IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:	Chapter 11
AAC HOLDINGS, INC., *et al.*,[1]	Case No. 20-11648 (JTD)
Debtors.	(Jointly Administered)

NOTICE OF AMENDMENT TO SCHEDULES OF ASSETS AND LIABILITIES OF ADCARE HOSPITAL OF WORCESTER, INC. (CASE NO. 20-11640)

PLEASE TAKE NOTICE that pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, the Debtor AdCare Hospital of Worcester, Inc., (the "Debtor") has filed an amendment to its Schedules of Assets and Liabilities (the "Schedules") originally filed on July 28, 2020 [Docket No. 250] with the United States Bankruptcy Court for the District of Delaware (the "Court"). The amendment reflects certain changes to the scheduled claims of the creditors identified on the amendment and/or previously listed on the Debtor's schedules. A copy of the amendment is attached hereto as **Exhibit "A."**

PLEASE TAKE FURTHER NOTICE that, on July 23, 2020, the Court entered the Order [Docket No. 189] fixing, as more fully set forth therein, a general bar date for the filing of unsecured claims on for before August 26, 2020, at 5:00 p.m. (Prevailing Eastern Time).

PLEASE TAKE FURTHER NOTICE that in accordance with Del. Bankr. L.R. 1009-2, if you dispute the amount, nature, classification or characterization of your claim, solely to the

[1] The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are: Recovery First of Florida, LLC (3005); Fitrx, LLC (5410); Oxford Treatment Center, LLC (7853); Oxford Outpatient Center, LLC (0237); Concorde Treatment Center, LLC (6483); New Jersey Addiction Treatment Center, LLC (7108); ABTTC, LLC (7601); Laguna Treatment Hospital, LLC (0830); AAC Las Vegas Outpatient Center, LLC (5381); Greenhouse Treatment Center, LLC (4402); AAC Dallas Outpatient Center, LLC (6827); Forterus Health Care Services, Inc. (4758); Solutions Treatment Center, LLC (8175); San Diego Addiction Treatment Center, Inc. (1719); River Oaks Treatment Center, LLC (0640); Singer Island Recovery Center LLC (3015); B&B Holdings Intl LLC (8549); The Academy Real Estate, LLC (9789); BHR Oxford Real Estate, LLC (0023); Concorde Real Estate, LLC (7890); BHR Greenhouse Real Estate, LLC (4295); BHR Ringwood Real Estate, LLC (0565); BHR Aliso Viejo Real Estate, LLC (2910); Behavioral Healthcare Realty, LLC (2055); Clinical Revenue Management Services, LLC (8103); Recovery Brands, LLC (8920); Referral Solutions Group, LLC (7817); Taj Media LLC (7047); Sober Media Group, LLC (4655); American Addiction Centers, Inc. (3320); Tower Hill Realty, Inc. (0039); Lincoln Catharine Realty Corporation (5998); AdCare Rhode Island, Inc. (2188); Green Hill Realty Corporation (4951); AdCare Hospital of Worcester, Inc. (3042); Diversified Healthcare Strategies, Inc. (3809); AdCare Criminal Justice Services, Inc. (1653); AdCare, Inc. (7005); Sagenex Diagnostics Laboratory, LLC (7900); RI - Clinical Services, LLC (6291); Addiction Labs of America, LLC (1133); AAC Healthcare Network, Inc. (0677); AAC Holdings, Inc. (6142); San Diego Professional Group, P.C. (9334). Grand Prairie Professional Group, P.A. (2102); Palm Beach Professional Group, Professional Corporation (7608); Pontchartrain Medical Group, A Professional Corporation (1271); Oxford Professional Group, P.C. (8234); and Las Vegas Professional Group - Calarco, P.C. (5901). The location of the Debtors' corporate headquarters is 200 Powell Place, Brentwood, TN 37027.

extent amended as set forth on the Schedules of Exhibit "A" hereto, then you must file a written proof of such claim, substantially in conformity with the proof of claim form attached hereto as **Exhibit "B,"** so that such proof of claim is **ACTUALLY RECEIVED ON OR BEFORE 5:00 P.M., EASTERN TIME, ON MONDAY, SEPTEMBER 21, 2020** by the claims agent at one of the following designated addresses:

If by U.S. Mail:
Donlin Recano & Company, Inc.
Re: AAC Holdings, Inc, *et al*.
P.O. Box 199043
Blythebourne Station
Brooklyn, NY 11219

If by Courier, Overnight Mail or Hand Delivery:
Donlin Recano & Company, Inc.
Re: AAC Holdings, Inc, *et al.*
6201 15th Avenue
Brooklyn, NY 11219

Alternatively, proofs of claim may be submitted electronically using the interface available on the website maintained by the Claims Agent in the Chapter 11 Case (https://www.donlinrecano.com/Clients/aac/FileClaim)

Facsimile, telecopy, or email submission of proof(s) of claim shall not constitute proper filing pursuant to this notice, and any proof(s) of claim so submitted shall be invalid and forever barred. Only proof(s) of claim bearing a signature of an individual authorized to execute and deliver such proof of claim shall constitute a proper filing.

