

United States Bankruptcy Court District of Puerto Rico		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): SEGUROS JOAQUIN PALERM, 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):		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): 66-0501713		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. & Street, City, State & Zip Code): 126 MARGINAL SUR SUITE 5 AVE. FD ROOSEVELT SAN JUAN, PR		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE 00917		ZIPCODE
County of Residence or of the Principal Place of Business: San Juan		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address)		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above):		
ZIPCODE		
<p style="text-align: center;">Type of Debtor (Form of Organization) (Check one box.)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	<p style="text-align: center;">Nature of Business (Check one box.)</p> <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other _____	<p style="text-align: center;">Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <p style="text-align: center;">Nature of Debts (Check one box.)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<p style="text-align: center;">Filing Fee (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> 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. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<p style="text-align: center;">Chapter 11 Debtors</p> <p>Check one box:</p> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p>Check if:</p> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <p>Check all applicable boxes:</p> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<p>Statistical/Administrative Information</p> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> 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
<p>Estimated Number of Creditors</p> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
<p>Estimated Assets</p> <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<p>Estimated Liabilities</p> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): SEGUROS JOAQUIN PALERM,INC
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Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p align="center">Exhibit A</p> <p>(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.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p align="center">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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 § 342(b) of the Bankruptcy Code.</p> <p align="center"> <input checked="" type="checkbox"/> _____ Signature of Attorney for Debtor(s) Date </p>
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.

Information Regarding 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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this 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 Resides as a Tenant of Residential Property
(Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord or lessor that obtained judgment)

(Address of landlord or lessor)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

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

Voluntary Petition

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

Name of Debtor(s):

SEGUROS JOAQUIN PALERM, 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 State 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

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

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 _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ JAIME L. VELASCO BONILLA II, ESQ.
Signature of Attorney for Debtor(s)

JAIME L. VELASCO BONILLA II, ESQ.
BAR NO. 222,312
P.O. Box 9023336
San Juan, PR 00902-3336
Tel. (787) 562-0837
VELASCOLAW@HOTMAIL.COM

October 6, 2009
Date

*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.

Signature of Non-Attorney Petition Preparer

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); 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 bankruptcy 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.)

Address

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

Date

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.

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/ JOAQUIN PALERM MENDEZ
Signature of Authorized Individual

JOAQUIN PALERM MENDEZ
Printed Name of Authorized Individual

PRESIDENT
Title of Authorized Individual

October 6, 2009
Date

OFICINA DE SEGUROS JOAQUIN PALERM, INC.

CERTIFICATE OF RESOLUTION

I, JOAQUIN PALERM MENDEZ, *President of Oficina de Seguros Joaquin Palerm, Inc.* do hereby

CERTIFY

That at a special meeting of the Directors of the corporation held in the corporation's offices in Puerto Rico on the 18th day of September of 2009, the following Resolution was adopted and approved:

"RESOLVED by a majority vote of the Directors of Oficina de Seguros Joaquin Palerm, Inc. a domestic corporation, to authorize and order its President to subscribe, file and make oath, on behalf of this corporation, to a petition for Reorganization under Chapter 11 of the Bankruptcy Code, and further to sign, make oath and file the Statement of Affairs, Schedules and all other motions, petitions, documents and pleadings necessary in said proceeding, and it is further RESOLVED, that he is authorized to retain the Law Offices of Jaime L. Velasco Bonilla II, to represent the corporation in said proceedings,"

IN TESTIMONY WHEREOF, I hereunto set my hand and Seal of the corporation in San Juan, Puerto Rico, this 18th day of September of 2009.



Affidavit No. 1710

Sworn and subscribed to before me by Joaquin Palerm Mendez, of legal age, single and resident of Dorado, Puerto Rico. To me personally know, at San Juan, Puerto Rico, this 28 day of September of 2009.



Ricardo J. Goytia Diaz

APPENDIX

11 U.S.C.S. § 1116(1)

OFICINA DE SEGUROS JOAQUIN PALERM, INC.

FINANCIAL STATEMENTS

DECEMBER 31, 2008

OFICINA DE SEGUROS JOAQUIN PALERM, INC.
Balance Sheet
December 31, 2008

ASSETS

Current Assets	
Cash	\$ 10,640
Accounts receivable - Trade	28,475
Prepaid expenses	<u>12,239</u>
Total Current Assets	51,354
Property and Equipment – Net (Note 1)	254,556
Other Assets	
Deferred tax asset	47,446
Deposits	<u>1,427</u>
	<u>48,943</u>
	 <u>\$ 354,783</u>

LIABILITIES AND STOCKHOLDER'S EQUITY

Current Liabilities	
Accounts payable and accrued expenses	\$ 316,608
Due to officer and related company	<u>111,070</u>
Total Current Liabilities	427,678
Stockholders' Equity	
Common stock, \$100 par value, 2,500 shares authorized, and 1,082 shares paid but not issued	108,015
Accumulated Deficit	(<u>180,910</u>)
Total Stockholder's Equity	(<u>72,895</u>)
	<u>\$ 354,783</u>

OFICINA DE SEGUROS JOAQUIN PALERM, INC.
Statement of Operations and Changes in Retained Earnings
For the Year Ended December 31, 2008

Revenues	
Commissions Earned	\$ 508,732
Selling, General and Administrative Expenses	
Salaries and payroll taxes	173,271
Rent	19,000
Utilities and telephone	35,320
Office expenses	19,943
Motor vehicles expense	42,214
Insurance expense	37,018
Licenses and other taxes	1,303
Professional services	115,689
Advertising	7,121
Interest expense and bank charges	15,210
Repairs and maintenance	12,063
Other	<u>4,861</u>
Total Expenses	<u>483,013</u>
Operating income	25,719
Other Income (Expenses)	
Depreciation	<u>(53,081)</u>
Net Loss	<u>(27,362)</u>
Accumulated Deficit, beginning of year	<u>(153,548)</u>
Accumulated Deficit, end of year	<u>(\$ 180,910)</u>

OFICINA DE SEGUROS JOAQUIN PALERM, INC.
Notes to Financial Statements
December 31, 2008

NOTE 1 – Organization and Summary of Significant Accounting Policies

Organization – Oficina de Seguros Joaquín Palerm, Inc. was incorporated in September 7, 2001, under the laws of the Commonwealth of Puerto Rico, Registry number 122,867.

