

PROGRESSIVE

Subrogation Department
P O Box 149264
Austin, TX 78714-9264
1-877-818-0139
Fax 1-512-464-7827

Alex McWilliams-ABM0002

DATE: 3-8-2

ATTN: CLAIMS DEPT
TRUMBULL SVCS
PO BX 426
WINDSOR, CT 06095

FAX:

Re: Ap Insured: **K-MART**
Ap File #: **CASE# 02.02474**
Our Insured: **LARUS THOMASSON**
Our Claim #: **017.031.013**
Date of loss **AUG 30, 01**
Amount Owed: **634.34** (includes our insured's deductible)

Please take this letter as formal notice of our subrogation rights in regard to the above captioned claim. We have completed our investigation into the facts of the above claim and find that your insured was the proximate cause of the accident.

Please make your draft payable to "Progressive Insurance as Subrogee of"
LARUS THOMASSON

in the amount stated above, and mail it to:

**Progressive Payment Processing
Po Box 43258
Richmond Heights, OH 44143**

Any correspondence needs to be sent to:

**Progressive Insurance
Po Box 149264
Austin, Tx 78714-9264**

All supporting documentation is enclosed. I will follow up in 10 business days. Thank you for your anticipated prompt attention to this matter.

Alex McWilliams
Progressive Insurance Subrogation Dept.
1.877.818.0139 Ext: 42361
Direct Line: 512.704.2361
Fax Line: 503.907.5446
Alex_McWilliams@Progressive.com

Enclosure

RECEIVED
PROGRESSIVE INSURANCE

APR 18 PM 3:58

BANKRUPTCY

3/18/02
722 80

VOLUNTARY PETITION

United States Bankruptcy Court Northern District of Illinois	VOLUNTARY PETITION
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Name of Debtor (if individual, enter Last, First, Middle): KMART CORPORATION	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by Joint Debtor in the last 6 years (include married, maiden, and trade names):
Soc. Sec./Tax I.D. No. (if more than one, state all): 38-0729500	Soc. Sec./Tax I.D. No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): 3100 West Big Beaver Road Troy, MI 48084	Street Address of Debtor (No. & Street, City, State & Zip Code):
County of Residence or of the Principal Place of Business: Oakland	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
Location of Principal Assets of Business Debtor (if different from addresses listed above):	

INFORMATION REGARDING DEBTOR (Check the Applicable Boxes)

- Venue (Check any applicable box)**
- Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
 - There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply) <input type="checkbox"/> Individual <input type="checkbox"/> Railroad <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> _____	Chapter or Section of Bankruptcy Code Under Which the Petition Is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304-Case ancillary to foreign proceeding
Nature of Debts (Check one box) <input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business	Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101. <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e). (optional)	

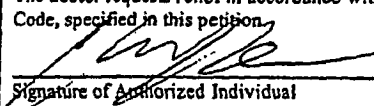
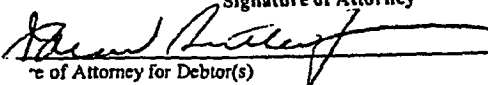
Statistical/Administrative Information (Estimates only)

- Debtor estimates that funds will be available for distribution to unsecured creditors.
- Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors

							THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors							
1-15	16-49	50-99	100-199	200-999	1,000-over		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Estimated Assets							
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000 to \$100 million	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estimated Debts							
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000 to \$100 million	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

U.S. Bankruptcy Court
 Northern District of Illinois
 RECEIVED: 01/22/02
 Time: 8:02 a.m.
 Debtor: KMART CORPORATION
 Case #: 02-02474
 Chapter 11 Rec# 324660
 Judge Susan Pierson Sonderby



VOLUNTARY PETITION (This page must be completed and filed in every case)		Name of Debtor(s): KMART CORPORATION		Form BI, Page 2
Prior Bankruptcy Case Filed Within Last 6 Years (if more than one, attach additional sheet)				
Location Filed: None		Case Number:		Date Filed:
Pending Bankruptcy Case Filed by Any Spouse, Partner, or Affiliate of this Debtor (if more than one, attach additional sheet.)				
Name of Debtor: See Annex A		Case Number:		Date Filed:
District:		Relationship:		Judge:
SIGNATURES				
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. (If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.		
Signature of Debtor X		 Signature of Authorized Individual		
Signature of Joint Debtor		Charles C. Conaway Name of Authorized Individual		
Telephone Number (if not represented by attorney)		Chief Executive Officer Title of Authorized Individual		
Date		January 22, 2002 Date		
Signature of Attorney  Signature of Attorney for Debtor(s)		Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.		
John Wm. Butler, Jr. Printed Name of Attorney for Debtor(s)		Printed Name of Bankruptcy Petition Preparer		
Skadden, Arps, Slate, Meagher & Flom (Illinois) Firm Name		Social Security Number		
333 W. Wacker Drive, Chicago, IL 60606 Address		Address		
(312) 407-0700 Telephone Number		Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:		
January 22, 2002 Date		If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
EXHIBIT A To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) Exhibit A is attached and made a part of this petition.		Signature of Bankruptcy Petition Preparer		
EXHIBIT B To be completed if debtor is an individual whose debts are primarily consumer debts) the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that (he or she) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		Date		
X Signature of Attorney for Debtor(s)		Date		

