of Secured A	mount:	
Yes: unknown	Other		
Amount of 503(b)(9):	Describe: Set	off	
No	Value of Property:		
Based on Lease:	Annual Interest Rate		
No		•	
Subject to Right of Setoff:	Arrearage Amount:		
Yes, Surplus	Basis for Perfection:	:	
	Amount Unsecured:		
Submitted By:			
/s/ Lindsey Boyd on 22-Apr-2024 10:13:52 a.m. Ea	stern Time		
Title:	Stem Time		
In-House Counsel			
Company:			
Humana			

Fill in this information to identify the case:			
Debtor	Cano Health, LLC		
United States Ba	ankruptcy Court for the:	District of Delaware (State)	
Case number	24-10167		

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.

Ρ	Part 1: Identify the Claim		
1.	Who is the current creditor?	CarePlus Health Plans of Florida Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? CarePlus Health Plans of Florida Sarah Mattingly 101 South Fifth Street, Suite 2500 Louisville, Kentucky 40202, USA Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA Contact phone Contact email boyd18@humana.com
4.	Does this claim amend one already filed?	✓ No✓ Yes. Claim number on court claims registry (if known)✓ No	Filed on
	anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?	

P	Part 2: Give Information About the Claim as of the Date the Case Was Filed		
6.	6. 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:	
7.	How much is the claim?	\$ 4468386.00 Does this amount include interest or other charges? No	
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
8.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.	
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).	
		Limit disclosing information that is entitled to privacy, such as health care information.	
		Contract	
9.	•	✓ No	
	secured?	Yes. The claim is secured by a lien on property.	
		Nature or property:	
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .	
		☐ Motor vehicle	
		Other. Describe:	
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)	
		has been filed or recorded.)	
		Value of property: \$	
		Amount of the claim that is secured: \$	
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)	
		Amount necessary to cure any default as of the date of the petition: \$	
		Annual Interest Rate (when case was filed)%	
		Fixed	
		Variable	
10	Is this claim based on a	☑ No	
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.	
11	. Is this claim subject to a	☑ No	
	right of setoff?		
		Yes. Identify the property:	

12. Is all or part of the claim	✓ No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) und 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	er \$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use. 11 U.S.C. § 507(a	ty
entitled to priority.	Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business e whichever is earlier. 11 U.S.C. § 507(a)(4).	nds, <u>\$</u>
	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.	\$
	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases	begun on or after the date of adjustment.
13. Is all or part of the claim	✓ No	
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any good days before the date of commencement of the above case, in which the good the ordinary course of such Debtor's business. Attach documentation sup	oods have been sold to the Debtor in
	\$	
Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this *Proof of Claim** serves as an acknown the amount of the claim, the creditor gave the debtor credit for any payments received. I have examined the information in this *Proof of Claim** and have reasonable belief to the claim and the personable belief to the claim and the correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date 04/22/2024	owledgement that when calculating red toward the debt.
	Company <u>Humana</u>	
	Identify the corporate servicer as the company if the authorized agent is a s	ervicer.
	Address	
	Contact phone Email	

Case 24-10164-KBO Doc 1048-1 Filed 06/17/24 Page 98 of 108 KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

