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B1 (Official Form 1)(12/11) Document Page 1 of 4								
United States Bankruptcy Court District of Massachusetts Voluntary Petition								
Name of Debtor (if individual, enter Last, First,	Middle):		Name	of Joint De	btor (Spouse) (Last, First,	Middle):	
Aniko Insurance Agency, Inc.								
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):				
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 20-3369505			Last fo	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)				
Street Address of Debtor (No. and Street, City, and State): 270 Parsons Street Brighton, MA			Street	Street Address of Joint Debtor (No. and Street, City, and State):				
	02	ZIP Code 2135		ZIP Code				
County of Residence or of the Principal Place of Suffolk	Business:		Count	County of Residence or of the Principal Place of Business:				
Mailing Address of Debtor (if different from stre	et address):		Mailin	g Address	of Joint Debt	or (if differen	t from street	address):
		ZIP Code						ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):								
Type of Debtor	Nature of	Business			Chapter	of Bankrupt	cv Code Un	nder Which
 (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) 	(Check one box) Health Care Business Single Asset Real Estate as def in 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank		efined	 Chapte Chapte Chapte Chapte Chapte Chapte 	er 7 er 9 er 11 er 12	of a □ Cha	apter 15 Peti a Foreign Ma apter 15 Peti	ne box) tion for Recognition ain Proceeding tion for Recognition onmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	 Other Tax-Exempt Entity (Check box, if applicable) Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). 		es	defined "incurr	•	(Check onsumer debts,		Debts are primarily business debts.
Filing Fee (Check one box) Check one box			e box:					
 Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. 			otor is not otor's aggi less than S applicable lan is beir ceptances	a small busin egate noncos 52,343,300 (a boxes: ag filed with of the plan w	ness debtor as o ntingent liquida amount subject this petition.	to adjustment o	S.C. § 101(51 uding debts ov on 4/01/13 and	 D). wed to insiders or affiliates) d every three years thereafter). lasses of creditors,
Statistical/Administrative Information THIS SPACE IS FOR COURT USE ONLY Debtor estimates that funds will be available for distribution to unsecured creditors. THIS SPACE IS FOR COURT USE ONLY Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. THIS SPACE IS FOR COURT USE ONLY								
1- 50- 100- 200- 49 99 199 999	1,000- 5,001- 1] 5,001- 0,000	50,001- 100,000	OVER 100,000			
\$0 to \$50,001 to \$100,001 to \$500,001 5 \$50,000 \$100,000 \$500,000 to \$1 to million to	\$1,000,001 \$10,000,001 \$ o \$10 to \$50 to	o \$100 to] 100,000,001 \$500 iillion	5500,000,001 to \$1 billion	More than \$1 billion			
\$0 to \$50,001 to \$100,001 to \$500,001 \$ \$50,000 \$100,000 \$500,000 to \$1 to	\$1,000,001 \$10,000,001 \$ o \$10 to \$50 to	o \$100 to		500,000,001 to \$1 billion				

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Voluntar		Name of Debtor(s): Aniko Insurance Agency, Inc			
	, st be completed and filed in every case)	Aniko insurance Agency, ind	C.		
(- ···· r - 0	All Prior Bankruptcy Cases Filed Within Last	8 Years (If more than two, attach ad	ditional sheet)		
Location Where Filed:	- None -	Case Number:	Date Filed:		
Location Where Filed:		Case Number:	Date Filed:		
	nding Bankruptcy Case Filed by any Spouse, Partner, or				
Name of Debte - None -	or:	Case Number:	Date Filed:		
District:		Relationship:	Judge:		
	Exhibit A	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.)			
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).			
Exhibit	A is attached and made a part of this petition.	X			
	Evb	ibit C			
	r own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.		harm to public health or safety?		
Exhibit If this is a joi	eted by every individual debtor. If a joint petition is filed, ea D completed and signed by the debtor is attached and made	a part of this petition.	separate Exhibit D.)		
	Information Regardin	g the Debtor - Venue			
 (Check any applicable box) Debtor has been domiciled or has had a residence, 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. 					
Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.					
	Certification by a Debtor Who Reside (Check all app		ty		
	Landlord has a judgment against the debtor for possession		complete the following.)		
	(Name of landlord that obtained judgment)				
	(Address of landlord)				
	Debtor claims that under applicable nonbankruptcy law, th the entire monetary default that gave rise to the judgment f				
	Debtor has included in this petition the deposit with the co after the filing of the petition.				

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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DI (Official Form 1)(12/11)	
Voluntary Petition	Name of Debtor(s): Aniko Insurance Agency, Inc.
(This page must be completed and filed in every case)	
	natures
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 tile 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 11 U.S.C. §342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Signature of Debtor	Signature of a Foreign Representative 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 proceeding, and that I am authorized to file this petition. (Check only one box.) □ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached. □ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X
X	Printed Name of Foreign Representative
X Signature of Joint Debtor	Date
Telephone Number (If not represented by attorney)	Signature of Non-Attorney Bankruptcy Petition Preparer
	Signature of Non-Autorney Bankrupicy retution rreparer
Date Signature of Attorney*	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
X /s/ Timothy M. Mauser Signature of Attorney for Debtor(s) Timothy M. Mauser 542050 Printed Name of Attorney for Debtor(s) The Law Offices of Timothy M. Mauser Firm Name 1 Center Plaza Suite 240 Boston, MA 02108 Address Email: tmauser@.mauserlaw.com (617) 338-9080 Fax: (617(275-8990) Telephone Number	 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(h) setting a maximum fee for services chargeable by bankruptcy petition preparers. 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 19 is attached. Printed Name and title, if any, of Bankruptcy Petition Preparer Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)
July 26, 2012 Date	Address
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	X
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.	 Date 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
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	not an individual:
X /s/ Diana Grinshtat Signature of Authorized Individual	
Diana Grinshtat	If more than one person prepared this document, attach additional sheets
Printed Name of Authorized Individual	conforming to the appropriate official form for each person.
President	A bankruptcy petition preparer's failure to comply with the provisions of
Title of Authorized Individual July 26, 2012	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.
Date	

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United States Bankruptcy Court District of Massachusetts

In re Aniko Insurance Agency, 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 <u>Aniko Insurance Agency, Inc.</u> 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*]

July 26, 2012

Date

 /s/ Timothy M. Mauser

 Timothy M. Mauser 542050

 Signature of Attorney or Litigant

 Counsel for
 Aniko Insurance Agency, Inc.

 The Law Offices of Timothy M. Mauser

 1 Center Plaza

 Suite 240

 Boston, MA 02108

 (617) 338-9080 Fax:(617(275-8990)

 tmauser@.mauserlaw.com