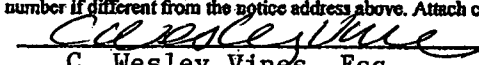


UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor: (Check Only One): <input type="checkbox"/> Opus West Corporation <input checked="" type="checkbox"/> Opus West Construction Corporation <input type="checkbox"/> O.W. Commercial, Inc. <input type="checkbox"/> Opus West LP <input type="checkbox"/> Opus West Partners, Inc.		Case Number: 09-34360-hdh11
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. All other requests 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): Continental Casualty Insurance Company, Lloyds of London, Lexington Insurance Company and Allied World Assurance, as insurers of STRS Ohio CA Real Estate Investments I, LLC (Re: The Overlook at Fountaingrove)		<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: Telephone number: 214-462-3008 Email Address: ^{ccas} cvines@cozen.com		<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.
C. Wesley Vines, Esq. Cozen O'Connor 1717 Main St., Ste. 2300 Dallas, TX 75201		
Name and address where payment should be sent (if different from above): Telephone number:		
1. Amount of Claim as of Date Case Filed: \$1,537,517.54 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: \$
2. Basis for Claim: Services performed negligently and/or breach of implied warranty regarding an apartment complex known as The Overlook at Fountaingrove in Santa Rosa, California. See Attachment hereto. (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>N/A</u> 3a. Debtor may have scheduled account as: <u>N/A</u> (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 type="checkbox"/> Equipment <input type="checkbox"/> Other Value of Property: \$ _____ Annual Interest Rate: % _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount Unsecured: \$ _____		
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 or 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: November 6, 2009	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.  C. Wesley Vines, Esq.	
		FOR COURT USE ONLY

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. Modified B10 (GCG) (12/08)

RECEIVED

NOV 09 2009

BMC GROUP



Attachment to Proof of Claim Against Opus West Construction Corporation

Subrogation Claim of Continental Casualty Insurance Company, Lloyds of London, Lexington Insurance Company, and Allied World Assurance

Continental Casualty Insurance Company, Lloyds of London, Lexington Insurance Company, and Allied World Assurance (hereinafter "Insurers") provided certain insurance coverage to STRS Ohio CA Real Estate Investments I, LLC (Re: The Overlook at Fountaingrove) (hereinafter "STRS") with respect to an apartment complex in Santa Rosa, California known as The Overlook at Fountaingrove (hereinafter "Overlook").

Opus West Construction Corporation ("OWCC") was the construction manager of the Overlook.

STRS purchased pursuant to a written contract the Overlook from The Overlook at Santa Rosa, L.L.C. ("Seller") in or around 2004. On information and belief, Seller is an alter ego of OWCC. The acts alleged herein to have been committed by OWCC were either committed by OWCC individually, or in conjunction with others.

Subsequently, a significant earth movement event occurred at the property, as a result of construction defects, including a water valve leak at the installation site of an underground water system. This caused a slope failure that necessitated remedial design and repair of the slope and related damage at the Overlook covered under the Insurers' policies for which payments have been made to STRS in the amount of \$1,537,517.54.

On information and belief, as an alter ego of the Seller and construction manager of the Overlook, OWCC had an obligation to deliver a conforming and properly designed and constructed residential development. OWCC breached its duties in this regard by delivering a non-conforming and improperly designed and constructed development.

As the construction manager, OWCC also had a duty to perform its construction management and oversight duty with the level of care and skill that would normally be exercised by construction managers and to ensure that the various subcontractors were performing their trades in a workmanlike fashion. OWCC breached its duties in this regard by inadequately supervising and managing the worksite, which resulted in the delivery of a non-conforming and improperly constructed development.

Insurers allege subrogation claims against OWCC for, *inter alia*, negligence and breach of implied warranty.