Nature of Operations – Oficina de Seguros Joaquín Palerm, Inc. is an authorized insurance broker. The company operates from a main office located at 124 & 126, FD Roosevelt Avenue, Hato Rey, Puerto Rico.

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Property and Equipment – Property and equipment are recorded at cost. The company provides for depreciation and amortization of property and equipment based on the straight line method over the estimated useful lives of the related assets.

When properties are retired or otherwise disposed of, the cost and the related accumulated depreciation are removed from the accounts with any resulting gain or loss reflected in income. Maintenance and repairs are charged as expense when incurred.

Vehicles and equipment acquired under capital leases has been capitalized and its debt has been recorded.

Property and equipment at December 31, 2008 consist of:

Furniture and fixtures	\$ 91,943
Equipment	113,897
Leasehold improvements	418,678
Motor vehicles	<u>123,068</u>
Total property and equipment	747,586
Less accumulated depreciation and amortization	<u>493,030</u>
Property and equipment–net	<u>\$ 254,556</u>

Liquidador:	Revisor:	2008	ESTADO LIBRE ASOCIADO DE PUERTO RICO DEPARTAMENTO DE HACIENDA	2008	Número de Serie
Investigado por:		Planilla de Contribución sobre Ingresos de Corporaciones			<input type="checkbox"/> PLANILLA ENMENDADA
Fecha: ___/___/___		AÑO CONTRIBUTIVO COMENZADO EL 1 de 1 de 2008 Y TERMINADO EL 31 de 12 de 2008			Sello de Pago
R M N					COPY
Nombre del Contribuyente OFICINA DE SEGUROS JOAQUIN PALERM, INC.			Número de Identificación Patronal 66-0501713		
Dirección Postal 124 AVE. F.D. ROOSEVELT MARGINAL SUR			Núm. de Registro del Departamento de Estado 122867		
SUITE 203			Clave Industrial Cod. Municipal 5242 79		
SAN JUAN PR Código Postal 00917			Número de Registro de Comerciante		
"Coloque el Sello de Goma (Label) aquí".					
Localización de la Industria o Negocio Principal - Número, Calle, Pueblo 124 AVE. F.D. ROOSEVELT MARGINAL SUR SUITE 203			Número de Teléfono - Extensión (787) 474 - 4803		
SAN JUAN PR 00917			Fecha de Incorporación		
Naturaleza de la Industria o Negocio Principal (Ej. Ferretería, Cafetería, etc.) AGENTES DE SEGUROS			Día ___ / Mes ___ / Año ___		
Marque el encasillado correspondiente, si aplica		CAMBIO DE DIRECCION		Lugar de Incorporación	
<input type="checkbox"/> Primera planilla <input type="checkbox"/> Última planilla		<input type="checkbox"/> Sí <input type="checkbox"/> No			
Contratos con Organismos Gubernamentales		PLANILLA 2009		Correo Electrónico (E-mail)	
<input type="checkbox"/> Sí <input type="checkbox"/> No		<input checked="" type="checkbox"/> Español <input type="checkbox"/> Inglés			
				Número de Recibo: _____ Importe: _____	

Parte I	1. Ingreso neto (o pérdida) de operaciones (De la Parte V, línea 49)	(1)	(27,362)	00
	2. Menos: Dedución por pérdida neta en las operaciones del año anterior (Someta detalle)	(2)	0	00
	3. Ingreso neto (o pérdida)	(3)	(27,362)	00
Parte II	4. Menos: Dividendos o beneficios recibidos de corporaciones o sociedades domésticas	(4)	0	00
	5. Ingreso neto sujeto a contribución normal (Línea 3 menos línea 4)	(5)	(27,362)	00
	6. Menos: Crédito para fines de la contribución adicional	(6)	0	00
	7. Ingreso neto sujeto a contribución adicional (Línea 5 menos línea 6)	(7)	(27,362)	00
	8. Contribución normal (Multiplique la línea 5 por 20%)	(8)	0	00
	9. Contribución adicional (Véanse instrucciones)	(9)	0	00
	10. Recuperación por diferencia en los tipos contributivos (Véanse instrucciones)	(10)	0	00
	11. Contribución Total (Sume líneas 8 a la 10)	(11)	0	00
	12. Contribución Alternativa - Ganancias de Capital (Anejo D Corporación y Sociedad, Parte V, línea 36)	(12)	0	00
	13. Contribución Determinada (Línea 11 ó 12, la que sea menor)	(13)	0	00
	14. Recobro de crédito reclamado en exceso (Anejo B Corporación y Sociedad, Parte I, línea 3)	(14)	0	00
	15. Créditos contributivos (Anejo B Corporación y Sociedad, Parte II, línea 27)	(15)	0	00
	16. Responsabilidad contributiva antes de contribución alternativa mínima (Suma de las líneas 13 y 14 menos línea 15).....	(16)	0	00
	17. Contribución alternativa mínima (Anejo A Corporación y Sociedad, Parte V, línea 33)	(17)	0	00
	18. Contribución sobre monto equivalente a dividendo o distribución de beneficios (Branch Profits Tax Form AS 2879, línea 11)	(18)	0	00
	19. Contribución sobre intereses elegibles (Véanse instrucciones)	(19)	0	00
	20. Responsabilidad Contributiva Total (Sume líneas 16 a la 19)	(20)	0	00
Parte III	21. Menos: Otros Pagos y Retenciones (Anejo B Corporación y Sociedad, Parte III, línea 9)	(21)	12,239	00
	22. Balance de contribución pagada (Si la línea 20 es mayor que la línea 21, anote la diferencia en el espacio y ATADO)			
	a) Contribución	(22a)	0	00
	b) Intereses	(22b)	0	00
	c) Recargos	(22c)	0	00
	d) Total (Sume líneas 22(a) a la 22(c))	(22d)	0	00
	23. Adición a la contribución por Falta de Pago de la Contribución Estimada (Anejo T Corporación y Sociedad, Parte III, línea 46)	(23)	0	00
	24. Exceso de contribución pagada o retenida (Véanse instrucciones)	(24)	12,239	00
	25. Cantidad pagada con esta planilla (Sume líneas 22(d) y 23 menos línea 24)	(25)	0	00
	26. Contribución pagada en exceso (Sume líneas 20 y 23 menos línea 21. Indique la distribución de la línea 24 en línea A o B):			
	A. Acreditar a la contribución estimada año 2009	(26A)	12,239	00
	B. A reintegrar	(26B)	0	00

