

U.S. BANKRUPTCY COURT
 NDCOA HOME DIVISION

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BY _____
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Fill in this information to identify the case:

Debtor 1 Hutcheson Medical Center, Inc.

Debtor 2 _____
 (Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Georgia

Case number 4-14-bk-42863

Official Form 410
Proof of Claim

12/15

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 of 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.

Part 1: Identify the Claim

1. Who is the current creditor?
U.S. Department of Labor, o/b/o Hutcheson Medical Center, Inc. Flexible Benefits Plan
 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)

<p>Where should notices to the creditor be sent?</p> <p><u>U.S. Department of Labor - EBSA</u> Name</p> <p><u>61 Forsyth St. SW Suite 7B54</u> Number Street</p> <p><u>Atlanta GA 30303</u> City State ZIP Code</p> <p>Contact phone <u>404-302-3911</u></p> <p>Contact email <u>donald.jennifer@dol.gov</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>MCA Administrators o/b/o Hutcheson Medical C</u> Name</p> <p><u>Manor Oak Two, Suite 605, 1910 Cochran Rd.</u> Number Street</p> <p><u>Pittsburgh PA 15220</u> City State ZIP Code</p> <p>Contact phone <u>412-922-2803</u></p> <p>Contact email <u>driston@mcoa.com</u></p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) 160 Filed on 04/28/2015
 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? _____



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: 0 8 0 2

7. How much is the claim? \$ 3,755,405.63. 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.
unpaid medical claims, employee contributions, administration fees

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 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.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts 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. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

- No
 Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- | | |
|---|---|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority
\$ _____ |
| <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ <u>858,791.11</u> |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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:

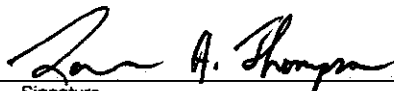
- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment 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 *Proof of Claim* and have a 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 5/23/2016
MM / DD / YYYY



 Signature

Print the name of the person who is completing and signing this claim:

Name LAWRENCE THOMPSON
First name Middle name Last name

Title DEPUTY REGIONAL DIRECTOR

Company U.S. DEPARTMENT OF LABOR - EMPLOYEE BENEFITS SECURITY ADMINISTR
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 61 Forsyth St. SW, Suite 7B54
Number Street

Atlanta GA 30303
City State ZIP Code

Contact phone 404-302-3900 Email _____

Debtor: Hutcheson Medical Center, Inc., Case No. 14-42863

Creditor: Thomas E. Perez, Secretary of Labor

ADDENDUM TO PROOF OF CLAIM

The Secretary of the U.S. Department of Labor is charged with responsibility for the enforcement of the fiduciary requirements of Title I of the Employee Retirement Income Security Act, 29 U.S.C. §1001, et. seq. (ERISA), including the institution of actions in federal district court for injunctive relief and restitution to employee benefit plans pursuant to ERISA §502(a), 29 U.S.C. § 1132(a).

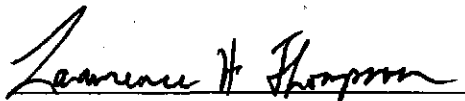
The Secretary, under his statutory authority, has initiated an investigation of the Hutcheson Medical Center, Inc. The Secretary's investigation concerns the Hutcheson Medical Center, Inc. Flexible Benefits Plan (the "Plan"), an employee benefit plan covered by ERISA. The Secretary's investigation is ongoing. The information obtained by the Secretary to date indicates that the Hutcheson Medical Center, Inc. is a fiduciary under § 3(21) of ERISA to the Plan.

Between January 2014 and December 2015, Hutcheson Medical Center, Inc. failed to pay participants' medical claims while continuing to withhold healthcare premiums from their paychecks. As a result, the Plan participants are now faced with unpaid medical claims totaling \$2,896,614.52. Furthermore, from August 2015 through December 2015, Hutcheson Medical Center, Inc. withheld employee premiums from their paychecks while making no payments on claims. The amount withheld from employees' pay from August 2015 through December 2015 was \$858,791.11.

Based on preliminary results from his investigation, the Secretary is asserting an unsecured priority claim of \$858,791.11 and an unsecured non-priority claim of \$2,896,614.52.

The Secretary files this Amended Proof of Claim to protect his interests and those of the Plan, particularly the participants' rights, with regards to the assets owed to the Plan by the debtor on behalf of the Plan. Penalties may be assessed in this matter pursuant to section 502(l) of ERISA.

The Secretary files this Proof of Claim on behalf of the Plan. **Any distribution resulting from this Proof of Claim should be paid directly to the Plan, not the Secretary of Labor. The undersigned can provide additional information about the means of doing so upon request.** As noted above, the Secretary's investigation is ongoing. The Secretary may need to amend this proof of claim based on the ongoing results of his investigation. The Secretary recognizes that this proof of claim may overlap claims filed by individual Participants and Beneficiaries of the Plan. In the event that such overlap occurs, the Secretary may, as appropriate, amend the claim.



