

In re: HomeLife Corporation
OMNIBUS 16: EXHIBIT B - LATE FILED CLAIMS

Creditor Name / Address	Case Number	Claim Number	Total Claim Dollars*	Claim Class**	Reason For Proposed Disallowance
1 NORTHERN ILLINOIS UNIVERSITY SWEN PARSON 210 DEKALB IL 60115	01-2412	11902	\$1,693.99	(U)	
2 STATE OF NEW JERSEY DIVISION OF EMPLOYER ACCOUNTS PO BOX 379 TRENTON NJ 08625-0379	01-2412	11965	\$1,806.95	(P)	CLAIM FILED JUNE 2, 2003. BAR DATE WAS SET AS JANUARY 14,2002.

*Plus, in certain instances, additional contingencies, unliquidated amounts, interest, penalties and/or fees.

****(A) - Administrative** **(S) - Secured**
(P) - Priority **(U) - Unsecured**