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

CMSD2340 /CMSM2340 P A C M A N DEC 19 01 - 10:25
OPID: ABM0002 CLAIM PAYMENT INQUIRY TERMID: VT640296
INSD: THOMASSON, LARUS M POL: 50594467-1
DOL : AUG 30 01 CO-CSPGS1-GRP- CLM: 017031013 ACTIVE REP: G JUVERA

PAY TO THE ORDER OF: TOTAL DRAFT AMOUNT: 134.34

LINE 1: LARUS M THOMASSON (ONLY)*****
LINE 2:
LINE 3:

ADDRESS: 3410 N EL PASO ST B-18

CITY: COLORADO SPRINGS ST/PR* CO ZIP/CPC: 80907 CENTRY* USA

IN PAYMENT OF: COMP DMG TO 00 SUZUKI SWIFT GA LESS 500.00 DED

1099 ? N FEDERAL TAX ID: LAST UPDT REP: GDJ0004
CDS CODE * 05 PCL EFT TRACE #: ISSUING REP: G JUVERA
BANK CODE* AS2 ISSUE DATE : SEP 06 01 APPROVED BY:
STATE * CO AREA * 865 REVIEW DATE: 00 00
STOP RSN * DRAFT # : 421954514 REVIEWED BY:

COMMAND:

CMSD1240 /CMSM1240 P A C M A N DEC 19 01 - 10:25
OPID: ABM0002 CLAIM SUMMARY TERMID: VT640296
INSD: THOMASSON, LARUS M POL: 50594467-1
DOL : AUG 30 01 CO-CSPGS1-GRP- CLM: 017031013 ACTIVE REP: G JUVERA
TOL : 04 : 15 PM REPORTED BY* I CAT CODE* VERIF ORG:
LOC : 3004 N NEVADA ST SHOPPING PLAZA P/L SIU LVL: N ST/PR WORDING*
CITY : COLORADO SPRINGS CNTY: ST/PR* CO CNTRY* USA
FACTS: WIND PUSHED A SHOPPING CART INTO IV
LIAB:ADV CLMT COV:500.00 DED INJURY:NONE
RPT : SEP 04 01 OPEN: SEP 04 01 REOPEN: 00 00 INACTIVE: 00 00
DRIVE-IN INSPECTION DATE: 00 00 PURGE: AUG 30 2005 LIAB PCT:
INSD VEH: 1 INSD INJ: 0 CLMT VEH: 0 CLMT INJ: 0 PROP DAMAGE: 0
STAT* NAME PROP TYPE* L/COV COL* FEA ORG S/R/L RSRV PAYMENTS
CLSD 00 SUZU SWIFT 001 COMP 6 1 CO-CSPGS O 2066 134
THOMASSON LAR 001 N N
K-MART O
BAROUMAND SIM W

DC912747 ONLY PAGE

COMMAND: REVISE F4=VERIFICA F5=VENDREF F11=CVQSUM F12=READYASG F14=CLMPOLI

*

Date: 09/05/01 11:52 A.M.
 Estimate ID: 01-7031013-01
 Estimate Version: 0
 Committed
 Profile ID: CSPI-3

PROGRESSIVE INSURANCE
 1110 CHAPEL HILLS DRIVE COLORADO SPRINGS, CO 80920
 Fax: (719) 536-0902

Damage Assessed By: BILL BAUMGART 719-499-1769 Appraised For: GINA JUVERA
 (719) 262-5860

Type of Loss: Auto
 Date of Loss: 08/30/01
 Deductible: 500.00

Policy No. 50594467-001 Claim Number: 01-7031013-01

Insured: LARUS THOMASSON
 Address: 3410 N EL PASO ST B-18 COLORADO SPRINGS, CO 80907
 Telephone Work Phone: (719) 630-8600 Home Phone: (719) 473-6524

Description: 2000 Suzuki Swift GA
 Body Style 2D HB
 VIN: 2S2AB21H9Y6600362
 Mileage: 28,660
 OEM/ALT: A
 Search Code: COLORADOS2
 Mitchell Service: 912711
 Vehicle Production Date: 00/00
 Drive Train: 1.3L Inj 4 Cyl 5M
 License: 278FGI CO

