

FORM B10 (Official Form 10)

4028134

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		Chapter 11
In Re Kmart Corporation, et al.		Your claim is scheduled as follows: Class UNSECURED NON PRIORITY Amount CONTINGENT, DISPUTED, UNLIQUIDATED
Case Numbers 02-02462 through 02-02499		
Name of Debtor: (see attached for complete list of debtors) K-MART CORP		10082987 This Space is for Court Use Only
Case Number:		
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): MADIE VALERIE 403 ORINDA DRIVE WILMINGTON, DE 19804		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
11 2375551		
If address differs from above, please complete the following:		
Creditor Name: SUSAN D. AMENT, ESQ		Telephone: # 302-655-2599
Address: 1010 N. BANCROFT PKY.		
City/State/Zip: WILM. DE 19899		
Account or other number by which creditor identifies debtor:		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: PENDING		3. If court judgment, date obtained: PENDING
4. Total Amount of Claim at Time Case Filed: \$ _____		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.		
<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650), 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Up to \$ 2,100 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)(____).
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only 2627 APR 02 11:35 BANKRUPTCY 4-9-02
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.		
Date 4/4/02	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): SUSAN D. AMENT, ESQ	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

MAMSI

M.D. IPA OPTIMUM CHOICE INC. MAMSI THE AND HEALTH INSURANCE COMPANY ALLIANCE PPO

March 15, 2002

Susan D'Alonzo Ament
Morris, James, Hitchens & Williams
1010 N. Bancroft Parkway # 11
Wilmington, DE 19899-2328

Member Name: Valerie Madei
Member # C 0203760*02

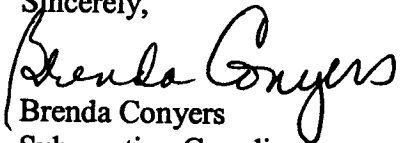
Dear Sir/Madam:

Optimum Choice Insurance has updated its subrogation lien on the above referenced case to include additional claims processed since the original claim summary mailed to you on **February 23, 2001**.

The current subrogation lien amount is **\$ 4,430.53**.

Please contact this office at 877-288-0266 ext 3930 when there is a change in the status of this case, which would affect our subrogation lien.

Sincerely,


Brenda Conyers
Subrogation Coordinator

RECEIVED
MAR 27 2002

MORRIS, JAMES, HITCHENS & WILLIAMS LLP

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April 4, 2002

Kmart Corporation, et al.
c/o Trumbull Services, LLC
P.O. Box 426
Windsor, CT 06095

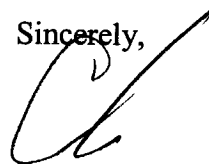
Re: Valerie Madei v. Kmart Corporation, et al.

To Whom It May Concern:

Enclosed herein are copies of our demand letter to Kmart in the amount of \$50,000, the U.S. Bankruptcy Court's Proof of Claim and the medical lien notice.

If you are in need of any additional records, please do not hesitate to contact me. Thank you for your cooperation and assistance in this matter.

Sincerely,



Albert J. Ament

AJA/pr
Enclosures

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November 6, 2001

Ms. Stacey Stiller
Claims Examiner
Kmart Customer Service Unit
Sedgwick Claims Management services, Inc.
P.O. Box 5058
Troy, MI 48007-5058

RE: Our Client: Valerie Madei
Your File No: 20010221840
Date of Incident: 2/23/01
Location: Store #9411, Wilmington, DE

Dear Ms. Stiller:

At this time, I am enclosing all medical records on Ms. Valerie Madei.

Her treating doctor, Domingo Singson, M.D. has diagnosed Ms. Madei with:

1. Head injury;
2. Cervical, thoracic, lumbar sacral strain;
3. Bilateral knee contusion;
4. Bilateral hip strain;
5. Spondylolisthesis L4-L5;
6. Spur formations at C4-C5;
7. Severe depression.

Dr. Singson has found Ms. Madei's injuries to be permanent and directly related to her accident at K-Mart.

Based on the nature of her injuries, I am prepared to recommend settlement to Valerie Madei in the amount of \$50,000.

Following your review, please advise as to your decision.

Ms. Stacey Stiller
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Thank you for your time and attention in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'SDA', written over a horizontal line.

Susan D. Ament

SDA/rn
Enclosure