RECIBIDO
OCT 05 2009

SECRETARÍA DE HACIENDA
10-601

Parte IV	1. Ventas netas.....	24	(1)	0	00		
	Menos: Costos de ventas o costos directos de producción						
	2. Inventario al comienzo del año	<input type="checkbox"/> "C"	<input type="checkbox"/> "C" o "VM"				
	(a) Materiales	(2a)		0	00		
	(b) Artículos en proceso	(2b)		0	00		
	(c) Artículos terminados o mercadería	(2c)		0	00		
	3. Compra de materiales o mercadería	(3)		0	00		
	4. Jornales directos	(4)		0	00		
	5. Otros costos directos (Detalle en Parte VI)	(5)		0	00		
	6. Total costo bienes disponibles para la venta (Suma líneas 2 a la 5)	(6)		0	00		
7. Menos: Inventario al finalizar el año	<input type="checkbox"/> "C"	<input type="checkbox"/> "C" o "VM"					
(a) Materiales	(7a)		0	00			
(b) Artículos en proceso	(7b)		0	00			
(c) Artículos terminados o mercadería	(7c)		0	00			
8. Beneficio bruto en venta o producción (Reste el resultado de la línea 6 menos línea 7, de la línea 1)	(8)			0	00		
9. Ganancia neta de capital (Anejo D Corporación y Sociedad, Parte IV, línea 22)	(9)			0	00		
10. Ganancia neta (o pérdida) en la venta de propiedad que no sea activo de capital (Anejo D Corporación y Sociedad, Parte VI, línea 37)	(10)			0	00		
11. Renta	(11)			0	00		
12. Intereses	(12)			0	00		
13. Comisiones	(13)			502,761	00		
14. Dividendos de corporaciones y beneficios de sociedades: (a) Domésticas <u>0</u> (b) Extranjeras <u>0</u>	(14)			0	00		
15. Participación distribuable en el ingreso neto de sociedades especiales (Anejo R, Parte II, línea 8)	(15)			0	00		
16. Participación distribuable en las pérdidas netas de sociedades especiales (Anejo R, Parte II, línea 13)	(16)			0	00		
17. Beneficio tributable de agricultura (Anejo S Corporación y Sociedad, Parte I, línea 9)	(17)			0	00		
18. Fletes y pasajes	(18)			0	00		
19. Ingresos misceláneos	(19)			5,971	00		
20. Total ingreso bruto (Suma líneas 8 a la 19)	(20)			508,732	00		

Parte V	21. Compensación a oficiales (Véanse instrucciones Parte X)	(21)		0	00	
	22. Sueldos, comisiones y bonificaciones a empleados	(22)		157,428	00	
	23. Comisiones a negocios	(23)		0	00	
	24. Seguro social federal (FICA)	(24)		12,043	00	
	25. Seguro de desempleo	(25)		3,800	00	
	26. Primas Fondo Seguro del Estado	(26)		0	00	
	27. Seguro médico o de hospitalización	(27)		22,870	00	
	28. Seguros	(28)		14,148	00	
	29. Intereses (Véanse instrucciones)	(29)		15,210	00	
	30. Renta	(30)		19,000	00	
	31. Contribución sobre propiedad: (a) Mueble <u>0</u> (b) Inmueble <u>0</u>	(31)		0	00	
	32. Otras contribuciones, patentes y licencias (Véanse instrucciones)	(32)		1,303	00	
	33. Pérdidas ocasionadas por fuego, huracán, otros siniestros o por robo	(33)		0	00	
	34. Gastos de vehículos de motor	(34)		42,214	00	
	35. Gastos de comida y entretenimiento (Total <u>0</u>) (Véanse instrucciones)	(35)		0	00	
	36. Gastos de viajes	(36)		0	00	
	37. Servicios profesionales	(37)		115,689	00	
	38. Aportaciones a planes de pensiones u otros planes calificados (Véanse instrucciones)	(38)		0	00	
	39. Depreciación flexible (Véanse instrucciones. Someta Anejo E)	(39)		0	00	
	40. Depreciación acelerada (Véanse instrucciones. Someta Anejo E)	(40)		0	00	
	41. Depreciación corriente y amortización (Véanse instrucciones. Someta Anejo E)	(41)		53,081	00	
	42. Deudas incobrables (Véanse instrucciones)	(42)		0	00	
	43. Donativos (Véanse instrucciones)	(43)		0	00	
	44. Reparaciones (Véanse instrucciones)	(44)		12,063	00	
	45. Dedución a patronos que emplean personas impedidas (Véanse instrucciones)	(45)		0	00	
	46. Aportaciones a cuentas de aportación educativa para los beneficiarios de sus empleados (Véanse instrucciones)	(46)		0	00	
	47. Otras deducciones (Véanse instrucciones)	(47)		67,245	00	
	48. Total de deducciones (Suma líneas 21 a la 47)	(48)		536,094	00	
	49. Ingreso neto (o pérdida) de operaciones del año (Línea 20 menos línea 48. Traslade a la Parte I, línea 1)	(49)		(27,362)	00	

