Fill in this information to identify the case:	
Debtor name	**Oconee Regional Health Services, Inc.**
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF GEORGIA
Case number (if known)	**17-51007-AEC**

☐ Check if this is an amended filing

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* _____
- ☐ *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 **May 30, 2017**

X **/s/ Michael A. Vaughn**
Signature of individual signing on behalf of debtor

Michael A. Vaughn
Printed name

Authorized Signatory
Position or relationship to debtor

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Fill in this information to identify the case:

Debtor name **Oconee Regional Health Services, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

Case number (if known) **17-51007-AEC**

☐ 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*..... $ **24,000,000.00**

   1c. **Total of all property:**
   Copy line 92 from *Schedule A/B*..... $ **24,000,000.00**

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*..... $ **29,318,651.15**

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*..... +$ **267,950.40**

4. **Total liabilities** .....
   Lines 2 + 3a + 3b $ **29,586,601.55**

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Debtor name **Oconee Regional Health Services, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

Case number (if known) **17-51007-AEC**

☐ 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

Part 1: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

■ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 1: Accounts receivable

10. **Does the debtor have any accounts receivable?**

■ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. **Does the debtor own any investments?**

■ No. Go to Part 5.
☐ Yes Fill in the information below.

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.

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.

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Debtor **Oconee Regional Health Services, Inc.** Case number *(If known)* **17-51007-AEC**
Name

☐ Yes Fill in the information below.

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.

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.

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.

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.

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)	
72.	**Tax refunds and unused net operating losses (NOLs)** Description (for example, federal, state, local)	
73.	**Interests in insurance policies or annuities**	
74.	**Causes of action against third parties (whether or not a lawsuit has been filed)**	
75.	**Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**	
76.	**Trusts, equitable or future interests in property**	
77.	**Other property of any kind not already listed** *Examples:* Season tickets, country club membership **All receivables, inventory, contracts, equipment, general intangibles, insurance policies, licenses, personal property and proceeds thereof.**	**$12,000,000.00**

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Debtor **Oconee Regional Health Services, Inc.** Case number *(If known)* **17-51007-AEC**
Name

All assets	**$12,000,000.00**

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90. **$24,000,000.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
■ No
☐ Yes

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Debtor **Oconee Regional Health Services, Inc.** Case number *(If known)* **17-51007-AEC**
Name

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*	$0.00	
81. **Deposits and prepayments.** *Copy line 9, Part 2.*	$0.00	
82. **Accounts receivable.** *Copy line 12, Part 3.*	$0.00	
83. **Investments.** *Copy line 17, Part 4.*	$0.00	
84. **Inventory.** *Copy line 23, Part 5.*	$0.00	
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.*	$0.00	
87. **Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	$0.00	
88. **Real property.** *Copy line 56, Part 9*.....>		$0.00
89. **Intangibles and intellectual property.** *Copy line 66, Part 10.*	$0.00	
90. **All other assets.** *Copy line 78, Part 11.*	+ $24,000,000.00	
91. **Total.** Add lines 80 through 90 for each column	$24,000,000.00 + 91b.	$0.00
92. **Total of all property on Schedule A/B.** Add lines 91a+91b=92		$24,000,000.00

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Fill in this information to identify the case:

Debtor name **Oconee Regional Health Services, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

Case number (if known) **17-51007-AEC**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

■ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. **List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**
2.1 **Navicent Health, Inc.** Creditor's Name **Attn: Kenneth B. Banks** **691 Cherry Street** **Suite 700** **Macon, GA 31201** Creditor's mailing address Creditor's email address, if known **Date debt was incurred** **01/29/15** **Last 4 digits of account number** **Do multiple creditors have an interest in the same property?** ■ No ☐ Yes. Specify each creditor, including this creditor and its relative priority.	**Describe debtor's property that is subject to a lien** **All equipment, fixtures, instruments, inventory, revenues and proceeds thereof** **Describe the lien** **UCC Statement No. 0052015000170** **Is the creditor an insider or related party?** ■ No ☐ Yes **Is anyone else liable on this claim?** ■ No ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H) **As of the petition filing date, the claim is:** Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed	**$0.00**	**$0.00**
2.2 **Navicent Health, Inc.** Creditor's Name **Attn: Kenneth B. Banks** **691 Cherry Street** **Suite 700** **Macon, GA 31201** Creditor's mailing address Creditor's email address, if known **Date debt was incurred** **Last 4 digits of account number**	**Describe debtor's property that is subject to a lien** **All receivables, inventory, contracts, equipment, general intangibles, insurance policies, licenses, personal property and proceeds thereof.** **Describe the lien** **Second Priority** **Is the creditor an insider or related party?** ■ No ☐ Yes **Is anyone else liable on this claim?** ■ No ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)	**$0.00**	**$12,000,000.00**

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Debtor **Oconee Regional Health Services, Inc.** Case number (if know) **17-51007-AEC**
Name

Do multiple creditors have an interest in the same property? ☐ No ■ Yes. Specify each creditor, including this creditor and its relative priority. **1. U.S. Bank National Association** **2. Navicent Health, Inc.**	**As of the petition filing date, the claim is:** Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed		

2.3 **Navicent Health, Inc.**
Creditor's Name
Attn: Kenneth B. Banks
691 Cherry Street
Suite 700
Macon, GA 31201
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien
All assets

Describe the lien
Second Priority
Is the creditor an insider or related party?
■ No
☐ Yes
Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

$0.00 **$12,000,000.00**

Do multiple creditors have an interest in the same property? ☐ No ■ Yes. Specify each creditor, including this creditor and its relative priority. **1. U.S. Bank National Association** **2. Navicent Health, Inc.**	**As of the petition filing date, the claim is:** Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed

2.4 **U.S. Bank National Association**
Creditor's Name
214 North Tryon Street
27th Floor
Charlotte, NC 28202
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
06/29/16
Last 4 digits of account number

Describe debtor's property that is subject to a lien
All receivables, inventory, contracts, equipment, general intangibles, insurance policies, licenses, personal property and proceeds thereof.

Describe the lien
Series 2016 Serical Revenue Bonds; UCC Statement No. 0052016000650
Is the creditor an insider or related party?
■ No
☐ Yes
Is anyone else liable on this claim?
☐ No
■ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

$7,302,361.15 **$12,000,000.00**

Do multiple creditors have an interest in the same property? ☐ No ■ Yes. Specify each creditor, including this creditor and its relative priority. **Specified on line 2.2**	**As of the petition filing date, the claim is:** Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed

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Debtor **Oconee Regional Health Services, Inc.** Case number (if know) **17-51007-AEC**
Name

2.5	**U.S. Bank National Association** Creditor's Name **214 North Tryon Street** **27th Floor** **Charlotte, NC 28202** Creditor's mailing address Creditor's email address, if known **Date debt was incurred** **1998** **Last 4 digits of account number** **Do multiple creditors have an interest in the same property?** ☐ No ■ Yes. Specify each creditor, including this creditor and its relative priority. **Specified on line 2.3**	**Describe debtor's property that is subject to a lien** **All assets** **Describe the lien** **Series 1998 Serial Revenue Bonds** **Is the creditor an insider or related party?** ■ No ☐ Yes **Is anyone else liable on this claim?** ☐ No ■ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H) **As of the petition filing date, the claim is:** Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed	**$22,016,290.00**	**$12,000,000.00**

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **$29,318,651.15**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

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Fill in this information to identify the case:

Debtor name **Oconee Regional Health Services, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

Case number (if known) **17-51007-AEC**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

   ■ No. Go to Part 2.

   ☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	**Nonpriority creditor's name and mailing address** **Alan Horton** **4009 NE Jeffrey Way** **Milledgeville, GA 31061** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ■ Contingent ■ Unliquidated ☐ Disputed **Basis for the claim:** Potential Rights of Indemnity Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.2	**Nonpriority creditor's name and mailing address** **David Groseclose** **128 Myrick Road** **Milledgeville, GA 31061** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ■ Contingent ■ Unliquidated ☐ Disputed **Basis for the claim:** Potential Rights of Indemnity Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.3	**Nonpriority creditor's name and mailing address** **Dr. Phyllis M. Parks-Veal** **151 Arbor Way** **Milledgeville, GA 31061** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ■ Contingent ■ Unliquidated ☐ Disputed **Basis for the claim:** Potential Rights of Indemnity Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.4	**Nonpriority creditor's name and mailing address** **Michael A. Vaughn** **821 North Cobb Street** **Milledgeville, GA 31061** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ■ Contingent ■ Unliquidated ☐ Disputed **Basis for the claim:** Potential Rights of Indemnity Is the claim subject to offset? ■ No ☐ Yes	**Unknown**

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Debtor Oconee Regional Health Services, Inc. (Name) Case number (if known) 17-51007-AEC

3.5 Nonpriority creditor's name and mailing address
Navicent Health, Inc.
Attn: Kenneth B. Banks
691 Cherry Street
Suite 700
Macon, GA 31201
Date(s) debt was incurred 03/21/16
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* $106,839.04
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Subordinate Secured Promissory Note and Settlement Agreement
Is the claim subject to offset? ■ No ☐ Yes

3.6 Nonpriority creditor's name and mailing address
Navicent Health, Inc.
Attn: Kenneth B. Banks
691 Cherry Street
Suite 700
Macon, GA 31201
Date(s) debt was incurred 03/21/16
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* $161,111.36
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Subordinate Secured Promissory Note and Settlement Agreement
Is the claim subject to offset? ■ No ☐ Yes

3.7 Nonpriority creditor's name and mailing address
Steven M. Johnson
821 North Cobb Street
Milledgeville, GA 31061
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown
■ Contingent
■ Unliquidated
☐ Disputed
Basis for the claim: Potential Rights of Indemnity
Is the claim subject to offset? ■ No ☐ Yes

3.8 Nonpriority creditor's name and mailing address
Ted Zarkowsky
108 NE Lakeview Circle
Milledgeville, GA 31061
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* Unknown
■ Contingent
■ Unliquidated
☐ Disputed
Basis for the claim: Potential Rights of Indemnity
Is the claim subject to offset? ■ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	$ 0.00
5b. Total claims from Part 2	5b. +	$ 267,950.40
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	$ 267,950.40

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Fill in this information to identify the case:

Debtor name **Oconee Regional Health Services, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

Case number (if known) **17-51007-AEC**

☐ 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, number the entries consecutively.

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

☐ No. Check this box and file this form 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 contacts of 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. State what the contract or lease is for and the nature of the debtor's interest	**Subordinate Secured Promissory Note, effective March 21, 2016, by and among Oconee Regional Medical Center, Inc., Oconee Regional Health Systems, Inc., Oconee Regional Health Services, Inc., Oconee Regional Healthcare Foundation, Inc., Oconee Regional Health Ventures, Inc. and Navicent Health, Inc. ($100,000.00)**	
State the term remaining		**Navicent Health, Inc. Attn: Kenneth B. Banks 691 Cherry Street Suite 700 Macon, GA 31201**
List the contract number of any government contract		
2.2. State what the contract or lease is for and the nature of the debtor's interest	**Subordinate Secured Promissory Note, effective March 21, 2016, by and among Oconee Regional Medical Center, Inc., Oconee Regional Health Systems, Inc., Oconee Regional Health Services, Inc., Oconee Regional Healthcare Foundation, Inc., Oconee Regional Health Ventures, Inc. and Navicent Health, Inc. ($150,000.00)**	
State the term remaining		**Navicent Health, Inc. Attn: Kenneth B. Banks 691 Cherry Street Suite 700 Macon, GA 31201**
List the contract number of any government contract	**s**	

