

FEBRUARY 10 2014 (1)

TO: THE HONORABLE KATHY A. SURRATT- STATES
RE: ROGER WYCISKALLA, E.D. MO. CLAIM NO 1257-
GCF CLAIM NO. 540
THOMAS F. EALY LETON U.S. COURT HOUSE
111 SOUTH 10TH STREET, 4TH FLOOR
ST LOUIS, MO 63102

FROM: ROGER WYCISKALLA
4468 STATE HWY 154
SESSER, IL 62884
618-435-0685

RECEIVED & FILED
FEB 11 2014
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI

I AM WRITTING THIS LETTER TO THANK YOU FOR FORWARDING MY CLAIM TO FEBRUARY 25 2014 AT 10.00 AS I PLAN TO BE PRESENT WITH THE HELP OF SON JERET WYCISKALLA AND HEALTH PERMITTING, BUT AS THE WRITING OF THIS LETTER I CAN NOT FIND AN ATTORNEY TO TAKE MY CASE AS I HAVE MADE SEVERAL PHONE CALLS AND HAD REFERRALS FROM SOME OF THE ATTORNEYS I HAVE CONTACTED WITH NO RESULTS HOWEVER ENCLOSED YOU WILL FIND SOME PAPER WORK TO TRY TO EXPLAIN REASON FOR MY CLAIM. SINCE MY ACCIDENT ON SEPTEMBER 1987 WHILE WORKING MY CLASSIFICATION OF A "SHOOTER" OR BLASTER WHICH I HAD WORKED AT FOR MANY YEARS LOADING BLAST HOLES BEHIND DRILLS TO REMOVE OVER BURDEN ON TOP OF 6' FOOT SEAM OF COAL I WAS TOTALLY RESPONSABLE FOR THIS

OPERATION ALSO HAS TO SIGN A FEDERAL FORM AND FILL OUT REPORT AS TO EXACT AMOUNT OF EXPLOSIVES & POWER USED ON MY SHIFT THE FEDERAL GOVERNMENT WAS VERY STRICT ON HOW TO CONDUCT MYSELF AS AN "SHOOTER" ALSO REGULAR TRAINING PROGRAMS ETC.

I LOVED MY JOB AS I FOUND IT VERY EXCITING & CHALLENGING WORKED 7 DAYS PER WEEK WITH LOTS OF 16 HR SHIFTS THE PAY WAS EXCELLENT BUT TOOK AWAY FROM MY FAMILY LIFE - WIFE & BOYS BUT THIS ALL ENDED ON SEPT-1987 WITH MY ACCIDENT I WAS DIVORCED FROM MY WIFE IN 1991 AND HAVE LIVED BY MYSELF EVER SINCE WITH SOME HELP FROM ONE OF MY SONS BUT HE HAS WIFE AND 4 CHILDREN ALL IN SCHOOL ETC. VERY HARD FOR HIM TO HELP OUT ANY MORE I WILL BE 65 NEXT BIRTH DAY AND NOW HAVE HEART PROBLEMS PLUS DIABETIS ALSO HAVE BEEN TREATED FOR P.T.S.D. SINCE MY ACCIDENT 1987 TILL THE DEATH OF MY DOCTOR JULIUS S CLYDE IN 2012 LEADING TO MY DECISION TO MOVE INTO A TYPE OF ASSISTED LIVING FACILITY IN MT VERNON, IL BUT THE COST PER MONTH IS VERY EXPENSIVE AS I CAN'T LIVE ALONE ANY MORE THIS WINTER WAS VERY HARD! AS I LIVE IN A RURAL AREA

WHICH FREEZES UP IN COLD WEATHER AND I LIVE ALONE WHICH SEEMS TO GET MORE + MORE HARD TO DO I HAVE KNOWN THIS FOR SOME TIME NOW THIS IS WHY I FILED CLAIM FOR \$750,000.00 WHEN RECEIVED IN MAIL OF PATRIOT COAL FILING BANKRUPTCY IN 2012, SINCE MY ACCIDENT ON SEPT 1987 THEN ARCH OF ILLINOIS AND NOW PATRIOT COAL MY MEDICAL BILLS AND PRESCRIPTION DRUGS HAVE BEEN PAID IN FULL ALSO DOCTOR BILLS DOCTOR VISITS \$5.00 CO PAY PRESCRIPTION DRUGS \$50.00 PER YEAR DEDUCTABLE CO PAY THEN 100% COVERED AS IS HOSPITAL STAYS WHICH CAN BE VERY EXPENSIVE I HAVE BEEN TO MAYO CLINIC IN MINNISOTA IN 2008 - ID # 6-423-849 BILL PAID IN FULL BY INSURANCE & MEDICARE THEY WILL NOT TAKE AT MAYO CLINIC UNLESS YOU HAVE MEDICARE & INSURANCE MY HEALTH CARE + HOSPITAL + PRESCRIPTION DRUGS ETC. I TOOK LIFE EXPECTANCY OF 80 YRS OLD 64 YEAR OLD NOW 16 YEARS - 12 MO IN YEAR X 192 MONTHS X EST NURSING HOME \$750,000.00 ESTIMATE OR I WILL ACCEPT A CONTRACT PROVIDING PAYMENT EACH MONTH FOR ALL ABOVE SERVICES TILL MY DEATH AS COAL MINERS HAVE SINCE 1987 PAID 100% OF MY TOTAL CARE

