

**Fill in this information to identify the case:**

Debtor 1 Hillcrest Enterprises LLC

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30047

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)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Kohner, Mann &amp; Kailas, S.C.</u>                  Name _____  <u>4650 North Port Washington Road</u>                  Number Street _____  <u>Milwaukee WI 53212</u>                  City State ZIP Code _____                  Contact phone <u>414-962-5110</u>                  Contact email <u>evonhelms@kmksc.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one):                  _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____                  Name _____                  _____                  Number Street _____                  _____                  City State ZIP Code _____                  Contact phone _____                  Contact email _____</p>
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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? \$ 45,074.18. 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:

	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>45,074.18</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:

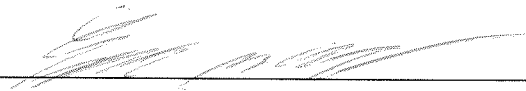
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 08/02/2019  
MM / DD / YYYY

Signature 

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

Name	<u>Eric R. von Helms</u>		
	<small>First name</small>	<small>Middle name</small>	<small>Last name</small>
Title	<u>Attorney in Fact / Agent</u>		
Company	<u>Kohner, Mann &amp; Kailas, S.C.</u>		
	<small>Identify the corporate servicer as the company if the authorized agent is a servicer.</small>		
Address	<u>4650 North Port Washington Road</u>		
	<small>Number</small>	<small>Street</small>	
	<u>Milwaukee</u>	<u>WI</u>	<u>53212</u>
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Contact phone	<u>414-962-5110</u>		Email <u>evonhelms@kmksc.com</u>

**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 Hillcrest Enterprises 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 \$45,074.18 should be allowed in its entirety as a timely-filed administrative priority claim.

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Acuity, A Mutual Insurance Company

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DELINQUENT ACCOUNTS RECEIVABLE COLLECTION FILE DUMP

DATE: 05/23/19

BASE COLLECTION INFORMATION:

ACCT: Z97223 ACCT STATUS: E External Referral STATUS DATE: 05/23/19 LAST UPDATE: 05/23/19  
 NAME: HILLCREST ENTERPRISES LLC ORIG DUE: \$521.18  
 C/O MICHAEL GOLDMAN-PMB 325  
 ADDRESS: 655 DEERFIELD RD STE 100 DEERFIELD IL 60015- CURRENT AMT DUE: \$45,074.18  
 PHONE NUMBERS: HOME: WORK: 815-730-8340 FAX:  
 DATE OF BIRTH:  
 SALUTATION: Sir or Madam 1630 BALANCE: \$45,074.18  
 TYPE OF CLCTN ACCOUNT: Multiple Factors WRITE-OFF AMOUNT: \$.00

COLLECTION ACTIVITY: ACCOUNT Z97223

ACTIONS TAKEN:

ACTION			AMOUNT	SOURCE	ENTER DATE	G/L POST DATE
01/15/19	000 02	Void Bill	\$521.18	PBAD	01/15/19	
01/15/19	001 952	Misc Comments		PBAD	01/15/19	
DAO60AA-442-001 SYSTEM GENERATED MESSAGE: This void bill was for p1cy term starting 00/00/00 and ending 00/00/00 The void bill concerned line(s) 91						
01/15/19	002 311	Final Bill Letter 1	\$521.18	DART	01/15/19	
02/04/19	000 55	Suspense Release	\$521.18	DART	01/15/19	
02/04/19	001 32	Collect Letter 1	\$.00	DART	02/04/19	
02/19/19	000 33	Collect Letter 2	\$.00	DART	02/04/19	
02/20/19	000 062	Canc Pol Endors	\$2,684.00-	PBAD	02/20/19	
02/20/19	001 952	Misc Comments		DART	02/20/19	
DA100AA-890-001 System generated message: This Canc Pol End was for p1cy term starting 05/01/18 and ending 05/01/19 The Canc Pol End concerned line(s) 30						
02/20/19	002 87	PBAD Adjustments	\$27.00-	PBAD	02/20/19	
02/20/19	003 382	Rev Aud/Ends Cr Ltr	\$2,684.00-	DART	02/20/19	
02/22/19	000 952	Misc Comments		SZERBOWS	02/22/19	
Audit appointment scheduled for 02-26-2019. -ANS						
03/08/19	000 952	Misc Comments		SZERBOWS	03/08/19	
Last audit note: Policyholder failed to keep appointment on 2-22-19. Auditor called to confirm appointment at 847-263-1240 and phone has been disconnected as the insured is out of business. Auditor called the agent for assistance (Janice Glasford-Ivory 312-848-9153). He left message asking if she had additional info on this as he knew the insured was going through bankruptcy. He also called underwriter Brenda Jacobosky a message asking for any insight. -ANS						
03/08/19	001 952	Misc Comments		SZERBOWS	03/08/19	