Date: August 31, 2020

GREENBERG TRAURIG, LLP

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- and -

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Counsel for the Debtors and Debtors in Possession

EXHIBIT A

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☑ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. ***Schedule A/B: Assets–Real and Personal Property*** (Official Form 206A/B)

1a.	**Real property:** Copy line 88 from Schedule A/B	UNDETERMINED
1b.	**Total personal property:** Copy line 91A from Schedule A/B	$4,185,388.14
1c.	**Total of all property:** Copy line 92 from Schedule A/B	$4,185,388.14

Part 2: Summary of Liabilities

2.	***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	$363,684,393.98

3. ***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)

3a.	**Total claim amounts of priority unsecured claims:** Copy the total claims from Part 1 from line 5a of Schedule E/F	$818,230.06
3b.	**Total amount of claims of nonpriority amount of unsecured claims:** Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+ $747,667.00

4.	***Total liabilities*** Lines 2 + 3a + 3b	$365,250,291.04

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☑ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☑ Yes. Fill in the information below

	All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
2.	**Cash on hand**	
2.1.	PETTY CASH	$2,566.09

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	TDBANK	CHECKING	8924	$918,312.89
3.2.	TDBANK	CHECKING	4211	$0.00
3.3.	BANK OF AMERICA	CHECKING	1453	$26,234.87

4. Other cash equivalents *(Identify all)*

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	_____	_____	_____	_____	$_____

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. $947,113.85

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.

☑ Yes. Fill in the information below

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	INITIAL VENDOR DEPOSIT CLARKS SECURITY	$750.00
7.2.	FAST LANE PASS COMMONWEALTH OF MA	$50.00
7.3.	INITIAL VENDOR DEPOSIT CPSI	$900.00
7.4.	RENT DEPOSIT GIRARD GARDENS	$1,500.00
7.5.	DEPOSIT FOR BOSTON OFFICE GRE CONGRESS STREET, LLC	$54,574.00
7.6.	RENT DEPOSIT QUINCY OFFIC M&J REALTY, LLP	$1,800.00
7.7.	INITIAL VENDOR DEPOSIT PROJX, LLC	$2,040.00
7.8.	DEPOSIT ON FLEX SPENDING ACCOUNT ULTRABENEFITS, INC	$5,335.13
7.9.	DEPOSIT ON WARWICK RENT WARWICK PROFESSIONAL BUILDING, LLC	$750.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	PREPAID EXPENSE AMERICAN EXPRESS	$140.00
8.2.	PREPAID EXPENSE BLUECROSS BLUESHIELD	$247,281.04
8.3.	LAST MO. RENT W. SPRINFIELD OFFICE C&GC REALTY	$2,850.00
8.4.	PREPAID EXPENSE DIRECT ENERGY	$601.40
8.5.	PREPAID EXPENSE GRE CONGRESS	$0.01
8.6.	FIRST & LAST MO. RENT M&J REALTY	$11,600.00
8.7.	PREPAID EXPENSE NEADCP	$2,000.00
8.8.	WARWICK RENT WARWICK PROFESSIONAL BUILDING LLC	$2,280.00

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81. $334,451.58

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☑ Yes. Fill in the information below.

11. Accounts receivable

		Face amount		Doubtful or uncollectible accounts		Current value of debtor's interest
11a.	90 days old or less:	$4,495,065.00	-	$1,742,736.70	= ..... →	$2,752,328.30
		Face amount		Doubtful or uncollectible accounts		
11b.	Over 90 days old:	$285,539.00	-	$169,453.00	= ..... →	$116,086.00

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82. $2,868,414.30

Part 4: Investments

13. Does the debtor own any investments?

☑ No. Go to Part 5.

☐ Yes. Fill in the information below.

14. Mutual funds or publicly traded stocks not included in Part 1

	Name of fund or stock	Valuation method used for current value	Current value of debtor's interest
14.1.	_____	_____	$_____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

	Name of entity	% of ownership		
15.1.	_____	_____%	_____	$_____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

	Describe		
16.1.	_____	_____	$_____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83. $0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☐ No. Go to Part 6.

☑ Yes. Fill in the information below.

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	**Raw materials**				
19.1.			$		$
20.	**Work in progress**				
20.1.			$		$
21.	**Finished goods, including goods held for resale**				
21.1.			$		$
22.	**Other inventory or supplies**				

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1.	PHARMACEUTICAL AND MEDICAL SUPPLIES; FOOD & GROCERY	N/A	UNDETERMINED		UNDETERMINED

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84. UNDETERMINED

24. Is any of the property listed in Part 5 perishable?

☑ No

☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No

☑ Yes Book value: UNDETERMINED Valuation method: UNDETERMINED Current value: UNDETERMINED

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☑ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☑ No. Go to Part 7.

☐ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	**Crops—either planted or harvested**			
28.1.		$		$
29.	**Farm animals.** Examples: Livestock, poultry, farm-raised fish			
29.1.		$		$
30.	**Farm machinery and equipment** (Other than titled motor vehicles)			
30.1.		$		$
31.	**Farm and fishing supplies, chemicals, and feed**			
31.1.		$		$
32.	**Other farming and fishing-related property not already listed in Part 6**			
32.1.		$		$

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85. $0.00

34. Is the debtor a member of an agricultural cooperative?

☐ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes Book value: $_____ Valuation method: _____ Current value: $_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No

☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☑ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	**Office furniture**			
39.1.	OWNED	$82,882.18	Net Book Value	UNDETERMINED
40.	**Office fixtures**			
40.1.	OWNED	$59,248.36	Net Book Value	UNDETERMINED
41.	**Office equipment, including all computer equipment and communication systems equipment and software**			
		Net book value of debtor's interest	**Valuation method used for current value**	**Current value of debtor's interest**
41.1.	OWNED	$951,676.48	Net Book Value	UNDETERMINED
42.	**Collectibles.** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1.	_____	$_____	_____	$_____

43. Total of part 7

Add lines 39 through 42. Copy the total to line 86. UNDETERMINED

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No

☑ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☑ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.

