

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?	Where should payments to the creditor be sent? (if different)
	<u>TN Dept of Labor - Bureau of Unemployment Insurance</u> <u>c/o TN Attorney General, Bankruptcy Division</u> Name <u>PO Box 20207</u> Number Street <u>Nashville TN 37202-0207</u> City State ZIP Code Contact phone <u>(615) 532-2504</u> Contact email _____	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 11/19/2020  
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? \$ 12,347.22. 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: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

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).

Amount entitled to priority

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

Up to \$2,850\* 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 \$12,850\*) 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).

\$ 12,347.22

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.

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

\* Amounts are subject to adjustment on 4/01/19 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 02 / 04 / 2021  
MM / DD / YYYY

/s/ William McCormick

Signature

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

Name William McCormick BPR No. 12718  
First name Middle name Last name

Title Senior Assistant Attorney General

Company TN ATTORNEY GENERAL'S OFFICE, BANKRUPTCY DIVISION  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO BOX 20207  
Number Street

NASHVILLE TN 37202-0207  
City State ZIP Code

Contact phone (615) 532-8930 Email bill.mccormick@ag.tn.gov

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

CURAE HEALTH INC  
PO BOX 45  
CLARKSVILLE MD 21029

Case #-Chapter: 18-05665-11 CMW  
Date Filed: 08-24-2018  
Court Location: MIDDLE TN

Associated Cases Jointly Administered BK 18-05665-18-05682

**0691-906 7**

**CURAE HEALTH INC**

Debtor have Reimbursing account and continued to incur New Debts. Amended claim prepared to include 4-20 due.

**THIRD AMENDED ADMINISTRATIVE EXPENSE**

QT	YR	TAX TYPE	TAX AMOUNT	ACCR. INTEREST	INTEREST	PENALTY	TOTAL TAX LIABILITY
<b>0691-906 7</b>							
3rd	2019	R	3,255.48	797.59			4,053.07
4th	2019	R	793.59	146.81			940.40
2nd	2020	R	2,554.44	247.60			2,802.04
3rd	2020	R	3,213.85	204.86			3,418.71
4th	2020	R	1,100.00	33.00			1,133.00
							12,347.22

Interest is calculated through 02/04/2021

**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: 2/4/2021

Prepared By:  
Inimai Rajesh



Signature

# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

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

**Judge:** Charles M Walker

**Office:** Nashville

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

**Chapter:** 11

**Last Date to file claims:**

**Last Date to file (Govt):**

<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	<b>Claim No: 278</b> <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> 02/11/2021 <i>Last Amendment</i> <i>Entered:</i> 02/11/2021	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> WILLIAM FREDERICK MCCORMICK <i>Modified:</i>
---	--	--

Amount claimed: \$12347.22

Priority claimed: \$12347.22

### History:

<a href="#">Details</a>	<a href="#">278-1</a>	10/25/2019 Claim #278 filed by TN Dept of Labor - Bureau of Unemployment Insuranc, Amount claimed: \$2778.01 (MCCORMICK, WILLIAM)
<a href="#">Details</a>	<a href="#">278-2</a>	08/28/2020 Amended Claim #278 filed by TN Dept of Labor - Bureau of Unemployment Insuranc, Amount claimed: \$7268.41 (MCCORMICK, WILLIAM)
<a href="#">Details</a>	<a href="#">278-3</a>	11/19/2020 Amended Claim #278 filed by TN Dept of Labor - Bureau of Unemployment Insuranc, Amount claimed: \$10878.90 (MCCORMICK, WILLIAM)
<a href="#">Details</a>	<a href="#">278-4</a>	02/11/2021 Amended Claim #278 filed by TN Dept of Labor - Bureau of Unemployment Insuranc, Amount claimed: \$12347.22 (MCCORMICK, WILLIAM)

*Description:* (278-1) Post-Petition Unemployment Insurance  
(278-2) Post Petition Unemployment Insurance  
(278-3) Post Petition Unemployment Insurance  
(278-4) 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

<b>Total Amount Claimed*</b>	\$12347.22
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$12347.22	
<b>Administrative</b>		