Options Air Conditioning, Power Steering, Electric Defogger, AM-FM Stereo.
 Color: BLUE

Line Item	Entry Labor	Operation	Description	Line Item Description	Part Type/Part Number	Qual Recycled Part	Dollar Amount	Labor Units
1	700037 BDY	REMOVE/REPLACE	L REPLACE FENDER				65.00*	1.2
2	AUTO REF	REFINISH	L FENDER ASSY					1.7
3	AUTO REF	REFINISH	L ADD TO EDGE FENDER					0.5
5	900500 BDY*	REPAIR	CLEAN UP USED FENDER	LINE MARKUP \$25.00			16.25	1.0*
6	200204 BDY	REMOVE/REPLACE	L FENDER LINER	*** END OF ATG SECTION ***				
9	200776 BDY	REPAIR	L FRT DOOR SHELL	72316-50G00			27.25	0.3
10	AUTO REF	REFINISH	L FRT DOOR OUTSIDE	Existing				1.0*
12	200782 BDY	REMOVE/INSTALL	L FRT REAR VIEW MIRROR	BLEND WITHIN THE PANEL				0.2
13	200788 BDY	REMOVE/INSTALL	L FRT DOOR ADHESIVE MouldING	Existing				0.4*
14	200846 GLS	REMOVE/INSTALL	L FRT DOOR MOVEABLE GLASS	Existing				1.0*
15	900500 BDY*	REMOVE/REPLACE	A/M STRIPE TAPE	Sublet			25.00*	0.0*
16	200856 GLS	REMOVE/INSTALL	L FRT OTR DOOR GLASS WEATHERSTRIP	Existing				0.3*#
17	AUTO REF	ADD'L OPR	CLEAR COAT					1.2
18	AUTO	ADD'L COST	PAINT/MATERIALS				112.20*	

ESTIMATE RECALL NUMBER. 09/05/01 11:52:41 01-7031013-01
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 Page 1 of 4

Date: 09/05/01 11:52 A.M.
 Estimate ID: 01-7031013-01
 Estimate Version: 0
 Committed
 Profile ID: CSPI-3

* - Judgement Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 09/05/01 11:52:41 01-7031013-01
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Date: 09/05/01 11:52 A.M.
 Estimate ID: 01-7031013-01
 Estimate Version: 0
 Committed
 Profile ID: CSPI-3

I. Labor Subtotals		Units	Rate	Amount	Amount	Totals	II. Part Replacement Summary		Amount
							Labor	Sublet	
Body		4.1	36.00	0.00	0.00	147.60			92.25
Refinish		5.1	36.00	0.00	0.00	183.60	Taxable Parts		16.25
Glass		1.3	34.00	0.00	0.00	44.20	Parts Adjustments		6.51
							Sales Tax	@	6.000%

Add'l

Non-Taxable Labor	375.40	Non-Taxable Parts	25.00
Labor Summary	10.5	Total Replacement Parts Amount	140.01
III Additional Costs		Amount	
III. Additional Costs			
Taxable Costs			500.00-
		Customer Responsibility	500.00-
		118.93	
Total Additional Costs			
		I. Total Labor:	375.40
		II Total Replacement Parts:	140.01
		III Total Additional Costs:	118.93
		Gross Total	634.34
		IV. Total Adjustments	500.00-
		Net Total.	134.34

Point(s) of Impact
10 LEFT FRONT SIDE (P)

Inspection Site: OFFICE
Inspection Date: 09/05/2001

ESTIMATE RECALL NUMBER: 09/05/01 11:52:41 01-7031013-01
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 Date: 09/05/01 11:52 A.M.
 Estimate ID: 01-7031013-01
 Estimate Version: 0
 Committed
 Profile ID: CSPI-3

THIS IS A DAMAGE ASSESSMENT ONLY--NOT AN AUTHORIZATION TO REPAIR;
 NOT A CONFIRMATION OF COVERAGE/LIABILITY.

THE OWNER OF THE VEHICLE MAY SELECT THE REPAIR FACILITY OF HIS/HER
 CHOICE.

SUPPLEMENTS, IF ANY, MUST HAVE REINSPECTION AND PRIOR APPROVAL TO BE
 HONORED

REPAIR SHOP MANAGER'S SIGNATURE: _____

REPAIR SHOP MANAGER'S SIGNATURE INDICATING AGREEMENT ON COST OF
 REPAIRS, TOWING/STORAGE CHARGES, AND TO COMPLETE ALL LISTED REPAIRS: