

UNITED STATES BANKRUPTCY COURT Northern District of Texas

PROOF OF CLAIM

Name of Debtor: Erickson Retirement Communities, LLC

Case Number: 09-37010-sgjl1

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Ohio Bureau of Workers' Compensation

Name and address where notices should be sent: Ohio Bureau of Workers' Compensation
Legal Division Bankruptcy Unit
PO Box 15567
Columbus, Ohio 43215-0567

Telephone number: 614-466-6600

Name and address where payment should be sent (if different from above):

Same as above

Telephone number:

1. Amount of Claim as of Date Case Filed: \$1,137.76

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: Taxes - workers' compensation premiums due pursuant to Ohio Revised Code 4123.35.
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1520456
3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Value of Property: \$ _____ Annual Interest Rate: _____ %

Amount of arrearage and other charges as of time case filed included in secured claim if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:
2/18/210

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Jill Whitworth, BWC Attorney
Jill Whitworth

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



01725

FILED
FEB 25 2010

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

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

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

Amount entitled to priority:

\$1,137.76

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

MEMORANDUM

To: Bankruptcy File
From: Legal Division, Bankruptcy Unit

Policy No. 1520456
Name of Debtor Erickson Retirement Communities LLC
Date: 2/18/2010

<u>Description of Billing</u>	<u>Amount</u>
Premium Billings:	
Reported premium 1/1/09-6/30/09	\$ 2,909.17
Total Premium:	\$ 2,909.17
Misc. Credits:	
Payment received 8/28/09	\$ (1,454.61)
Premium security deposit	\$ (316.80)
Total Credits:	\$ (1,771.41)
Grand Total:	\$ 1,137.76 =====

Employer: ERICKSON RETIREMENT COMMUNITIES LLC

Policy #: 1520456-0

OhioBWC - Employer - Service: (Payroll period transaction history) - Search

Payroll period

2009

First/Second half

01/01 to 06/30

Payroll transactions

Transaction date	Description	Manual class	Payroll \$	Rate	Amount	Start date	End date
						01/01/2009	06/30/2009
8/31/2009	50/50 Payroll Current	8810	\$274,182.00	0.003926	\$1,076.43	01/01/2009	06/30/2009
8/31/2009	50/50 Payroll Current	8825	\$39,298.00	0.046637	\$1,832.74	01/01/2009	06/30/2009
Total:			\$313,480.00		\$2,909.17		

Rate transactions

Transaction date	Manual class	Payroll \$	Previous rate	Revised rate	Amount	Start date	End date
----- NO RECORDS FOUND-----							

Retrospective transactions

Transaction date	Description	Amount	Start date	End date
----- NO RECORDS FOUND-----				

Enter policy number | Demographic information | Coverage history | Elective coverage
 Payroll reports | Payroll history | Accounts receivable balance | AR transaction history
 Payroll period transaction history | Coverage certificate reprint