

PROOF OF CLAIM

United States Bankruptcy Court

DISTRICT OF DELAWARE

In re

WOMEN FIRST HEALTHCARE, INC

Case Number: 04-11278

Judge: MFW

Chapter 11

RECD AUG 12 2004

Name and Address Where Notices Should Be Sent to Creditor

Ohio Bureau of Workers Compensation
Legal Operations Bankruptcy Unit
30 W Spring St
P O box 15567
Columbus OH 43215-0567
Telephone No (614) 466-6600
Fax No (614) 752-1948

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

Check box if you never received any notices from the bankruptcy court in this case

Check box if this address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Risk Number 1280447

Check here if this claim amends or replaces a previously filed claim dated

1 BASIS FOR CLAIM

Taxes

This claim is founded upon the debtor's statutory obligation to pay the cost of Workers Compensation Claim No pursuant to Ohio Revised Code Section 4123 75 which became due

This claim is founded upon the debtor's obligation to reimburse the Bureau for an amount of compensation which he was overpaid which became due on

This claim is founded upon the debtor's statutory obligation to pay workers compensation premiums pursuant to Ohio Revised Code Section 4123 35 which became due 4/29/2004

Other

2 DATE DEBT WAS INCURRED
4/29/2004

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM
 SECURED CLAIM

UNSECURED PRIORITY CLAIM \$201 43

Attach evidence of perfection of security interest for taxes or penalties of governmental units 11 U.S.C. 507(a)(8)

Brief description of Collateral

Real Estate and All Personal Property

Other

Amount of arrearages and other charges included in secured claim above if any \$

UNSECURED NON PRIORITY CLAIM \$

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

\$201 43

\$201 43

Unsecured

Secured

Priority

Total

Check this box if claim includes preparation charges in addition to the principal amount of the claim

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTATION Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the document is voluminous attach a summary

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this claim

SIGN AND PRINT THE NAME AND TITLE OF ANY PERSON AUTHORIZED TO FILE THIS CLAIM

Date 8/3/2004

Kenneth R. Cain Jr.

KENNETH R CAIN JR, BWC ATTORNEY

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IS BANKRUPTCY COURT
DISTRICT OF DELAWARE

AUG -6 AM 9 51

Women First Healthcare Inc



00091

MEMORANDUM

To. Bankruptcy File
From: Law, Bankruptcy Section

Policy No. 1280447
Name of Debtor WOMEN FIRST HEALTHCARE INC
Date 8/2/2004

<u>Description of Billing</u>	<u>Amount</u>
Premium Billings	
Estimated Premium 1-1-04 to 4-29-04	\$ 306 62
Total Premium	\$ 306 62
Additional Billings	
Attorney General Interest	\$ 20 27
Total Additional Billings	\$ 20 27
Misc Credits	
Advance Deposit	\$ 125 46
Total Credits	\$ 125 46
Grand Total:	\$ 201 43

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Bureau Of Workers' Compensation Payroll Report (DP-21)

"EST."

Women First Healthcare, Inc

Policy Number

12 80447

Federal I.D No

Report No

5221888

Reporting Period

1-1-04 TO 4-29-04

NCCI CLASSIFICATIONS

A Manual Number	B Manual Description	C Total Employees	D Payroll (To Nearest Dollar)	Note It is very important That you complete this section of the payroll report This information will be used to calculate future rates
8742	SALESPERSONS		45,400	

STATE FUND CLASSIFICATIONS

A Manual Number	B Manual Description	C Total Employees	D Payroll (To Nearest Dollar)	E RATE	F PREMIUM

[Handwritten signature]

1 COMBINED PAYROLL (all NCCI and BWC items Column D) (1)

Note The Payroll Figure is important for balancing purposes it is not used for calculating assessments

2 TOTAL BWC PREMIUM (Add all items in column F)

(2)

3 PREMIUM DIVIDEND CREDIT (Line times 20%)

(3)

4 TOTAL DUE (Line 2 minus Line 3 if Line 1 equals zero enter \$10.00 minimum Administrative Cost

(4)

306.62

CERTIFICATION TO BWC

I hereby certify that the payroll reported herein is correct as to the classification and amount for the period stated. I understand that misrepresentation of payroll for premium purposes could lead to a penalty of 10 times the amount of premium underreported as provided by section 4123.25 of the Ohio Revised Code

Certified this _____ day of _____ 19 _____

Business Name _____

CHANGES TO ACCOUNT INFORMATION

1 Provide Federal ID or SS # if not correct on front of form _____

2 Address Change _____

3 If coverage is no longer needed Cancel Date _____

_____ Cancel Entire Account

_____ Cancel C-116 Elective coverage for sole proprietors/partners only

4 _____ All or _____ part of business sold to Policy # _____

Policy Name _____

Address _____

5 If Policy/Business Name has been changed please provide