


<b>UNITED STATES BANKRUPTCY COURT</b> Northern District of Texas (Dallas Division)		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>CONCORD CAMPUS, LP</b>		Case Number: <b>09-37020</b>
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): <b>ACE FIRE UNDERWRITERS INSURANCE CO., et al. (see Exhibit A)</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: c/o Helen Heifets, Esquire Michael A. Shapiro, Esquire Bazelon Less & Feldman, 1515 Market Street, Suite 700, Philadelphia, PA 19102 Telephone number: 215.568.1155		
Name and address where payment should be sent (if different from above): <b>Same as above</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: <div style="text-align: center;"> <b>RECEIVED</b>  <b>FEB 26 2010</b>  <b>BMC GROUP</b> </div>		
1. Amount of Claim as of Date Case Filed:      \$ <u>unliquidated</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <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 \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, 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 \$2,425* 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: \$ _____  *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>Insurance Policies (see Exhibit A)</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>See Exhibit A</u>  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Possible return premium, where applicable  Value of Property: \$ <u>presently unknown</u> Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: <u>possession</u>  Amount of Secured Claim: \$ <u>unliquidated</u> Amount Unsecured: \$ <u>unliquidated</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <u>2/24/10</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Adrienne M. Logan, Senior Legal Assistant ACE Group, 436 Walnut Street, WA04K, Philadelphia, PA 19106 (215.640.2921)		FOR COURT USE ONLY  Erickson Ret. Comm. LLC  01518

**EXHIBIT A TO PROOF OF CLAIM OF**  
**ACE FIRE UNDERWRITERS INSURANCE COMPANY, ET AL.**  
**In re Concord Campus, LP, Case No. 09-37020**  
**(Bankr. Northern District of Texas)**

Creditor ACE Fire Underwriters Insurance Company, and or possibly other affiliated members of the ACE group of companies (collectively "ACE") submit the foregoing Proof of Claim and in support thereof aver as follows:

1. ACE entered into a number of insurance policies which provided coverage for Erickson Retirement Communities, LLC and and/or its various affiliated companies. These insurance policies include, among other things, Builder's Risk and Excess Builder's Risk Policies (collectively "Insurance Policies").

2. A list of the presently-known Insurance Policies is set forth below. However, this matter is still under investigation and ACE reserves the right to supplement or amend this list.

<b>Insurer</b>	<b>Policy Number</b>
ACE Fire Underwriters Insurance Company	120800070 0001
ACE Fire Underwriters Insurance Company	108632455 0001
ACE Fire Underwriters Insurance Company	108632583 0001
ACE Fire Underwriters Insurance Company	108632595 0001

3. Because the foregoing Policies are voluminous, they are not attached hereto. Copies of the documents may be obtained from counsel for ACE, Helen R. Heifets, Esquire and Michael A. Shapiro, Esquire, Esquire, Bazelon Less & Feldman, P.C., 1515 Market

St., Suite 700, Philadelphia, PA 19102, telephone: (215) 568-1155, email: hheifets@bazless.com; mshapiro@bazless.com.

4. On October 19, 2009, Erickson Retirement Communities LLC and its various subsidiaries and affiliated companies (the "Debtors") filed for Chapter 11 bankruptcy in this Court.

5. The precise nature and amount of ACE's claim or claims against the Debtors are still under investigation and therefore are not yet liquidated.

6. In filing this Proof of Claim, ACE is not waiving or prejudicing its rights to (a) require the Debtors to satisfy their obligations to pay premiums, deductibles and/or self-insured retentions in accordance and/or draw upon any collateral in the event the Debtors fail to do so, and/or to (b) deny or refuse coverage based upon the Debtors' failure to satisfy their obligations, all as set forth in the Insurance Policies.

7. In filing this Proof of Claim, ACE is not consenting to Bankruptcy Court jurisdiction over any coverage issues that may arise under the Insurance Policies.

8. In filing this Proof of Claim, ACE is not waiving any applicable right it may have to arbitrate any disputes with the Debtors.

9. To the extent the Debtors provided any collateral, including but not limited to cash and/or letters of credit, to pay for and/or secure their obligations under the Insurance Policies, it is the position of ACE that such collateral is not property of the Debtors' estate.

10. Some or all of ACE's claims may be entitled to treatment as an administrative claim.

11. ACE also asserts recoupment and set-off rights in any amounts (including but not limited to any return premium and/or premium reimbursement) that ACE might otherwise owe to the Debtors.

