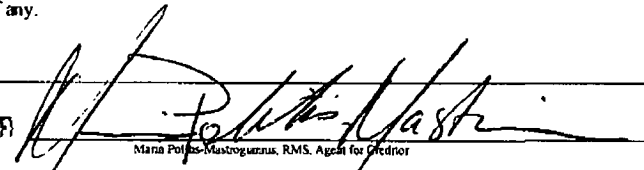


B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Eastern DISTRICT OF Virginia (Alexandria)		PROOF OF CLAIM
Name of Debtor: On-Site Sourcing, Inc.		Case Number: 09-10816-RGM
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):		<input type="checkbox"/> Check this box to indicate that this claim amended a previously filed claim.
Name and address where notices should be sent: The Travelers Indemnity Company and Their Affiliates c/o RMS Bankruptcy Recovery Services PO Box 5126 Timonium, Maryland 21094 Telephone number: (410) 773-4029		Court Claim Number: _____ (if known) Filed on: _____
Name and address where payment should be sent (if different from above): Same as above Telephone number:		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ \$ 1,563.00 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. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> 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.		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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____
2. Basis for Claim: <u>Insurance</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 9288A17A 660 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: 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 instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
Date: _____ 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.		
5/11/09  Maria Polina Mastroguznik, RMS, Agent for Creditor		FOR COURT USE ONLY

FILED
ALEXANDRIA DIVISION
MAY 11 2009

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1572 (b) (3)

RECEIVED
JUN 01 2009

BMC GROUP

On-Site Sourcing, Inc.
00157

Travelers/ RMS Bankruptcy POC Form

Policy Number	Total Premium	Policy Inception Date	End of Coverage Date	Bankruptcy Filing Date	Rate/Day	Unsecured Pre-Petition Days	Unsecured Pre-Petition Amount	Post Petition Days	Post Petition Amount	Amount Paid	Net Pre-Petition Exposure	Net Post-Petition Exposure
9288A17A 660	\$ 1,279.00	2/5/2007	2/28/2007	2/4/2009	55.61	23	\$ 1,279.00	0	\$ -	\$0.00	\$ 1,279.00	\$0.00
9288A17A 660	\$ 284.00	1/31/2007	2/5/2007	2/4/2009	56.80	5	\$ 284.00	0	\$ -	\$0.00	\$ 284.00	\$0.00
					0	0	0	0	0		0	0
					0	0	0	0	0		0	0
					0	0	0	0	0		0	0
Subtotal											\$ 1,563.00	\$ -

Debtor Name	ON-SITE SOURCING INC	Account Number	4869W4123
Case Number:	09-10816	Account Name	ON-SITE SOURCING, INC
Filed Date	2/4/2009	Address	832 N. HENRY STREET
Chapter	11		
Bankruptcy Court	Eastern District of Virginia (Alexandria Division)		ALEXANDRIA, VA 22314

Comment(s):

Eastern District of Virginia Claims Register

09-10816-RGM On-Site Sourcing, Inc.

Judge: Robert G. Mayer **Chapter:** 11
Office: Alexandria **Last Date to file claims:**
Trustee: **Last Date to file (Govt):** 08/03/2009

Creditor: (8922110) The Travelers Indemnity Company and Their Affiliates c/o RMS Bankruptcy Recovery Services PO Box 5126 Timonium, MD 21094	Claim No: 41 <i>Original Filed</i> Date: 05/11/2009 <i>Original Entered</i> Date: 05/11/2009	Status: Filed by: CR Entered by: Williams, Denise Modified:
Unsecured claimed: \$1563.00 Total claimed: \$1563.00		

History: Details <u>41-1</u> 05/11/2009 Claim #41 filed by The Travelers Indemnity Company, total amount claimed: \$1563 (Williams, Denise)
Description:
Remarks: (41-1) dsw

Claims Register Summary

Temp Time - ProStaff
5.17.09 to 5.23.09

Transaction I	Transact	Timekeeper	Nickname 1	Time Spen	Date	Activity Nickname 1	Client Nickname 1	Billing Status	Description
252556	TIME	Oehmke		4.20	5/18/2009	Claims Processing-Do Not Bill	Kaplan:Metromedia Litigation	Do Not Bill	Process and receive claim forms.
252561	TIME	Oehmke		4.68	5/18/2009	Claims Processing-Do Not Bill	NYC:HRA	Do Not Bill	Process and receive claim forms.
				8.88					