	tates Bankruptcy Cou ern District of Illinois		Voluntary Petition		
Name of Debtor (if individual, enter Las Group Ins. Administration of Georg		Name of Joint Debtor (Spot	Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in (include married, maiden, and trade names)	the last 8 years	All Other Names used by th (include married, maiden, and	ne Joint Debtor in the last 8 years trade names):		
Last four digits of Soc. Sec. No. / Comp (if more than one, state all): 58-2585076	lete EIN or other Tax I.D. No.	Last four digits of Soc. Sec. more than one, state all):	No. / Complete EIN or other Tax I.D. No. (if		
Street Address of Debtor (No. & Street, 1525 East 53rd Street Suite 1002 Chicago, IL	City, and State	Street Address of Joint Deb	tor (No. & Street, City, and State):		
	ZIPCODE 60615		ZIPCODE		
County of Residence or of the Principal Cook	Place of Business:	County of Residence or of t	he Principal Place of Business:		
Mailing Address of Debtor (if different	from street address):	Mailing Address of Joint D	ebtor (if different from street address):		
	ZIPCODE		ZIPCODE		
Location of Principal Assets of Business Det	otor (if different from street addre	ess above):	ZIPCODE		
Type of Debtor (Form of Organization) (Check one box.) ☐ Individual (includes Joint Debtors) ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and provide the information requested below.) State type of entity: Filing Fee (Check ☐ Full Filing Fee Attached ☐ Filing Fee to be paid in installments (Apattach signed application for the court's is unable to pay fee except in installment.	Check an applicable bo	Chapter or Section the Petitis Section the Pet	n of Bankruptcy Code Under Which ion is Filed (Check one box) apter 11		
☐ Filing Fee waiver requested (Applicable attach signed application for the court's	-	Must Debtor's aggregate no	ncontingent liquidated debts owed to non-insiders an \$2 million.		
Statistical/Administrative Information ☐ Debtor estimates that funds will be availabed Debtor estimates that, after any exempt progravailable for distribution to unsecured creditation.	le for distribution to unsecured crecoperty is excluded and administrative		THIS SPACE IS FOR COURT USE ONLY		
Estimated Number of 1- 50- 100- Creditors 49 99 199	200- 1,000- 5,001- 999 5,000 10,000		OVER 00,000		
		000,001 to \$50,000,001 to More 0 million \$100 million \$100 m	nillion		
		000,001 to \$50,000,001 to More 0 million \$100 million \$100 m	illion		

(Official Form 1) (10/05) FORM B1, Page 2

(Official	10m 1) (10/05)		I Oldin Di, ruge 2	
Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Group Ins. Administration of Georgia,Inc		
	Prior Bankruptcy Case Filed Within Last 8	Years (If more than one, attach additional s	heet)	
Location Where F		Case Number:	Date Filed:	
	Pending Bankruptcy Case Filed by any Spouse, Partner or	Affiliate of this Debtor (If more than one, at	tach additional sheet)	
Name of Debtor: Case Number: Date Filed: NONE				
District:		Relationship:	Judge:	
Exc	Exhibit A be completed if debtor is required to file periodic reports, forms 10K and 10Q) with the Securities and Exchange mission pursuant to Section 13 or 15(d) of the Securities change Act of 1934 and is requesting relief under chapter 11) hibit A is attached and made a part of this petition.	Exhibit B (To be completed if debtor is whose debts are primarily con I, the attorney for the petitioner named in the final I have informed the petitioner that [he or she] in 7, 11, 12, or 13 of title 11, United States Coderelief available under each such chapter. I furth to the debtor the notice required by § 342(b) of X Not Applicable Signature of Attorney for Debtor(s)	nsumer debts) oregoing petition, declare that may proceed under chapter and have explained the ner certify that I have delivered	
	Exhibit C	Certification Concerning I	e e	
	es the debtor own or have possession of any property that poses	by Individual/Joint	Debtor(s)	
	s alleged to pose a threat of imminent and identifiable harm to lic health or safety?	☐ I/we have received approved budget and cr 180-day period preceding the filing of this		
□ ☑	Yes, and Exhibit C is attached and made a part of this petition. No	 I/we request a waiver of the requirement to counseling prior to filing based on exigent certification describing.) 	obtain budget and credit	
	Information Regarding the De	btor (Check the Applicable Boxes)		
	Venue (Check a	any applicable box)		
Ø	Debtor has been domiciled or has had a residence, principal place of days immediately preceding the date of this petition or for a longer p		80	
	There is a bankruptcy case concerning debtor's affiliate. general part	tner, or partnership pending in this District.		
	Debtor is a debtor in a foreign proceeding and has its principal place this District. or has no principal place of business or assets in the Ui [in a federal or state court] in this District, or the interests of the par District.	nited States but is a defendant in an action or pro	ceeding	
		es as a Tenant of Residential Property opticable boxes.		
	Landlord has a judgment against the debtor for possession of debtor following).	's residence. (If box checked, complete the		
	(Name of landlord	d that obtained judgment)		
	(Address of landle	ord)		
	Debtor claims that under applicable nonbankruptcy law, there are conserved to cure the entire monetary default that gave rise to the just possession was entered, and	ircumstances under which the debtor would be		
	Debtor has included in this petition the deposit with the court of any period after the filing of this petition.	y rent that would become due during the 30-day		

(Official Form 1) (10/05) FORM B1, Page 3

Voluntary Petition

(This page must be completed and filed in every case)

 $\overline{Name\ of\ Debtor(s)}$: Group Ins. Administration of Georgia,Inc

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition]- I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Not Applicable

Signature of Debtor

X Not Applicable

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney

X /s/Karen J. Porter

Signature of Attorney for Debtor(s)

Karen J. Porter, 6188626

Printed Name of Attorney for Debtor(s) / Bar No.