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Debtor 1 **Oconee Regional Health Services, Inc.** Case number (*if known*) **17-51007-AEC**
First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

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

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Fill in this information to identify the case:

Debtor name **Oconee Regional Health Services, Inc.**

United States Bankruptcy Court for the: MIDDLE DISTRICT OF GEORGIA

Case number (if known) **17-51007-AEC**

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

■ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor** *Column 2:* **Creditor**

	Name	Mailing Address	Name	*Check all schedules that apply:*
2.1	**Oconee Reg. Healthcare Foundation, Inc.**	**821 Cobb Street Milledgeville, GA 31061**	**Navicent Health, Inc.**	☐ D ____ ■ E/F **3.5** ☐ G ____
2.2	**Oconee Reg. Healthcare Foundation, Inc.**	**821 Cobb Street Milledgeville, GA 31061**	**Navicent Health, Inc.**	☐ D ____ ■ E/F **3.6** ☐ G ____
2.3	**Oconee Regional Health Systems, Inc.**	**821 North Cobb Street Milledgeville, GA 31061**	**U.S. Bank National Association**	■ D **2.4** ☐ E/F ____ ☐ G ____
2.4	**Oconee Regional Health Systems, Inc.**	**821 North Cobb Street Milledgeville, GA 31061**	**U.S. Bank National Association**	■ D **2.5** ☐ E/F ____ ☐ G ____
2.5	**Oconee Regional Health Systems, Inc.**	**821 Cobb Street Milledgeville, GA 31061**	**Navicent Health, Inc.**	☐ D ____ ■ E/F **3.5** ☐ G ____

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Debtor **Oconee Regional Health Services, Inc.** Case number *(if known)* **17-51007-AEC**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	Column 1: Codebtor		*Column 2:* Creditor	
2.6	Oconee Regional Health Systems, Inc.	821 Cobb Street Milledgeville, GA 31061	Navicent Health, Inc.	☐ D ■ E/F 3.6 ☐ G
2.7	Oconee Regional Health Ventures, Inc.	821 North Cobb Street Milledgeville, GA 31061	U.S. Bank National Association	■ D 2.4 ☐ E/F ☐ G
2.8	Oconee Regional Health Ventures, Inc.	821 North Cobb Street Milledgeville, GA 31061	U.S. Bank National Association	■ D 2.5 ☐ E/F ☐ G
2.9	Oconee Regional Health Ventures, Inc.	821 Cobb Street Milledgeville, GA 31061	Navicent Health, Inc.	☐ D ■ E/F 3.6 ☐ G
2.10	Oconee Regional Health Ventures, Inc.	821 Cobb Street Milledgeville, GA 31061	Navicent Health, Inc.	☐ D ■ E/F 3.5 ☐ G
2.11	Oconee Regional Healthcare Foudation	821 North Cobb Street Milledgeville, GA 31061	U.S. Bank National Association	■ D 2.4 ☐ E/F ☐ G
2.12	Oconee Regional Healthcare Foundation	821 North Cobb Street Milledgeville, GA 31061	U.S. Bank National Association	■ D 2.5 ☐ E/F ☐ G
2.13	Oconee Regional Medical Center, Inc.	821 North Cobb Street Milledgeville, GA 31061	U.S. Bank National Association	■ D 2.4 ☐ E/F ☐ G

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Debtor **Oconee Regional Health Services, Inc.** Case number *(if known)* **17-51007-AEC**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	Column 1: **Codebtor**		*Column 2:* **Creditor**	
2.14	**Oconee Regional Medical Center, Inc.**	**821 North Cobb Street Milledgeville, GA 31061**	**U.S. Bank National Association**	■ D **2.5** ☐ E/F ☐ G
2.15	**Oconee Regional Medical Center, Inc.**	**821 North Cobb Street Milledgeville, GA 31061**	**Navicent Health, Inc.**	☐ D ■ E/F **3.6** ☐ G