UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK			PROOF OF CLAIM
Name of Debtor and Case Number: Residential Capital LLC Case No. 12-12020 (MG)  NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. §503(b)(9)) arising after the commencement of			
the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. §503(b)(9)) (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):  Acacia Life Insurance Company			☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:			Count Claim Number
Michael S. Etkin and Ira M. Levee Lowenstein Sandler PC			Court Claim Number:
65 Livingston Ave.			( <del>)</del> <i>y</i>
Roseland, NJ 07068			Filed on:
Telephone number: 973.597.2500 email: <u>ilevee@lowenstein.com</u> ; <u>metkin@lowenstein.com</u>			
Name and address where payment should be sent (if different from above):  Date Stamped Copy Returned			Check this box if you are aware that anyone else has filed a proof of claim
			relating to your claim. Attach copy of
☐ No self addressed stamped envelope ☐ No copy to return			statement giving particulars.
m			☐ Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$\ \text{Not less than approximately \$1,498,160.00}\$			5. Amount of Claim Entitled to
If all or part of your claim is secured, complete item 4.			Priority under 11 U.S.C. §507(a). If
If all or part of your claim is entitled to priority, complete item 5.			any portion of your claim falls in
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach a			one of the following categories, check the box and state the amount.
statement that itemizes interest or charges.			theek the yox and state the amount.
2. Basis for Claim: Violations of Federal Securities Laws			Specify the priority of the claim.
(See instruction #2)			D. Donnado anno de Olitoratoro andro 11
Tarker Batter Community In 12 Page 11 12 Page			Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3a. Debtor may have scheduled account as:	
creator actuales action.	uccount as	account as	☐ Wages, salaries, or commissions (up to
			\$11,725*) earned within 180 days
(See institution 1994)			before filing of the bankruptcy petition or cessation of the debtor's business,
4. Secured Claim (See instruction #4) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested			whichever is earlier – 11 U.S.C.
information.			§507(a)(4).
Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other  Describe:			☐ Contributions to an employee benefit
			plan - 11 U.S.C. §507(a)(5).
Value of Property: \$ Annual Interest Rate %   □ Fixed   □ Variable			Up to \$2,600* of deposits toward purchase, lease, or rental of property or
(when case was filed) Amount of arrearage and other charges as of time case filed included in secured claim,			services for personal, family, or
Amount of affical age and other charges as of time case they included in secured claim,			household use - 11 U.S.C. §507 (a)(7).
if any: \$ Basis for perfection:			☐ Taxes or penalties owed to
Amount of Secured Claim, S. Amount Uncouncil, C.			governmental units - 11 U.S.C. §507
Amount of Secured Claim: \$ Amount Unsecured: \$ 6. Claim Pursuant to 11 U.S.C. §503(b)(9):			(a)(8).
Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 14, 2012, the			Other Specificandiashle negative
date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.			Other - Specify applicable paragraph of 11 U.S.C. §507(a)().
\$(See instruction #6)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7).			Amount entitled to priority:
8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices,			j s
itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of a security interest. (See instruction #8, and the definition of			
"redacted")			*Amounts are subject to adjustment on
DO NOT SEND ORIGINAL DOCUMENTS, ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			4/1/10 and every 3 years thereafter with respect to cases commenced on or after the
			date of adjustment.
If the documents are not available, please explain: See attached Rider			
9. Signature: (See instruction #9) Cl			
☐ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their ☐ I am a guarantor, surety, authorized agent. (See Bankruptcy Rule indorser, or other codebtor. (See			
3004.) Bankruptcy Rule 3005.)			BEATIVES
			RECEIVED
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information,			NOV 1 0 0010
and reasonable belief.			NOV 1 6 2012
Print Name: Ira M. Levee Title: Attorney  Listiz			WIDTHAN GADGON GONOWTANTO
Title: Attorney Company: Lowenstein Sandler PC	(Signature)	Date	KURTZMAN CARSON CONSULTANTS
Address and telephone number (if different fro	om notice address above):		
			COURT USE ONLY
Telephone Number:	Email:		