

Fill in this information to identify the case:

Debtor Name: The Center for Special Needs Trust Administration, Inc.

United States Bankruptcy Court for the: Middle District of Florida

Case Number (If known):

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: Consolidated List of Creditors Who Have the 30 Largest Unsecured Claims and Are Not Insiders

12/15

A consolidated list of creditors holding the 30 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 30 largest unsecured claims.

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 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 BENEFICIARY 08-1823 ADDRESS ON FILE		BENEFICIARY				\$4,520,338.98
2 BENEFICIARY 18-11076 ADDRESS ON FILE		BENEFICIARY				\$2,296,668.70
3 BENEFICIARY 20-11741 ADDRESS ON FILE		BENEFICIARY				\$2,237,517.22
4 BENEFICIARY 05-0197 ADDRESS ON FILE		BENEFICIARY				\$1,598,023.46
5 BENEFICIARY 18-10862 ADDRESS ON FILE		BENEFICIARY				\$1,495,366.48
6 BENEFICIARY 08-2105 ADDRESS ON FILE		BENEFICIARY				\$1,469,108.68
7 BENEFICIARY 11-3270 ADDRESS ON FILE		BENEFICIARY				\$1,391,010.06
8 BENEFICIARY 09-2271 ADDRESS ON FILE		BENEFICIARY				\$1,360,220.16
9 BENEFICIARY 19-11268 ADDRESS ON FILE		BENEFICIARY				\$1,169,572.26
10 BENEFICIARY 19-11269 ADDRESS ON FILE		BENEFICIARY				\$1,155,719.27
11 BENEFICIARY 11-3295 ADDRESS ON FILE		BENEFICIARY				\$1,084,476.08
12 BENEFICIARY 02-0083 ADDRESS ON FILE		BENEFICIARY				\$946,205.25
13 BENEFICIARY 08-2098 ADDRESS ON FILE		BENEFICIARY				\$887,471.07

Debtor: The Center for Special Needs Trust Administration, Inc.

Case Number (if known):

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 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
14 BENEFICIARY 09-2502 ADDRESS ON FILE		BENEFICIARY				\$863,130.66
15 BENEFICIARY 14-8704 ADDRESS ON FILE		BENEFICIARY				\$759,710.80
16 BENEFICIARY 06-0652 ADDRESS ON FILE		BENEFICIARY				\$749,115.53
17 BENEFICIARY 09-2391 ADDRESS ON FILE		BENEFICIARY				\$738,720.24
18 BENEFICIARY 18-10810 ADDRESS ON FILE		BENEFICIARY				\$707,164.07
19 BENEFICIARY 19-11357 ADDRESS ON FILE		BENEFICIARY				\$697,938.87
20 BENEFICIARY 17-10658 ADDRESS ON FILE		BENEFICIARY				\$673,393.94
21 BENEFICIARY 08-2102 ADDRESS ON FILE		BENEFICIARY				\$607,573.52
22 BENEFICIARY 17-10490 ADDRESS ON FILE		BENEFICIARY				\$606,800.50
23 BENEFICIARY 15-9603 ADDRESS ON FILE		BENEFICIARY				\$587,499.49
24 BENEFICIARY 12-3505 ADDRESS ON FILE		BENEFICIARY				\$558,750.09
25 BENEFICIARY 06-0438 ADDRESS ON FILE		BENEFICIARY				\$539,388.05
26 BENEFICIARY 02-0053 ADDRESS ON FILE		BENEFICIARY				\$505,370.18
27 BENEFICIARY 21-12039 ADDRESS ON FILE		BENEFICIARY				\$485,084.81
28 BENEFICIARY 16-10131 ADDRESS ON FILE		BENEFICIARY				\$471,820.63
29 BENEFICIARY 16-9959 ADDRESS ON FILE		BENEFICIARY				\$468,088.24
30 BENEFICIARY 07-1193 ADDRESS ON FILE		BENEFICIARY				\$438,022.32

Fill in this information to identify the case:

Debtor name The Center for Special Needs Trust Administration, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION

Case number (if known) _____

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 2/9/24 X 
 Signature of individual signing on behalf of debtor

William A. Long, Jr.
 Printed name

Chief Restructuring Officer
 Position or relationship to debtor