SINCERELY

Roger Wyciskala

ROGER WYCISKALA

PLEASE HELP ME



Patriot Coal Corporation
12312 Olive Boulevard
St. Louis, Missouri 63141
www.patriotcoal.com

January 27, 2014

U.S. Mail & Certified Mail

Mr. Roger Wyciskalla
4468 State Highway 154
Sesser, IL 62884

Dear Mr. Wyciskalla:

I am the Vice President of Human Resources and Employee Services for Patriot Coal. The proof of claim and correspondence you filed with the Bankruptcy Court have been forwarded to me.

You receive healthcare benefits from Patriot under the Coal Industry Retiree Health Benefit Act of 1992, which we usually refer to as the "Coal Act." The obligations of Patriot and the benefits of retirees under the Coal Act were not affected by Patriot's recent Chapter 11 case. You remain a participant in Patriot's Coal Act benefit plan, and your benefits have not been reduced. To this point, your healthcare benefits have remained unchanged during the bankruptcy process. If you are experiencing any problems with the administration of your healthcare benefits, please contact our Human Resources Benefits Hotline at (800) 633-9005.

We requested that our attorneys object to the \$750,000 claim you filed because you have not suffered any loss as a result of the bankruptcy case, and so it would not be appropriate for you to receive a payment in addition to the continuation of your benefits. The hearing on the objection to your claim will be rescheduled, at your request, to February 25, 2014 at 10:00 a.m. You should feel free to seek independent legal advice and to participate in the hearing if you wish, but it is Patriot's position that the proposed disallowance of your claim will not adversely affect you in any way.

Please feel free to contact me if you should have questions.

Very truly yours,

A handwritten signature in black ink, appearing to read "MJL", written over a horizontal line.

Michael J. Luna
Vice President – Human Resources & Employee Services

United Mine Workers of America

CECIL E. ROBERTS
INTERNATIONAL PRESIDENT



TELEPHONE
(703) 291-2420
FAX (703) 291-2451

UNITED MINE WORKERS' HEADQUARTERS
18354 QUANTICO GATEWAY DRIVE, SUITE 200

Triangle, VA

22172-1779

November 12, 2013

Roger Wyciskalla
4468 State Hwy 154
Sesser, IL 62884

Dear Brother Wyciskalla:

On behalf of the entire membership of the United Mine Workers of America, we want to take this opportunity to personally thank you for your support and commitment to our effort to win Fairness at Patriot Coal for our active and retired members and their families who are affected by that company's bankruptcy.

By writing to the Bankruptcy Judge about the issues before her – whether about moving the bankruptcy matter out of New York City or about the hardships that would be imposed on you and your family when Patriot threatened to deprive you of your hard-earned benefits -- you provided more than inspiration to our members: you provided assurance that none of us were standing alone. Your letter was an inspiration, which brought hope, which builds courage, which empowers people to achieve that which they can only dream about.

Because of that empowerment, first we were successful in getting the court case moved out of New York. Next, we reached a new collective bargaining agreement with Patriot Coal that included unprecedented improvements to the federal Bankruptcy Judge's decision in May. We ~~were then~~ able to achieve a settlement with Peabody Energy and Patriot Coal that will provide more than \$400 million in funding for health care benefits for the retirees, dependents and surviving spouses affected by this bankruptcy.

THIS IS FOR THOUSANDS OF U.M.W.A. MEMBERS. How long will \$400 million LAST? "ADMINISTERED BY U.M.W.A. APPOINTEES"

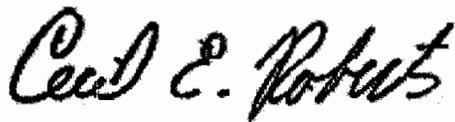
Your participation contributed to this outcome. The UMWA is eternally grateful to you.