☑ Yes. Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	**Net book value of debtor's interest (Where available)** (Where available)	**Valuation method used for current value**	**Current value of debtor's interest**
47.	**Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**			
47.1.	2012 FORD F250 1FTBF2B68CEB27168	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.2.	TRUCK CAP FOR PICK UP TRUCK	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.3.	2014 TOYOTA SIE 5TDJK3DC8ES082407	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.4.	2015 TOYOTA SIE 5TDJK3DC9FS102052	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.5.	KUBOTA 4WD TRAC 56496	$17,075.17	Straight Line, 1/2 year convention	$17,075.17
47.6.	2015 TOYOTA VAN 5TDJK3DC0FS126952	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.7.	2018 TOYOTA VAN 5TDJZ3DC2JS198742	$10,151.62	Straight Line, 1/2 year convention	$10,151.62
47.8.	2020 TOYOTA SEI 5TDKZ3DC0LS238139	$4,091.62	Straight line Amortization	$4,091.62
48.	**Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1.	_____	$_____	_____	$_____
49.	**Aircraft and accessories**			
49.1.	_____	$_____	_____	$_____
50.	**Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**			
50.1.	LEASED VEHICLE - 2020 TOYOTA SEI 5TDJZ3DC5S239562[1]	$4,090.00	Straight line Amortization	$4,090.00
50.2.	LEASED VEHICLE -5TDKZ3DC0LS238139[1]	UNDETERMINED	_____	UNDETERMINED
50.3.	3 PRINTER LEASES[2]	UNDETERMINED	_____	UNDETERMINED

[1]LEASED VEHICLE

[2]3 LEASED PRINTERS

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87. $35,408.41

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No
☑ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☑ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.
☑ Yes. Fill in the information below.

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	**Nature and extent of debtor's interest in property**	**Net book value of debtor's interest** (Where available)	**Valuation method used for current value**	**Current value of debtor's interest**
55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest					
55.1.	LEASED BUILDING / OFFICE 117 PARK AVENEUE WEST SPRINGFIELD MA 01841	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.2.	LEASED BUILDING / OFFICE 1419 HANCOCK STREET SUITES 300, 301A, 301B, 302 QUINCY MA	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.3.	LEASED BUILDING / OFFICE 50 CONGRESS STREET 4TH FLOOR BOSTON MA 02109	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.4.	LEASED BUILDING / OFFICE 95 LINCOLN STREET WORCESTER MA	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED
55.5.	LEASED BUILDING / OFFICE WARWICK MEDICAL BUILDING 400 BALD HILL ROAD WARWICK RI 02886	LEASEHOLD INTEREST	UNDETERMINED		UNDETERMINED

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88.

UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

57. Is a depreciation schedule available for any of the property listed in Part 9?

☑ No

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☑ No

☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☑ No. Go to Part 11.

☐ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	**Patents, copyrights, trademarks, and trade secrets**			
60.1.	_____	$_____	_____	$_____
61.	**Internet domain names and websites**			
		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1.	_____	$_____	_____	$_____
62.	**Licenses, franchises, and royalties**			
62.1.	_____	$_____	_____	$_____
63.	**Customer lists, mailing lists, or other compilations**			
63.1.	_____	$_____	_____	$_____
64.	**Other intangibles, or intellectual property**			
64.1.	_____	$_____	_____	$_____
65.	**Goodwill**			
65.1.	_____	$_____	_____	$_____

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89. $0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☐ No

☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☐ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☑ Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

	Description (include name of obligor)	Total face amount		Doubtful or uncollectible amount		Current value of debtor's interest
71.1.	_____	$_____	-	$_____	= ..... →	$_____

72. Tax refunds and unused net operating losses (NOLs)

	Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1.	_____	$_____	$_____	_____	$_____

73. Interests in insurance policies or annuities

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1.	GLOBAL AEROSPACE, INC.	AVIATION (DRONE) INSURANCE - POLICY NO. 9005220	_____	_____	_____	UNDETERMINED
73.2.	STEADFAST INSURANCE (ZURICH AMERICAN)	COMMERCIAL AUTO INSURANCE - POLICY NO. BAP-0297373-03	_____	_____	_____	UNDETERMINED
73.3.	BEAZLEY GROUP (LLOYDS OF LONDON)	CYBER INSURANCE - POLICY NO. W1BB0C200501	_____	_____	_____	UNDETERMINED
73.4.	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)	D&O INSURANCE - POLICY NO. 01-940-12-09	_____	_____	_____	UNDETERMINED
73.5.	RSUI INDEMNITY COMPANY	D&O INSURANCE - POLICY NO. NHS669565	_____	_____	_____	UNDETERMINED
73.6.	XL SPECIALTY INSURANCE COMPANY	D&O INSURANCE - POLICY NO. ELU146665-16	_____	_____	_____	UNDETERMINED
73.7.	MARKEL AMERICAN INSURANCE COMPANY	EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000420	_____	_____	_____	UNDETERMINED
73.8.	TOKIO MARINE SPECIALTY INSURANCE COMPANY	ENVIRONMENTAL STORAGE TANK INSURANCE - POLICY NO. PPK2059719	_____	_____	_____	UNDETERMINED

73.9.	BEAZELY USA (LLOYDS OF LONDON)	1ST EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. W275CB200201	_____	_____	_____	UNDETERMINED
73.10.	ARCH CAPITAL GROUP	2ND EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. UFE0063519-01	_____	_____	_____	UNDETERMINED
73.11.	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)	FIDELITY & CRIME INSURANCE - POLICY NO. 01-933-09-85	_____	_____	_____	UNDETERMINED
73.12.	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA	FIDUCIARY LIABILITY INSURANCE - POLICY NO. 106602890	_____	_____	_____	UNDETERMINED
73.13.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897164-00	_____	_____	_____	UNDETERMINED
73.14.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897167-00	_____	_____	_____	UNDETERMINED
73.15.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897168-00	_____	_____	_____	UNDETERMINED
73.16.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151879863-00	_____	_____	_____	UNDETERMINED
73.17.	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)	GENERAL LIABILITY / PROFESSIONAL LIABILITY INSURANCE - POLICY NO. 4078501	_____	_____	_____	UNDETERMINED
73.18.	ADMIRAL INSURANCE COMPANY	MEDICAL LAB PROF. LIABILITY / LAB ERRORS & OMISSIONS INSURANCE - POLICY NO. EO000035289-04	_____	_____	_____	UNDETERMINED