LAWRENCE H. THOMPSON
Deputy Regional Director
U. S. Department of Labor
Employee Benefits Security Administration
Atlanta Regional Office

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA

IN RE: * **Case No. 14-42863**
 *
HUTCHESON MEDICAL * **Chapter 11**
CENTER, INC. *
FLEXIBLE BENEFITS PLAN *
 *
 *
 *
Debtor: *

**DECLARATION OF LAWRENCE H. THOMPSON
IN SUPPORT OF CLAIM OF THE
U. S. DEPARTMENT OF LABOR**

I, Lawrence H. Thompson, declare the following:

1. I am the Deputy Regional Director of the Atlanta Regional Office, Employee Benefits Security Administration, United States Department of Labor, with offices located at 61 Forsyth Street S.W. Suite 7B54, Atlanta, Georgia 30303.
2. The Secretary of the United States Department of Labor (hereafter, the "Department") is charged with responsibility for enforcement of the fiduciary provisions of Title I of the Employee Retirement Income Security Act of 1974, 29 U.S.C. § 1001, et seq., as amended (hereinafter known as "ERISA"), including the investigation of employee benefit plans covered by ERISA. 29 U.S.C. § 1134(a); ERISA § 504(a).
3. The Department has determined that the above-referenced Debtor is the sponsor and fiduciary of the **Hutcheson Medical Center, Inc. Flexible Benefits Plan** ("Plan"), to which the provisions of ERISA apply.
4. Under its investigative authority, the Department has initiated, and is continuing, an investigation of the Plan to determine whether any entity or person has violated or is about to violate any provision of Title I of ERISA.
5. The Department claims the Debtor violated ERISA by failing to fund the Plan resulting in unpaid claims.
6. The Department is also investigating whether the Debtor has committed additional violations of ERISA other than those specified in Paragraph 5. The Department reserves its right to amend this Proof of Claim to assert additional liabilities of the Debtor.

7. Accordingly, the Department is filing this Amended Proof of Claim in the unliquidated total amount of \$3,755,405.63 representing unpaid Plan medical claims and employee premiums that were caused by the Debtor's failure to fund the Plan.

The amount withheld from employees' pay and not used for claims totaled \$858,791.11 and is claimed as an unsecured priority claim to the extent permitted in accordance with § 507(a) of the Bankruptcy Code. Additionally, the unpaid medical claims totaling \$2,896,614.52 are claimed as an unsecured non-priority amount to the extent permitted in accordance with § 507(a) of the Bankruptcy Code.

8. Debtor may be assessed a civil penalty pursuant to § 502(l) of ERISA, 29 U.S.C. § 1132, by the Secretary of Labor, which penalty is owed to the United States Treasury.
9. **The money owed to the Plan should be paid directly to the Plan and not to the Department of Labor.** The Department will amend or withdraw the claim upon the completion of its investigation.

I declare under penalty of perjury that the foregoing statement is true and correct.

Dated: 5/23/2016



LAWRENCE H. THOMPSON
Deputy Regional Director
U. S. Department of Labor
Employee Benefits Security Administration
Atlanta Regional Office

Northern District of Georgia Claims Register

[14-42863-pwb Hutcheson Medical Center, Inc.](#)

Judge: Paul W. Bonapfel

Chapter: 11

Office: Rome

Last Date to file claims: 03/07/2016

Trustee: Ronald L. x-Glass

Last Date to file (Govt):

Creditor: (19902986) US Dept of Labor obo Hutcheson Medical Flexible Benefits Plan - EBSA 61 Forsyth St SW Suite 7B54 Atlanta GA 30303 History	Claim No: 160 <i>Original Filed</i> Date: 04/28/2015 <i>Original Entered</i> Date: 04/28/2015 <i>Last Amendment</i> Filed: 05/26/2016 <i>Last Amendment</i> Entered: 05/26/2016	Status: Filed by: CR Entered by: rhg Modified:
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Amount claimed:	\$3755405.63		
Priority claimed:	\$858791.11		

History:

Details	160-1	04/28/2015	Claim #160 filed by US Dept of Labor, Amount claimed: \$1385391.71 (mrr)
Details	160-2	11/23/2015	Amended Claim #160 filed by US Dept of Labor, Amount claimed: \$2191869.86 (mrr)
Details	160-3	05/26/2016	Amended Claim #160 filed by US Dept of Labor obo Hutcheson Medical, Amount claimed: \$3755405.63 (rhg)

Description:

Remarks: (160-1) Zero dollar amount listed as "Amount Entitled to Priority".		
(160-2) Zero dollar amount listed as "Amount Entitled to Priority".		

Claims Register Summary

Case Name: Hutcheson Medical Center, Inc.

Case Number: 14-42863-pwb

Chapter: 11

Date Filed: 11/20/2014

Total Number Of Claims: 1

Total Amount Claimed*	\$3755405.63
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$858791.11	
Administrative		