Law Offices of Karen J. Porter, Ltd.

Firm Name

11 East Adams Street, Suite 906 Chicago IL, 60603

Address

(312) 673-0333

(312) 673-0334

Telephone Number

1/11/2007

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

X s/Karen J. Porter/

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

1/11/2007

Date

Signature of a Foreign Representative of a Recognized Foreign Proceeding

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition. A certified copy of the order granting recognition is attached.

X	
(Signature of Foreign Representative)	
(Printed Name of Foreign Representative)	
Date	

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: I) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C.§110 setting a maximum fee for services chargeable by bankruptcy petition prepares, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Not A	ppl	lica	bl	l
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Printed Name and title, if any, of Bankruptcy Petition Preparer							
Address							

X Not Applicable

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Karen J. Porter 6188626 Law Offices of Karen J. Porter, Ltd. 11 East Adams Street, Suite 906 Chicago IL, 60603

(312) 673-0333 Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In Re:

Debtor: Group Ins. Administration of Georgia,Inc

Social Security Number: 58-2585076

Case No:

Chapter 11

Numbered Listing of Creditors

	Creditor name and mailing address	Category of Claim	Amount of Claim
1.	American Digital Corporation 3030 Salt Creek Lane Suite 134 Arlington Heights , II 60005	Unsecured Claims	\$ 9,650.00
2.	Equity Office Properties Attn 10970 135 South LaSalle Chicago, II 60674-3763	Unsecured Claims	\$ 50,628.00
3.	Internal Revenue Service 230 South Dearborn Rm 2780 Chicago, IL 60604	Priority Claims	\$ 163,286.47
4.	Internal Revenue Service 230 South Dearborn Rm 2780 Chicago, IL 60604	Unsecured Claims	\$ 46,897.12
5.	Parkway One Capital City Plaza P.O. Box 534180 Atlanta GA 30353-4180	Unsecured Claims	\$ 12,114.94

In re:	Group Ins.	Administration	of Georgia,Inc
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Case No.		

6. Sungard Cobal, Inc. P.O. Box 98698 Chicago, IL 60698

Unsecured Claims

\$ 16,910.00

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)
DECLARATION
I, Group Ins. Administration of Georgia,Inc , named as debtor in this case, declare under penalty of perjury that I have have read the foregoing Numbered Listing of Creditors, consisting of 2 sheets (not including this declaration), and that it is true to the best of my information and belief.

Case No. ____

Group Ins. Administration of Georgia,Inc

Group Ins. Administration of Georgia,Inc

In re:

Signature:

Dated:

1/11/2007

UNITED STATES BANKRUPTCY COURT Northern District of Illinois

In re:	Group Ins. Administration of Georgia,Inc	Case No.	
		Chapter	11
Debtor			_

			DISCLOSURE	E O	F COMPENSATION FOR DEBTOR	OF ATTORNE	Υ	
1.	and the	nat co o me,	o 11 U.S.C. § 329(a) and Bankruptcy R empensation paid to me within one year land for services rendered or to be rendered with the bankruptcy case is as follows:	befor	the filing of the petition in bankrupt	cy, or agreed to be	or(s)	
	F	or leg	gal services, I have agreed to accept				\$	8,040.00
	Р	rior to	the filing of this statement I have receive	ved			\$	3,040.00
	В	alanc	ce Due				\$	5,000.00
2.	The s	ource	e of compensation paid to me was:					
		\square	Debtor		Other (specify)			
3.	The s	ource	e of compensation to be paid to me is:					
		$ \overline{\Delta} $	Debtor		Other (specify)			
4.	Ø		ive not agreed to share the above-disclo ny law firm.	sed o	ompensation with any other person	unless they are members a	nd associates	
		my l	ve agreed to share the above-disclosed law firm. A copy of the agreement, toget ched.					
5.		urn fo iding:	or the above-disclosed fee, I have agreed	d to r	nder legal service for all aspects of	the bankruptcy case,		
	a)		alysis of the debtor's financial situation, a etition in bankruptcy;	ınd re	ndering advice to the debtor in deter	rmining whether to file		
	b)	Pre	paration and filing of any petition, sched	ules,	statement of affairs, and plan which	may be required;		
	c)	Rep	presentation of the debtor at the meeting	of cr	editors and confirmation hearing, an	d any adjourned hearings tl	nereof;	
	d)	Rep	presentation of the debtor in adversary p	roce	dings and other contested bankrupt	cy matters;		
	e)	[Oth	ner provisions as needed]					
		No	ne					
6.	Ву а	green	nent with the debtor(s) the above disclos	ed fe	e does not include the following serv	vices:		
		No	ne					
					CERTIFICATION			
r			nat the foregoing is a complete statement on of the debtor(s) in this bankruptcy pro			yment to me for		
[Dated:	<u>1/1</u>	1/2007					
					/s/Karen J. Porter			
					Karen J. Porter, Bar No	o. 6188626		
					Law Offices of Karen	J. Porter, Ltd.		

Attorney for Debtor(s)