	, , ,		
Debtor:			
24-10167 - Cano Health, LLC			
District:			
District of Delaware	I		
Creditor:	Has Supporting Documentation:		
CarePlus Health Plans of Florida	Yes, supporting documentation successfully uploaded		
Sarah Mattingly	Related Document Statement:		
101 South Fifth Street, Suite 2500	Has Related Claim:		
Louisville, Kentucky, 40202	No		
USA	Related Claim Filed By:		
Phone:	included Glaim Filed By.		
859-425-1096	Filing Party:		
Phone 2:	Creditor		
Fax:			
Email:			
sarah.mattingly@dinsmore.com			
Disbursement/Notice Parties:			
Humana			
Lindsey Boyd, Esq.			
500 West Main Street, 21st Floor			
Laviavilla Kantusky 40000			
Louisville, Kentucky, 40202 USA			
Phone: 502-416-4258			
Phone 2:			
Filotie 2.			
Fax:			
E-mail:			
lboyd18@humana.com			
DISBURSEMENT ADDRESS			
Other Names Used with Debtor:	Amends Claim:		
	No		
	Acquired Claim:		
	No		
Basis of Claim:	Last 4 Digits: Uniform Claim Identifier:		
Contract	No No		
Total Amount of Claim:	Includes Interest or Charges:		
4468386.00	No		
Has Priority Claim:	Priority Under:		
No	, , , , , ,		
Has Secured Claim:	Nature of Secured Amount:		
No	Value of Property:		
Amount of 503(b)(9):	Annual Interest Rate:		
No			
Based on Lease:	Arrearage Amount:		
No	Basis for Perfection:		
Subject to Right of Setoff:	Amount Unsecured:		
No	Amount Onsecured:		
Submitted By:			
Lindsey Boyd on 22-Apr-2024 3:47:52 p.m. Eastern Time			
Fitle:			
Attorney			
Company:			
Humana			

Fill in this information to identify the case:		
Debtor	DGM MSO, LLC	
United States Ba	nkruptcy Court for the:	District of Delaware (State)
Case number	24-10180	_

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.

Pa	art 1: Identify the Claim		
1.	Who is the current creditor?	CarePlus Health Plans of Florida Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? CarePlus Health Plans of Florida Sarah Mattingly 101 South Fifth Street, Suite 2500 Louisville, Kentucky 40202, USA Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA Contact phone Contact email boyd18@humana.com
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?	

P	Part 2: Give Information About the Claim as of the Date the Case Was Filed		
6.	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:	
7.	How much is the claim?	\$ Unknown . Does this amount include interest or other charges? No	
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
8.		Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.	
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).	
		Limit disclosing information that is entitled to privacy, such as health care information.	
		Agreements	
9.	Is all or part of the claim	□ No	
	secured?	Yes. The claim is secured by a lien on property.	
		Nature or property:	
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .	
		Motor vehicle	
		Other Describe: National Financial Assurance Agreement and setoff	
		Basis for perfection:	
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)	
		Value of property: \$	
		Amount of the claim that is secured: \$\underset{\unknown}\$ Unknown	
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)	
		Amount necessary to cure any default as of the date of the petition: \$	
		Annual Interest Rate (when case was filed)%	
		☐ Fixed ☐ Variable	
		- variable	
10. Is this claim based on a lease?		№ No	
		Yes. Amount necessary to cure any default as of the date of the petition.	
11.	Is this claim subject to a	□ No	
	right of setoff?	✓ Yes. Identify the property: <u>See_summary_page</u>	
		IV 100. reciting the property. See Summary page	

12. Is all or part of the claim	☑ No		
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	ck all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Dome	estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	
nonpriority. For example, in some categories, the law limits the amount	☐ Up to	\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.			\$
	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.
13. Is all or part of the claim	∠ No		
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days before	ate the amount of your claim arising from the value of any goods rece re the date of commencement of the above case, in which the goods ry course of such Debtor's business. Attach documentation supportin	have been sold to the Debtor in
	\$		
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	I am the trust I am a guara I understand that a the amount of the I have examined to I declare under period Executed on date /s/Lindsey B Signature Print the name of	ditor's attorney or authorized agent. tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. In authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct. 04/22/2024	ward the debt.
	Name	<u>Lindsey Boyd</u> First name Middle name Last r	name
	Title	Attorney	
	Company	Humana Identify the corporate servicer as the company if the authorized agent is a servicer	<u> </u>
	Address		
	Contact phone	Fmail	

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For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

