

Fill in this information to identify the case:

Debtor 1 FP Retail Associates LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30046

Official Form 410
Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Acuity, a Mutual Insurance Company
Name of the current creditor (the person or entity to be paid for this claim) _____
Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name <u>Kohner, Mann & Kailas, S.C.</u>	Name _____
Number Street <u>4650 North Port Washington Road</u>	Number Street _____
City State ZIP Code <u>Milwaukee WI 53212</u>	City State ZIP Code _____
Contact phone <u>414-962-5110</u>	Contact phone _____
Contact email <u>evonhelms@kmksc.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

4. Does this claim amend one already filed? No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 29,465.00. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.
post-petition insurance premiums

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,025* 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"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u>2</u>) that applies.	\$ <u>29,465.00</u>

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).
If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

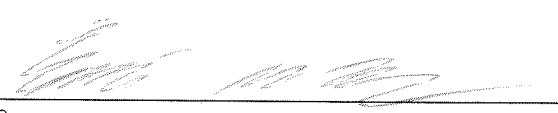
I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/05/2019
MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name Eric R. von Helms
First name Middle name Last name

Title Attorney in fact / Agent

Company Kohner, Mann & Kailas, S.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4650 North Port Washington Road
Number Street

Milwaukee WI 53212
City State ZIP Code

Contact phone 414-962-5110 Email evonhelms@kmksc.com

**ATTACHMENT TO PROOF OF CLAIM
OF ACUITY, A MUTUAL INSURANCE COMPANY**

Acuity, a Mutual Insurance Company (“Acuity”) submits its proof of claim in the bankruptcy proceedings of Debtor FP Retail Associates LLC (“Debtor”) as a priority claim pursuant to 11 U.S.C. § 507(a)(2). The claim is entitled to an administrative priority, under 11 U.S.C. § 507(a)(2) and 11 U.S.C. § 503(b), as a result of the claim being for post-petition insurance premiums which were actual and necessary costs for preserving the Chapter 11 estate of Debtor.

The claim of Acuity, in the amount of \$29,465.00, should be allowed in its entirety as a timely-filed administrative priority claim.

ACCOUNT SUMMARY

Insured: FP Retail Associates LLC
 Account: Z97233
 Term: 05-01-2018 to 05-01-2019

<u>Process</u> <u>Date</u>	<u>Effective</u> <u>Date</u>	<u>Transaction</u>	<u>Charge</u>	<u>Credit</u>
04/02/19		Audit processed for the period of 05-01-18 to 01-01-19 resulting in additional premium: Workers' Compensation	+\$29,465.00	
		Balance due	+\$29,465.00	



Billing Summary

Policy: Z97233-6 - FP RETAIL ASSOCIATES LLC

Status: Policy cancelled per insured request
Effective Date: 05-01-2018
Expiration Date: 05-01-2019
Cancellation Effective Date: 01-01-2019

Billing Plan: Direct Bill - 11 Pay

Last Bill:

Transaction	Date	Amount
Installment Bill Mailed	12-11-2018	\$ 3,203.01
Cancellation Notice Mailed	01-25-2019	\$ 9,599.04

Billing History - Current Term :

Process Date of Change	Effective Date of Change	Description	Amount
04-18-2018	05-01-2018	New Business	
		Written premium charge	\$ 42,980.00
		Work Comp	\$ 42,980.00
04-18-2018		<u>Zero down installment sent</u>	
05-08-2018		<u>Cancellation notice sent</u>	
05-16-2018		Payment received	-\$ 10,105.30
		Service charge	\$ 5.00
06-11-2018		<u>Installment notice sent</u>	
07-11-2018		<u>Cancellation notice sent</u>	
07-13-2018		Payment received	-\$ 3,658.30
		Service charge	\$ 5.00
07-16-2018		<u>Installment notice sent</u>	
08-13-2018		<u>Cancellation notice sent</u>	

08-27-2018		Payment received	-\$ 3,658.30
		Service charge	\$ 5.00
08-27-2018		<u>Cancellation notice sent</u>	
09-26-2018	09-26-2018	Policy lapsed mid-term	
	Work Comp	Written premium credit	-\$ 25,573.00
			-\$ 25,573.00
09-26-2018		Earned Premium Due	-\$.10
09-27-2018		Payment received:	-\$.10
		Applied to Earned Prem Due	
09-28-2018	09-26-2018	Policy Reinstated Without Lapse	
	Work Comp	Written premium charge	\$ 25,573.00
			\$ 25,573.00
09-28-2018		Reactivation fee waived	
09-28-2018		One Time ACH Pmt Recd	-\$ 4,266.25
		Service charge	\$ 5.00
10-01-2018		<u>Installment notice sent</u>	
10-22-2018		<u>Cancellation notice sent</u>	
10-26-2018		Payment received	-\$ 4,267.35
		Service charge	\$ 5.00
11-02-2018		Unsuccessful payment	\$ 4,267.35
		Refused payment	
		Service charge	\$ 25.00
11-02-2018		<u>Cancellation notice sent</u>	
11-05-2018		One Time ACH Pmt Recd	-\$ 8,554.70
		Service charge	\$ 5.00
11-12-2018		<u>Installment notice sent</u>	
12-03-2018		Payment received	-\$ 3,203.01
		Service charge	\$ 5.00
12-11-2018		<u>Installment notice sent</u>	
12-28-2018	12-17-2018	Endorsement	
		REQUESTED BY AGENCY JANICE	
Common Page		CHANGED MAILING ADDRESS	
01-25-2019		<u>Cancellation notice sent</u>	
02-11-2019	02-09-2019	Policy lapsed mid-term	
	Work Comp	Written premium credit	-\$ 9,541.00
			-\$ 9,541.00
02-11-2019		Earned Premium Due	-\$ 53.04
02-20-2019		Manual Endr credit (18-19)	-\$ 4,599.00

02-21-2019		Billing Maintenance Manual Premium Adjustment	
02-22-2019	01-01-2019	Correction REQUESTED BY UW CHANGED MAILING ADDRESS	
Common Page			
04-02-2019		Audit charge (18-19)	\$ 29,465.00

[Email the Billing Unit](#)

New Policy:

Northern District of Illinois Claims Register

[18-30046 FP Retail Associates LLC](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (28075846) **Claim No:** 65 *Status:*
 Acuity, a Mutual Insurance *Original Filed* *Filed by:* CR
 Company *Date:* 08/05/2019 *Entered by:* Eric R von Helms
 c/o Kohner, Mann & Kailas, S.C. *Original Entered* *Modified:*
 4650 North Port Washington *Date:* 08/05/2019
 Road
 Milwaukee, Wisconsin
 53212

Amount claimed: \$29465.00
 Priority claimed: \$29465.00

History:

[Details](#) [65-1](#) 08/05/2019 Claim #65 filed by Acuity, a Mutual Insurance Company, Amount claimed: \$29465.00 (von Helms, Eric)

Description: (65-1) post-petition insurance premiums

Remarks:

Claims Register Summary

Case Name: FP Retail Associates LLC
Case Number: 18-30046
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$29465.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$29465.00	
Administrative		