

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: CORUS BANKSHARES, INC.		Case Number: 10-26881 (PSH)
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): Travelers Casualty and Surety Company of America, as successor in interest by way or merger to Seaboard Surety Company		<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: Travelers Casualty and Surety Company of America Bond & Financial Products One Tower Square - S102A ATTN: Susan M. Camilli Hartford, CT 06183 Telephone number: 860-277-4273		
Name and address where payment should be sent (if different from above): Same as 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.
1. Amount of Claim as of Date Case Filed: \$ 1,000,000 per occurrence \$2,000,000 aggregate limit and any other amounts due to Travelers from Debtor pursuant to the Indemnity Agreement or Bond pursuant to suretyship obligations. CONTINGENT AND UNLIQUIDATED 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 checked="" 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. CONTINGENT AND UNLIQUIDATED - see above		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: \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: Suretyship obligations. Contractual and state law indemnification rights in connection with STAMP BOND - see bond and Indemnity agreement attached (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 3509 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: 8/12/2010 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.  Susan M. Camilli, Sr., Claim Counsel*, Travelers		FOR COURT USE ONLY Corus Bankshares  00385

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.

*Lic in PA and auth inhouse counsel in CT for Travelers

Exposure | Bond Log | WIP |

CA Shea Exposure

Bond Product Summary:

Product Line	# of Bonds	Total Limit of Liability	Proc. Premium
Special Risk	1	\$1,000,000.00	\$5,000.00
Total	1	\$1,000,000.00	\$5,000.00

Related Accounts to be Included:

<input checked="" type="checkbox"/> 6467500 CORUS BANKSHARES, INC.
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In-Force Bonds Only

Exposure Bond/Policy Details:

Product	Insured Name	Bond #	Limit	Premium	Status	Trans	Trans Eff Date	Bill From Date	Bill To Date	Mkt Seg	UW1
Stamp Bonds	Corus Bankshares, Inc	350952	\$1,000,000.	\$5,000.00	Cancelled	CA	09/15/2008	09/15/2005	09/15/2008	FS	Lynette Renaldo

STAMP SURETY BOND
FOR FINANCIAL INSTITUTION ENROLLEES

KNO'V ALL PERSONS BY THESE PRESENTS:

That We CORUS Bankshares, Inc.

1. ~~RIVER FOREST BANCORP INC.~~
3959 Name of STAMP Guarantor
3599 N. Lincoln Avenue, Chicago, IL 60613
 Address of STAMP Guarantor

(hereinafter called the "Principal")
 and SEABOARD SURETY COMPANY**
 Burnt Hills Road, Bedminster, NJ 07921

or
 (if another Surety Company is selected)

2. _____
 Name of Surety Company

 Address of Surety Company

(hereinafter called the "Surety") are held and firmly bound unto any issuer of securities, transfer agent, registrar, redemption agent, depository, trustee, paying, distributing or disbursing agent, bank, trust company, credit union, savings institution, mutual fund, broker/dealer, or similar financial services institution, and their respective legal representatives, successors and assigns (hereinafter collectively called the "Obligees"), as their interests may appear, in an amount not to exceed \$ 750,000 for any one transaction and in no event to exceed an aggregate limit of \$ 1,500,000 (twice the "one transaction" limit) over the life of this Bond, for the payment whereof the Principal and the Surety bind themselves, their heirs, executors, administrators, legal representatives, successors and assigns, firmly by these presents.

WHEREAS, the Principal has executed a STAMP Indemnity Agreement (the "Indemnity Agreement") for the benefit of the Obligees relating to the use by the Principal of a STAMP Imprint to execute guarantees of signatures and other certifications and guarantees, including, but not limited to, erasure guarantees and one-and-the-same guarantees, and a STAMP Attorney Release Imprint to execute powers of substitution, incident to the transfer, payment, exchange or purchase of securities. The STAMP Imprint and the STAMP Attorney Release Imprint are collectively referred to as the "Imprint."

WHEREAS, the Obligees have agreed to act in reliance upon the Imprint when so used, provided that this Bond be furnished:

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that if the Principal shall faithfully discharge its duties and responsibilities under the Indemnity Agreement, then this obligation shall be null and void; otherwise to remain in full force and effect.

This Bond becomes effective on the date hereof and will continue in force until terminated as hereinafter provided. The liability of the Surety for any and all claims brought under this Bond, (regardless of the number of years the Bond remains in force and effect, or the number of annual premium payments made hereunder, or the number of claimants or claims made hereunder), shall in no event exceed in the aggregate the aggregate Bond limit as herein stated.