Debter		
Debtor:		
24-10180 - DGM MSO, LLC		
District: District of Delaware		
Creditor:	Has Supporting Documentation:	
CarePlus Health Plans of Florida	Yes, supporting documentation successfully uploaded	
Sarah Mattingly	Related Document Statement:	
101 South Fifth Street, Suite 2500	Related Document Statement.	
101 South Fitth Street, Suite 2300	Has Related Claim:	
Louisville, Kentucky, 40202	No	
USA	Related Claim Filed By:	
Phone:		
859-425-1096	Filing Party:	
Phone 2:	Creditor	
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties: Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
500 West Main Street, 21st Floor		
Louisville, Kentucky, 40202		
USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits: Uniform Claim Identifier:	
Agreements	No	
Total Amount of Claim:	Includes Interest or Charges:	
Unknown	No Drianity Unday	
Has Priority Claim:	Priority Under:	
Has Secured Claim:	Nature of Secured Amount:	
Yes: Unknown	Other	
Amount of 503(b)(9):	Describe: National Financial Assurance Agreement and	
No	setoff	
Based on Lease:	Value of Property:	
No	Annual Interest Rate:	
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement and any potential surplus	Basis for Perfection:	
	Amount Unsecured:	

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Submi	tted By:	
	Lindsey Boyd on 22-Apr-2024 10:25:57 a.m. Eastern Time	
Title:	Title:	
	Attorney	
Compa	Company:	
	Humana	

Fill in this information to identify the case:			
Debtor	Cano HP MSO, LLC		
United States Ba	inkruptcy Court for the:	_ District of Delaware (State)	
Case number	24-10186	_	

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.

Pa	art 1: Identify the Claim		
1.	Who is the current creditor?	CarePlus Health Plans of Florida Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? CarePlus Health Plans of Florida Sarah Mattingly 101 South Fifth Street, Suite 2500 Louisville, Kentucky 40202, USA Contact phone 859-425-1096 Contact email sarah.mattingly@dinsmore.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Humana Lindsey Boyd, Esq. 500 West Main Street, 21st Floor Louisville, Kentucky 40202, USA Contact phone Contact email boyd18@humana.com
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?	

P	Part 2: Give Information About the Claim as of the Date the Case Was Filed		
6.	Do you have any number	☑ No	
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	
7.	How much is the claim?	\$ Unknown Does this amount include interest or other charges?	
		☑ No	
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
8.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.	
	claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).	
		Limit disclosing information that is entitled to privacy, such as health care information.	
		Agreements	
9.	Is all or part of the claim	□ No	
	secured?	Yes. The claim is secured by a lien on property.	
		Nature or property:	
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .	
		☐ Motor vehicle	
		Other Describe: National Financial Assurance Agreement and setoff	
		Other. Describe. National Pinancial Assurance Agreement and Secon	
		Basis for perfection:	
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)	
		Value of property: \$	
		Amount of the claim that is secured: \$Unknown	
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7	
		Amount necessary to cure any default as of the date of the petition: \$	
		Annual Interest Rate (when case was filed)% Fixed	
		Variable	
10	. Is this claim based on a	№ No	
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.	
11	Is this claim subject to a	□ No	
	right of setoff?	✓ Yes. Identify the property: <u>See summary page</u>	
		r con rectary the property. See Sullilliarly page	

12. Is all or part of the claim	☑ No			
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	ck all that apply:	Amount entitled to priority	
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Dome	estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).		
	☐ Up to	\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$	
			\$	
	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$	
	Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$	
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$	
	Other	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$	
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	on or after the date of adjustment.	
13. Is all or part of the claim	∠ No			
entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.			
	\$			
Part 3: Sign Below				
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.	Check the appropriate box: I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct I declare under penalty of perjury that the foregoing is true and correct. Executed on date 64/22/2024 / MM / DD / YYYYY /s/Lindsey Boyd / Signature Print the name of the person who is completing and signing this claim:			
	Name	<u>Lindsey Boyd</u> First name Middle name Last r	name	
	Title	Attorney		
	Company	Humana Identify the corporate servicer as the company if the authorized agent is a servicer	<u> </u>	
	Address			
	Contact phone	Fmail		