Our fight for fairness is not over, however. As significant as it is, \$400 million is not adequate to provide the lifetime health care these retirees were promised and earned. As we focus our efforts on seeking the passage of legislation in Congress to provide a long-term solution to this issue, we ask once again for your support.

We are all in this together, and as we have already shown, together we will prevail.

Please don't hesitate to contact either of us if we can be of any assistance to you in any way.

In Solidarity,



Cecil E. Roberts
International President



Daniel J. Kane
International Secretary-
Treasurer

cc: International Executive Board Members



YOU HAVE THE RIGHT TO APPEAL OUR DECISION

You have the right to ask UnitedHealthcare to review our decision by asking us for an appeal:

APPEAL: Ask UnitedHealthcare for an appeal within 60 days of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

IF YOU WANT SOMEONE ELSE TO ACT FOR YOU

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-800-457-8506 to learn how to name your representative. TTY users call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us.

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS

THERE ARE 2 KINDS OF APPEALS

STANDARD APPEAL- We'll give you a written decision on a standard appeal within 30 days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within 60 days.

FAST APPEAL- We'll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 days for a decision.

WE'LL AUTOMATICALLY GIVE YOU A FAST APPEAL IF A DOCTOR ASKS FOR ONE FOR YOU OR SUPPORTS YOUR REQUEST. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 days.

HOW TO ASK FOR AN APPEAL WITH UNITEDHEALTHCARE

STEP 1: You, your representative, or your doctor must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

STEP 2: Mail, fax, or deliver your appeal.

FOR A STANDARD APPEAL: Address:

Mail to: PO Box 6106, MS: CA124-0157
Cypress, CA 90630

Deliver in person to: 5757 Plaza Dr.
Cypress, CA 90630

Fax: 1-888-517-7113

FOR A FAST APPEAL: Phone: 1-877-262-9203 Fax: 1-866-373-1081

WHAT HAPPENS NEXT?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. IF THE INDEPENDENT REVIEWER DENIES YOUR REQUEST, THE WRITTEN DECISION WILL EXPLAIN IF YOU HAVE ADDITIONAL APPEAL RIGHTS.

GET HELP & MORE INFORMATION

- UnitedHealthcare Toll Free: 1-800-457-8506 TTY users call: 711
- 8 a.m. - 8 p.m. local time, 7 days a week
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116

Enrollment in the plan depends on the plan's contract renewal with Medicare.

Form CMS 10003-NDMCP (Iss. 06/2013)

OMB Approval 0938-0829

Plans are insured or covered by an affiliate of UnitedHealthcare Insurance Company, a Medicare Advantage Organization with a Medicare contract and a Medicare-approved Part D sponsor.



UNITEDHEALTHCARE INSURANCE COMPANY
P.O. BOX 31362
SALT LAKE CTY UT 84131-0362

Patient is responsible for patient liability column only. If you are billed more than that amount, please call Customer Service.



If you have any questions, please write or call our Customer Service Department at:

020RESIDUALUHGPS0001009-06369-01
ROGER L WYCISKALLA
4468 STATE HIGHWAY 154
SESSER IL 62884-2230

UnitedHealthcare Insurance Co
PO Box 31362
Salt Lake City

UT 84131-0362
800-457-8506

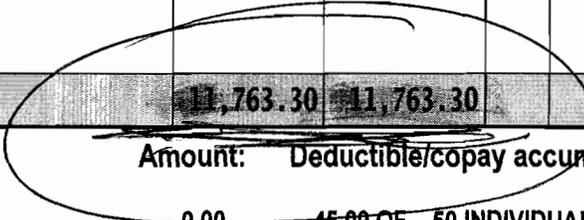
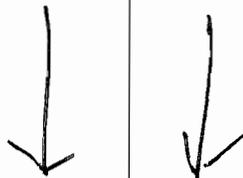
EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Patient: ROGER L WYCISKALLA
Number: 12887-930204338-00

Date: 01/23/14
Policy: PATRIOT COAL-COAL ACT RETIREES

Claim Number	Provider Type of Service	Date of Service From-Through	Billed Charges	Not Covered Amount	Deductible	Copay	Total Patient Cost	
095070708	N GOOD SAMARITAN REG HEALTH CTR	5/21/13- 5/21/13	6,570.00	6,570.00	992	0.00	0.00	0.00
	NUCLEAR MED		360.00	360.00	992	0.00	0.00	0.00
	NUCLEAR MED		1,579.00	1,579.00	992	0.00	0.00	0.00
	CARDIOLOGY		2,123.00	2,123.00	5548	0.00	0.00	0.00
	CARDIOLOGY		1,131.30	1,131.30	992	0.00	0.00	0.00
TOTALS			11,763.30	11,763.30		0.00	0.00	0.00