Parte VI	Partida 26		Importe	Partida		Importe	
	1. Jornales, sueldos y bonificaciones	(1)	0	00	8. Reparaciones	(8)	0
2. Seguro social federal (FICA)	(2)	0	00	9. Luz y agua	(9)	0	00
3. Seguro de desempleo	(3)	0	00	10. Depreciación flexible (Someta Anejo E)	(10)	0	00
4. Primas Fondo Seguro del Estado	(4)	0	00	11. Depreciación acelerada (Someta Anejo E)	(11)	0	00
5. Seguro médico o de hospitalización	(5)	0	00	12. Depreciación corriente (Someta Anejo E)	(12)	0	00
6. Otros seguros	(6)	0	00	13. Otros gastos (Someta detalle)	(13)	0	00
7. Arbitrios	(7)	0	00	14. Total otros costos directos (Suma líneas 1 a la 13. Igual a la Parte IV, línea 5)	(14)	0	00

OFICINA DE SEGUROS JOAQUIN PALERM, INC.

66-0501713

**STATEMENT ATTACHED TO AND MADE A PART OF THE
COMMONWEALTH OF PUERTO RICO INCOME TAX RETURN
FOR THE YEAR ENDED 2008**

Other Deductions

Description	Total
PUBLICIDAD	✓ \$7,121
TELEFONO	✓ \$19,100
UTILIDADES	✓ \$16,220
EFFECTOS DE OFICINA	✓ \$4,677
GASTOS DE OFICINA	✓ \$15,266
MISCELANEOS	✓ \$4,861
	<hr/> <hr/> \$67,245

Corporación - Estado de Situación Comparado

37

Activos	Al comenzar el año				Al terminar el año				
			Total				Total		
1. Efectivo en caja y bancos	(1)		0	00	(1)		10,640	00	
2. Cuentas a cobrar	(2)	21,546	00		(2)	28,475	00		
3. Menos: Reserva para cuentas incobrables ...	(3)	(0)	00	21,546	(3)	(0)	00	28,475	
4. Obligaciones a cobrar	(4)		0	00	(4)		0	00	
5. Inventarios	(5)		0	00	(5)		0	00	
6. Inversiones	(6)		0	00	(6)		0	00	
7. Activos depreciables	(7)	747,586	00		(7)	747,586	00		
8. Menos: Reserva para depreciación.....	(8)	(439,948)	00	307,637	(8)	(493,030)	00	254,556	
9. Terrenos	(9)		0	00	(9)		0	00	
10. Otros activos	(10)		58,867	00	(10)		61,112	00	
11. Total de Activos	(11)		388,050	00	(11)		354,783	00	
Pasivos y Capital									
Pasivos									
12. Cuentas a pagar	(12)	38,192	00		(12)	45,597	00		
13. Obligaciones a pagar	(13)	142,051	00		(13)	111,070	00		
14. Gastos incurridos y no pagados	(14)	253,340	00		(14)	271,011	00		
15. Otras obligaciones	(15)	0	00		(15)	0	00		
16. Total de Pasivos	(16)		433,583	00	(16)		427,678	00	
Capital									
17. Capital en acciones									
(a) Acciones preferidas	(17a)	0	00		(17a)	0	00		
(b) Acciones comunes	(17b)	108,015	00		(17b)	108,015	00		
18. Sobrante de capital	(18)	0	00		(18)	0	00		
19. Sobrante de operaciones	(19)	(153,548)	00		(19)	(180,910)	00		
20. Reserva	(20)	0	00		(20)	0	00		
21. Total de Capital	(21)		(45,533)	00	(21)		(72,895)	00	
22. Total Pasivos y Capital	(22)		388,050	00	(22)		354,783	00	

Reconciliación del Ingreso Neto (o Pérdida) según Libros con el Ingreso Neto Tributable (o Pérdida) según Planilla

38

1. Ingreso neto (o pérdida) según libros	(1)	(27,362)	00	7. Ingreso registrado en los libros este año no incluido en esta planilla (Detalle, use anejo si es necesario)			
2. Contribución sobre ingresos	(2)	0	00	(a) Intereses exentos		0	
3. Exceso de pérdidas de capital sobre ganancias de capital	(3)	0	00	(b)		0	
4. Ingreso tributable no registrado en los libros este año (Detalle, use anejo si es necesario)				(c)		0	
(a)		0		(d)		0	
(b)		0		Total	(7)	0	00
(c)		0		8. Deducciones en esta planilla no llevadas contra el ingreso en los libros este año (Detalle, use anejo si es necesario)			
(d)		0		(a) Depreciación		0	
Total	(4)	0	00	(b)		0	
5. Gastos registrados en los libros este año no reclamados en esta planilla (Detalle, use anejo si es necesario)				(c)		0	
(a) Comida y entretenimiento (porción no reclamada)		0		(d)		0	
(b) Depreciación		0		Total	(8)	0	00
(c)		0		9. Total (Sume líneas 7 y 8)	(9)	0	00
(d)		0		10. Ingreso neto tributable (o pérdida) según planilla (Línea 6 menos línea 9)	(10)	(27,362)	00
Total	(5)	0	00				
6. Total (Sume líneas 1 a la 5)	(6)	(27,362)	00				

