FORM B10 (Official Form 10) 2661131

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

PROOF OF CLAIM
Chapter 11

In Re Kmart Corporation, et al.

Case Numbers 02-02462 through 02-02499

Name of Debtor (see attached for complete list of debtors)
KMART CORPORATION, et al

Case Number:
02-02474

Your claim is scheduled as follows

Class
NOT SCHEDULED

Amount
NOT SCHEDULED

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)

09 3461506

HARRYMAN, GILBERT
7907 N EXETER
PORTLAND, OR 97203

☐ 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

If address differs from above, please complete the following:
Creditor Name
Address
City/St/Zip
Telephone #

11735307

This Space is for Court Use Only

Account or other number by which creditor identifies debtor

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
☐ 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:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ _____
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
☐ 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

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.
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
☐ Wages, salaries, or commissions (up to $4,650), 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 $ 2,100 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)
☐ 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)( )

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

This Space is for Court Use Only

MAS FOLDER # 7751

4/19/02

Date
4-10-02

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)

Kmart Corporation
Retirement Pension Plan

ESTIMATED STATEMENT OF ACCOUNT AS OF JANUARY 31, 1978

FOR HARRYMAN, G N

540-32-5030 1 3430

1. For service through January 31, 1978, our pension records show you have accrued a monthly pension payable at your Normal Retirement Date, at age 65, in the amount of ..... $ 58.78

2. Assuming you continue your employment with the Company until your Normal Retirement Date, based on your present earnings and Plan provisions, you may expect to increase your monthly pension by an additional ..... $ 234.16

ESTIMATED TOTAL MONTHLY PENSION AT AGE 65 — plus Social Security Benefits for you (and spouse, if any) $ 292.94

About Vesting—
"Vesting" is a term used to mean a participant's earned right to a pension. In Kmart's Pension Plan, a participant becomes fully vested after 10 years of service. This means that if an employee who has completed 10 or more years of service were to leave the Company before retirement, the employee would still be eligible to receive the pension accrued for service prior to termination at Normal Retirement Date or at an Early Retirement Date as provided in the Plan.

Our records show you WILL BECOME VESTED ON 03-28-81

This pension estimate is based on information in the Company's pension records and is subject to final determination at the time of actual termination of service or retirement under the Plan. Amounts shown are payable during the lifetime of the Retired Employee only and would be reduced to reflect any Joint and Survivor form of payment. In all cases, the actual Plan provisions will apply.

A general description of the Pension Plan as well as the full text of the Plan is contained in an Employees' Retirement Pension Plan booklet, a copy of which has been provided all participants. The most recent Annual Report filed by the Company with the federal government under the Employee Retirement Income Security Act is available for examination by any participant or beneficiary at the Office of the Secretary of the Company. A copy or summary of such Annual Report or a copy of the Pension Plan booklet may be obtained by any participant or beneficiary by written request to the Director of Employee Benefits at the Headquarters Offices, Troy, Michigan 48084.

(SEE BY ...