Carrier Contacts- Primary \$25M

State Teachers Retirement of Ohio

State Teachers Retirement System of Ohio
 DOL: July 16, 2008
 Loss Loc: "The Overlook at Fountaingrove", 200 Bicentennial Way, Santa Rosa, CA 95403

Engle Martin & Assoc.
 Bill Lancaster, Exec. General Adjuster
 (310) 771-0850 // email: blancaster@englemartin.com
 EMA file: LXXI-PROP-032329

Primary \$50M Participation	Contact Company	Carrier	Policy #	Claim #	Claims Contact	Phone #	E-mail address(es)
5%	Continental Casualty Ins. Co.	CNA	RMP-2068253999	E3781580	Bill Kroll	312-822-5456	William.Kroll@cna.com
35%	Lloyds of London	Lloyds	WB0800689		Peter Maynard	+44 (0)20 76689602	peter.maynard@aon.co.uk
5%	Lloyds of London	Lloyds	WB0800907		Peter Maynard	+44 (0)20 76689602	peter.maynard@aon.co.uk
50%	Lexington	AIG/Lexington	8757290	683-216246	Dan Leverton and Steven Aquino	(415) 836-2614	Daniel.Leverton@aiguholdings.com
5%	Allied World Assurance		P009879/001		Lita Reynor	441-278-1759	Stephen.Aquino@Charisinsurance.com Wendy.Robinson@aql.aon.com Lita.Reynor@awac.com

Broker: AON Global Risk Consulting - Claims & Risk Control
 Walt Choromanski, Director
 (312) 381-7125
 email: Walt_Choromanski@ars.aon.com

Molly Reid (Acct Services) 312-381-4076

SWORN STATEMENT IN PROOF OF LOSS

\$ 25,000,000.00
AMOUNT OF POLICY AT TIME OF LOSS

8756238
POLICY NUMBER

July 01, 2007
DATE ISSUED

AGENCY AT

July 01, 2008
DATE EXPIRES

AGENT

To the Lexington Insurance Company of Boston, MA.

At time of loss, by the above indicated policy of insurance you insured: State Teachers Retirement System of Ohio

Against loss by All Risk to the property described and according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: An Earth Movement loss occurred about the hour of o'clock, on the 16th day of July, 2008. The cause and origin of the said loss were: Damage to Land Improvements caused by various reasons, including defects in construction materials and installation and other potential causes

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Apartment Residential Income Property

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owner. No other person or persons had any interest therein or incumbrance thereon, except: None

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss \$ 2,500,000.00 as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6.	The Actual Cash Value of said property at the time of the loss was	\$	<u>Not Determined</u>
7.	The Whole Loss and Damage was	\$	<u>2,176,517.54</u>
8.	Less Amount of Deductible	\$	<u>639,000.00</u>
9.	Claim Total	\$	<u>1,537,517.54</u>
10.	Market Pro Rata Share of Claim (50%).	\$	<u>768,758.76</u>
11.	Balance due, after Advance Payments.	\$	<u>343,758.76</u>

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

THE FURNISHING OF THIS BLANK OR THE PREPARATION OF PROOFS BY A REPRESENTATIVE OF THE ABOVE INSURANCE COMPANY IS NOT A WAIVER OF ANY OF ITS RIGHTS. For your protection please be advised of the following: any person who knowingly presents a false or fraudulent claim for payment of a loss, or knowingly presents false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud an insurance company, or provides false information concerning a material fact on an application for insurance, or helps any other person commit such acts, may be guilty of fraud, and may be subject to substantial civil and criminal penalties pursuant to the laws of the state in which those acts occur.

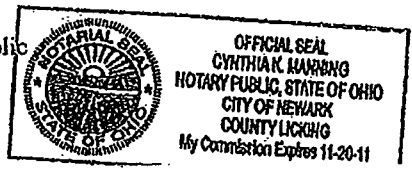
The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Ohio
County Franklin

Mary Ellen Grant
Insured
State Teachers Retirement System of Ohio
Mary Ellen Grant
Authorized Agent

Subscribed and sworn to before me this 16th day of October 2009

Cynthia K. Manning
Notary Public



SWORN STATEMENT IN PROOF OF LOSS

\$ 17,500,000.00
AMOUNT OF POLICY AT TIME OF LOSS

WB0800689
POLICY NUMBER

July 01, 2007
DATE ISSUED

AGENCY AT

July 01, 2008
DATE EXPIRES

AGENT

To the Certain Underwriters at Lloyd's of London, England
At time of loss, by the above indicated policy of insurance you insured: State Teachers Retirement System of Ohio
Against loss by All Risk to the property described and according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: An Earth Movement loss occurred about the hour of o'clock, on the 16th day of July, 2008. The cause and origin of the said loss were: Damage to Land Improvements caused by various reasons, including defects in construction materials and installation and other potential causes

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Apartment Residential Income Property

