

UNITED STATES BANKRUPTCY COURT Northern District of Illinois **PROOF OF CLAIM**

Name of Debtor: **Corus Bankshares, Inc.** Case Number: **10-26881**

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):
ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

Name and address where notices should be sent:
 Illinois Department of Employment Security
 33 South State Street
 Chicago, Illinois 60603

Telephone number:
 (312) 793-1269

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Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: 3
 (If known)

Filed on: 07/20/2010

Name and address where payment should be sent (if different from above):

Telephone number:

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.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 0.00

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.

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.

2. Basis for Claim: Unemployment tax
 (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 3592

3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

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).

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: Real Estate Motor Vehicle 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: \$ _____

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

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:

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(1).

Amount entitled to priority:
 \$ 0.00


**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.*

Date: 08/10/2010

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.

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FOR COURT USE ONLY

Corus Bankshares

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Northern District of Illinois Claims Register

10-26881 Corus Bankshares, Inc.

Judge: Pamela S. Hollis **Chapter:** 11
Office: Chicago **Last Date to file claims:** 08/13/2010
Trustee: **Last Date to file (Govt):** 12/13/2010

Creditor: (15872522) Illinois Department of Employment Security 33 South State Street Chicago, Illinois 60603 Attn: Bankruptcy Unit - 10th flr.	Claim No: 3 <i>Original Filed</i> <i>Date: 07/20/2010</i> <i>Original Entered</i> <i>Date: 07/20/2010</i> <i>Last Amendment</i> <i>Filed: 08/10/2010</i> <i>Last Amendment</i> <i>Entered: 08/10/2010</i>	Status: <i>Filed by: CR</i> <i>Entered by:</i> <i>Modified:</i>
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Unsecured claimed: \$0.00 Secured claimed: \$0.00 Priority claimed: \$0.00 Total claimed: \$0.00

History: <u>Details</u> <u>3-1</u> 07/20/2010 Claim #3 filed by Illinois Department of Employment Security, total amount claimed: \$400.32 (Cruz, Lourdes) <u>Details</u> <u>3-2</u> 08/10/2010 Amended Claim #3 filed by Illinois Department of Employment Security, total amount claimed: \$0 (Cruz, Lourdes)
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Description: (3-1) Administrative POC for unemployment tax. (3-2) Amended POC for Administrative was issued due to a correction in total amount claim.
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Remarks:

Claims Register Summary

Case Name: Corus Bankshares, Inc.
Case Number: 10-26881
Chapter: 11
Date Filed: 06/15/2010
Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$0.00	

Unknown		
Administrative		
Total	\$0.00	\$0.00