Análisis del Sobrante según Libros

39

1. Balance al comenzar el año	(1)	(153,548)	00	5. Distribuciones:	(5a)	0	00
2. Ingreso neto según libros	(2)	(27,362)	00	(b) Propiedad	(5b)	0	00
3. Otros aumentos (Detalle, use anejo si es necesario)	(3)	0	00	(c) Acciones	(5c)	0	00
.....		0		6. Otras rebajas (Use anejo si es necesario)	(6)	0	00
.....		0		7. Total (Sume líneas 5 y 6)	(7)	0	00
4. Total (Sume líneas 1, 2 y 3)	(4)	(180,910)	00	8. Balance al finalizar el año (Línea 4 menos línea 7)	(8)	(180,910)	00

Anejo E Rev. 11.08	<h2 style="margin: 0;">DEPRECIACION</h2>	<h1 style="margin: 0;">2008</h1>
Año contributivo comenzado el <u>1</u> de <u>1</u> de <u>2008</u> y terminado el <u>31</u> de <u>12</u> de <u>2008</u>		

Nombre del contribuyente OFICINA DE SEGUROS JOAQUIN PALERM, INC.	Número de Seguro Social o Identificación Patronal 66-0501713
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1. Clase de propiedad (en caso de edificaciones, indique el tipo de material utilizado en la construcción).	2. Fecha de adquisición.	3. Costo u otra base (excluya el costo del terreno). En el caso de automóviles, la base no debe exceder de \$25,000 por vehículo.	4. Depreciación reclamada en años anteriores.	5. Estimado de vida usado para computar depreciación.	6. Depreciación reclamada este año.
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(a) Depreciación Corriente								
MOBILIARIO	VARIOS	91,943	00	54,667	00	10	9,195	00
MAQUINARIA Y EQUIPO	VARIOS	113,897	00	113,897	00	5	0	00
VEHICULOS	VARIOS	123,068	00	110,095	00	5	15,973	00
Total				278,659	00		25,168	00

(b) Depreciación Flexible								
		0	00	0	00	0	0	00
		0	00	0	00	0	0	00
		0	00	0	00	0	0	00
Total				0	00		0	00

(c) Depreciación Acelerada								
		0	00	0	00	0	0	00
		0	00	0	00	0	0	00
		0	00	0	00	0	0	00
Total				0	00		0	00

(d) Depreciación de Mejoras								
MEJORAS		418,678	00	161,290	00	15	27,913	00
		0	00	0	00	0	0	00
		0	00	0	00	0	0	00
Total				161,290	00		27,913	00

(e) Amortización (ej. Goodwill)								
		0	00	0	00	0	0	00
		0	00	0	00	0	0	00
		0	00	0	00	0	0	00
Total				0	00		0	00

Nota: Complete la próxima línea sólo si está llenando el Formulario 482 (Planilla Larga de Contribución sobre Ingresos de Individuos)					
TOTAL: (Sume el Total de líneas (a) a la (e) de la Columna 6. Traslade a los Anejos K, L, M y N Individuo, según aplique) (10)					53,081 00

Compensación a Oficiales

Nombre del oficial	Número de seguro social	Por ciento del tiempo dedicado a industria o negocio	Por ciento de las acciones poseídas		Compensación
			Comunes	Preferidas	
		0.00 %	0.00 %	0.00 %	0 00
		0.00 %	0.00 %	0.00 %	0 00
		0.00 %	0.00 %	0.00 %	0 00
		0.00 %	0.00 %	0.00 %	0 00
		0.00 %	0.00 %	0.00 %	0 00
Total de compensación a oficiales (Traslade a la Parte V, línea 21)					0 00

Parte X

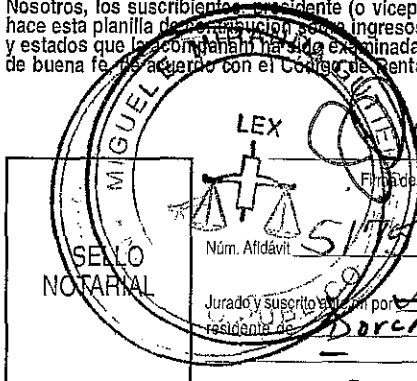
Cuestionario 42

1. Si es una corporación extranjera, indique si la industria o negocio operó como sucursal	SI NO	9. Número de empleados durante el año: 0	SI NO
2. Si es una sucursal, indique el por ciento que representa el ingreso de fuentes de Puerto Rico del total de ingreso de la corporación: 0 %	(1) N A	10. ¿Reclamó la corporación deducciones de gastos relacionados con:	
3. ¿Rindió la corporación la opción bajo la Sección 936 del Código de Rentas Internas Federal?	(3) N A	(a) Botes? (10a) N A	
4. ¿Mantuvo la corporación durante este año parte de sus récords en un sistema computadorizado?	(4) X	(b) Alojamiento? (10b) N A	
5. Los libros de la corporación están a cargo de: Nombre C/O COMPAÑIA Dirección		(c) Empleados que asistieron a convenciones o reuniones fuera de Puerto Rico o los Estados Unidos? (10c) N A	
6. Indique el método de contabilidad utilizado en los libros para propósitos contributivos: <input type="checkbox"/> Recibido y Pagado <input checked="" type="checkbox"/> Acumulación <input type="checkbox"/> Otro (especifique):		11. ¿Distribuyó la corporación, durante el año contributivo, dividendos que no fueran en acciones o en liquidación en exceso de la ganancia corriente y acumulada? (11) N A	
7. ¿Rindió la corporación los siguientes documentos?: (a) Declaración Informativa (Formularios 480.5, 480.6A, 480.6B) (7a) X (b) Comprobante de Retención (Formulario 499R-2/W-2PR) (7b) X		12. ¿Es la corporación socio de una sociedad especial? (12) N A Nombre de la Sociedad Especial Número de identificación patronal	
8. Si su ingreso bruto excede de \$1,000,000, ¿Sometió estados financieros auditados por un CPA con licencia de Puerto Rico? (8) X		13. ¿Es la corporación miembro de un grupo controlado? (13) N A	
		14. Anote la cantidad de intereses exentos: 0	
		15. Anote la cantidad correspondiente de donativos a municipios de la cantidad incluida en la Parte V, línea 43: 0	
		16. Indique si las primas fueron pagadas por aseguradores no autorizados. (16) N A	
		17. Número de patrono otorgado por el Departamento del Trabajo y Recursos Humanos:	
		18. Número de accionistas: 0	

