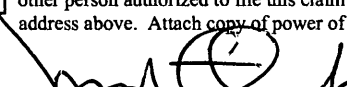



<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Corus Bankshares, Inc</b>		Case Number: <b>10-26881 (PSH)</b>
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Marvin R. Strunk</b>		<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: <b>80 Linden Ave. Glencoe, IL 60022</b>  Telephone number: <b>847-835-7017</b>		
Name and address where payment should be sent (if different from above):     Telephone number:     		<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.
<b>RECEIVED</b>  <b>JUL 28 2010</b>  <b>BMC GROUP</b>		
1. Amount of Claim as of Date Case Filed: <u>\$ 100,000</u> Lifetime service contract, paying \$20,000 annually. 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. At my age, 87, life expectancy is 5 years. If all or part of your claim is entitled to priority, complete item 5. \$20,000 times five years is \$100,000 <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 \$11,725*) 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 \$2,600* 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: \$ _____  *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>contract</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>3592</u>  3a. Debtor may have scheduled account as: _____ (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"/> Other Describe:  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 of Secured Claim: \$ _____ 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 of 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: <u>7/26/10</u>  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.  		<b>FOR COURT USE ONLY</b>  Corus Bankshares  00006

CONSULTING AGREEMENT

AGREEMENT made this 24th day of November, 1987 between Madison Bank & Trust Company, 400 West Madison Street, Chicago, Illinois ("Bank") and Marvin R. Strunk ("Strunk").

WHEREAS, the consulting services of Strunk, his business experience, first-hand knowledge of the affairs of the Bank, his reputation, and his contacts in the Greater Chicago Community are extremely valuable to the Bank; and

WHEREAS, the Bank desires to receive the benefits of the foregoing throughout the period that Strunk is reasonably able, giving due consideration to his health and age, to provide such services; and

WHEREAS, Strunk shall retire as a full-time employee of the Bank on May 31, 1988;

IN CONSIDERATION OF THE PREMISES, it is hereby agreed as follows:

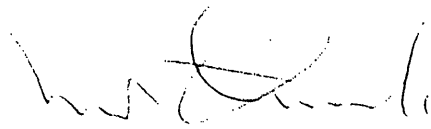
1. Duties of Strunk. Strunk will render to the Bank, and to its holding company, Madison Financial Corporation ("MFC"), such advisory services, public relations activities and other projects as the Board of Directors of the Bank may reasonably request. Strunk will not be required to perform such duties in excess of ten hours per calendar month. Those services may, at Strunk's election, be concentrated in one or more groups of consecutive days. The rendering of such services is also subject to full consideration of Strunk's age and health. The determination of whether or not Strunk's health is such as to allow him

to perform the services requested by the Bank shall be at the sole discretion of Strunk. The Bank has received full and adequate consideration for each and every one of its commitments herein, and in no event shall Strunk's judgment in regard to his physical capacity to render any portion or all of such services have any negative effect upon the Bank's obligation to pay the reduced activity payment specified in paragraph 2 of this Agreement.

2. Reduced Activity Payment. The Bank shall pay Strunk \$20,000 per year, payable in equal monthly installments, which shall commence on June 1, 1988 and continue throughout the lifetime of Strunk ("Reduced Activity Payments").

3. Strunk will throughout the time he is receiving any payments under the terms of this Agreement refrain from all business activities which are in any way competitive or potentially competitive with the Bank, MFC, or any subsidiary of MFC within a one-hundred-mile radius of the headquarters of the Bank, MFC or any subsidiary.

IN WITNESS WHEREOF, Strunk has signed this Agreement and the Vice President of the Bank has signed on behalf of the Bank on the day and year first above written.

  
\_\_\_\_\_  
Marvin R. Strunk, individually

MADISON BANK & TRUST COMPANY

By:   
\_\_\_\_\_  
Sr. Vice President

STRUNK  
80 Linden Ave.  
Glencoe, IL 60022-2143



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55317

00+01178-21

U.S. POSTAGE

PAID

WINNETKA, IL

60093

JUL 26, 10

PMOUNT

\$0.61

RECEIVED

JUL 28 2010

BMC GROUP

BMC Group Inc.  
Attn: Corus Claims Processing  
P.O. Box 3020  
Chanhausen, MN 55317-3020

553173020 6050

