

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

PROOF OF CLAIM

Name of Debtor:  
**TWG Capital, Inc.**

Case Number:  
**12-11019-BHL-11**

NOTE: Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses 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(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property):

**Capitol Agency**

**RECEIVED**

Name and address where notices should be sent:

**Attn: Lee Hays  
P.O. Box 678  
Shawnee Mission, KS 66201**

**MAY 20 2013**

**BMC GROUP**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number **(913) 657-2248** email: **lhays@Capfed.com**

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

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

Court Claim Number (if known):

Filed on:

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **23,556.36**

If all or part of your claim is secured, 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: **Commission payment due**  
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

**2283 / Capitol Agency**

3a. Debtor may have scheduled account as:

(See instruction #3a)

3b. Uniform Claim Identifier (optional):

(See instruction #3b)

4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

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

Nature of property or right of setoff:

Basis for Perfection:

Describe:

Real Estate  Motor Vehicle  Other

Amount of Secured Claim: \$

Value of Property: \$

Amount Unsecured: \$

Annual Interest Rate: %  Fixed or  Variable  
(when case was filed)

5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the administrative expense or priority and state the amount.

Amount entitled to priority: \$

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$

You MUST specify the priority of the claim:

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

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

Up to \$2,600\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

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

Wages, salaries, or commissions (up to \$11,725\*), 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).

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

Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

\* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

TWG Capital POC



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**7. DOCUMENTS:** Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

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

If the documents are not available, please explain:

**DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This proof of claim must be filed electronically via the Court's CM/ECF system, or the original signed copy of this completed proof of claim must be sent by mail or hand delivered (FAXES NOT ACCEPTED), to one of the following addresses, so that it is actually received **NO LATER THAN 11:59 pm, prevailing Eastern Time on June 7, 2013 for Non-Governmental Claimants OR NO LATER THAN 11:59 pm, prevailing Eastern Time on August 7, 2013 for Governmental Units:**

**BY MAIL TO:**  
BMC Group, Inc.  
Attn: TWG Capital Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

**BY MESSENGER OR OVERNIGHT DELIVERY TO:**  
BMC Group, Inc.  
Attn: TWG Capital Claims Processing  
18675 Lake Drive East  
Chanhassen, MN 55317

**8. SIGNATURE:** (See instruction #8)

Check the appropriate box.

I am the creditor.       I am the creditor's authorized agent.       I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)       I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Lee Hay  
Title: Insurance Agent Manager  
Company: Capital Agency

Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

Lee Hay      5-16-13  
(Signature)      (Date)

Telephone number: 913-652-2248 email: L HAYS@CAPAGD.COM

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

B6F (Official Form 6F) (12/07) - Cont.

In re **TWG Capital, Inc.**

Case No. **12-11019-BHL-11**

Debtor

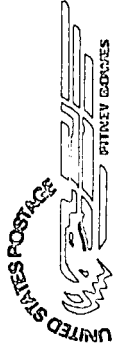
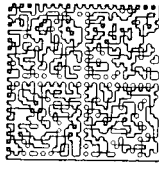
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No.  <b>Capital Enhancement Group</b> 603 4th Ave Suite 200 Kirkland, WA 98033				Holder of commission payment			X	569.01	
Account No. <i>2283</i>  <b>CAPITOL AGENCY</b> PO BOX 678 ATTN LEE HAYS SHAWNEE MISSION, KS 66201				Holder of commission payment				23,556.36	
Account No.  <b>Capitol Planning Corp</b> 10900 NE 4th St Suite 1030 Bellevue, WA 98004				Holder of commission payment			X	6,336.65	
Account No.  <b>Carl A Catania &amp; Associates</b> PO Box 450 Edmond, OK 73083				Holder of commission payment			X	4,052.35	
Account No. <i>x0209</i>  <b>Carletta M Taylor</b> 2480 Blue Heron Loop Lincoln, CA 95648-8673				Holder of commission payment			X	183.58	
Sheet no. <u>12</u> of <u>113</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)		<b>34,697.95</b>

CAPITAL AGENCY: ATTN: Lee HAMS

P.O. BOX 628

SHAWNB MESSONIKS 6201



PTNEY SERVICES

\$ 00.46<sup>00</sup>

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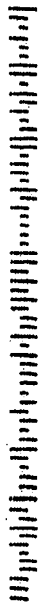
MAILED FROM ZIP CODE 66207

BMC Group, Inc  
Attn: TWG Capital Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

RECEIVED

MAY 20 2013

BMC GROUP



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