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For phone assistance: Domestic (888) 251-2679 | International (310) 751-2609

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Debtor:		
24-10186 - Cano HP MSO, LLC		
District:		
District of Delaware	Т	
Creditor:	Has Supporting Documentation:	
CarePlus Health Plans of Florida	Yes, supporting documentation successfully uploaded	
Sarah Mattingly	Related Document S	tatement:
101 South Fifth Street, Suite 2500	Has Related Claim:	
Laviavilla Kastualus 40000	No	
Louisville, Kentucky, 40202	Related Claim Filed By:	
USA Phone:	Neialeu Gidiili Fileu by.	
859-425-1096	Filing Party: Creditor	
Phone 2:		
Phone 2:		
Fax:		
Email:		
sarah.mattingly@dinsmore.com		
Disbursement/Notice Parties:		
Humana		
Lindsey Boyd, Esq.		
500 West Main Street, 21st Floor		
Louisvillo Kontuolay 40202		
Louisville, Kentucky, 40202 USA		
Phone:		
502-416-4258		
Phone 2:		
Fax:		
E-mail:		
lboyd18@humana.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Agreements	No	
Total Amount of Claim:	Includes Interest or 0	Charges:
Unknown	No	
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
Yes: Unknown	Other	
Amount of 503(b)(9):	Describe: National Financial Assurance Agreement and setoff	
No Danadan Language	Value of Property:	
Based on Lease:		_
No Subject to Bight of Sateffi	Annual Interest Rate:	
Subject to Right of Setoff:	Arrearage Amount:	
Yes, National Financial Assurances Agreement and any potential surplus	Basis for Perfection:	
	Amount Unsecured:	
	Jilocouleu.	

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Submitted By:				
	Lindsey Boyd on 22-Apr-2024 10:46:28 a.m. Eastern Time			
Title:				
	Attorney			
Compa	any:			
	Humana			

Exhibit B

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re: : Chapter 11

:

CANO HEALTH, INC., et al. : Case No. 24-10164 (KBO)

:

Debtors¹. : (Jointly Administered)

ORDER PURSUANT TO RULE 3018(a)
OF THE FEDERAL RULES OF BANKRUPTCY
PROCEDURE AUTHORIZING THE DEBTORS TO
TEMPORARILY ALLOW CLAIMS FOR PURPOSES OF VOTING
TO ACCEPT OR REJECT THE DEBTORS' REORGANIZATION PLAN

Upon the motion (the "Motion")² the Humana Entities pursuant to Rule 3018(a) of the Federal Rules of Bankruptcy Procedure authorizing the Humana Entities vote to accept or reject the Plan, and this Court finding that it is proper to allow same.

IT IS HEREBY ORDERED THAT:

- 1. The Motion is **GRANTED**.
- 2. The Humana Entities shall be allowed to vote to accept or reject the Plan.
- 3. The Humana Entities, claims agent KCC, and the clerk of the Court are authorized and empowered to take all actions necessary to implement the relief granted in this Order.
- 4. This Court retains jurisdiction with respect to all matters arising from or related to the implementation of this Order.

¹ The last four digits of Cano Health, Inc.'s tax identification number are 4224. A complete list of the Debtors in the chapter 11 cases may be obtained on the website of the Debtors' claims and noticing agent at https://www.kcclcc.net/CanoHealth. The Debtors' mailing address is 9725 NW 117th Avenue, Miami, Florida 33178.

² Unless otherwise defined herein, all capitalized terms shall have the meaning ascribed to them in the Motion or the Plan.

CERTIFICATE OF SERVICE

I, R. Grant Dick IV, hereby certify that on June 17, 2024, I caused a copy of the foregoing ¹ to be served on the parties and in the manner listed below and electronically through the CM/ECF system.