This Bond shall be continuous and shall be deemed cancelled on the 45th day following receipt of a written notice served by the Surety upon the designee of the Obligees:

KEMARK FINANCIAL SERVICES, INC.
 One Blue Hill Plaza
 Suite 1820
 Pearl River, NY 10965-8686
 with a copy to:
 The Securities Transfer Association, Inc.
 c/o Christy & Viener
 620 Fifth Avenue
 New York, NY 10020

To be completed by Surety Company
 Bond Number: 350952
 Annual Premium: \$ 4,125 (Turn Page for Application)

by certified mail, return receipt requested, provided that the Principal will have the benefit of such notice of cancellation.

No suit or action under this Bond may be brought against the Surety unless such suit or action is commenced within six (6) years following the date on which the claim under the Indemnity Agreement shall have arisen.

Upon payment of any claim under this Bond, the Surety shall be subrogated to all of the rights of the Principal against any person or organization liable to the Principal.

This Bond shall be deemed a New York contract and shall be governed as to all matters whatsoever, whether of validity, interpretation, obligation, performance or otherwise, exclusively by the laws of the State of New York applicable to agreements made and fully to be performed in the State of New York, and all questions arising with respect thereto shall be determined in accordance with such laws.

Regardless of where actually delivered, this Bond shall be deemed to have been accepted by the Obligees in the State of New York.

The Principal and the Surety hereby irrevocably consent to the jurisdiction of any state or federal court located in the State of New York for all disputes arising out of or relating to this Bond. The Principal and the Surety hereby agree that venue for any proceedings shall be exclusively in such state or federal court and waive (a) any objection to venue and (b) any right to require any change of venue. The Principal and the Surety further hereby agree that service of process in any proceedings may be made by certified mail, return receipt requested, directed to the Principal and/or the Surety at their respective addresses indicated above.

To be completed by Surety
 Signed and sealed this 15th day of September 1996
SEABOARD SURETY COMPANY
 (Surety)
 By: _____ (Seal)
Ann M. Ferrari, Attorney-In-Fact

To be completed by you as Principal
~~RIVER FOREST BANCORP INC.~~
CORUS Bankshares, Inc.
 (Principal's Name)
 By: Lawrence P. Windel
 (Authorized Signature - Officer or Partner)
 Title: Vice President } 3.

**Instructions for Bond Execution and Completion through the SEABOARD SURETY COMPANY
 Complete "Application for STAMP Surety Bond" on reverse side of this Surety Bond form.

**INDEMNITY AGREEMENT
FOR FINANCIAL INSTITUTION ENROLLEES**

To any issuer of securities, transfer agent, registrar, redemption agent, depository, trustee, paying, distributing or disbursing agent, bank, trust company, credit union, savings institution, mutual fund, broker/dealer, or similar financial services institution, and their respective legal representatives, successors and assigns (collectively, "Agents and Issuers"):

The undersigned ("Guarantor") has adopted (a) a STAMP Imprint for the purpose of executing guarantees of signatures (within the meaning of Section 8-312 of the Uniform Commercial Code) and for the purpose of executing other certifications and guarantees incident to the transfer, payment, exchange, purchase or delivery of securities, including, but not limited to, erasure guarantees and one-and-the-same guarantees, and (b) a STAMP Attorney Release Imprint for the purpose of executing powers of substitution. The STAMP Imprint and the STAMP Attorney Release Imprint are collectively referred to as the "Imprint."

In consideration of Agents and Issuers interposing no objections to the use of the Imprint for the purposes set forth above, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Guarantor does hereby, for itself and its successors and assigns, covenant and agree (a) to indemnify and hold harmless Agents and Issuers, and their officers, directors, agents and employees, in whatever capacity they may act, from and against any and all claims (whether groundless or otherwise), losses, liabilities, damages and expenses, including, but not limited to, costs, disbursements and counsel fees (whether incurred in connection with such claims, losses, liabilities, damages and expenses or in connection with the enforcement of any rights hereunder), arising out of or in connection with the transfer, payment, exchange, purchase or delivery of securities in reliance upon the Imprint, or, if Guarantor's negligence shall have contributed substantially thereto, an impression or imprint resembling or purporting to be the Imprint, when used as aforesaid; and (b) to indemnify and hold harmless

Guarantor will not assert as a defense against any claim for indemnity hereunder any law, ordinance or regulation of any jurisdiction outlawing or prohibiting the use of the Imprint as aforesaid, or assert any defense that the Imprint was *ultra vires*, which defenses are hereby expressly waived. Agents and Issuers will have no responsibility to authenticate or otherwise verify the Imprint's manual or facsimile signature, but shall be required to conduct themselves, when relying upon the Imprint, in a commercially reasonable manner.

This Indemnity Agreement will not be effective in respect of the Imprint, if the certificate representing the securities transferred, paid, exchanged, purchased or delivered in reliance thereupon is not genuine.

