

**OFFICE OF THE UNITED STATES TRUSTEE FOR THE
EASTERN DISTRICT OF VIRGINIA
701 East Broad Street, Suite 4304
Richmond, Virginia 23219
Phone: 804-771-2310
Fax: 804-771-2330**

EGG

RETIREE COMMITTEE QUESTIONNAIRE

Patriot Coal Corporation, et al (the “Debtors”)
Case No. 15-32450-KLP (Jointly Administered)

PLEASE RETURN FORM BY FIRST CLASS MAIL OR FAX SO IT IS RECEIVED NO LATER THAN: JULY 6, 2015 BY 12:00 P.M.

PLEASE TYPE OR PRINT CLEARLY

1. The undersigned creditor is willing to serve on the Retiree Committee:
 - a. Name: _____
 - b. Address: _____

 - c. Phone Number: _____
 - d. E-mail: _____
 - e. Date of Birth: _____
 - f. Date of Retirement: _____

2. Name of counsel (if any) for retiree, address, telephone number, and e-mail address:

3. State whether you receive retiree benefits solely by virtue of being a spouse of a retiree of the Debtors: _____

4. Number of years employed by the Debtors (or other affiliate, predecessor, division or entity): _____

5. Name the Debtor, subsidiary, affiliate, division or other entity by whom you were employed right before your retirement:

6. Your position immediately prior to retirement was:

7. Please list all other positions you held with the Debtors and the approximate dates when each such position was held:

8. Were you a member of any union while employed by Patriot? Yes _____ No _____

If yes: What union? _____

Did you ever hold a leadership position with the union? Yes _____ No _____

If yes, explain your leadership role with the union:

9. Current employment, if any: _____

10. List all health care benefit plans (including Medicare), if any, in which you participate:

11. Are you currently receiving health insurance benefits due to your employment with the Debtors (or their predecessors and affiliates)? Yes _____ No _____

If yes, what is the approximate monthly value of the health insurance benefits you receive? _____

Are your health benefits derived from the Voluntary Employee Beneficiary Associates (VEBA)? Yes _____ No _____

12. Are you currently receiving life insurance benefits due to your employment with the Debtors (or their predecessors and affiliates)? Yes _____ No _____

If yes, what is the approximate value of the life insurance benefits you receive?

13. Have you ever had any experience in the employee benefit or retiree benefit area?

Yes _____ No _____

14. If appointed to the Retiree Committee, would you be physically able and available to travel to attend meetings? Yes ___ No ___

Please explain: _____

15. Please provide any other information or background as to why you should be appointed to the Retiree Committee, including any specific skills that you have that would be valuable to the Retiree Committee:

16. Is your current income greater than \$250,000 per year? Yes _____ No _____

DATE: _____

SIGNATURE: _____

**PRINT NAME AND TITLE OF
PERSON COMPLETING FORM:** _____

KINDLY ANSWER ALL QUESTIONS SO THAT THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY.

THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES TRUSTEE.