

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:  
 DISTRICT OF CONNECTICUT

Case number (if known) \_\_\_\_\_ Chapter 11

Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Affinity Healthcare Management, Inc.

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2. All other names debtor used in the last 8 years  
 Include any assumed names, trade names and *doing business as* names

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3. Debtor's federal Employer Identification Number (EIN) 13-3680070

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4. Debtor's address

<p><b>Principal place of business</b></p> <p><u>1781 Highland Avenue, Suite 206</u>  <u>Cheshire, CT 06410</u>  <small>Number, Street, City, State &amp; ZIP Code</small></p> <p><u>New Haven</u>  <small>County</small></p>	<p><b>Mailing address, if different from principal place of business</b></p> <p>_____</p> <p><small>P.O. Box, Number, Street, City, State &amp; ZIP Code</small></p> <p><b>Location of principal assets, if different from principal place of business</b></p> <p>_____</p> <p><small>Number, Street, City, State &amp; ZIP Code</small></p>
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5. Debtor's website (URL) \_\_\_\_\_

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6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership

Other. Specify: \_\_\_\_\_

Debtor **Affinity Healthcare Management, Inc.**  
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

6231

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District Connecticut When 10/14/08 Case number 08-22175  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor See Attachment Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor **Affinity Healthcare Management, Inc.**  
Name

Case number (if known) \_\_\_\_\_

11. Why is the case filed in this district? *Check all that apply:*
- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
  - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- No
  - Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
  - It needs to be physically secured or protected from the weather.
  - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
  - Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- No
  - Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds *Check one:*
- Funds will be available for distribution to unsecured creditors.
  - After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000                  | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input checked="" type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000           | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million         | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor **Affinity Healthcare Management, Inc.**  
Name

Case number (if known)



**Request for Relief, Declaration, and Signature**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2016  
MM / DD / YYYY

**X /s/ Benjamin Fischman**  
Signature of authorized representative of debtor

**Benjamin Fischman**  
Printed name

Title President

**18. Signature of attorney**

**X /s/ Elizabeth J. Austin**  
Signature of attorney for debtor

Date January 13, 2016  
MM / DD / YYYY

**Elizabeth J. Austin**  
Printed name

**Pullman & Comley, LLC**  
Firm name

**850 Main Street**  
**8th Floor**  
**Bridgeport, CT 06604**  
Number, Street, City, State & ZIP Code

Contact phone 203-330-2000 Email address eaustin@pullcom.com

ct04384  
Bar number and State

Debtor **Affinity Healthcare Management, Inc.**  
Name

Case number (if known)

**Fill in this information to identify your case:**

Debtor 1 **Benjamin Fischman**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF CONNECTICUT

Case number (if known)

Check if this is an amended filing

**FORM 101. VOLUNTARY PETITION**  
**Pending Bankruptcy Cases Attachment**

Debtor	<b>Health Care Alliance, Inc.</b>	Relationship to you	<b>Affiliate</b>
District	<b>Connecticut</b>	When <b>1/13/16</b>	Case number, if known
Debtor	<b>Health Care Assurance, L.L.C.</b>	Relationship to you	<b>Affiliate</b>
District	<b>Connecticut</b>	When <b>1/13/16</b>	Case number, if known
Debtor	<b>Health Care Investors, Inc.</b>	Relationship to you	<b>Affiliate</b>
District	<b>Connecticut</b>	When <b>1/13/16</b>	Case number, if known
Debtor	<b>Health Care Reliance, L.L.C.</b>	Relationship to you	<b>Affiliate</b>
District	<b>Connecticut</b>	When <b>1/13/16</b>	Case number, if known

**Fill in this information to identify the case:**

Debtor name Affinity Healthcare Management, Inc.  
 United States Bankruptcy Court for the: DISTRICT OF CONNECTICUT  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Woodgreen Cheshire Attn: Officer, General or Managing Agent 6515 Main St #12 Trumbull, CT 06611						<b>\$7,401.52</b>
Frontier Communications Attn: Officer, General or Managing Agent 200 State St New London, CT 06320						<b>\$2,480.74</b>
Achy, Inc. Attn: Officer, General or Managing Agent 1781 Highland Ave Cheshire, CT 06410						<b>\$2,199.70</b>
FedEx Attn: Officer, General or Managing Agent 942 S Shady Grove Rd Memphis, TN 38120						<b>\$2,113.26</b>
Matrixcare Attn: Officer, General or Managing Agent 10900 Hampshire Ave S #100 Minneapolis, MN 55438						<b>\$1,986.40</b>

Debtor **Affinity Healthcare Management, Inc.**  
Name

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>Mpression Marketing Group Attn: Officer, General or Managing Agent 963 Queen St, Unit F Southington, CT 06489</b>						<b>\$1,978.58</b>
<b>Eyemed Vision Care Consulting Attn: Officer, General or Managing Agent 74 Bidwell St Glastonbury, CT 06033</b>						<b>\$905.04</b>
<b>Joseph Vitale, Esq. 5757 Highland Ave Cheshire, CT 06410</b>						<b>\$865.00</b>
<b>Shred-It Connecticut Attn: Officer, General or Managing Agent 29 Diana Court Cheshire, CT 06410</b>						<b>\$625.92</b>
<b>ADP Attn: Officer, General or Managing Agent One ADP Blvd Roseland, NJ 07068</b>						<b>\$553.24</b>
<b>Dental Benefit Management c/o Benecare Dental Plans Attn: Officer, General or Managing Agent 615 Chestnut St Philadelphia, PA 19106</b>						<b>\$443.00</b>
<b>Ceridian Benefit Services Attn: Officer, General or Managing Agent 3201 34th Street South Saint Petersburg, FL 33711</b>						<b>\$296.34</b>