Payment has been made to: Amount: 0.00 Deductible/copay accumulations for: 4/01/13- 3/31/14
GOOD SAMARITAN REG HEALTH C 45.00 OF 50 INDIVIDUAL COMBINED LIMIT

NOTE: NOT PAID AS FEB-2014
\$11,763.30

EXPLANATION OF BENEFITS THIS IS NOT A BILL

DATE: 1/23/14

CODE DESCRIPTIONS

992 PLEASE CORRECT OCE EDIT ERROR ON OTHER CLAIM LINE.

5548 048: REVENUE CENTER REQUIRES HCPCS CODE (CLAIM RETURN TO PROVIDER)

SILVERSCRIPT

P.O. BOX 52431, PHOENIX, AZ 85072-2431

IMPORTANT

January 29, 2014

 28308
ROGER WYCISKALLA
4468 STATE HIGHWAY 154
SESSER, IL 62884

Dear ROGER WYCISKALLA:

Please note: This letter is being sent to you as a requirement from Medicare. Your former employer, union or trust provides you with additional coverage under a secondary benefit. As a result, although this transition policy may apply to your primary benefit, coverage of this drug may continue under your secondary benefit. Please contact us if you have questions about coverage.

This letter is to inform you that SilverScript (Employer PDP) has provided you with a temporary supply, of the following prescription: BYETTA INJ 10MCG.

TEMPORARY SUPPLY

This drug is either not included on our list of covered drugs (called our formulary) or included on the formulary, but subject to certain limits, as described in more detail further below. Our records indicate that you are a new enrollee affected by formulary changes implemented this year by SilverScript (Employer PDP) and that you are within your first 90 days of coverage for this plan year. Therefore, in the outpatient setting, SilverScript (Employer PDP) is required to provide at least a 30-day supply unless the prescription is written for less and does not provide for refills.

I HAVE USED THIS BYETTA INJ 10MG FOR THE PAST 10 YEARS FOR CONTROL OF DIABETAS (PAID FOR-PATRIOT COAL CO.)
It is important that you understand that this is a temporary supply of this drug. Before this supply ends, you should speak to SilverScript (Employer PDP) and/or your physician regarding whether you should change the drug you are currently taking, or request an exception from SilverScript (Employer PDP) to continue coverage of this drug.

If you need assistance in requesting an exception, or for more information about our transition policy, please call Customer Care at 1-877-588-4852. TTY users should call 1-866-236-1069. We are happy to take your calls 24 hours a day, 7 days a week. Instructions on how to apply for an exception or how to change your current prescription are discussed at the end of the letter.

The following is an explanation of why your drug is not covered or is limited under SilverScript (Employer PDP).

Name of Drug: BYETTA INJ 10MCG
Date Filled: 01/27/2014

Reason for Notification: This drug is not covered on our formulary. Because you are within your first 90 days of coverage with SilverScript (Employer PDP) for this plan year, we have provided you with a 30 day supply. The maximum days supply allowed is a 30 day supply, and we will not pay for the drug after the maximum days supply is used unless you obtain a formulary exception from SilverScript (Employer PDP).



How do I change my prescription?

If your drug is not covered on our formulary, or is covered on our formulary but we have placed a prior authorization, step therapy, or quantity limit on it, you can ask us if we cover another drug used to treat your medical condition. If we cover another drug for your condition, we encourage you to ask your doctor if these drugs that we cover are an option for you. If your doctor tells you that none of the drugs we cover for treating your condition is medically appropriate, you have the right to request an exception from us. You also have the right to request an exception if your doctor tells you that a prior authorization, quantity limit, or other limit we have placed on a drug you are taking is not medically appropriate for treating your condition.

How do I request an exception?

The first step in requesting an exception is for you to ask your prescribing doctor to contact us. The phone number is 1-877-588-4852 (TTY users should call 1-866-236-1069), or you may fax to 1-855-633-7673 or you may write to us at: SilverScript Insurance Company Prescription Drug Plans Coverage Decisions and Appeals Department, P.O. Box 52000, MC 109 Phoenix, AZ 85072-2000. We are available 24 hours a day, 7 days a week.

Your doctor must submit a statement supporting your request. It may be helpful to take this notice with you to the doctor or submit it to his or her office. The doctor's statement must indicate that the requested drug is medically necessary for treating your condition because none of the drugs we cover would be as effective as the requested drug or would have adverse effects for you. If the exception involves a prior authorization, quantity limit, or other limit we have placed on that drug, the doctor's statement must indicate that the prior authorization, or limit, would not be appropriate given your condition or would have adverse effects for you.