Received email from Ashley Balde in Processing dated 02/28/19:

Policy Number: Z97223  
 Effective Date: 1/1/19  
 New mailing address:  
 C/O MICHAEL GOLDMAN & ASSOC  
 655 DEERFIELD RD STE 100 PMB 325  
 DEERFIELD IL 60015

DA110IA

Acuity, A Mutual Insurance Company

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DELINQUENT ACCOUNTS RECEIVABLE COLLECTION FILE DUMP

DATE: 05/23/19

COLLECTION ACTIVITY: ACCOUNT Z97223 (CONTINUED)

ACTIONS TAKEN:

ACTION	DATE	SEQ	ACTIVITY	AMOUNT	SOURCE	ENTER DATE	G/L POST DATE
	03/15/19	000	952 Misc Comments		SZERBOWS	03/15/19	
Audit appointment scheduled for 3/26/19. -ANS							
	04/02/19	000	061 Canc Pol Audit	\$46,791.00	PBAD	04/02/19	
	04/02/19	001	952 Misc Comments		DART	04/02/19	
DA100AA-890-001 System generated message:							
This audit was for policy term starting 05/01/18 and ending 01/01/19							
The audit concerned line(s) 30							
	04/02/19	002	87 PBAD Adjustments	\$473.00	PBAD	04/02/19	
	04/02/19	003	351 Manual Bill Letter C	\$47,264.00	DART	04/02/19	
	04/03/19	000	952 Misc Comments		VALENTIN	04/03/19	
Policy cancelled per insured request. -ISV							
	04/22/19	000	32 Collect Letter 1	\$ .00	DART	04/02/19	
	05/07/19	000	33 Collect Letter 2	\$ .00	DART	04/22/19	
	05/22/19	000	68 Attempt Referral	\$ .00	PH3B742	05/22/19	
	05/22/19	001	90 Suspense Comment		DART	05/22/19	
DA100AA-876-001 System generated message:							
Manual referral required.							
	05/23/19	000	952 Misc Comments		SZERBOWS	05/23/19	
Chapter 11 Bankruptcy. Case 18-30047 Filed 10/25/18.							
Copy sent with KMK referral. -ANS							
	05/23/19	001	70 Refer To Atty	\$ .00	PH3B771	05/23/19	
	05/23/19	002	42 Atty Ref Letter	\$ .00	DART	05/23/19	
	05/23/19	003	59 Collect File Dump	\$ .00	DART	05/23/19	
	06/23/19	000	90 Suspense Comment		VALENTIN	05/23/19	
KMK ack? -ISV.							

# Northern District of Illinois Claims Register

[18-30047 Hillcrest Enterprises LLC](#)

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

<i>Creditor:</i> (28074712)	<b>Claim No:</b> 49	<i>Status:</i>
Acuity, A Mutual Insurance Company	<i>Original Filed</i>	<i>Filed by:</i> CR
c/o Kohner, Mann & Kailas, S.C.	<i>Date:</i> 08/02/2019	<i>Entered by:</i> Eric R von Helms
4650 North Port Washington Road	<i>Original Entered</i>	<i>Modified:</i>
Milwaukee, Wisconsin	<i>Date:</i> 08/02/2019	
53212		

Amount claimed: \$45074.18  
Priority claimed: \$45074.18

*History:*

[Details](#)   [49-1](#) 08/02/2019 Claim #49 filed by Acuity, A Mutual Insurance Company, Amount claimed: \$45074.18 (von Helms, Eric)

*Description:* (49-1) post-petition insurance premiums

*Remarks:*

## Claims Register Summary

**Case Name:** Hillcrest Enterprises LLC  
**Case Number:** 18-30047  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$45074.18
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>	\$45074.18	
<b>Administrative</b>		