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owner
No other person or persons had any interest therein or incumbrance thereon, except: None

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss \$ 2,500,000.00 as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

Table with 2 columns: Description and Amount. Rows include: Actual Cash Value (\$ Not Determined), Whole Loss and Damage (\$ 2,176,517.54), Less Amount of Deductible (\$ 639,000.00), Claim Total (\$ 1,537,517.54), Market Pro Rata Share of Claim (35%) (\$ 538,131.14), Balance due, after Advance Payments (\$ 240,631.14)

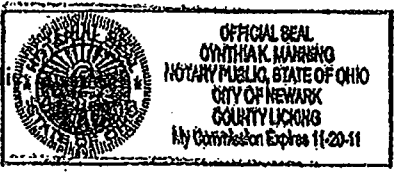
The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

THE FURNISHING OF THIS BLANK OR THE PREPARATION OF PROOFS BY A REPRESENTATIVE OF THE ABOVE INSURANCE COMPANY IS NOT A WAIVER OF ANY OF ITS RIGHTS. For your protection please be advised of the following: any person who knowingly presents a false or fraudulent claim for payment of a loss, or knowingly presents false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud an insurance company, or provides false information concerning a material fact on an application for insurance, or helps any other person commit such acts, may be guilty of fraud, and may be subject to substantial civil and criminal penalties pursuant to the laws of the state in which those acts occur.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

State of Ohio
County Franklin
Insured Mary Ellen Grant
State Teachers Retirement Authorized Agent
Subscribed and sworn to before me this 8th day of October 2009

Cynthia K. Manning
Notary Public



SWORN STATEMENT IN PROOF OF LOSS

\$ 2,500,000.00
AMOUNT OF POLICY AT TIME OF LOSS

WB0800907
POLICY NUMBER

July 01, 2007
DATE ISSUED

AGENCY AT

July 01, 2008
DATE EXPIRES

AGENT

To the Certain Underwriters at Lloyd's of London, England

At time of loss, by the above indicated policy of insurance you insured: State Teachers Retirement System of Ohio

Against loss by All Risk to the property described and according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: An Earth Movement loss occurred about the hour of 9 o'clock, on the 16th day of July, 2008. The cause and origin of the said loss were; Damage to Land Improvements caused by various reasons, including defects in construction materials and installation and other potential causes

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Apartment Residential Income Property

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owner. No other person or persons had any interest therein or incumbrance thereon, except: None

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss \$ 2,500,000.00 as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6.	The Actual Cash Value of said property at the time of the loss was	\$	<u>Not Determined</u>
7.	The Whole Loss and Damage was	\$	<u>2,176,517.54</u>
8.	Less Amount of Deductible	\$	<u>639,000.00</u>
9.	Claim Total	\$	<u>1,537,517.54</u>
10.	Market Pro Rata Share of Claim (5%)	\$	<u>76,875.88</u>
11.	Balance due, after Advance Payments	\$	<u>34,375.88</u>

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

THE FURNISHING OF THIS BLANK OR THE PREPARATION OF PROOFS BY A REPRESENTATIVE OF THE ABOVE INSURANCE COMPANY IS NOT A WAIVER OF ANY OF ITS RIGHTS. For your protection please be advised of the following: any person who knowingly presents a false or fraudulent claim for payment of a loss, or knowingly presents false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud an insurance company, or provides false information concerning a material fact on an application for insurance, or helps any other person commit such acts, may be guilty of fraud, and may be subject to substantial civil and criminal penalties pursuant to the laws of the state in which those acts occur.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

State of Ohio

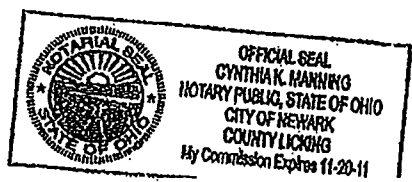
Mary Ellen Grant

County Franklin

Insured Mary Ellen Grant
State Teachers Retirement System of Ohio
Authorized Agent