Parte XI

JURAMENTO

Nosotros, los suscritores, presidente (o vicepresidente u otro oficial principal) y tesorero (o tesorero auxiliar), o agente de la corporación a nombre de la cual se hace esta planilla de compensación de ingresos, cada uno por sí, bajo el más solemne juramento y so pena de perjurio, declaramos que la misma (incluyendo anejos y estados que la compañía ha sido examinada por nosotros, y que según nuestro mejor conocimiento y creencia es una planilla exacta, correcta y completa, hecha de buena fe, de acuerdo con el Código de Rentas Internas de Puerto Rico de 1994, según enmendado y sus Reglamentos.


 Firma del presidente o vicepresidente _____ Firma del tesorero o tesorero auxiliar _____
 Nóm. Afidavit 5174 Agente _____
 Jurado y suscrito en mi carácter de _____ mayor de edad, casado (estado civil), conjuvante (profesión), y residente de Dorcho, PR, y por _____ mayor de edad, _____ (estado civil), _____ (profesión), y residente de _____ por quienes doy fe de conocer personalmente o de haber identificado por medio de _____ en San Juan, PR, hoy día 5 de octubre de 2009.
 Título de la persona que toma el juramento _____ Firma de la persona que toma el juramento _____

PARA USO DEL ESPECIALISTA SOLAMENTE

Declaro bajo penalidad de perjurio que esta planilla (incluyendo los anejos y estados adjuntos) ha sido examinada por mí, y a mi mejor conocimiento y creencia, los datos en la misma son ciertos, correctos y constituyen en conjunto una planilla exacta y completa. La declaración de la persona que prepara esta planilla es con relación a la información recibida y ésta puede ser verificada.

Nombre del especialista (Letra de molde)	Núm. de registro	Fecha	Marque si es especialista por cuenta propia <input type="checkbox"/>
Nombre de la firma	Número de identificación patronal		
Firma del especialista	Dirección	Código postal	

NOTA AL CONTRIBUYENTE

Indique si hizo pagos por la preparación de su planilla: Sí No. Si contestó "Sí", exija la firma y el número de registro del Especialista.

Período de Conservación: Diez (10) años

Reproducido por CEG

United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. _____

SEGUROS JOAQUIN PALERM, INC

Chapter 11

Debtor(s)

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>10,000.00</u>
Prior to the filing of this statement I have received	\$	<u>5,000.00</u>
Balance Due	\$	<u>5,000.00</u>

2. The source of the compensation paid to me was: Debtor Other (specify): **Principal - Joaquin Palerm Mendez**

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]

(A) BALANCE OF REMAINING FEES TO BE BILLED AT \$125.00/HOUR.

(B) ADVERSARY PROCEEDINGS MAY REQUIRE A NEW AGREEMENT.

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

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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.

October 6, 2009

Date

/s/ JAIME L. VELASCO BONILLA II, ESQ.

JAIME L. VELASCO BONILLA II, ESQ.
Bar No. 222,312
P.O. Box 9023336
San Juan, PR 00902-3336
Tel. (787) 562-0837
VELASCOLAW@HOTMAIL.COM

**United States Bankruptcy Court
District of Puerto Rico**

IN RE:

Case No. _____

SEGUROS JOAQUIN PALERM, INC

Chapter 11

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
FIRST BANK PO BOX 8318 SAN JUAN, PR 00910-8318	CARMEN A GUZMAN, ESQ. APARTADO 9130 SAN JUAN, PR 00908 CARMEN A. GUZMAN (787) 729-8320	Contractual		960,000.00
FIRST BANK PO BOX 8318 SAN JUAN, PR 00910-8318	CARMEN A GUZMAN, ESQ. APARTADO 9130 SAN JUAN, PR 00908 CARMEN A. GUZMAN (787) 729-8320	Contractual		300,000.00
INTERNAL REVENUE SERVICE PO BOX 80110 CINCINNATI, OH 45280-0010	INTERNAL REVENUE SERVICE C/O CARMELO GONZALEZ CITYVIEW PLAZA II, 48 CARR 165 STE 2000 GUAYNABO, PR 00968-8000 CARMELO GONZALEZ (787) 522-1834	Taxes		154,918.53
INTERNAL REVENUE SERVICE PO BOX 80110 CINCINNATI, OH 45280-0010	INTERNAL REVENUE SERVICE C/O CARMELO GONZALEZ CITYVIEW PLAZA II, 48 CARR 165 STE 2000 GUAYNABO, PR 00968-8000 CARMELO GONZALEZ (787) 522-1834	Taxes		63,370.06
JOAQUIN PALERM MENDEZ # 425 CARR. 693 PMB 255 DORADO, PR 00646	JOAQUIN PALERM MENDEZ # 425 CARR. 693 PMB 425 DORADO, PR 00646 JOAQUIN PALERM MENDEZ (787) 504-4222	Executory Contract		54,000.00
FIRST BANK PO BOX 8318 SAN JUAN, PR 00910-8318	CARMEN A GUZMAN, ESQ. APARTADO 9130 SAN JUAN, PR 00908 CARMEN A. GUZMAN (787) 729-8320	Contractual		46,250.00
FIRST BANK PO BOX 8318 SAN JUAN, PR 00910-8318	CARMEN A GUZMAN, ESQ. APARTADO 9130 SAN JUAN, PR 00908 CARMEN A. GUZMAN (787) 729-8320	Contractual		36,250.00
FIRST BANK PO BOX 8318 SAN JUAN, PR 00910-8318	CARMEN A GUZMAN, ESQ. APARTADO 9130 SAN JUAN, PR 00908 CARMEN A. GUZMAN (787) 729-8320	Contractual		29,350.00

