

Fill in this information to identify the case:

Debtor 1 Curae Health Inc
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Middle District of Tennessee
(State)
Case number 18-05665 CW3

Official Form 410

Proof of Claim

04/16

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? TN Dept of Labor - Bureau of Unemployment Insurance
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? TN Dept of Labor - Bureau of Unemployment Insurance
c/o TN Attorney General, Bankruptcy Division
Name PO Box 20207
Number Nashville Street TN 37202-0207
City Nashville State TN ZIP Code 37202-0207
Contact phone (615) 532-2504
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) 278 Filed on 10/25/2019
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: 5 6 3 8
0691-906 7

7. How much is the claim? \$ 7,268.41 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.

Post Petition Unemployment Insurance

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: _____

Tennessee Department of Labor and Workforce Development
Employment Security Division
Bureau of Unemployment Insurance
TAX LIABILITY SUMMARY SHEET

Curae Health Inc	Case #-Chapter: 18-05665 Ch 11A CMW
% Bankruptcy trustee Steven Sass	Date Filed: 08-24-2018
PO Box 45	Court Location: Middle TN
Clarksville MD 21029	Lead Case : BK 18-05665
Associated Cases Jointly Administered BK 18-05665 to Bk 18-05682	

0691-906 7 Curae Health Inc FEIN: 47-2275638

Amended Admin Claim to include the debt due incurred additionally

AMENDED ADMINISTRATIVE EXPENSE

QT	YR	TAX TYPE	TAX AMOUNT	ACCR. INTEREST	INTEREST	PENALTY	TOTAL TAX LIABILITY
0691-906 7							
3rd	2019	R	3,255.48	545.29			3,800.77
4th	2019	R	793.59	79.36			872.95
1st	2020	R	2,554.44	40.25			2,594.69
							7,268.41

Interest is calculated through 08/17/2020

TAX TYPE KEY

R - No Remit Report

- A - Assessment
- E - Estimated
- B - Balance Due
- S - Supplemental Report
- C - Returned Check
- P - Retroactive Premium Change
- W - Retroactive Wage Base Premium
- L - Lien
- J-Jeopardy Assessment

Date Prepared: 8/17/2020

Prepared By:
Inimai Rajesh

/S/ Inimai Rajesh

Signature

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee: Steven D Sass LLC as Debtor Representative and Liquidating Trustee

Last Date to file (Govt):

<p><i>Creditor:</i> (7028319) TN Dept of Labor - Bureau of Unemployment Insuranc c/o TN Attorney General's Office Bankruptcy Division PO Box 20207 Nashville, Tennessee 37202-0207</p>	<p>Claim No: 278 <i>Original Filed</i> <i>Date:</i> 10/25/2019 <i>Original Entered</i> <i>Date:</i> 10/25/2019 <i>Last Amendment</i> <i>Filed:</i> 08/28/2020 <i>Last Amendment</i> <i>Entered:</i> 08/28/2020</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> WILLIAM FREDERICK MCCORMICK <i>Modified:</i></p>
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Amount claimed: \$7268.41

Priority claimed: \$7268.41

History:

- [Details](#) [278-1](#) 10/25/2019 Claim #278 filed by TN Dept of Labor - Bureau of Unemployment Insuranc, Amount claimed: \$2778.01 (MCCORMICK, WILLIAM)
- [Details](#) [278-2](#) 08/28/2020 Amended Claim #278 filed by TN Dept of Labor - Bureau of Unemployment Insuranc, Amount claimed: \$7268.41 (MCCORMICK, WILLIAM)

Description: (278-1) Post-Petition Unemployment Insurance
(278-2) Post Petition Unemployment Insurance

Remarks:

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$7268.41
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$7268.41	
Administrative		