Subscribed and sworn to before me this 8th day of October 20 09

Cynthia K. Manning Notary Public



SWORN STATEMENT IN PROOF OF LOSS

\$ 2,500,000.00
AMOUNT OF POLICY AT TIME OF LOSS

RMP-20682253999
POLICY NUMBER

July 01, 2007
DATE ISSUED

AGENCY AT

July 01, 2008
DATE EXPIRES

AGENT

To the Continental Casualty Insurance Company of Chicago, IL
At time of loss, by the above indicated policy of insurance you insured: State Teachers Retirement System of Ohio
Against loss by All Risk to the property described and according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: An Earth Movement loss occurred about the hour of o'clock on the 16th day of July, 2008. The cause and origin of the said loss were: Damage to Land Improvements caused by various reasons, including defects in construction materials and installation and other potential causes

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Apartment Residential Income Property

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owner
No other person or persons had any interest therein or incumbrance thereon, except: None

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss \$ 2,500,000.00 as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. The Actual Cash Value of said property at the time of the loss was	\$ <u>Not Determined</u>
7. The Whole Loss and Damage was	\$ <u>2,176,517.54</u>
8. Less Amount of Deductible	\$ <u>639,000.00</u>
9. Claim Total	\$ <u>1,537,517.54</u>
10. Market Pro Rata Share of Claim (5%)	\$ <u>76,875.88</u>
11. Balance due, after Advance Payments.	\$ <u>34,375.88</u>

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

THE FURNISHING OF THIS BLANK OR THE PREPARATION OF PROOFS BY A REPRESENTATIVE OF THE ABOVE INSURANCE COMPANY IS NOT A WAIVER OF ANY OF ITS RIGHTS. For your protection please be advised of the following: any person who knowingly presents a false or fraudulent claim for payment of a loss, or knowingly presents false or misleading information to an insurance company for the purpose of defrauding or attempting to defraud an insurance company, or provides false information concerning a material fact on an application for insurance, or helps any other person commit such acts, may be guilty of fraud, and may be subject to substantial civil and criminal penalties pursuant to the laws of the state in which those acts occur.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

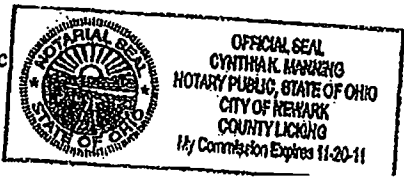
State of Ohio
County Franklin Insured State Teachers Retirement System of Ohio

Mary Ellen Grant

Subscribed and sworn to before me this 9th day of October 2009

Mary Ellen Grant
Authorized Agent

Cynthia K. Manning
Notary Public



SWORN STATEMENT IN PROOF OF LOSS

\$ 2,500,000.00
AMOUNT OF POLICY AT TIME OF LOSS

P009879/001
POLICY NUMBER

July 01, 2007
DATE ISSUED

AGENCY AT

July 01, 2008
DATE EXPIRES

AGENT

To the Allied World Assurance Company, Ltd. of Bermuda

At time of loss, by the above indicated policy of insurance you insured: State Teachers Retirement System of Ohio

Against loss by All Risk to the property described and according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: An Earth Movement loss occurred about the hour of o'clock, on the 16th day of July, 2008. The cause and origin of the said loss were: Damage to Land Improvements caused by various reasons, including defects in construction materials and installation and other potential causes

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Apartment Residential Income Property

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owner. No other person or persons had any interest therein or incumbrance thereon, except: None

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss \$ 2,500,000.00 as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. The Actual Cash Value of said property at the time of the loss was	\$	<u>Not Determined</u>
7. The Whole Loss and Damage was	\$	<u>2,176,517.54</u>
8. Less Amount of Deductible	\$	<u>639,000.00</u>
9. Claim Total	\$	<u>1,537,517.54</u>
10. Market Pro Rata Share of Claim (5%)	\$	<u>76,875.88</u>
11. Balance due, after Advance Payments.	\$	<u>34,375.88</u>

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

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The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Ohio

Mary Ellen Grant

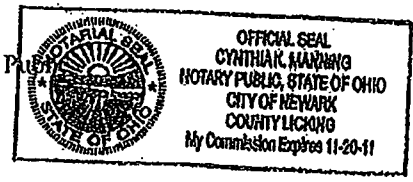
County FRANKLIN

Insured State Teachers Retirement System of Ohio
Mary Ellen Grant
Authorized Agent