73.19.	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)	MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY – EXCESS (UMBRELLA) INSURANCE - POLICY NO. 4078701	_____	_____	_____	UNDETERMINED
73.20.	AMERICAN HOME ASSURANCE COMPANY (AIG)	PROPERTY INSURANCE - POLICY NO. 18257085	_____	_____	_____	UNDETERMINED
73.21.	ZURICH AMERICAN INSURANCE COMPANY	WORKERS' COMPENSATION INSURANCE - POLICY NO. WC 0297371-03	_____	_____	_____	UNDETERMINED
73.22.	ZURICH AMERICAN INSURANCE COMPANY	WORKERS' COMPENSATION (RETRO) INSURANCE - POLICY NO. WC 1070390-03	_____	_____	_____	UNDETERMINED

74. Causes of action against third parties (whether or not a lawsuit has been filed)

		Nature of claim	Amount requested	Current value of debtor's interest
74.1.	REVIEW OF AGENCY ACTION - HHS 1:18-CV-02113	REVIEW OF AGENCY ACTION - HHS	UNDETERMINED	UNDETERMINED
74.2.	REVIEW OF AGENCY ACTION - HHS 1:19-CV-03484	REVIEW OF AGENCY ACTION - HHS	UNDETERMINED	UNDETERMINED
74.3.	CONTRACT - RECOVERY MEDICARE 1:10-CV-02009	CONTRACT - RECOVERY MEDICARE	UNDETERMINED	UNDETERMINED
74.4.	CONTRACT - RECOVERY MEDICARE 1:17-CV-01134	CONTRACT - RECOVERY MEDICARE	UNDETERMINED	UNDETERMINED

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

		Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	_____	$_____	$_____

76. Trusts, equitable or future interests in property

76.1. _____ $_____

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1. _____ $_____

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☑ No

☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

	Type of property	Current value of personal property		Current value of real property
80.	**Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1.*	$947,113.85		
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	$334,451.58		
82.	**Accounts receivable.** *Copy line 12, Part 3.*	$2,868,414.30		
83.	**Investments.** *Copy line 17, Part 4.*	$0.00		
84.	**Inventory.** *Copy line 23, Part 5.*	UNDETERMINED		
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	$0.00		
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	UNDETERMINED		
87.	**Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	$35,408.41		
88.	**Real property.** *Copy line 56, Part 9.* ..... →			UNDETERMINED
89.	**Intangibles and intellectual property.** *Copy line 66, Part 10.*	$0.00		
90.	**All other assets.** *Copy line 78, Part 11.*	**+** UNDETERMINED		
91.	**Total.** Add lines 80 through 90 for each column. .....91a.	$4,185,388.14	**+** 91b.	UNDETERMINED

92. **Total of all property on Schedule A/B.** Lines 91a + 91b = 92. ..... $4,185,388.14

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☑ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☑ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2.	List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	**Title of contract**	MANAGED PRINT SERVICES AGREEMENT	NORTHEAST OFFICE SYSTEMS 150 HOPPING BROOK RD. HOLLISTON MA
	State what the contract or lease is for	EQUIPMENT LEASE (PRINTERS)	
	Nature of debtor's interest	EQUIPMENT LEASE (PRINTERS)	
	State the term remaining	11/06/18	
	List the contract number of any government contract		
2.2.	**Title of contract**	PARTNERSHIP PROPOSAL	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** 98.5 THE SPORTS HUB BEASLEY MEDIA GROUP 55 WILLIAM T MORRISSEY BLVD BOSTON MA 02125
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO SPOTS)	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	12/31/2021	
	List the contract number of any government contract		
2.3.	**Title of contract**	MARKETING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** 98.5 THE SPORTS HUB (PATRIOTS RADIO) BEASLEY MEDIA GROUP 55 WILLIAM T MORRISSEY BLVD BOSTON MA 02125
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO SPOTS)	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	12/31/2021	
	List the contract number of any government contract		

