Fill in this information to Identify the case:

Debtor Name: Walker County Hospital Corporation, d/b/a Huntsville Memorial Hospital

United States Bankruptcy Court for the: Southern District of Texas

Case Number (If known): 19-36300

✓ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: Consolidated List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A consolidated list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	ne of creditor and complete mailing dress, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	CAVALIER HEALTH SERVICES LLC 7105 OLD KATY RD APT 3101 HOUSTON, TX 77024	CONTACT: DAVID CAVALIER, PRESIDENT PHONE: 703-872-7520 FAX: 703-997-2395 INFO@CAVALIERHOMEHEAL TH.COM	LITIGATION	C, U, D			\$4,558,546.63
2	WALKER COUNTY HOSPITAL DISTRICT PO BOX 1267 HUNTSVILLE, TX 77342	CONTACT: ANNE WOODARD, CHAIRMAN PHONE: 936-295-0038 FAX: 936-295-3114 WCHD@SBCGLOBAL.NET	LEASE	U			UNLIQUIDATED
3	INTUITIVE SURGICAL INC. 1266 KIFER ROAD SUNNYVALE, CA 94086	CONTACT: GARY GURHART, CEO PHONE: 804-523-2100 FAX: 408-523-1390	CAPITAL LEASE				\$1,420,720.91
4	SABRE INVESTMENTS LLC 1 PASTORAL POND CIR THE WOODLANDS, TX 77380	PHONE: 281-296-9336 FAX: 432-445-7044	LITIGATION	C, U, D			\$1,391,660.11
5	GUY GROS 789 ELKINS LAKE HUNTSVILLE, TX 77340		LITIGATION	C, U, D			\$1,200,000.00
6	PREMIER ANESTHESIA 2655 NORTHWINDS PKWY ALPHARETTA, GA 30009	CONTACT: ANNI GLOVER, MARKETING DIRECTOR PHONE: 855-220-3662 AGLOVER@PREMIERANESTH ESIA.COM	TRADE PAYABLE				\$1,010,027.97
7	SHANNON L BROWN 28415 MONTEREY CLIFF LN HUFFMAN, TX 77336		LITIGATION	C, U, D			\$510,000.00

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Debtor: Walker County Hospital Corporation, d/b/a Huntsville Case Number (if known): 19-36300

Name of creditor and complete mailing address, including zip code		Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
			contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
8	BCBS OF TX PO BOX 805107 CHICAGO, IL 60680-4140	CONTACT: NANCY C PRUITT, COUNSEL PHONE: 972-766-6900 NANCY_PRUITT@HCSC.NET	TRADE PAYABLE				\$393,585.37
9	UTMB CORRECTIONAL MANAGED CARE 301 UNIVERSITY BLVD GALVESTON, TX 77555	CONTACT: DONNA K SOLLENBERGER, MA., EVP AND CEO PHONE: 409-747-2600 FAX: 409-763-1915	TRADE PAYABLE				\$375,079.06
10	PHILIPS HEALTHCARE 3000 MINUTEMAN ROAD, MS 400 ANDOVER, MA 01810	CONTACT: SEAN LATHAM, MGR AR PHONE: 425-482-8707 FAX: 978-685-5372 SEAN.LATHAM@PHILIPS.CO M	TRADE PAYABLE				\$354,179.49
11	MATRIX TRUST COMPANY BROADRIDGE FINANCIAL SOLUTIONS, INC. 2800 N CENTRAL AVE STE 900 PHOENIX, AZ 85004	CONTACT: JADA BROWN, CLIENT SERVICES SPECIALIST PHONE: 602-296-1977 FAX: 602-296-1993 JADA.BROWN@BROADRIDGE .COM	PENSION OBLIGATION				\$307,000.00
12	CAREFUSION SOLUTIONS, LLC 25082 NETWORK PL CHICAGO, IL 60673-1250	CONTACT: TODD BELL PHONE: 888-876-4287 FAX: 800-531-4140 TODD.BELL@CAREFUSION.C OM	CAPITAL LEASE				\$257,227.85
13	STROUDWATER ASSOCIATES STROUDWATER CROSSING 1685 CONGRESS ST STE 202 PORTLAND, ME 04102	CONTACT: ERIC SHELL, CHAIRMAN PHONE: 207-221-8250 FAX: 207-828-0821	PROFESSIONAL SERVICES				\$215,645.15
14	MEDLINE INDUSTRIES, INC PO BOX 121080 DALLAS, TX 75312-1080	CONTACT: DONALD TORRES, SR COLLECTIONS ADVISORY SPEC PHONE: 847-643-4232 DTORRES@MEDLINE.COM	TRADE PAYABLE				\$198,912.03
15	BAYLOR PATHOLOGY ONE BAYLOR PLAZA 286A HOUSTON, TX 77030	CONTACT: MARTIN MATZUK, M.D., PH.D. INTERIM CHAIR PHONE: 713-798-4661 FAX: 713-798-5838 MMATZUK@BCM.EDU	TRADE PAYABLE				\$196,215.80
16	A-S 103 SAM HOUSTON TOWN CENTER, LP 8827 W SAM HOUSTON PKWY NORTH STE 200 HOUSTON, TX 77040	CONTACT: KATHERINE HATCHER, PRESIDENT PHONE: 281-477-4300 FAX: 281-477-4399 KHATCHER@NEWQUEST.CO M	LEASE				\$189,256.34
17	G&E HC REIT II LIVINGSTON MOB 1551 N TUSTIN AVE STE 300 SANTA ANNA, CA 92705	CONTACT: KRISTI WRY PHONE: 714-558-2836 FAX: 714-415-7906 KRISTIW@OCTITLE.COM	TRADE PAYABLE				\$179,859.18
18	CIGNA SPECIAL INVESTIGATION UNIT 900 COTTAGE GROVE RD HARTFORD, CT 06152	CONTACT: DAVID CORDANI, PRESIDENT PHONE: 800-997-1654	TRADE PAYABLE				\$176,248.48

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Name of creditor and complete mailing address, including zip code		Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
			contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
19	HSS SYSTEMS, LLC 8101 W SAM HOUSTON PKWY STE 100 HOUSTON, TX 77072	CONTACT: TIMOTHY MCPHERSON, CEO PHONE: 412-212-1400	TRADE PAYABLE				\$158,229.99
20	MOLINA HEALTHCARE, INC. PO BOX 3396 BATON ROUGE, LA 70821		IDENTIFIED OVERPAYMENT				\$113,719.20

Fill in this information to identify the case:						
Debtor name Walker County Hospital Corporation]					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS						
Case number (if known)						
Case number (il known)	Check if this is an					
	amended filing					
Official Form 202						
Declaration Under Penalty of Perjury for Non-Individu	ual Debtors 12/15					
An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partn orm for the schedules of assets and liabilities, any other document that requires a declaration that is not amendments of those documents. This form must state the individual's position or relationship to the deb and the date. Bankruptcy Rules 1008 and 9011.	included in the document, and any					
WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtain connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, of 1519, and 3571.						
Declaration and signature						
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agindividual serving as a representative of the debtor in this case.	ent of the partnership; or another					
I have examined the information in the documents checked below and I have a reasonable belief that the in	formation 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						
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 Amended List of Creditors Who Have the 2 and Are Not Insiders	0 Largest Unsecured Claims					
I declare under penalty of perjury that the foregoing is true and correct.						
Executed on December 4, 2019 X /s/ Steven Smith						
Signature of individual signing on behalf of debtor						
Steven Smith						
Printed name						
CEO						

Official Form 202

Position or relationship to debtor