Subscribed and sworn to before me this 8th day of October 2009

Cynthia K. Manning

Notary Public



STATEMENT OF LOSS

Insured: State Teacher's Retirement System of Ohio
Loss Location: Overlook at Fountaingrove Apartments
 200 Bicentennial Way, Santa Rosa, CA 95403
Policy Number: Various
Date of Loss: 16-Jul-08
Type of Loss: Landslide
Our Reference Number: LAX-PROP-032329
Company Claim Number: Various

<u>Limit of Liability:</u>	<u>Policy Limits</u>	<u>Ins. Value</u>	<u>Co-Ins %</u>	<u>Loss</u>	<u>Claim</u>
Building	\$ 50,000,000.00	\$ -	\$ -		
Business Personal Property	included	\$ -	\$ -		
BVEE	included	\$ -	\$ -		
Deductible -Landslide	\$ 639,000.00				
<u>Item 1 Building</u>	<u>RCV</u>		<u>ACV</u>		
<i>Part 1 - Engineering / Consultants</i>					
Kleinfelder r (geotechnical)	\$ 222,312.80	\$ -	\$ 222,312.80		
Golder (geotechnical)	\$ 17,345.08	\$ -	\$ 17,345.08		
Carlzoli (surveyor)	\$ 151,243.82	\$ -	\$ 151,243.82		
Guzzardo (landscape architect)	\$ 10,734.80	\$ -	\$ 10,734.80		
Marx/Okubo (Proj. Manager)	\$ 169,166.78	\$ -	\$ 169,166.78		
Total Part 1	\$ 570,803.28	\$ -	\$ 570,803.28		
<i>Part 2 - Repairs</i>					
Permits	\$ 11,173.85	\$ -	\$ 11,173.85		
North Bay Construction Costs - see recap					
Failure Investigation Costs	\$ 143,965.55	\$ -	\$ 143,965.55		
Slope repair costs	\$ 1,370,954.37	\$ -	\$ 1,370,954.37		
Cause of failure repairs	No Allowance	\$ -	No Allowance		Owner's expense
Improvements/Upgrades	No Allowance	\$ -	No Allowance		Owner's expense
Total Part 2	\$ 1,526,093.77	\$ -	\$ 1,526,093.77		
<i>Part 3 - Other Costs / Expediting Expenses</i>					
Wet utilities investigation	\$ 33,725.00	\$ -	\$ 33,725.00		
Marizco Management	\$ 33,895.49	\$ -	\$ 33,895.49		
Facilitating Consultant	\$ 12,000.00	\$ -	\$ 12,000.00		Expediting / Extra Expense
Total Part 3	\$ 79,620.49	\$ -	\$ 79,620.49		
Claim Recap					
Total Part 1	\$ 570,803.28	\$ -	\$ 570,803.28		
Total Part 2	\$ 1,526,093.77	\$ -	\$ 1,526,093.77		
Total Part 3	\$ 79,620.49	\$ -	\$ 79,620.49		
Total Item 1 - Building	\$ 2,176,517.54	\$ -	\$ 2,176,517.54	\$ 2,176,517.54	\$ 2,176,517.54
<u>Item 2 Business Property</u>	<u>RCV</u>		<u>ACV</u>		
No loss or claim	\$ -	\$ -	\$ -		
Total Item 2 BPP	\$ -	\$ -	\$ -	\$ -	\$ -
Claim Total				\$ 2,176,517.54	\$ 2,176,517.54
Less Deductible				\$ (639,000.00)	\$ (639,000.00)

Total Net ACV Claim:	\$ 1,537,517.54
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Less Advance Payments	\$ (400,000.00)
	<u>\$ (450,000.00)</u>
Balance due	\$ 687,517.54

Northern District of Texas Claims Register

09-34360-hdh11 Opus West Construction Corporation

Judge: Harlin DeWayne Hale **Chapter:** 11
Office: Dallas **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (12455654) Lexington Insurance Company 100 Summer Street Boston, MA 02110	Claim No: 13 <i>Original Filed</i> <i>Date: 11/06/2009</i> <i>Original Entered</i> <i>Date: 11/06/2009</i>	<i>Status:</i> <i>Filed by: CR</i> <i>Entered by: Vines, Charles</i> <i>Modified:</i>
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Secured claimed: \$1537517.54

Total claimed: \$1537517.54

History:
Details 13-1 11/06/2009 Claim #13 filed by Lexington Insurance Company, total amount claimed:
\$1537517.54 (Vines, Charles)

Description:

Remarks:

Claims Register Summary