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.4.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL LAB PROF. LIABILITY / LAB ERRORS & OMISSIONS INSURANCE - POLICY NO. EO000035289-04	
	Nature of debtor's interest	INSURED	ADMIRAL INSURANCE COMPANY 6455 E. JOHNS CROSSING #325 DULUTH GA 30097
	State the term remaining	OCTOBER 3, 2020	
	List the contract number of any government contract	_____	
2.5.	**Title of contract**	LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LEASE OF 14 BEACON STREET, SUITE 801, BOSTON, MA 02108	
	Nature of debtor's interest	CONTRACT PARTY	AMERICAN CONGREGATIONAL ASSOCIATION 14 BEACON STREET BOSTON MA 02108
	State the term remaining	10/31/2019	
	List the contract number of any government contract	_____	
2.6.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROPERTY INSURANCE - POLICY NO. 18257085	
	Nature of debtor's interest	INSURED	AMERICAN HOME ASSURANCE COMPANY (AIG) 175 WATER STREET 18TH FLOOR NEW YORK NY 10038
	State the term remaining	AUGUST 1, 2020	
	List the contract number of any government contract	_____	
2.7.	**Title of contract**	JANITORIAL SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - CLEANING SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	ANA'S COMMERCIAL & RESIDENTIAL CLEANING SERVICES, LLC 19 VIALL STREET NEW BEDFORD MA 02744
	State the term remaining	11/29/2020	
	List the contract number of any government contract	_____	
2.8.	**Title of contract**	AGREEMENT FOR DURABLE MEDICAL EQUIPMENT AND OXYGEN	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE/EQUIPMENT CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	APPLE HOMECARE ATTN: JONI J. MILLUZZO, CEO & PRESIDENT 41 REDEMPTION ROCK TRAIL STERLING MA 01564
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.9.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	2ND EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. UFE0063519-01	
	Nature of debtor's interest	INSURED	ARCH CAPITAL GROUP ONE LIBERTY PLAZA 53RD FLOOR NEW YORK NY 10006
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	
2.10.	**Title of contract**	LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LEASE OF OFFICE BUILDING AT 19 COURT STREET, TAUNTON, MA	
	Nature of debtor's interest	CONTRACT PARTY	ARRUDA, RICHARD M Address Intentionally Omitted
	State the term remaining	9/30/2016	
	List the contract number of any government contract	_____	
2.11.	**Title of contract**	PHYSICIAN SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN SERVICES CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	BAILEY, GENIE L., M.D. 386 STANLEY ST. FALL RIVER MA 02720
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.12.	**Title of contract**	ANNUAL REVISED CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO ADVERTISEMENT)	
	Nature of debtor's interest	CONTRACT PARTY	BEASLEY MEDIA GROUP LLC (WBZ) WBOSFM WBQTFM WBZFMWKLBFM WRORFM 55 WILLIAM T MORRISSEY BLVD BOSTON MA 02125
	State the term remaining	12/27/2020	
	List the contract number of any government contract	_____	
2.13.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	1ST EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. W275CB200201	
	Nature of debtor's interest	INSURED	BEAZELY USA (LLOYDS OF LONDON) 630 N. GREENWOOD DRIVE PALATINE IL 60074
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.14.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CYBER INSURANCE - POLICY NO. W1BB0C200501	
	Nature of debtor's interest	INSURED	BEAZLEY GROUP (LLOYDS OF LONDON) 6 CONCOURSE PARKWAY NE SUITE 2800 ATLANTA GA 30328
	State the term remaining	JUNE 9, 2021	
	List the contract number of any government contract	_____	
2.15.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT #36311US	
	Nature of debtor's interest	CONTRACT PARTY	BECKMAN COULTER, INC. 250 S. KRAEMER BLVD. BREA CA 92821
	State the term remaining	3/9/2019	
	List the contract number of any government contract	_____	
2.16.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE QUOTE #28461670	
	Nature of debtor's interest	CONTRACT PARTY	BECKMAN COULTER, INC. 250 S. KRAEMER BLVD. BREA CA 92821
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.17.	**Title of contract**	SCHEDULED MAINTENANCE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT (GENERATOR MAINTENANCE)	
	Nature of debtor's interest	CONTRACT PARTY	BIGELOW ELECTRICAL COMPANY, INC. 1 PULLMAN STREET PO BOX 60268 WORCESTER MA 01606-0268
	State the term remaining	4/12/2021	
	List the contract number of any government contract	_____	
2.18.	**Title of contract**	SERVICE AGREEMENT - NON-HAZARDOUS WASTE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	BP TRUCKING, INC. P.O. BOX 386 ASHLAND MA 07121
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.19.	**Title of contract**	PHYSICIAN SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN SERVICES AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	BRUDNIAK, MARK M. D. Address Intentionally Omitted
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.20.	**Title of contract**	GENERAL CONTRACT FOR SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	CENTURY HOMECARE, LLC ATTN: MILKA NJOROGE, CEO 65 WATER STREET WORCESTER MA 01604
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.21.	**Title of contract**	MARKETING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	COMCAST COMCAST HEADQUARTERS COMCAST CENTER 1701 JFK BLVD PHILADELPHIA PA 19103
	State the term remaining	12/27/2020	
	List the contract number of any government contract	_____	
2.22.	**Title of contract**	PROFESSIONAL SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN/CNS/NURSE/CASE MANAGERS/DISCHARGE PLANNERS CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	COMMUNITY CARE ALLIANCE, INC. ATTN: BENEDICT F. LESSING, JR., MSW, PRESIDENT 800 CLINTON STREET WOONSOCKET RI 02895
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.23.	**Title of contract**	GENERAL SUPPORT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SYSTEM SUPPORT & HARDWARE MAINTENANCE SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	COMPUTER PROGRAMS & SYSTEMS, INC. 6600 WALL STREET MOBILE AL 36695
	State the term remaining	9/30/2024	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.24.	**Title of contract**	ELECTRICITY SUPPLY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES -ELECTRICAL	
	Nature of debtor's interest	CONTRACT PARTY	CONSTELLATION NEWENERGY, INC. ATTN: CONTRACTS ADMINISTRATION 1221 LAMAR STREET SUITE 750 HOUSTON TX 77010
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.25.	**Title of contract**	MARKETING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT - MARKETING (TV ADVERTISING)	
	Nature of debtor's interest	CONTRACT PARTY	COX MEDIA, LLC COX COMMUNICATIONS INC PO BOX 50464 LOS ANGELES CA 90074-0464
	State the term remaining	9/1/2020	
	List the contract number of any government contract	_____	
2.26.	**Title of contract**	ADDENDUM TO INDENTURE OF LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 117 PARK AVENUE, WEST SPRINGFIELD, MA	
	Nature of debtor's interest	LESSEE	COYOTE REALTY, LLC FKA C&GC REALTY, LLC 7 MOSHER STREET WEST SPRINGFIELD MA 01089
	State the term remaining	08/31/2020	
	List the contract number of any government contract	_____	
2.27.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	CROTHALL FACILITIES MANAGEMENT, INC. 1500 LIBERTY RIDGE DRIVE SUITE 210 WAYNE PA 19087
	State the term remaining	6/20/2022	
	List the contract number of any government contract	_____	
2.28.	**Title of contract**	LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EQUIPMENT LEASE CONTRACT	
	Nature of debtor's interest	LESSEE	DEX IMAGING 60 RACHEL DRIVE NASHVILLE TN 37214
	State the term remaining	_____	
	List the contract number of any government contract	_____	

