

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

AAC HOLDINGS, INC., *et al.*,¹

Debtors.

Chapter 11

Case No. 20-11648 (JTD)

(Jointly Administered)

**NOTICE OF AMENDMENT TO SCHEDULES OF ASSETS AND LIABILITIES
OF PONTCHARTRAIN MEDICAL GROUP, A PROFESSIONAL CORPORATION
(CASE NO. 20-11652)**

PLEASE TAKE NOTICE that pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, the Debtor Pontchartrain Medical Group, A Professional Corporation, (the “Debtor”) has filed an amendment to its Schedules of Assets and Liabilities (the “Schedules”) originally filed on July 27, 2020 [Docket No. 279] 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 or 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

/s/ Dennis A. Meloro

Dennis A. Meloro (DE Bar No. 4435)
The Nemours Building
1007 North Orange Street, Suite 1200
Wilmington, Delaware 19801
Telephone: (302) 661-7000
Facsimile: (302) 661-7360
Email: melorod@gtlaw.com

- and -

David B. Kurzweil (admitted *pro hac vice*)
Alison Elko Franklin (admitted *pro hac vice*)
3333 Piedmont Road, NE, Suite 2500
Atlanta, Georgia 30305
Telephone: (678) 553-2100
Facsimile: (678) 553-2212
Email: kurzweild@gtlaw.com
franklinae@gtlaw.com

*Counsel for the Debtors and
Debtors in Possession*

EXHIBIT A

Fill in this information to identify the case:**Debtor name:** Pontchartrain Medical Group, A Professional Corporation**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11652☒ 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

\$0.00

1b. Total personal property:

Copy line 91A from Schedule A/B

\$24.46

1c. Total of all property:

Copy line 92 from Schedule A/B

\$24.46

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

\$363,612,692.97

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

\$0.00

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

+ \$0.00

4. Total liabilities

Lines 2 + 3a + 3b

\$363,612,692.97

Fill in this information to identify the case:**Debtor name:** Pontchartrain Medical Group, A Professional Corporation**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11652☒ 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. _____ \$ _____

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
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3.1. BANK OF AMERICA PONTCHARTRAIN MEDICAL GROUP, A PROFESSIONAL CORPORATION	CHECKING	2900	\$0.00
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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
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4.1. _____ \$ _____

5. Total of part 1

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

\$0.00

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 **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Current value of
debtor's interest

7.1. _____ \$ _____

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. _____ \$ _____

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of
debtor's interest**11. Accounts receivable**

Face amount

Doubtful or uncollectible
accounts

11a. 90 days old or less: \$0.00 - \$0.00 = → \$0.00

Face amount

Doubtful or uncollectible
accounts

11b. Over 90 days old: \$85,921.53 - \$85,897.07 = → \$24.46

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$24.46

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used
for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

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. _____ % _____ \$ _____

Debtor **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652****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.

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				
22.1. _____	_____	\$ _____	_____	\$ _____
23. Total of part 5				\$0.00

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

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: \$ _____ Valuation method: _____ Current value: \$ _____**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. _____	\$ _____	_____	\$ _____

Debtor **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652****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. _____ \$ _____ \$ _____

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. _____	\$ _____	_____	\$ _____
40. Office fixtures			
40.1. _____	\$ _____	_____	\$ _____
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. _____	\$ _____	_____	\$ _____

Debtor **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652**

- 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.

\$0.00

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

- ☐ No
☐ Yes

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. _____ \$ _____

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. _____ \$ _____

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87.

\$0.00

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.

Debtor **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652****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. _____ \$ _____ \$ _____

56. Total of part 9

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

\$0.00

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

Debtor **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652****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?**

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. STATE (LA)	\$ _____	\$3,981,840.00	2018	UNDETERMINED

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

Debtor **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652**

73.7.	MARKEL AMERICAN INSURANCE COMPANY	EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000 420	_____	_____	_____	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

Debtor **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652**

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.	_____	\$ _____	\$ _____

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.	_____	\$ _____
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77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	_____	\$ _____
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78. Total of part 11

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

UNDETERMINED

Debtor **Pontchartrain Medical Group, A Professional Corporation**

Case number (if known) **20-11652**

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

☒ No

☐ Yes

Debtor **Pontchartrain Medical Group, A Professional Corporation**Case number (if known) **20-11652****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. <i>Copy line 5, Part 1.</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$24.46	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i> + UNDETERMINED		
91. Total. Add lines 80 through 90 for each column.91a.	\$24.46	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$24.46

Fill in this information to identify the case:**Debtor name:** Pontchartrain Medical Group, A Professional Corporation**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 20-11652Official 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 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

x

/s/ Andrew McWilliams

Signature of individual signing on behalf of debtor

Andrew McWilliams
Printed name

Chief Executive Officer of AAC Holdings, Inc. as an Authorized Person
on behalf of Pontchartrain Medical Group, A Professional Corporation
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?**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

Where should payments to the creditor be sent? (if different)

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

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 <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . ☐ Motor vehicle ☐ Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % ☐ Fixed ☐ Variable
10. Is this claim based on a lease?	☐ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	☐ No ☐ Yes. Identify the property: _____

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

☐ No

☐ Yes. *Check one:*

Amount entitled to priority

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

☐ 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 _____