This Indemnity Agreement shall be deemed a New York contract and shall be governed as to all matters whatsoever, whether of validity, interpretation, obligation, performance or otherwise, exclusively by the laws of the State of New York applicable to agreements made and fully to be performed in the State of New York, and all questions arising with respect thereto shall be determined in accordance with such laws.

Regardless of where actually delivered, this Indemnity Agreement shall be deemed to have been accepted by Agents and Issuers in the State of New York.

Guarantor hereby irrevocably consents to the jurisdiction of any state or federal court located in the State of New York for all disputes arising out of or relating to this Indemnity Agreement. Guarantor hereby agrees that venue for any proceedings shall be exclusively in such state or federal court and waives (a) any objection to venue and (b) any right to require any change of venue. Guarantor further hereby agrees that service of process in any proceedings may be made by certified mail, return receipt requested, directed to Guarantor at its address indicated below.

IN WITNESS WHEREOF,

Guarantor Has Duly Executed This Indemnity Agreement this 14th day of August, 1996
CORUS BANKSHARES, INC.
Lawrence P. Wyrabek (Seal)
By: _____
Title: The President / Secretary
Address: 3959 N. Lincoln Ave. Chicago, IL 60640

SEABOARD SURETY COMPANY

(insert the name of the Surety Company)

as Surety, from and against any and all claims, losses, liabilities, damages and expenses, including, but not limited to, costs, disbursements and counsel fees, by reason of its having acted in accordance with the STAMP Surety Bond which it has executed in favor of Agents and Issuers.

**ACKNOWLEDGEMENT
(When Guarantor is a Partnership)**

STATE OF _____ }
COUNTY OF _____ } ss.

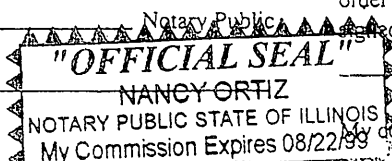
On this _____ day of _____, 199____, before me personally came _____, to me known, and known by me to be a member of the firm of _____ described in and which executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the said instrument in the name of said firm and for its purposes and on its behalf.

**ACKNOWLEDGEMENT
(When Guarantor is a Corporation)**

STATE OF Illinois }
COUNTY OF Cook } ss.

On this 14th day of August, 1996, before me personally came Lawrence P. Wyrabek, to me known, who being by me duly sworn, did depose and say: that he/she resides at 3959 N. Lincoln Avenue Chicago, IL; that he/she is the Secretary of CORUS BANKSHARES, INC., the corporation described in and which executed the foregoing instrument; that he/she knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he/she

My commission expires _____



_____ Notary Public
My commission expires 08-22-99

**SEABOARD SURETY COMPANY
APPLICATION FOR STAMP SURETY BOND**

Name of Applicant: RIVER FOREST BANCORP INC. Telephone: _____ FAX: _____
 Address: 3959 N. Lincoln Avenue CORUS Bankshares, Inc
 City/State/Zip: Chicago, IL 60613
 Mailing Address: Same as above

Name of Contact Person: David H. Johnson III Telephone: _____ FAX: _____
 Memberships: ABA IBAA ICI IAFP NASD NYSE SIA STA US League Others _____
 Your Financial Institutional Numbering System (FINS#): _____
 Name of Your Primary Blanket Bond Carrier: AIG/National Union
 Bond Limit: \$ 15,000,000 ~~10,000,000~~ Deductible: \$ 250,000/100,000 Securities Forgery Limit: \$ 10,000,000 ~~15,000,000~~
 Estimated number of signature guarantees performed annually: 1,850 Total Gross Assets: \$ Approx. \$1.3 Billion
 Dated at 2:00pm this 17th day of August, 1996. By: Louise Windel, Vice President
Authorized Signature: Name and Title

PREMIUM AND UNDERWRITING
 To assist prospective STAMP Guarantors in obtaining the services of a surety company to underwrite the STAMP Surety Bond, arrangements have been made to secure the Bond's execution through the SEABOARD SURETY COMPANY, rated A+ (Superior) by A.M. Best Company. The premiums promulgated under this arrangement will generally be LESS than standard bond premiums. The Surety Bond Limit and Premium are computed as follows:

YOUR GROSS ASSET SIZE (MILLIONS)	YOUR MINIMUM SURETY BOND LIMIT	SEABOARD SURETY'S	
		ONE YEAR PREMIUM (✓)	THREE YEAR PREMIUM (✓)
up to \$500	\$ 100,000	\$ 375 <input type="checkbox"/>	\$ 937.50 <input type="checkbox"/>
\$500-2,000	250,000	625 <input type="checkbox"/>	1,562.50 <input type="checkbox"/>
\$2,000-3,000	500,000	1,125 <input type="checkbox"/>	2,812.50 <input type="checkbox"/>
\$3,000-4,000	750,000	1,650 <input type="checkbox"/>	<u>4,125.00</u> <input checked="" type="checkbox"/>
over 4,000	1,000,000	2,000 <input type="checkbox"/>	5,000.00 <input type="checkbox"/>
	2,000,000	4,000 <input type="checkbox"/>	10,000.00 <input type="checkbox"/>

