B10 (Official Form 10)
(Rev 6/91)

(Chapter 11)

United States Bankruptcy Court
Northern District of Illinois

PROOF OF CLAIM
02-49675

In re (Name of Debtor)
Conseco, Inc, et al

Case Number 02-49676
02-B-49672

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Bennett's Business Systems, Inc

Name and Addresses Where Notices Should be Sent

KEVIN S SANDERS, PA
ATTORNEY AT LAW
817 WILLOWBRANCH AVE
JACKSONVILLE FL 32205

Telephone No 904-384-3578

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of s atement giving particulars

☐ Check box if you have never received any notices f om the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
CUSTOMER # BB2522

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☑ Services performed/Labor/Maintenance
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (Describe briefly)

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensations (Fill out below)
Your social security number _____
Unpaid compensations for services performed
from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED
11-20-2002

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM

☐ SECURED CLAIM $ _____
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges included in secured claim above if any $ _____

☑ UNSECURED NONPRIORITY CLAIM $ 122 51
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

☐ UNSECURED PRIORITY CLAIM $ _____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $2000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier)—11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan—U S C § 507(a)(4)
☐ Up to $900 of deposits toward purchase lease or rental of property or services for personal family or household use—11 U S C § 507(a)(6)
☐ Taxes or penalties of governmental units—11 U S C § 507(a)(7)
☐ Other—11 U S C §§ 507(a)(2) (a)(5)—(Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
$ 122 51 (Unsecured) $ ____ (Secured) $ ____ (Priority)
$ 122 51 (Total)

☑ Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attach itemized

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

Date
1-27-03

Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Kevin S Sanders, Esquire

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years, or b

Conseco Finance Corp Claim
49675003222
COURT USE ONLY

FILED
JAN 3 0 2003
BMC

Conseco Inc Claim
49672003099

B10 (Official Form 10)
(Rev 6/91)

(Chapter 11)

United States Bankruptcy Court
Northern District of Illinois

PROOF OF CLAIM
02-49675

In re (Name of Debtor)
Conseco, Inc, et al

Case Number 02-49676
02-B-49672

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Bennett's Business Systems, Inc

Name and Addresses Where Notices Should be Sent

KEVIN S SANDERS, PA
ATTORNEY AT LAW
817 WILLOWBRANCH AVE
JACKSONVILLE FL 32205

Telephone No 904-384-3578

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of s atement giving particulars

☐ Check box if you have never received any notices f om the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
CUSTOMER # BB2522

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- ☐ Goods sold
- ☑ Services performed/Labor/Maintenance
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other (Describe briefly)

- ☐ Retiree benefits as defined in 11 U S C § 1114(a)
- ☐ Wages salaries and compensations (Fill out below)
  Your social security number _____
  Unpaid compensations for services performed
  from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED
11-20-2002

3 IF COURT JUDGMENT DATE OBTAINED

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Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

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- ☐ Contributions to an employee benefit plan—U S C § 507(a)(4)
- ☐ Up to $900 of deposits toward purchase lease or rental of property or services for personal family or household use—11 U S C § 507(a)(6)
- ☐ Taxes or penalties of governmental units—11 U S C § 507(a)(7)
- ☐ Other—11 U S C §§ 507(a)(2) (a)(5)—(Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
$ 122 51 (Unsecured) $ — (Secured) $ — (Priority) $ 122 51 (Total)

☑ Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor

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Date
1-27-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Kevin S Sanders, Esquire

THIS SPACE IS FOR COURT USE ONLY

FILED
JAN 30 2003
BMC

Conseco Inc Claim
49672003099

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years, or b

ACCOUNT REVIEW Version 2 23

Customer Number BB2522
CONSECO FINANCIAL
7406 FULLERTON ST #102
JACKSONVILLE FL 32256-3588

Attn
Option 1-Open Only

Checking Acct WAS GREENTREE
Contact DEBRA DEMPIER
Phone (800) 683-5207
Account Balance 115 50
Remaining Credit 6 884
Late Charge Balance 1 73

> 117.23

	Invoice	Date	Ty	AR Check	Tax	Disc	Late Chg	Credits	Charges
[1]	100645	11/20/02	IN	SE					115 50
[2]	LC0301	01/08/03	LC				1 73		

F3-Select Fax F4-Display Fax Queue F5-Prospect/Customer Activity F6-Send Fax
Account Review Complete

Invoice — $115 50
Late Chg — $ 1 73

Subtotal — $117 23

Interest (see invoice) — $ 5 28 ← 3 mos

$ 122 51 ← Amount on Proof of Claim
(as of 1 27 03)

BENNETT'S™
BUSINESS SYSTEMS

INVOICE

BB2522 100645 1

BBVD17

Please keep this copy for your records: Invoice # 100645 1

Amount Due	Invoice Date
115.50	11/20/02

Bennett's Business Systems
P.O. Box 6488
Jacksonville, FL 32236

A SERVICE CHARGE OF 1 1/2% PER MONTH
(18% PER ANNUM) WILL BE APPLIED AGAINST
PAST DUE BALANCES

TERMS. DUE UPON RECEIPT
FED. ID #59-1494544

Previous Date & Meter	Current Date & Meter	Invoice Period
		-

Quantity	Code No.	Description	Amount
2	9FLZ01	FACSIMILE LABOR/01	115.50

Reference Service Report # 100645

TOTAL DUE
115 50

Customer Copy

Conditions: Upon any default of the Debtor, the Creditor shall have the right to demand payment in full without notice or demand and the right to immediately repossess, retain or resell said property Title shall not pass from the Creditor to the Debtor until transaction is paid in full

Equip. ID	Model & Serial	Lease ID	Total Due
AH332	F6500 70102718	SE 100645	115.50

CONSECO FINANCIAL
7406 FULLERTON ST, #102
JACKSONVILLE FL 32256-3588

Location
COLLECTION STE 201
CONSECO FINANCIAL
7406 FULLERTON ST, #102
JACKSONVILLE FL
32256-3588

4805 Lenox Avenue - Jacksonville, FL 32205 - (904) 387-3800 - Fax (904) 389-3309