

Fill in this information to identify the case:Debtor Wellmade Floor Coverings International, Inc.United States Bankruptcy Court for the: Northern District of Georgia
(State)Case number 25-58764**Modified Official Form 410
Proof of Claim****04/25**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Liberty Mutual Insurance	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Liberty Mutual Insurance Po Box 9052 Dover, NH 03821	
	Contact phone <u>1-800-653-7893</u>	Contact phone _____
	Contact email <u>See summary page</u>	Contact email _____
	Uniform claim identifier (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____

7. How much is the claim? \$ 0. Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Unsecured Contingent and Unliquidated WC533SB26D99015

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature or property:
☐ Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

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

\$ _____

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

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the 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.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/14/2025
MM / DD / YYYY

/s/Victoria Paolini
Signature

Print the name of the person who is completing and signing this claim:

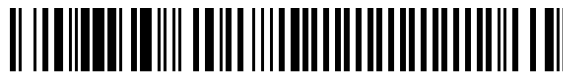
Name Victoria Paolini
First name Middle name Last name

Title Senior Receivables Analyst

Company Liberty Mutual Insurance
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 812-2297 | International (781) 575-4050

Debtor: 25-58764 - Wellmade Floor Coverings International, Inc. District: Northern District of Georgia, Atlanta Division		
Creditor: Liberty Mutual Insurance Po Box 9052 Dover, NH, 03821 Phone: 1-800-653-7893 Phone 2: Fax: Email: IMS_Financial_ANALYS@LibertyMutual.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Unsecured Contingent and Unliquidated WC533SB26D99015	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 0	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Victoria Paolini on 14-Nov-2025 8:11:03 a.m. Pacific Time Title: Senior Receivables Analyst Company: Liberty Mutual Insurance		

Statement Of Account



Name:
Address:

WELLMADE FLOOR COVERINGS INTER
19150 SW 125TH CT
TUALATIN OR 97062

Broker:

HUB INTERNATIONAL NORTHWEST LL
PO BOX 10167

EUGENE OR 974402167

Account #:

3-B26D99-0000

Statement Date:
Account Balance:

11/14/2025
\$ 0.00

Date	Transaction	Transaction Description	Contract Number	Transaction Amount
8/5/2025		Wire Transfers		51,593.00CR
7/23/2025	15170692	Contingency Deposit	WC5-33S-B26D99-015	2,625.00CR
7/23/2025	15170692	Endorsement 004	WC5-33S-B26D99-015	13,165.00CR
7/23/2025	15170692	Surcharge, Tax, or Assessment	WC5-33S-B26D99-015	34.00CR
7/18/2025		Wire Transfers		155,343.00CR
7/11/2025	15162548	Surcharge, Tax, or Assessment	WC5-33S-B26D99-015	1,937.00
7/11/2025	15162548	Endorsement 003	WC5-33S-B26D99-015	54,590.00
7/11/2025	15162548	Contingency Deposit	WC5-33S-B26D99-015	10,890.00
7/1/2025	15155924	Adjustment to Billing Plan	WC5-33S-B26D99-015	305,969.74
6/30/2025	99999999	On Account Cash	PAYMENT RECEIVED, THANK-YOU	759,081.00CR
6/9/2025	15141032	Endorsement 002	WC5-33S-B26D99-015	13,373.26
6/9/2025	15141032	Contingency Deposit	WC5-33S-B26D99-015	3,557.00
6/2/2025	15136605	Installment	WC5-33S-B26D99-015	150,756.00
5/9/2025	15121208	Surcharge, Tax, or Assessment	WC5-33S-B26D99-015	786.00
5/9/2025	15121208	Contingency Deposit	WC5-33S-B26D99-015	77,468.00
5/9/2025	15121208	Contingency Deposit	WC5-33S-B26D99-015	103,139.00
5/9/2025	15121208	Installment	WC5-33S-B26D99-015	194,421.00

Please detach remittance slip carefully and return with your payment in the enclosed envelope.



Statement Date:
Balance Due
Payment Amount:

11/14/2025
\$ 0.00

Account Number:

3-B26D99-0000

☐

Make any changes to Insured or Producer address on the back of this remittance slip, and check this box.

WELLMADE FLOOR COVERINGS INTER
19150 SW 125TH CT
TUALATIN OR 97062

LIBERTY MUTUAL INSURANCE
P.O. BOX 91012
CHICAGO, IL 60680-1110

0003019001 3B26D9900 00000000000000 0041 20301231 000000000000 000000000000 0

Date	Transaction	Transaction Description	Contract Number	Transaction Amount
5/9/2025	15121208	Surcharge, Tax, or Assessment	WC5-33S-B26D99-015	1,858.00
5/9/2025	15121208	Endorsement 001	WC5-33S-B26D99-015	257,847.00
5/1/2025	00000000	Wire Transfers		194,751.00CR
Account Balance:				\$ 0.00

Messages:

For coverage questions, please contact your Producer of Record

For account balance inquiries, please contact Liberty Mutual at (800) 653-7893.

Email: IMS@Libertymutual.com

Please detach remittance slip carefully and return with your payment in the enclosed envelope.

**Statement Date:** 11/14/2025**Account Number:** 3-B26D99-0000**Balance Due** \$ 0.00**Payment Amount:** _____

Make any changes to Insured or Producer address on the back of this remittance slip, and check this box.

WELLMAD FLOOR COVERINGS INTER
 19150 SW 125TH CT
 TUALATIN OR 97062

LIBERTY MUTUAL INSURANCE
 P.O. BOX 91012
 CHICAGO, IL 60680-1110

0003019001 3B26D9900 00000000000000 0041 20301231 000000000000 000000000000 0