FORM B10 (Official Form 10) (4/98)

UNITED STATES BANKRUPTCY COURT NORTHERN **District of** ILLINOIS

PROOF OF CLAIM

Name of Debtor
CONSECO

Case Number
02-49672

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

Name of Creditor (The person or other entity to whom the debtor owes money or property)
OFFICETEAM

Name and address where notices should be sent
DIV OF ROBERT HALF INTERNATIONAL
5720 STONERIDGE DIRVE, SUITE THREE
PLEASANTON, CA 94588
ATTN KAREN LIMA
Telephone number 925-598-7844

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

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

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

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN
FEB 2003
KENNETH S CLERK

This Space is for Court Use Only

Account or other number by which creditor identifies debtor
02320-000191-000

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

1 BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U S C § 1114 (a)
☐ Wages salaries and compensations (fill out below)
Your SS # _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred
10/8/02 - 10/14/02

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 1,248 00
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff) _____

Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4300) * earned within 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 11 U S C § 507(a)(4)
☐ Up to $1 950 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties of governmental units 11 U S C § 507 (a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a _____)
Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary

9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

This Space is for Court Use Only

REC'D FEB 13 2003

Conseco Finance Corp Claim
49675003238

Conseco Inc Claim
49672003466

Date
1/28/03

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)
KAREN LIMA, RECOVERY MANAGER

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

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UNITED STATES BANKRUPTCY COURT
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MAILROOM

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02320-000191-000

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REC'D FEB 13 2003

Date
1/28/03

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KAREN LIMA, RECOVERY MANAGER

Conseco Inc Claim
49672003460

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

Item	Line	As Of	Ent	Typ/Rsn	Cur	Amount	Future	1-30	31-60	61-90	91 120	Other
TOTUS 02320 000191-000 CONSECO						ST PAUL	MN					
08182302 Evans Kemberly	1	10/08/2002	EXDR	REG	USD	480 00					480 00	
08212139 Evans Kemberly	1	10/14/2002	EXDR	REG	USD	768 00					768 00	
Total CONSECO						1 248 00					1 248 00	
Total TOTUS						1 248 00					1 248 00	

Report ID AR30003
Aging Id MAIN /STD
Currency Base Currency
Rate Type

Robert Half International
Aging Detail by Business Unit
as of 13-JAN-2003

Run Date 01/13/2003
Run Time 15 30 47

Item	Line As Of	Ent Typ/Rsn Cur	Amount	Future	1-30	31-60	61 90	91-120	Other
GRAND TOTAL			1 248 00					1 248 00	

Robert Half International
Aging Detail by Business Unit
as of 13 JAN-2003

Run Date 01/13/2003
Run Time 15 30 40

Report ID AR30003
Aging Id MAIN /STD
Currency Base Currency
Rate Type

Item	Line As Of	Ent Typ/Rsn Cur	Amount	Future	1-30	31 60	61-90	91-120	Other
TATUS	02320 000191 000	CONSECO	ST PAUL	MN					
Total TATUS									