

UNITED STATES BANKRUPTCY COURT FOR DISTRICT OF DELAWARE		PROOF OF CLAIM
<p>indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form. If you wish to assert claims against multiple Debtors, you must file a separate form against each separate debtor against whom you are asserting a claim. If multiple boxes are checked, claims will be deemed as filed against the first checked Debtor for all purposes.)</p>		
<input checked="" type="checkbox"/> Person Worldwide, Inc. (Case No. 13-10061) <input type="checkbox"/> Person Holdings, Inc. (Case No. 13-10065) <input type="checkbox"/> Person Futures (Case No. 13-10069) <input type="checkbox"/> SAI Holdings, Inc. (Case No. 13-10062) <input type="checkbox"/> Person Execution Services, Inc. (Case No. 13-10067) <input type="checkbox"/> GHP1, Inc. (Case No. 13-10070) <input type="checkbox"/> Person Financial Services, Inc. (Case No. 13-10063) <input type="checkbox"/> Nexa Technologies, Inc. (Case No. 13-10068) <input type="checkbox"/> GHP2, LLC (Case No. 13-10071) <input type="checkbox"/> Person Financial Futures, Inc. (Case No. 13-10064)		
<p>NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) may be filed pursuant to 11 U.S.C. § 503.</p>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>ADVICORP PLC</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  Filed on: _____
Name and address where notices should be sent: <b>VIA PARIGI 11</b> <b>ROME 00185</b> <b>ITALY</b>		
Telephone number: <b>+39 06 4521160</b> email: <b>ELSE@ADVICORP.COM</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):  Telephone number: _____      email: _____		
1. Amount of Claim as of Date Case Filed: \$ <b>5200.00 (€4000.00)</b> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( ).  Amount entitled to priority: \$ _____  <small>* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>
2. Basis for Claim: <b>ASSISTING ITALIAN BANK CLIENTS IN TRANSITION &amp; EXPLANATION OF THE BANKRUPTCY. THEY HOLD OVER</b> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____ (See instruction #6)
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		
8. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction 8, and the definition of "redacted") DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
9. Signature: (See instruction #9) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)                (See Bankruptcy Rule 3005.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <b>MARCO R. EVEL</b> Title: <b>PARTNER</b> Company: <b>ADVICORP</b> Address and telephone number (if different from notice address above): <b>ADVICORP PLC</b> Telephone number: <b>+39 335 628 5555</b> Email: _____		<b>COURT USE ONLY</b>  <b>RECEIVED</b>  <b>SEP 11 2013</b>  <b>KURTZMAN CARSON CONSULTANTS</b>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



1310061130911000000000002



**Marco M. Elser**  
Partner

St Bartholomew House  
90-94 Fleet Street  
London EC4Y 1DG  
Tel.: +44 (0)20 7832 3500  
Fax: +44 (0)20 7832 3501

Via Parigi, 11 - 00185 Roma  
Tel.: +39 06 4521 1160  
Fax: +39 06 4521 1133  
Cell.: +39 335 6285555  
elsers@advicorp.com