2.29.	**Title of contract**	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (ELECTRICITY)	DIRECT ENERGY BUSINESS ATTN: CUSTOMER SERVICE MANAGER 1001 LIBERTY AVENUE PITTSBURGH PA 15222
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	11/30/2021	
	List the contract number of any government contract		
2.30.	**Title of contract**	COMMODITY MASTER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (NATURAL GAS)	DIRECT ENERGY BUSINESS ATTN: CUSTOMER SERVICE MANAGER 1001 LIBERTY AVENUE PITTSBURGH PA 15222
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	11/30/2020	
	List the contract number of any government contract		
2.31.	**Title of contract**	SUMMARY OF CLEANING SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - CLEANING SERVICES	EAGLE CLEANING CORPORATION 997 MILLBURY STREET SUITE A WORCESTER MA 01607
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining		
	List the contract number of any government contract		
2.32.	**Title of contract**	SERVICES AGREEMENT - LAWN CARE SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - LAWN CARE SERVICES	EVERGREEN LAWN MAINTENANCE & LANDSCAPE CORP 66A KING STREET LEICESTER MA 01524
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	11/30/2021	
	List the contract number of any government contract		
2.33.	**Title of contract**	AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES CONTRACT	FOOD MANAGEMENT GROUP, INC. 11770 HAYNES BRIDGE RD STE 205-538 ALPHARETTA GA 30004
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining		
	List the contract number of any government contract		

