

UNITED STATES BANKRUPTCY COURT District of Delaware

PROOF OF CLAIM

Name of Debtor: J.L.French Automotive Castings, Inc

Case Number: 09-12445-kg

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

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

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

Court Claim Number: (If known)

Telephone number: 614-466-6600

Filed on:

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

RECEIVED

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.

Same as above

OCT 05 2009

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

Telephone number:

BMC GROUP

1. Amount of Claim as of Date Case Filed: \$50.00

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.

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.

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.

Specify the priority of the claim.

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

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

3. Last four digits of any number by which creditor identifies debtor: 1493691

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).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

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

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.

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).

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

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

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:

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

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.)

Amount entitled to priority: \$50.00

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

If the documents are not available, please explain:

*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.

Date: 9/30/2009

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.

FOR COURT USE ONLY

J.L. French Auto Castings, Inc. Jill A. Whitworth, BUC Attorney

JL French Auto Castings



00196

MEMORANDUM

To: Bankruptcy File
From: Legal Division, Bankruptcy Unit

Policy No. 1493691
Name of Debtor J.L. French Automotive Castings Inc
Date: 9/30/2009

<u>Description of Billing</u>	<u>Amount</u>
Premium Billings:	
Estimated Premium 7-1-09 to 7-13-09	\$ 50.00
Total Premium:	\$ 50.00
 Grand Total:	 \$ 50.00 =====

Employer: J.L. FRENCH LLC

Policy #: 1493691-0

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

Payroll period
First/Second half2009
07/01 to 12/31**ESTIMATED****Payroll transactions**

Transaction date	Description	Manual class	Payroll \$	Rate	Amount	Start date
						End date
9/29/2009	Minimum Administrative Cost		\$0.00		\$46.57	07/01/2009 12/31/2009
9/29/2009	Payroll Current	8742	\$800.00	0.004288	\$3.43	07/01/2009 12/31/2009
Total:			\$800.00		\$50.00	

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