Debtor **Affinity Healthcare Management, Inc.**  
Name

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Premier Computer Solutions, LLC Attn: Officer, General or Managing Agent 402 Highland Avenue Cheshire, CT 06410						\$244.99
ACHCA-CT Chapter Attn: Officer, General or Managing Agent 111 Founders Plaza Suite 1002 East Hartford, CT 06108						\$240.00
AT&T Mobility Attn: Officer, General or Managing Agent 140 Glastonbury Blvd #36 Glastonbury, CT 06033						\$200.43
Neopost Northeast Attn: Officer, General or Managing Agent 30 Batterson Park Road, Ste 100 Farmington, CT 06032-1000						\$186.11
Neofunds by Neopost Attn: Officer, General or Managing Agent 4913 W Laurel St Tampa, FL 33607						\$178.93
Colonial Life Attn: Officer, General or Managing Agent 1215 Averyt Ave Columbia, SC 29210						\$171.00
Durant, Nichols, Houston Attn: Officer, General or Managing Agent 1057 Broad St Bridgeport, CT 06604						\$38.00



ACHCA-CT Chapter  
Attn: Officer, General or Managing Agent  
111 Founders Plaza Suite 1002  
East Hartford, CT 06108

Achy, Inc.  
Attn: Officer, General or Managing Agent  
1781 Highland Ave  
Cheshire, CT 06410

ADP  
Attn: Officer, General or Managing Agent  
One ADP Blvd  
Roseland, NJ 07068

AT&T Mobility  
Attn: Officer, General or Managing Agent  
140 Glastonbury Blvd #36  
Glastonbury, CT 06033

Benjamin Fischman  
250 Central Ave #301  
Lawrence, NY 11559

Ceridian Benefit Services  
Attn: Officer, General or Managing Agent  
3201 34th Street South  
Saint Petersburg, FL 33711

Colonial Life  
Attn: Officer, General or Managing Agent  
1215 Averyt Ave  
Columbia, SC 29210

Dental Benefit Management  
c/o Benecare Dental Plans  
Attn: Officer, General or Managing Agent  
615 Chestnut St  
Philadelphia, PA 19106

Durant, Nichols, Houston  
Attn: Officer, General or Managing Agent  
1057 Broad St  
Bridgeport, CT 06604

Eyemed Vision Care Consulting  
Attn: Officer, General or Managing Agent  
74 Bidwell St  
Glastonbury, CT 06033

FedEx  
Attn: Officer, General or Managing Agent  
942 S Shady Grove Rd  
Memphis, TN 38120

Frontier Communications  
Attn: Officer, General or Managing Agent  
200 State St  
New London, CT 06320

Internal Revenue Service  
135 High Street  
Stop 155  
Hartford, CT 06103

Joseph Vitale, Esq.  
5757 Highland Ave  
Cheshire, CT 06410

Matrixcare  
Attn: Officer, General or Managing Agent  
10900 Hampshire Ave S #100  
Minneapolis, MN 55438

Mpression Marketing Group  
Attn: Officer, General or Managing Agent  
963 Queen St, Unit F  
Southington, CT 06489

Neofunds by Neopost  
Attn: Officer, General or Managing Agent  
4913 W Laurel St  
Tampa, FL 33607

Neopost Northeast  
Attn: Officer, General or Managing Agent  
30 Batterson Park Road, Ste 100  
Farmington, CT 06032-1000

Premier Computer Solutions, LLC  
Attn: Officer, General or Managing Agent  
402 Highland Avenue  
Cheshire, CT 06410

Revenue Management Solutions, LLC  
c/o Healthcare Management Solutions, Inc  
Attn: Frank Galluzzo  
8 Research Parkway  
Wallingford, CT 06492

Shred-It Connecticut  
Attn: Officer, General or Managing Agent  
29 Diana Court  
Cheshire, CT 06410

State of Connecticut  
Department of Labor  
200 Folly Brook Blvd  
Wethersfield, CT 06109

State of Connecticut  
Health & Human Services  
410 Capital Avenue  
Hartford, CT 06106

Stephen Kindseth, Esq.  
Zeisler & Zeisler, PC  
10 Middle St, 15th Floor  
Bridgeport, CT 06604

Town of Cheshire  
Attn: Tax Collector  
84 South Main Street  
Cheshire, CT 06410

Woodgreen Cheshire  
Attn: Officer, General or Managing Agent  
6515 Main St #12  
Trumbull, CT 06611

**United States Bankruptcy Court  
District of Connecticut**

In re **Affinity Healthcare Management, Inc.** Debtor(s) Case No. \_\_\_\_\_  
Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Affinity Healthcare Management, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

**January 13, 2016**

Date

**/s/ Elizabeth J. Austin**

**Elizabeth J. Austin ct04384**

Signature of Attorney or Litigant

Counsel for **Affinity Healthcare Management, Inc.**

**Pullman & Comley, LLC**

**850 Main Street**

**8th Floor**

**Bridgeport, CT 06604**

**203-330-2000 Fax:203-576-8888**

**eaustin@pullcom.com**