

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

HMP Services Holding Sub III, LLC, et al. Claims Processing Center

c/o Epiq Bankruptcy Solutions, LLC

FDR Station, P.O. Box 5082

New York, NY 10150-5082

PROOF OF CLAIM

Name of Debtor Against Which Claim is Held

Case No. of Debtor

Filed: USBC - District of Delaware

HMP Services Holding, Et Al.

10-13618 (BLS)

0000000133

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.



LY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

HMP (CREDITOR.DBF,CREDNUM)CREDNUM # 1000000204*****
GROGLIO, ROBERT
1 RUTA COURT
WESTPORT, CT 06880

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

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: 203-222-0868 Email Address: Kagroglio@aol.com

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

☐ 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.

Telephone number: _____

Email Address: _____

1. Amount of Claim as of Date Case Filed: \$ 15,752.51
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.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

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

2. Basis for Claim: Employee Stock ownership program (ESOP)
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 7747
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: ☐ 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: \$ _____

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____
(See instruction #6 on reverse side.)

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

8. 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 8 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: 12/23/10

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.

Robert Groglia

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:

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

☐ Wages, salaries or commissions (up to \$11,725), 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).

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

☐ Up to \$2,600 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).

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

Amount entitled to priority:

\$ 15,752.51

FOR COURT USE ONLY

FILED / RECEIVED

FEB 28 2011

EPIQ BANKRUPTCY SOLUTIONS, LLC

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.

PITMAN COMPANY
HUMAN RESOURCES DEPT.
721 UNION BOULEVARD
TOTOWA, NJ 07512

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Retirement Account Statement

Employee Stock Ownership And 401(k) Plan

DO NOT SEND CORRESPONDENCE TO ADDRESS ABOVE.
Please send all written correspondence to the mailing
address on the last page of your statement.

✓ Statement Period 07/01/2010 THRU 09/30/2010
Participant ROBERT GROGLIO
Statement ID PIT20751

PIT20751
ROBERT GROGLIO
1 RUTA CT
WESTPORT, CT 06880-3833

005996



Answers about your account

☎ Customer Service Line 800-234-3500
🌐 Customer Service Website www.lincolnalliance.com

ELECT DEFERRALS

12%

Summary of Your Account

Balance as of 07/01/2010	\$119,501.95
Contributions	
TOTAL EMPLOYEE	1,650.82
Gain/Loss	7,281.78
Dividends	126.90
Withdrawals	112,808.94
Balance as of 09/30/2010	\$15,752.51
Change in Value	103,749.44
▶ Vested Balance	\$15,752.51 ◀

Investor Information

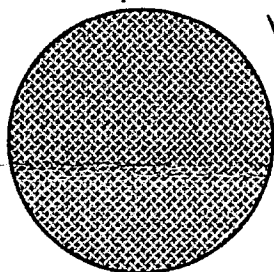
This statement summarizes the performance of your retirement plan investments and reports contributions and other account activity for the recently ended quarter.

The portfolio interest rate for the Lincoln Stable Value Account for 10/1/10 - 12/31/10 is 3.00%.

More information on the backside of this statement.

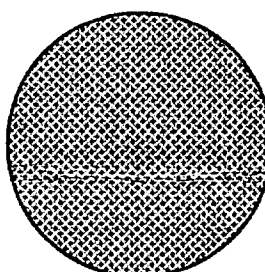
Your Fund Allocation Profile

✓ ESOP
Existing Balance Allocation



✓ ☒ 100% PITMAN STOCK

✓ ESOP
Current Investment Election



✓ ☒ 100% PITMAN STOCK

BROWNRUDNICK

One
Financial
Center
Boston
Massachusetts
02111

One
Financial
Center
Boston
Massachusetts
02111

BROWNRUDNICK

Alicia Brown, Case Manager
Epiq Bankruptcy Solutions
757 Third Avenue
New York, NY 10017

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FEB 28



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