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.34.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	AVIATION (DRONE) INSURANCE - POLICY NO. 9005220	
	Nature of debtor's interest	INSURED	GLOBAL AEROSPACE, INC. 3399 PEACHTREE ROAD #1100 ATLANTA GA 30326
	State the term remaining	SEPTEMBER 14, 2020	
	List the contract number of any government contract	_____	
2.35.	**Title of contract**	OFFICE LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 50 CONGRESS STREET, 4TH FLOOR, BOSTON, MA 02109	
	Nature of debtor's interest	LESSEE	GRE CONGRESS STREET C/O JUMBO CAPITAL MANAGEMENT, LLC 1900 CROWN COLONY DRIVE 4TH FLOOR QUINCY MA 02169
	State the term remaining	09/30/2028	
	List the contract number of any government contract	_____	
2.36.	**Title of contract**	HOBART SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (EQUIPMENT MAINTENANCE & INSPECTION)	
	Nature of debtor's interest	CONTRACT PARTY	HOBART HOBART SERVICE ITW FOOD EQUIPMENT GROUP LLC PO BOX 2517 CAROL STREAM IL 60132
	State the term remaining	1/23/2021	
	List the contract number of any government contract	_____	
2.37.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	GENERAL LIABILITY / PROFESSIONAL LIABILITY INSURANCE - POLICY NO. 4078501	
	Nature of debtor's interest	INSURED	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL) P.O. BOX 34756 SEATTLE WA 98124
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	
2.38.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY – EXCESS (UMBRELLA) INSURANCE - POLICY NO. 4078701	
	Nature of debtor's interest	INSURED	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL) P.O. BOX 34756 SEATTLE WA 98124
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.39.	**Title of contract**	JANITECH CONTRACT CLEANING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - CLEANING SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	JANITECH CORPORATION 106 HIGH STREET CUMBERLAND RI 02864
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.40.	**Title of contract**	PROFESSIONAL SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLINICAL & ADMINISTRATIVE SERVICES CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	LIANNE, INC. 21 COLONIAL DRIVE SHREWSBURY MA 01545
	State the term remaining	5/31/2020	
	List the contract number of any government contract	_____	
2.41.	**Title of contract**	COMMERCIAL BUILDING SUBLEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 107 LINCOLN STREET, WORCESTER MA	
	Nature of debtor's interest	LESSEE	LIANNE, INC. ATTN.: MOHAMMAD ALHABBAL, M.D. 21 COLONIAL DRIVE SHREWSBURY MA 01545
	State the term remaining	09/30/2020	
	List the contract number of any government contract	_____	
2.42.	**Title of contract**	MASTER LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 95 LINCOLN STREET, WORCESTER, MA	
	Nature of debtor's interest	LESSEE	LINCOLN CATHARINE REALTY CORPORATION 107 LINCOLN STREET WORCESTER MA 01605
	State the term remaining	10/01/2020	
	List the contract number of any government contract	_____	
2.43.	**Title of contract**	COMMERCIAL LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 1419 HANCOCK STREET, SUITES 300, 301A, 301B, 302, QUINCY, MA	
	Nature of debtor's interest	LESSEE	M & J REALTY, LLP 67 CODDINGTON STREET QUINCY MA 02169
	State the term remaining	11/30/2020	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.44.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000 420	
	Nature of debtor's interest	INSURED	MARKEL AMERICAN INSURANCE COMPANY 3650 MANSELL ROAD SUITE 440 ALPHARETTA GA 30022
	State the term remaining	JUNE 10, 2021	
	List the contract number of any government contract	_____	
2.45.	**Title of contract**	MOBILE X-RAY AND EKG SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	MOBILEX USA 920 RIDGEBROOK ROAD SPARKS MD 21152
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.46.	**Title of contract**	(PROFESSIONAL SERVICES) AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN SERVICES CONTRACT (PSYCHIATRIST)	
	Nature of debtor's interest	CONTRACT PARTY	MOHAMAD R. OCH, M.D. & ORGANIZATION Address Intentionally Omitted
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.47.	**Title of contract**	2020-21 PREVENTIVE MAINTENANCE CONTRACT FOR 95 LINCOLN STREET	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (COOLING, HEATING, AND FILTERS)	
	Nature of debtor's interest	CONTRACT PARTY	MORRIS MECHANICAL SALES & SERVICE, INC. 19 PARKER STREET CLINTON MA 01510
	State the term remaining	2/3/2021	
	List the contract number of any government contract	_____	
2.48.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	D&O INSURANCE - POLICY NO. 01-940-12-09	
	Nature of debtor's interest	INSURED	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG) 175 WATER STREET 18TH FLOOR NEW YORK NY 10038
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.49.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FIDELITY & CRIME INSURANCE - POLICY NO. 01-933-09-85	
	Nature of debtor's interest	INSURED	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG) 175 WATER STREET 18TH FLOOR NEW YORK NY 10038
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	
2.50.	**Title of contract**	OFF SITE STORAGE CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT - OFF SITE DOCUMENT STORAGE	
	Nature of debtor's interest	CONTRACT PARTY	NEW ENGLAND DOCUMENT SYSTEMS, INC. 750 EAST INDUSTRIAL PARK DR. MANCHESTER NH 03109
	State the term remaining	1/17/2021	
	List the contract number of any government contract	_____	
2.51.	**Title of contract**	(PROFESSIONAL SERVICES) AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN SERVICES CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	OCH, MOHAMAD R. M.D. Address Intentionally Omitted
	State the term remaining	12/16/2020	
	List the contract number of any government contract	_____	
2.52.	**Title of contract**	MASTER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	PITNEY BOWES P.O. BOX 371896 PITTSBURGH PA 15250-7896
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.53.	**Title of contract**	PITNEY BOWES LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	_____	
	Nature of debtor's interest	LEASE FOR POSTAGE MACHINE	PITNEY BOWES 3001 SUMMER STREET STAMFORD CT 06926
	State the term remaining	UNKNOWN	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.54.	**Title of contract**	MASSACHUSETTS NATURAL GAS FIRM COMMERCIAL SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT (NATURAL GAS)	PLYMOUTH ROCK PLYMOUTH ROCK ENERGY 920 RAILROAD AVE WOODMERE NY 11598
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	11/1/2022	
	List the contract number of any government contract	_____	
2.55.	**Title of contract**	BUSINESS ASSOCIATE/QSO AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	PRESCOTT PHARMACY LTC, INC. 100 GROVE STREET SUITE B-12 WORCESTER MA 01605
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.56.	**Title of contract**	PHARMACY SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	PRESCOTT PHARMACY LTC, INC. ATTN: HAMID MOHAGHEGH 100 GROVE STREET SUITE B-12 WORCESTER MA 01605
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.57.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.58.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.59.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.60.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.61.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.62.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.63.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.64.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.65.	**Title of contract**	LABORATORY SERVICES AGREEMENT (HOSPITAL)	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	QUEST DIAGNOSTICS, LLC ATTN: REGIONAL VICE PRESIDENT, OPERATIONS 200 FOREST STREET MARLBOROUGH MA 01752
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.66.	**Title of contract**	SUBSTANCE ABUSE TESTING SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	QUEST DIAGNOSTICS, LLC ATTN: REGIONAL VICE PRESIDENT, OPERATIONS 200 FOREST STREET MARLBOROUGH MA 01752
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.67.	**Title of contract**	PHYSICIAN CREDENTIALING AND PRIVILEGING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT (TELEMEDICINE)	
	Nature of debtor's interest	CONTRACT PARTY	RELY RADIOLOGY 1620 NORTHWEST BLVD SUITE 301 COEUR D'ALENE ID 83814
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.68.	**Title of contract**	PARTNERSHIP PROPOSAL	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO ADVERTISEMENT)	
	Nature of debtor's interest	CONTRACT PARTY	ROCK 92.9 55 MORRISSEY BLVD DORCHESTER MA 02125
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.69.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	D&O INSURANCE - POLICY NO. NHS669565	
	Nature of debtor's interest	INSURED	RSUI INDEMNITY COMPANY 945 EAST PACES FERRY ROAD NE SUITE 1800 ATLANTA GA 30326
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	
2.70.	**Title of contract**	CUSTOMER SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	SHRED-IT 2C GILL ST WOBURN MA 01801
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.71.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	COMMERCIAL AUTO INSURANCE - POLICY NO. BAP-0297373-03	
	Nature of debtor's interest	INSURED	STEADFAST INSURANCE (ZURICH AMERICAN) 1400 AMERICAN LANE SCHAUMBURG IL 60196
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	
2.72.	**Title of contract**	_____	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	_____	
	Nature of debtor's interest	CONTRACT PARTY	STERICYCLE, INC. P.O. BOX 6582 CAROL STREAM IL 60197-6582
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.73.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ENVIRONMENTAL STORAGE TANK INSURANCE - POLICY NO. PPK2059719	
	Nature of debtor's interest	INSURED	TOKIO MARINE SPECIALTY INSURANCE COMPANY 840 CRESCENT CENTRE DRIVE #180 FRANKLIN TN 37067
	State the term remaining	NOVEMBER 7, 2020	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.74.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FIDUCIARY LIABILITY INSURANCE - POLICY NO. 106602890	
	Nature of debtor's interest	INSURED	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA P.O. BOX 660317 DALLAS TX 75266-0317
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	
2.75.	**Title of contract**	MASTER SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - LICENSE/SUBSCRIPTION AGREEMENT (REVENUE MANAGEMENT CYCLE SOFTWARE)	
	Nature of debtor's interest	CONTRACT PARTY	TRUBRIDGE, LLC 3725 AIRPORT BOULEVARD SUITE 208A MOBILE AL 36608
	State the term remaining	1/31/2023	
	List the contract number of any government contract	_____	
2.76.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT (LINENS)	
	Nature of debtor's interest	CONTRACT PARTY	ULS OF NEW ENGLAND 65 MANCHESTER STREET LAWRENCE MA 01841
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.77.	**Title of contract**	OUTCOMES RESEARCH AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	VISTA RESEARCH GROUP, INC. ATTN: JOANNA L. CONTI, CEO 1332 CAPE ST. CLAIRE RD,#656 ANNAPOLIS MD 21409
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.78.	**Title of contract**	CUSTOMER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	VITAL EMS ATTN: RANDY JUSSEAUME, REGIONAL DIRECTOR 1013 MAIN ST. WORCESTER MD 01603
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.79.	**Title of contract**	FIFTH AMENDMENT TO LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES WARWICK MEDICAL BUILDING, 400 BALD HILL ROAD, WARWICK, RI 02886	
	Nature of debtor's interest	LESSEE	WARWICK PROFESSIONAL BUILDING, LLC 10 NORTH MAIN STREET P.O. BOX 2516 FALL RIVER MA 02722
	State the term remaining	07/14/2020	
	List the contract number of any government contract		
2.80.	**Title of contract**	ELEVATOR MAINTENANCE PROPOSAL	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (ELEVATORS)	
	Nature of debtor's interest	CONTRACT PARTY	WORCESTER ELEVATOR CO, INC. 4 SOUTHBRIDGE STREET AUBURN MA 01501
	State the term remaining	1/31/2021	
	List the contract number of any government contract		
2.81.	**Title of contract**	ANNUAL JAN-DEC 2020 FINAL	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO ADVERTISEMENT)	
	Nature of debtor's interest	CONTRACT PARTY	WPRI 55 MORRISSEY BLVD DORCHESTER MA 02125
	State the term remaining	12/27/2020	
	List the contract number of any government contract		
2.82.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151879863-00	
	Nature of debtor's interest	INSURED	WRIGHT NATIONAL FLOOD INSURANCE COMPANY P.O. BOX 33064 ST. PETERSBURG FL 33733
	State the term remaining	AUGUST 3, 2020	
	List the contract number of any government contract		
2.83.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897164-00	
	Nature of debtor's interest	INSURED	WRIGHT NATIONAL FLOOD INSURANCE COMPANY P.O. BOX 33064 ST. PETERSBURG FL 33733
	State the term remaining	SEPTEMBER 30, 2020	
	List the contract number of any government contract		