If Gross Asset size isn't appropriate, calculate Surety Bond Limit using your financial institution Blanket Bond limit, subject to \$100,000 minimum limit. (Please Select One of the Above)

- ADDITIONAL UNDERWRITING REQUIREMENTS (TO BE SENT ONLY WHEN REQUESTED)**
- Last fiscal CPA audited report and most recent interim report.
 - If a public company, most recent 10K and 10Q reports and proxy.
 - Most recent regulatory report, e.g. CALL, FOCUS, OTS, ADV, etc.
 - Copies of any regulatory agreements, restraining orders, etc., currently in effect (if none, please indicate).

INSTRUCTIONS FOR COMPLETING OF STAMP SURETY BOND AND APPLICATION

- Complete the Surety Bond on reverse side:
 - Indicate Name of Guarantor and Address of Guarantor (see Item 1)
 - Not using SEABOARD SURETY (see Item 2)
 - Indicate name of your company where it asks for Principal's Name, and where an Officer or Partner must sign, indicate Title of Signer (see Item 3)
- Complete Surety Bond Application above, and have it signed by Authorized Person.
- If you use the SEABOARD SURETY COMPANY, make check for your premium payable to SEABOARD SURETY COMPANY
- Send Additional Underwriting Requirements ONLY when requested.
- Place this completed Application for Surety Bond and Surety Bond Form in the enclosed Return Envelope, together with the other completed Program documents and checks and mail to:

KEMARK FINANCIAL SERVICES
 One Blue Hill Plaza
 Suite 1820
 Pearl River, NY 10965-8686

Alicia Nieves EXT. 604
- Complete the following:
 - Name of your insurance agent/broker: Louis Disselhorst/Lamb, Little & Co.
 - Address: 5301 Keystone Court
 - City/State/Zip: Rolling Meadows, IL 60008
 - Contact Person: Louis D. Disselhorst

Note: Your copy of the STAMP Surety Bond will be sent to your broker for delivery to you together with appropriate commission arrangements.

- Kemark will, within ten business days (providing no additional information is required), return an executed copy of the Application & Subscription Agreement to you evidencing your acceptance as a STAMP Guarantor.
- For more information, please call:
 - Phone: 914-620-9300
 - Fax: 914-620-9340

Seaboard Surety STAMP Bond RIDER

To be attached to and form a part of **Bond Number 350952** on behalf of Corus Bankshares, Inc., as **Principal** in favor of The Obligees, As Defined Therein (Kemark Financial Services, Inc., Designee for Notice) in the **amount** of \$750,000 any one occurrence and \$1,500,000/aggregate limit.

Effective: September 15, 1996.

NOW, THEREFORE, it is understood and agreed that the following entities are covered under bond #350952:

Corus Bank, N.A.

Effective: September 15, 1996.

PROVIDED, HOWEVER, that all conditions of this bond remain unchanged.

Signed, Sealed and Dated this 31st day of August, 1996.

BY: _____
Seaboard Surety Company

BY: _____
Attorney-in-Fact
Ann M. Ferrari

Seaboard Surety STAMP Bond Increase/Decrease Rider

To be attached to and form a part of Bond Number 350952 effective: 09/15/96 executed by CORUS BANKSHARES INC., as Principal in favor of The Obligees, as defined therein (Kemark Financial Services, Inc., Designee for Notice) in the amount of \$750,000 any one occurrence and \$1,500,000 aggregate limit.

It is hereby understood and agreed that the amount of Surety Bond Number 350952 is **Increased** effective on 09/15/2005 at 12AM from: \$750,000 any one occurrence / \$1,500,000 aggregate limit to \$1,000,000 any one occurrence / \$2,000,000 aggregate limit.

It is further understood and agreed that the prior amount of \$750,000 under said Bond shall apply as respects any signature guarantee or transactions during that period of time while the amount of \$750,000 was in force, and effect and any claims arising therefrom.

Furthermore, the revised Bond amount of \$1,000,000 shall apply to any signature guarantees, transactions, or claims from the effective date of said **Increase** in Bond amount therein.

This rider is subject to all other terms and conditions of this Bond.

Signed, Sealed and Dated this 18 day of October, 2005.

SEABOARD SURETY COMPANY

BY: _____
Bernadette Gonsalves Attorney-in-Fact