FIRST BANK PO BOX 8318 SAN JUAN, PR 00910-8318	CARMEN A GUZMAN, ESQ. APARTADO 9130 SAN JUAN, PR 00908 CARMEN A. GUZMAN (787) 729-8320	Contractual	23,150.00
MELENDEZ-PEREZ & LEDESMA P.O. BOX 19328 SAN JUAN, PR 00910-1328	MELENDEZ-PEREZ & LEDESMA P.O. BOX 19328 SAN JUAN, PR 00910-1328 WWW.MPLPLAW.COM (787) 622-3939	Trade debt	20,330.95
AXESA PO BOX 703373 SAN JUAN, PR 00936-8373	AXESA SERVICIOS DE INFORMACION 1001 SAN ROBERTO ST. SUITE 500 RIO PIEDRAS, PR 00927 WWW.AXESA.COM (787) 758-2828	Trade debt	11,331.30
SIR SECURITY, INC. P.O. BOX 29803 SAN JUAN, PR 00929-0803	SIR SECURITY, INC. P.O. BOX 29803 SAN JUAN, PR 00929-0803 SIRSEC@ISLA.NET (787) 753-1300	Trade debt	8,570.95
CENTENNIAL DE PR PO BOX 71514 SAN JUAN, PR 00936	CENTENNIAL DE PR CENTURY OFFICE PARK CARR. 888, KM 1.3, BO. ST JUST SAN JUAN, PR 00930 WWW.CENTENNIALPR.COM (866) 717-9500	Utility	3,984.60
FEDERAL EXPRESS CORP PO BOX 1140 MEMPHIS, TN 38101-1140	FEDERAL EXPRESS CORP PO BOX 1140 MEMPHIS, TN 38101-1140 WWW.FEDEX.COM (800) 767-2494	Trade debt	3,984.60
MORE AUTOMOTIVE PRODUCTS D/B/A DOLLAR RENT A CAR P.O. BOX 810130 CAROLINA, PR 00981-0130	MORE AUTOMOTIVE PRODUCTS D/B/A DOLLAR RENT A CAR P.O. BOX 810130 CAROLINA, PR 00981-0130 COLLECTION DEPARMENT (787) 791-5500	Trade debt	3,625.55
LEONARDO'S P.O. BOX 8781 SAN JUAN, PR 00910-0781	MEN'S COUTURE, INC. D/B/A LEONARDO'S P.O. BOX 8781 SAN JUAN, PR 00910-0781 COLLECTION DEPARTMENT (787) 788-9000	Trade debt	3,026.08
CENTENNIAL DE PR PO BOX 71514 SAN JUAN, PR 00936	CENTENNIAL DE PR CENTURY OFFICE PARK CARR. 888, KM 1.3, BO. ST JUST SAN JUAN, PR 00930 WWW.CENTENNIALPR.COM (866) 717-9500	Utility	2,457.28
AT&T MOBILITY PO BOX 15067 SAN JUAN, PR 00902-8567	AT&T DEPARTAMENTO DE COBROS 103 ORTEGON STREET GUAYNABO, PR 00966 ANGELY CAPELLAN (787) 397-1000	Utility	2,314.55
INTERNAL REVENUE SERVICE PO BOX 80110 CINCINNATI, OH 45280-0010	INTERNAL REVENUE SERVICE C/O CARMELO GONZALEZ CITYVIEW PLAZA II, 48 CARR 165 STE 2000 GUAYNABO, PR 00968-8000 CARMELO GONZALEZ (787) 522-1834	Taxes	2,267.16

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Utility

2,258.71

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: **October 6, 2009**

Signature: **/s/ JOAQUIN PALERM MENDEZ**

JOAQUIN PALERM MENDEZ, PRESIDENT

(Print Name and Title)

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
Continuation Sheet - Page 1 of 4

* The Debtor has not yet identified which of the largest unsecured claims, if any, are contingent, unliquidated, disputed and/or subject to set-off. The Debtor reserves the right to identify any of these claims in its schedules as contingent, unliquidated, disputed and/or subject to set-off, as appropriate. Inclusion of a claim on this list is not an admission that the amounts listed are contingent, unliquidated, disputed and/or subject to set-off.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:

SEGUROS JOAQUIN PALERM, INC.
DEBTOR

Case No. _____

CHAPTER: 11

LIST OF CREDITORS

AT&T
DEPARTAMENTO DE COBROS
103 ORTEGON STREET
GUAYNABO, PR 00966

CENTENNIAL DE PR
PO BOX 71514
SAN JUAN, PR 00936

AT&T MOBILITY
PO BOX 15067
SAN JUAN, PR 00902-8567

CORP FONDO DEL SEGURO DEL
ESTADO
OFICINA REGIONAL DE SAN JUAN
PO BOX 42006
SAN JUAN, PR 00940-2006

AXESA
PO BOX 703373
SAN JUAN, PR 00936-8373

CORPORACION COMUNITARIA
RECICLAJE
DEL NORTE, INC.
P.O BOX 1822
HATILLO, PR 00659

AXESA SERVICIOS DE
INFORMACION
1001 SAN ROBERTO ST. SUITE 500
RIO PIEDRAS, PR 00927

CRESCA CORP
PO BOX 71325 SUITE 92
SAN JUAN, PR 00936

CARMEN A GUZMAN, ESQ.
APARTADO 9130
SAN JUAN, PR 00908

CRIM
PO BOX 195387
SAN JUAN, PR 00918-5387

CENTENNIAL DE PR
CENTURY OFFICE PARK
CARR. 888, KM 1.3, BO. ST JUST
SAN JUAN, PR 00930

DEPARTAMENTO DEL TRABAJO
SPECIAL PROCEDURE UNIT
505 MUÑOZ RIVERA PISO 12
SAN JUAN, PR 00918

**DOCUMENT CONTROL SYSTEMS
PROCESSING
P.O. BOX 11861
SAN JUAN, PR 00922-1861**

**DPTO DE HACIENDA
PO BOX 9024515
SAN JUAN, PR 00902-4515**

**FEDERAL EXPRESS CORP
PO BOX 1140
MEMPHIS, TN 38101-1140**

**FIRST BANK
PO BOX 8318
SAN JUAN, PR 00910-8318**

**FLORES OFFICE SUPPLIES
P.O. BOX 29495
SAN JUAN, PR 00929**

**GABRIEL PALERM
URB. MIRAFLORES
312 CALLE MIRAMELINDA
DORADO, PR 00646**

**GRABRIEL PALERM
312 CALLE MIRAMELINDA
URB. MIRAFLORES
DORADO, PR 00646**

**HASLER MAILING SYSTEMS AND
SOLUTIONS
478 WHEELERS FARM ROADS
MILFORD, CT 06461**

**INFO PRO SERVICE
P.O. BOX
CAROLINA, PR 00984-4355**

**INSURANCE SERVICES OFFICE, INC.
545 WASHINGTON BOULEVARD
JERSEY CITY, NJ 07310-1686**

**INTERNAL REVENUE SERVICE
PO BOX 80110
CINCINNATI, OH 45280-0010**

**INTERNAL REVENUE SERVICE
C/O CARMELO GONZALEZ
CITYVIEW PLAZA II, 48 CARR 165
STE 2000
GUAYNABO, PR 00968-8000**

**INTERNATIONAL COFEE VENDORS
PMB 145, P.O. BOX 70171
SAN JUAN, PR 00936-8171**

**JOAQUIN PALERM MENDEZ
425 CARR. 693
PMB 255
DORADO, PR 00646**

**JOSE R. ESCHEVARRIA
PMB 931 EL SENORIAL MAIL
STATION
SAN JUAN, PR 00926-6023**

**LCDO. LUIS A. VEGA COLLAZO
URB. ESTANCIA VIA
SAN JOSE PLAZA II B2
BAYAMON, PR 00961**

**LCDO. LUIS APONTE MORALES
P.O. BOX 1209
CAGUAS, PR 00726-1209**

**LCDO. MIGUEL E. MIRANDA
GUTIERREZ
P.O. BOX 192271
SAN JUAN, PR 00919-2271**

**LEONARDO'S
P.O. BOX 8781
SAN JUAN, PR 00910-0781**

**MELENDEZ-PEREZ & LEDESMA
P.O. BOX 19328
SAN JUAN, PR 00910-1328**

**MEN'S COUTURE, INC.
D/B/A LEONARDO'S
P.O. BOX 8781
SAN JUAN, PR 00910-0781**

**MORE AUTOMOTIVE PRODUCTS
D/B/A DOLLAR RENT A CAR
P.O. BOX 810130
CAROLINA, PR 00981-0130**

**NIEVES PRINT
P.O. BOX 190101
SAN JUAN, PR 00919-0101**

**ONELINK COMMUNICATIONS
P.O. BOX 71496
SAN JUAN, PR 00936-8596**

**PUERTO RICO TELEPHONE CO
PO BOX 360998
SAN JUAN, PR 00936-0998**

**PUERTO RICO TELEPHONE CO
PO BOX 71535
SAN JUAN, PR 00936-7801**

**QUALITY BUSINESS, INC.
1140 F.D. ROOSEVELT AVE.
HATO REY, PR 00920**

**SIR SECURITY, INC.
P.O. BOX 29803
SAN JUAN, PR 00929-0803**

**SPRINT
P.O. BOX 8077
LONDON, KY 40742**

**TECHNICAL POWER
P.O. BOX 3826
GUAYNABO, PR 00970**

**TREASURY SECRETARY
DEPARTAMENTO DE HACIENDA
P.O. BOX 9024140
SAN JUAN, PR 00902-4140**

**WILLIAM ROBLES ALVAREZ
CALLE 2 B-210
URB. QUINTAS DE CANOVANAS
CANOVANAS, PR 00729**

**XEROX CAPITAL SERVICES, LLC
COLLECTION SERVICES
1301 RIDGEVIEW DRIVE MAILSTOP
R382-450
LEWISVILLE, TX 75057-6018**

**United States Bankruptcy Court
District of Puerto Rico**

IN RE:

Case No. _____

SEGUROS JOAQUIN PALERM, INC

Chapter **11**

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: **October 6, 2009**

Signature: /s/ JOAQUIN PALERM MENDEZ
JOAQUIN PALERM MENDEZ, PRESIDENT

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

SEGUROS JOAQUIN PALERMINC
126 MARGINAL SUR SUITE 5
AVE FD ROOSEVELT
SAN JUAN PR 00917

CORPORACION COMUNITARIA RECICLAJE GRABRIEL PALERM
DEL NORTE INC
312 CALLE MIRAMELINDA
PO BOX 1822
URB MIRAFLORES
HATILLO PR 00659
DORADO PR 00646

JAIME L. VELASCO BONILLA II
P.O. BOX 9023336
SAN JUAN PR 00902-3336

CRESCA CORP
PO BOX 71325 SUITE 92
SAN JUAN PR 00936

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