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.84.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897167-00	
	Nature of debtor's interest	INSURED	WRIGHT NATIONAL FLOOD INSURANCE COMPANY P.O. BOX 33064 ST. PETERSBURG FL 33733
	State the term remaining	SEPTEMBER 30, 2020	
	List the contract number of any government contract	_____	
2.85.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897168-00	
	Nature of debtor's interest	INSURED	WRIGHT NATIONAL FLOOD INSURANCE COMPANY P.O. BOX 33064 ST. PETERSBURG FL 33733
	State the term remaining	SEPTEMBER 30, 2020	
	List the contract number of any government contract	_____	
2.86.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	D&O INSURANCE - POLICY NO. ELU146665-16	
	Nature of debtor's interest	INSURED	XL SPECIALTY INSURANCE COMPANY 20 N. MARTINGALE ROAD # 200 SCHAUMBURG IL 60173
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	
2.87.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	WORKERS' COMPENSATION (RETRO) INSURANCE - POLICY NO. WC 1070390-03	
	Nature of debtor's interest	INSURED	ZURICH AMERICAN INSURANCE COMPANY 1299 ZURICH WAY ZAIC SCHAUMBURG IL 60196
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	
2.88.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	WORKERS' COMPENSATION INSURANCE - POLICY NO. WC 0297371-03	
	Nature of debtor's interest	INSURED	ZURICH AMERICAN INSURANCE COMPANY 1299 ZURICH WAY ZAIC SCHAUMBURG IL 60196
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☑ *Amended Schedule A/B, G, and Summary of Assets and Liabilities*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

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

Executed on 8/30/2020
MM/DD/YYYY

✘ */s/ Andrew McWilliams*

Signature of individual signing on behalf of debtor

Andrew McWilliams
Printed name

Sole Director
Position or relationship to debtor

EXHIBIT B

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Official Form 410

Proof of Claim

04/19

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?**

_____
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)
_____ Name	_____ Name
_____ Number Street	_____ Number Street
_____ City State ZIP Code	_____ City State ZIP Code
Contact phone _____	Contact phone _____
Contact email _____	Contact email _____

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) _____ 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? _____

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?** $_____. **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.

_____

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)?**

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 one:*

	Amount entitled to priority
❑ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
❑ Up to $3,025* 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 $13,650*) 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 4/01/22 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 _____
MM / DD / YYYY

_____
Signature

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

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

_____
City State ZIP Code

Contact phone _____ Email _____