

Fill in this information to identify the case:

Debtor 1 Airfasttickets, Inc.  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Southern District of New York  
Case number 15-11951-shl

RECEIVED  
MAR 24 2016  
JMC GROUP

Official Form 410

Proof of Claim

12/15

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? Aetna, Inc.  
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 <u>Paul J Catanese</u>	Name <u>David G. Scott</u>
Street <u>McGuireWoods 77 W. Wacker Drive, Ste 4100</u>	Street <u>980 Jolly Road, Mail Code U13N</u>
Number <u>Chicago</u>	Number <u>Blue Bell</u>
State <u>IL</u>	State <u>PA</u>
ZIP Code <u>60601</u>	ZIP Code <u>19422</u>
Contact phone <u>312-849-8100</u>	Contact phone <u>215-775-3057</u>
Contact email <u>pcatanese@mcguirewoods.com</u>	Contact email <u>ScottD4@aetna.com</u>

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? \$ 4,910.45 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.

Premiums due under health benefit plan

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 all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,775\* 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 \$12,475\*) 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.

Amount entitled to priority:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 4,910.45

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 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

03/22/2016  
MM/DD/YYYY

  
\_\_\_\_\_  
Signature

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

Name David G. Scott  
First name Middle name Last name

Title Paralegal - Consumer Litigation Team

Company Aetna, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 980 Jolly Road Mail Code U13N  
Number Street

Blue Bell PA 19422  
City State ZIP Code

Contact phone 215-775-3057 Email ScottD4@aetna.com

**EXHIBIT A**  
**(Statement of Claim)**

1. This proof of claim (the "Claim") is submitted by **Aetna Inc.** and its affiliated entities ("Aetna") against the debtor identified on the foregoing proof of claim form (the "Debtor").

2. Pursuant to an agreement between Aetna and the Debtor, Aetna provided certain insurance products and services to or for the benefit of the Debtor (or the Debtor's employees). Document supporting Aetna's claim is attached hereto as Exhibit B. Additional documentation supporting Aetna's Claim contains confidential or proprietary information, including protected health information that cannot be publicly disclosed, and thus is not attached hereto. Further information regarding this Claim is available upon written request to:

Paul Catanese, Esq.  
McGuireWoods LLP  
77 West Wacker Drive  
Suite 4100  
Chicago, IL 60601-1818

3. Filing of this Claim does not constitute an election of remedies and cannot be construed as a waiver or release of any claims Aetna has or may have against any non-debtor third party that may be responsible for all or a portion of the amounts asserted in this Claim. Aetna expressly reserves the right to amend or supplement this Claim, including to assert that all or part of Aetna's Claim is secured by a contingent right of setoff. By filing this Claim, Aetna does not waive (a) its right to have final orders in non-core matters and other matters in which the bankruptcy court lacks constitutional power to enter final orders entered by the district court, (b) its right to trial by jury in any proceedings so triable herein or in any case, controversy, or proceeding related hereto, (c) its right to have the reference withdrawn in any matter subject to mandatory or discretionary withdrawal, or (d) any other rights, claims, actions, defenses, setoffs, or recoupments to which Aetna may be entitled under agreements, in law, or in equity, all of which rights, claims, action, defenses, setoffs, and recoupments are expressly reserved.

**Exhibit B**

**(Amounts Outstanding)**

*(Additional information regarding the amounts listed below was excluded for privacy concerns and is able upon the request of Aetna's counsel)*



Export / Print Invoice Report

Report Format:

Generated On:

PDF

03/16/2016 03:40:06 PM EDT

Account Name: AIRFASTTICKETS INC  
Account Number/Bill Package: 81148734 / 1001  
Payment Due Date: 08/01/2016  
Balance: \$4,910.45  
Invoice #: G8887671  
Prepared Date: 05/15/2016  
Coverage Period: 08/01/2015-08/30/2016  
Triad: E12A  
Billing Questions Contact: 800-297-7145  
Bill Package Name: AIRFASTTICKETS INC

This invoice is intended for informational use only. To ensure timely and accurate payment to your account, please pay online.

**View Financial Totals**

Opening Balance	\$8,490.70
Paid Date 05/15/15 Payment ID: 00183482642054	\$6,490.70
Total Payments Received Since Last Invoice	\$6,490.70
Current Inforce Charges	\$4,910.45
Retroactivity Charges	\$0.00
Current Admin/Other Adjustment Charges	\$0.00
Current Net Charges	\$4,910.45

**AMOUNT DUE:**

Important Please Read: The total amount is due on the first day of the monthly coverage period. If the total amount is not received by the end of the grace period, the contract will be terminated. You will be liable for the total amount due for all periods of coverage (including the grace period) unless you provide at least 30 days of advance written notice of your intent to terminate. If you have more than one invoice, you must pay each invoice separately or supply support detailing this amount to apply to each invoice. If you fail to supply this support your payment will be applied proportionately to each invoice for that month. If the total amount due for all invoices is not received, you may be in arrears on all invoices, and subject to termination.

NY State Mandate Disclosure: The cost of mental health benefits required by New York's "Timothy's Law" for small employers is subsidized by the State and is not included in your bill. For Aetna, these amounts are \$6.78 per member per month (PMPM) for HMO products and \$3.85 PMPM for PPO products. "Member" includes each covered employee, spouse and any other dependents.

**McGuireWoods LLP**  
77 West Wacker Drive  
Suite 4100  
Chicago, IL 60601-1818  
Tel 312.849.8100  
Fax 312.849.3690  
www.mcguirewoods.com

Paul J. Catanese  
Direct: 312.750.3536

**McGUIREWOODS**

pcatanese@mcguirewoods.com  
Fax: 312.920.3697

March 22, 2016

VIA FEDERAL EXPRESS

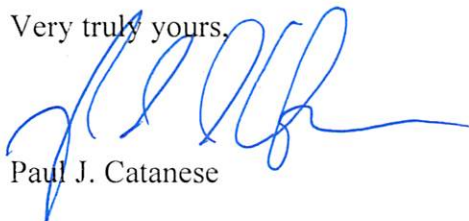
BMC Group, Inc.  
Attn: AirFast Tickets Claims Processing  
300 N. Continental Blvd., #570  
El Segundo, California 90245

***Re: Aifrastickets, Inc., Case No. 15-11951-SHI***

Dear Sir/Madam:

This firm represents Aetna, Inc. ("Aetna") in connection with the above-reference matter. Please find enclosed two copies of a proof of claim on behalf of Aetna. Please return one file-stamped copy via the enclosed Federal Express.

Very truly yours,



Paul J. Catanese

PJC/cg  
Enclosures