Debtors:

Via First Class Mail

Gary T. Holtzer

Cano Health, Inc., et al. 9725 NW 117th Avenue Miami, Florida 33178

Attn: Mark Kent, Chief Executive Officer

David Armstrong, General Counsel

Counsel to Debtors

Via First Class Mail and Email

Jessica Liou
Matthew P. Goren
Kevin Bostel
Weil, Gotshal & Manges LLP
767 Fifth Avenue
New York, NY 10153
gary.holtzer@weil.com
jessica.liou@weil.com
matthew.goren@weil.com
kevin.bostel@weil.com

Via Hand Delivery and Email

Michael J. Merchant Amanda R. Steele Richards, Layton & Finger, P.A. One Rodney Square 920 North King Street Wilmington, DE 19801 merchant@rlf.com steele@rlf.com

United States Trustee

Via Hand Delivery and Email

Benjamin A. Hackman Jonathan Lipshie Office of the United States Trustee 844 King Street, Suite 2207 Wilmington, DE 19801 benjamin.a.hackman@usdoj.gov jon.lipshie@usdoj.gov

Counsel to Creditors Committee

Via Hand Delivery and Email

Justin R. Alberto, Esq. Andrew J. Roth-Moore, Esq, Cole Schotz P.C. 500 Delaware Avenue, Suite 1410 Wilmington, DE 19801 jalberto@coleschotz.com aroth-moore@coleschotz.com

Via First Class Mail and Email

Kristopher M. Hansen, Esq.
Erez Gilad, Esq.
Paul Hastings LLP
200 Park Ave
New York, NY 10166
krishansen@paulhastings.com
erezgilad@paulhastings.com

¹ Due to the voluminous nature of the Exhibit A proofs of claim, copies will be provided upon request.

Counsel to the Ad Hoc First Lien Group

Via First Class Mail and Email

Scott J. Greenberg, Esq. Michael J. Cohen, Esq. Christina M. Brown, Esq. Gibson, Dunn & Crutcher LLP

200 Park Ave

New York, NY 10166

SGreenberg@gibsondunn.com MCohen@gibsondunn.com

Christina.Brown@gibsondunn.com

Counsel to the DIP Agent Via First Class Mail and Email

Jeffrey R. Gleit, Esq. ArentFox Schiff LLP 1301 Avenue of the Americas, 42nd Floor New York, NY 10019 jeffrey.gleit@afslaw.com

Counsel to JPMorgan Chase Bank, N.A., Administrative Agent and Collateral Agent under Side-Car Credit Agreement Via First Class Mail and Email

David Ridley, Esq.
Andrew Zatz, Esq.
White & Case LLP
1221 Avenue of the Americas
New York, New York 10020-1095
kerrick.seay@whitecase.com
David.Ridley@whitecase.com
azatz@whitecase.com

Kerrick Seay, Esq.

Dated: June 17, 2024

Via Hand Delivery and Email

Laura Davis Jones, Esq James O'Neill, Esq.

Pachulski, Stang, Ziehl & Jones LLP 919 North Market Street #1700 Wilmington, Delaware 19801

ljones@pszjlaw.com joneill@pszjlaw.com

Counsel to Credit Suisse AG, Cayman Islands Branch, Administrative Agent and Collateral Agent under the CS Credit Agreement Via First Class Mail and Email

Mark F. Liscio, Esq. Scott D Talmadge, Esq.

Freshfields Bruckhaus Deringer US LLP

601 Lexington Avenue New York, NY 10022 mark.liscio@freshfields.com scott.talmadge@freshfields.com

Counsel to U.S. Bank National Association Indenture Trustee for the Senior Notes U.S.Bank National Association Via First Class Mail and Email

James S. Carr, Esq. Kristin S. Elliott, Esq. Kelley Drye & Warren LLP 3 World Trade Center 175 Greenwich Street New York, NY 10007 jcarr@kelleydrye.com kelliott@kelleydrye.com

/s/ R. Grant Dick IV

R. Grant Dick IV (#5123)