12. This Proof of Claim is filed pursuant to the Court's Bar Date Order. ACE consents only to this Court's jurisdiction to determine the amount of ACE's allowed claim against the bankruptcy estate and not for any other purpose, including without limitations, the sufficiency of the collateral held by ACE or any disputes regarding coverage.

13. The filing of this Proof of Claim shall not constitute (a) a waiver of ACE's rights, claims, defenses, and remedies under the Insurance Policies, whether against the Debtors or any other person or entity, (b) a waiver of ACE's rights of indemnification, reimbursement or subrogation against the Debtors or any creditor of the Debtors or any other party, (c) a waiver of any past, present or future default under the Insurance Agreements, or (d) an admission that any collateral held by ACE is property of the estate.

14. ACE reserves the right to amend this Proof of Claim.

# BLF Bazelon Less & Feldman, P.C.

1515 Market Street Suite 700 Philadelphia Pennsylvania 19102-1907 215.568.1155 215.568.9319 fax www.bazless.com

Richard L. Bazelon\*\*  
Jeffrey A. Less\*\*  
A. Richard Feldman\*\*  
Jerrilyn G. Marston\*  
Thomas Patrick Kelly\*\*  
Helen R. Heifets\*\*  
Noah H. Charlson\*\*  
Lisa A. Barton\*\*  
E. McCord Clayton\*\*

Michael A. Shapiro\*\*  
Matthew Skolnik\*  
Christina M. Reger\*\*  
Cary Joshi\*\*  
Amanda M. Lanham\*\*

Michael F. R. Harris\*  
Steven Kudatzky\*\*  
Peter F. Marvin\*  
Larry H. Spector\*  
Of Counsel

\*Admitted in PA  
\*Admitted in NJ  
\*Admitted in NY  
\*Admitted in DC

New Jersey Office  
6000 Sagemore Drive  
Suite 6301  
Marlton  
New Jersey 08053-3944  
856.988.1319  
856.988.0194 fax

February 25, 2010

*Michael A. Shapiro*  
*mshapiro@bazless.com*

**VIA FEDERAL EXPRESS**

BMC Group, Inc.

Attn: Erickson Retirement Communities, LLC

Claims Processing

18750 Lake Drive East

Chanhassen, MN 55317

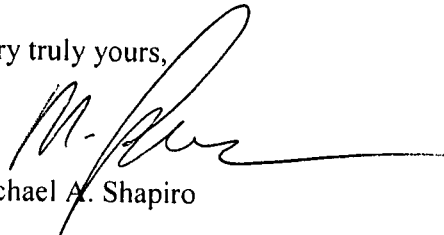
Re: In re Erickson Retirement Communities, LLC, Bankr. N.D.Tex., No. 09-37010  
In re Ashburn Campus, LLC, Bankr. N.D.Tex., No.09-37018  
In re Columbus Campus, LLC, Bankr. N.D.Tex., No. 09-37019  
In re Concord Campus GP, LLC, Bankr. N.D.Tex., No. 09-27021  
In re Concord Campus, LP, Bankr. N.D.Tex., No. 09-37020  
In re Dallas Campus GP, LLC, Bankr. N.D.Tex., No. 09-37013  
In re Dallas Campus LP, Bankr. N.D.Tex., No. 09-37012  
In re Erickson Construction, LLC, Bankr. N.D.Tex., No. 09-37016  
In re Erickson Group, LLC, Bankr. N.D.Tex., No. 09-37015  
In re Houston Campus, LP, Bankr. N.D.Tex., No. 09-37022  
In re Kansas Campus, LLC, Bankr. N.D.Tex., No. 09-37024  
In re Littleton Campus, LLC, Bankr. N.D.Tex., No. 09-37023  
In re Novi Campus, LLC, Bankr. N.D.Tex., No. 09-37025  
In re Senior Campus Services, LLC, Bankr. N.D.Tex., No. 09-37017  
In re Warminster Campus GP, LLC, Bankr. N.D.Tex., No. 09-37027  
In re Warminster Campus, LP, Bankr. N.D.Tex., No. 09-37026  
**BL&F File No.: 3732-185**

Dear Madam/Sir:

Enclosed for filing, please find sixteen (16) original Proof of Claims on behalf of ACE Fire Underwriters Insurance Company, et al. each in the above listed matters.

A copy of the first page of each Proof of Claim is enclosed to be time-stamped and returned to me in the enclosed self-addressed stamped envelope.

Very truly yours,

  
Michael A. Shapiro

Enclosure