FORM B10 (Official Form 10) (4/98)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

PROOF OF CLAIM

Name of Debtor: CONSECO FINANCE LEASING TRUST

Case Number: 02-49675

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)

STATE OF HAWAII, DEPARTMENT OF TAXATION

☐ Check 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 box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Name and address where notices should be sent
C/O STATE TAX COLLECTOR
P O BOX 259
HONOLULU HI 96809
ATTN BANKRUPTCY UNIT
Telephone number (808) 587-1672

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

GE #10584236

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1. Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
XX Taxes
☐ Other_____

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____ _____ _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred: VARIOUS - SEE STATEMENTS

3 If court judgment, date obtained.

4. Total Amount of Claim at Time Case Filed: $ UNKNOWN

If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below

XX Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

THE RIGHT TO SETOFF IS RESERVED.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim if any $_____

6 Unsecured Priority Claim.

XX Check this box if you have an unsecured priority claim

Amount entitled to priority $UNKNOWN

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 300) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier - 11 U S C § 507(a)(3)

☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)

☐ Up to $1 950* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(6)

☐ Alimony maintenance, or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)

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

☐ Other - Specify applicable paragraph of 11 U S C § 507(a)(____)

Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8. Supporting Documents: *Attach copies of supporting documents* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim

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FILED
JUL 08 2003
BMC

Conseco Finance Corp Claim
49675003603

Date: 7/2/2003

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) LYNNE M KANETA, Tax Collector (DS)

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

STATE OF HAWAII
Department of Taxation

TO CONSECO FINANCE LEASING TRUST
1100 LANDMARK TOWERS
345 ST PETER ST
SAINT PAUL, MN 55102

BK#02-49675

PRIORITY CLAIMS

Jointly Administered under
Bk#02-49672

DETAIL STATEMENT OF TAXES DUE THE RIGHT TO SETOFF IS RESERVED

TAX KEY ACCT /LIC NO LIEN DATES	TYPE OF TAX	PERIOD	TAX	PENALTY	INTEREST 12/17/02	TOTAL
	ID#10584236	Annuals				
Estimated	General Excise	1999-2002	unknown	0 00	unknown	unknown
TOTALS			unknown	0 00	unknown	unknown

Date JULY 2, 2003

Prepared by D SAKAI

DELINQUENT ENFORCEMEN

By Lynne M Kaneta
LYNNE M KANETA
Tax Collector

STATE OF HAWAII
Department of Taxation

TO CONSECO FINANCE LEASING TRUST
1100 LANDMARK TOWERS
345 ST PETER ST
SAINT PAUL, MN 55102

BK#02-49675

UNSECURED CLAIMS

Jointly Administered under
Bk#02-49672

DETAIL STATEMENT OF TAXES DUE THE RIGHT TO SETOFF IS RESERVED

TAX KEY ACCT /LIC NO LIEN DATES	TYPE OF TAX	PERIOD	TAX	PENALTY	INTEREST 12/17/02	TOTAL
	ID#10584236	Annuals				
Estimated	General Excise	1997-2002	unknown	unknown	unknown	unknown
TOTALS			unknown	0 00	unknown	unknown

Date JULY 2, 2003

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LYNNE M. KANETA
Tax Collector