

Fill in this information to identify the case:

Debtor Tehum Care Services, Inc.

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 23-90086

Official Form 410

Proof of Claim

04/22

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>AIG Member Companies listed on attached addendum</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? See summary page Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>2124587101</u> Contact email <u>kevin.larner@aig.com</u>	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____ (see summary page for notice party information) Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>584</u>	
	Filed on <u>08/11/2023</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: __ __ __ __
7. How much is the claim?	\$ <u>Unliquidated</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Insurance. See Addendum.</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> 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> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____



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

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

☒ No

☐ Yes. Check all that apply:

☐ 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

\$ _____

☐ 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).

\$ _____

☐ 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.

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 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 *Proof of Claim* 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 03/14/2025
MM / DD / YYYY

/s/MICHAEL S DAVIS
Signature

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

Name MICHAEL S DAVIS
First name Middle name Last name

Title Senior Counsel

Company Zeichner Ellman Krause LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1120 North Avenue, New Rochelle, NY, 10804, United States

Address

Contact phone 9146499447 Email mdavis@zeklaw.com



Verita (KCC) ePOC Electronic Claim Filing Summary

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

Debtor: 23-90086 - Tehum Care Services, Inc. District: Southern District of Texas, Houston Division		
Creditor: AIG Member Companies listed on attached addendum Kevin Larner AIG Property Casualty 300 Kimball Drive Suite 500 Parsippany, New Jersey, 07054 United States Phone: 2124587101 Phone 2: 9146499447 Fax: 2124993976 Email: kevin.larner@aig.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Disbursement/Notice Parties: MICHAEL S DAVIS 1120 NORTH AVE NEW ROCHELLE, NY, 10804 United States Phone: 9146499447 Phone 2: Fax: E-mail: mdavis@zeklaw.com		
Other Names Used with Debtor:	Amends Claim: Yes - 584, 08/11/2023 Acquired Claim: No	
Basis of Claim: Insurance. See Addendum.	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: Unliquidated	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	

Submitted By:

MICHAEL S DAVIS on 14-Mar-2025 10:13:47 p.m. Eastern Time

Title:

Senior Counsel

Company:

Zeichner Ellman Krause LLP

Optional Signature Address:

1120 North Avenue

New Rochelle, NY, 10804

United States

Telephone Number:

9146499447

Email:

mdavis@zeklaw.com

In re:

TEHUM CARE SERVICES, INC

Debtor.

Chapter 11

Case No 23-90086

**ADDENDUM TO AMENDMENT TO PROOF OF CLAIM 584 FILED BY
AIG MEMBER COMPANIES**

American Home Assurance Company, AIG Assurance Company, AIG Specialty Insurance Company, AIG Property Casualty Company, Commerce and Industry Insurance Company, Granite State Insurance Company, Illinois National Insurance Co., National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania and certain other entities related to AIG Property Casualty Inc. (collectively, the "AIG Member Companies")¹ that conducted the business transactions described herein with VALITAS HEALTH SERVICES, INC, ("Valitas") et al to the extent the Debtor herein TEHUM CARE SERVICES, INC. and its predecessors and affiliates (collectively, "Debtor") has responsibility for or an interest in such business transactions, AIG Member Companies hereby submit this amendment to proof of claim number 584 (the "Proof of Claim").

**CLARIFICATION CONCERNING THE SECURED CLAIM ORIGINALLY ASSERTED
AGAINST CERTAIN COLLATERAL.**

This amendment states:

- i. Certain cash held as collateral (the "Collateral") by AIG Member Companies then referred to in Proof of Claim number 584 as originally filed in the amount of \$13,951,361 as of March 31, 2023, has earned, and continues to earn, interest and now exceeds \$15,000,000.
- ii. The Debtor has denied that the Collateral is property of the Debtor's Estate.
- iii. CHS TX, Inc (d/b/a YesCare) ("YesCare") asserts, and no party to this case challenges, that prior to the Petition Date, the Debtor's interest in the Collateral was transferred to YesCare.
- iv. YesCare asserts, and no party to this case challenges, that the Collateral is not property of the Debtor's Estate.
- v. This claim is amended to state that because the Collateral is not property of the Debtor's Estate, to the extent AIG Member Companies were asserting a secured claim against the Collateral, such secured claim is not a claim against property of the Debtor's Estate.
- vi. AIG Member Companies have entered into an Interim Settlement Agreement with YesCare pursuant to which certain of the Collateral has been released and the Collateral no longer exceeds \$15,000,000.

¹ Lexington Insurance Company withdraws from participation Proof of Claim number 584 as amended.

AIG Member Companies repeat and reallege all other contentions, assertion and reservations of rights set out in the Addendum to Proof of Claim 584 to extend not inconsistent herewith.