

United States Bankruptcy Court Northern District of Illinois

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Group Ins. Administration of Georgia, Inc
Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 58-2585076
Street Address of Debtor (No. & Street, City, and State): 1525 East 53rd Street Suite 1002 Chicago, IL
ZIP CODE 60615
County of Residence or of the Principal Place of Business: Cook
Mailing Address of Debtor (if different from street address):
ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):
ZIP CODE

Type of Debtor (Form of Organization) (Check one box.)
Nature of Business (Check all applicable boxes)
Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)
Nature of Debts (Check one box)
Chapter 11 Debtors
Filing Fee (Check one box)
Check one box:
Check if:

Statistical/Administrative Information
THIS SPACE IS FOR COURT USE ONLY
Debtor estimates that funds will be available for distribution to unsecured creditors.
Estimated Number of Creditors
Estimated Assets
Estimated Debts

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Group Ins. Administration of Georgia, Inc</p>
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><input checked="" type="checkbox"/> Not Applicable Signature of Debtor</p> <p><input checked="" type="checkbox"/> Not Applicable Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative of a Recognized Foreign Proceeding</p> <p>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.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney</p> <p><input checked="" type="checkbox"/> /s/Karen J. Porter Signature of Attorney for Debtor(s)</p> <p>Karen J. Porter, 6188626 Printed Name of Attorney for Debtor(s) / Bar No.</p> <p>Law Offices of Karen J. Porter, Ltd. Firm Name</p> <p>11 East Adams Street, Suite 906 Chicago IL, 60603 Address</p> <p>_____ (312) 673-0333 (312) 673-0334 Telephone Number</p> <p>1/11/2007 Date</p>	<p style="text-align: center;">Signature of Non-Attorney Petition Preparer</p> <p>I declare under penalty of perjury that: 1) 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 preparer, 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.</p> <p><input checked="" type="checkbox"/> Not Applicable Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____</p> <p>_____ Address</p> <p><input checked="" type="checkbox"/> Not Applicable Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>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:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><input checked="" type="checkbox"/> s/Karen J. Porter/ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>1/11/2007 Date</p>	<p>_____ Address</p>

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 , Il 60005	Unsecured Claims	\$ 9,650.00
2. Equity Office Properties Attn 10970 135 South LaSalle Chicago, Il 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**

Case No. _____

6.	Sungard Cobal, Inc. P.O. Box 98698 Chicago, IL 60698	Unsecured Claims	\$ 16,910.00
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In re: **Group Ins. Administration of Georgia,Inc**

Case No. _____

(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 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.

Signature: _____
Group Ins. Administration of Georgia,Inc

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 OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>8,040.00</u>
Prior to the filing of this statement I have received	\$	<u>3,040.00</u>
Balance Due	\$	<u>5,000.00</u>

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 1/11/2007

/s/Karen J. Porter

Karen J. Porter, Bar No. 6188626

Law Offices of Karen J. Porter, Ltd.

Attorney for Debtor(s)