

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):
THE WELLESLEY GROUP INC

Name and address where notices should be sent:
**JAMES WALLACE
9801 FALL CREEK RD PMB 138
INDIANAPOLIS IN 46256**

**RECEIVED
JUN 07 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 **424 259-4158** email **JDLWALLACE@COMCAST.NET**

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 \$ **16,620.00**

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:

(See instruction #2)

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

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

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3a. Debtor may have scheduled account as:

EMPLOYEE BUSINESS EXPENSES

(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 setoff, 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:

Describe:

Real Estate Motor Vehicle Other

Basis for Perfection:

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 20,000* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(2)

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 5 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

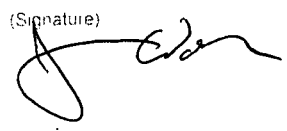
8. SIGNATURE: (See instruction #8)

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 **JAMES WALLACE**
Title **PRESIDENT**
Company **THE WELLESLEY GROUP, INC.**
Address and telephone number (if different from notice address above)

(Signature)


(Date)
6/5/2013

Telephone number, email

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 357 i

THE WELLESLEY GROUP, INC.

9801 Fall Creek Road, PMB 138
Indianapolis, Indiana 46256
(317) 652-0669

PAST DUE

INVOICE No. 91053
Fed. ID No. 35-1835351

March 25, 2012

TWG Capital Inc
7434 Shadeland Station Way
Indianapolis IN 46256

AGENT RECRUITING (NEW YORK LONG TERM CARE BROKERS)

The following amounts are due for services rendered during the period December 1, 2005 to January 31, 2006 in connection with:

AGENT RECRUITING	
Professional fees	\$0.00
Expenses	<u>16,620.00</u>
TOTAL	\$16,620.00

Due and Payable Upon Receipt

RESPONSE MAIL

Customer Invoice

4910 Savarese Circle
Tampa, FL 33634
Phone: (813) 885-8200

Invoice # 5R7585-IN Job # 5R7585 Invoice Date 12/29/2005 Page 1

Client:

The Wellesley Group Inc.
8906 E 96th St PMB 121
Fishers, IN 46037
317-652-0669 650-745-2839

Bill To: James Wallace

The Wellesley Group Inc.
8906 E 96th St PMB 121
Fishers, IN 46037
317-652-0669

Cust P/O#:	Cust#: - 10004920	Split#: 900	Paid: Yes
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Product ID	Product Name	Description	Qty	Unit Price	Nontaxable	Taxable
PK100	RSVP Reminder Calls		20775	\$0.000000	\$0.00	\$0.00
PK99	RSVP 800 Service		20775	\$0.000000	\$0.00	\$0.00
PKCAT22	financial mailing package		20775	\$0.800000	\$16,620.00	\$0.00
					\$16,620.00	\$0.00

PLEASE COMPLETE ALL PAYMENT INFORMATION.

Nontaxable total: \$16,620.00
Taxable total: \$0.00
State Sales tax: \$0.00
Shipping total: \$0.00
Grand Total: \$16,620.00
Amount Paid: \$16,620.00
Balance Due: \$0.00

Payment Method (Card Type/Check) Check

Card or Check Number 1054

Card Expiration _____ Security Code (from back of card): _____

Amount To Be Charged/Paid \$ \$16,620.00

Card Holder Name/Payor (please print) _____

Signature: _____

Billing Address _____

(If different from bill-to address.)

Payment method #2 (if applicable).

Payment Method (Card Type/Check) _____

Card or Check Number _____

Card Expiration _____ Security Code (from back of card): _____

Amount To Be Charged/Paid \$ _____

Card Holder Name/Payor (please print) _____

Signature: _____

Billing Address _____

Your Mail Date is: 1/6/2006 Payment Is Due By: 12/30/2005
If Paying by Check - Please make Check Payable to Response Mail Express
FAX Back To: Nerea Guerrica At (813) 883-3586
Thank You !

From: (424) 254-4158
James Wallace

9801 Fall Creek Rd PMB 138

INDIANAPOLIS, IN 46256

Origin ID: MZZA



J13111302120326

Ship Date: 05JUN13
ActWgt: 1.0 LB
CAD: 104106487/NET3370

Delivery Address Bar Code



SHIP TO: (877) 332-5739
BILL SENDER
ATTN: TWG Capital Claims Processing
BMC Group Inc
18675 Lake Dr E

CHANHASSEN, MN 55317

Ref # Proof of claim
Invoice #
PO #
Dept #

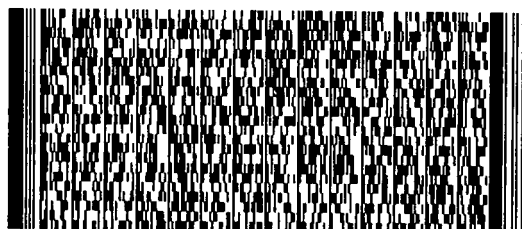
RECEIVED

JUN 07 2013

BMC GROUP

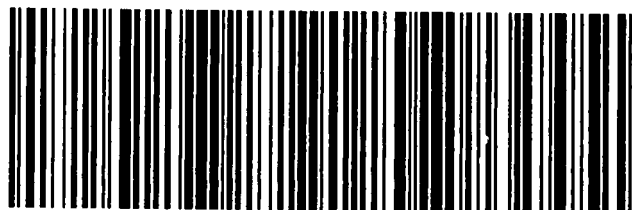
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3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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