Once the physician's statement is submitted, we must notify you of our decision no later than 24 hours, if the request has been expedited, or no later than 72 hours, if the request is a standard request. Your request will be expedited if we determine, or your doctor informs us, that your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard request.

What if my request is denied?

If your request is denied, you have the right to appeal by asking for a review of the prior decision. You must request this appeal within 60 calendar days from the date of our first decision. We accept standard requests by telephone and in writing. We accept expedited requests by telephone and in writing. Contact us at: SilverScript Insurance Company Prescription Drug Plans Coverage Decisions and Appeals Department, P.O. Box 52000, MC 109 Phoenix, AZ 85072-2000, Phone: 1-877-588-4852, Fax: 1-855-633-7673, TTY: 1-866-236-1069.

If you need assistance in requesting an exception or for more information about our transition policy (including alternate format or languages regarding this policy), please contact us at SilverScript (Employer PDP) at 1-877-588-4852. TTY users should call 1-866-236-1069. We are available 24 hours a day, 7 days a week.

Sincerely,

SilverScript (Employer PDP)

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2015.

This information is available for free in other languages. Please call our Customer Care number at 1-877-588-4852 (TTY: 1-866-236-1069), 24 hours a day, 7 days a week. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Servicio al Miembro, al 1-877-588-4852 (teléfono de texto (TTY): 1-866-236-1069), las 24 horas del día, los 7 días de la semana.

SilverScript (Employer PDP) is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.



IMPORTANT: INFORMATION ABOUT YOUR MEDICATION

SEPT-13

- ..Follow directions on best place to keep drug supply
- ..Prepare carefully as you have been shown
- ..Tell Dr if abdominal pain mild to severe, or nausea
- ..Check blood glucose levels regularly
- ..Diet and exercise will improve therapy response



207 E. Main St. • DuQuoin, IL 62832

PHONE: 618-542-2575

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

RX # 7055748

DR. AMORADO, JOSE 08/30/13

WYCISKALLA *, ROGER
 4468 ST HWY 154
 SESSER, IL 62884
 BYETTA 10 MCG DOSE PEN IN
 S1
 2.4 ML
 ORG DT- 01/31/13
 66780-0212-01

COPAY



IMPORTANT: INFORMATION ABOUT YOUR MEDICATION

OCT-13

- ..Follow directions on best place to keep drug supply
- ..Prepare carefully as you have been shown
- ..Tell Dr if abdominal pain mild to severe, or nausea
- ..Check blood glucose levels regularly
- ..Diet and exercise will improve therapy response



207 E. Main St. • DuQuoin, IL 62832

PHONE: 618-542-2575

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

OCT-13

RX # 7055748

DR. AMORADO, JOSE 10/29/13

WYCISKALLA *, ROGER
 4468 ST HWY 154
 SESSER, IL 62884
 BYETTA 10 MCG DOSE PEN IN
 S1
 2.4 ML
 ORG DT- 01/31/13
 66780-0212-01

COPAY



IMPORTANT: INFORMATION ABOUT YOUR MEDICATION

NOV-13

- ..Follow directions on best place to keep drug supply
- ..Prepare carefully as you have been shown
- ..Tell Dr if abdominal pain mild to severe, or nausea
- ..Check blood glucose levels regularly
- ..Diet and exercise will improve therapy response



207 E. Main St. • DuQuoin, IL 62832

PHONE: 618-542-2575

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

RX # 7055748

DR. AMORADO, JOSE 11/27/13

WYCISKALLA *, ROGER
 4468 ST HWY 154
 SESSER, IL 62884
 BYETTA 10 MCG DOSE PEN IN
 S1
 2.4 ML
 ORG DT- 01/31/13
 66780-0212-01

COPAY



IMPORTANT: INFORMATION ABOUT YOUR MEDICATION

DEC-13

- ..Follow directions on best place to keep drug supply
- ..Prepare carefully as you have been shown
- ..Tell Dr if abdominal pain mild to severe, or nausea
- ..Check blood glucose levels regularly
- ..Diet and exercise will improve therapy response



207 E. Main St. • DuQuoin, IL 62832

PHONE: 618-542-2575

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

RX # 7055748

DR. AMORADO, JOSE 12/30/13

WYCISKALLA *, ROGER
 4468 ST HWY 154
 SESSER, IL 62884
 BYETTA 10 MCG DOSE PEN IN
 S1
 2.4 ML
 ORG DT- 01/31/13
 66780-0212-01

COPAY



①

SilverScript Employer Group (PDP) is operated by
SilverScript Insurance Company
P.O. Box 52421
Phoenix, AZ 85072-2421

SILVERSCRIPT

January 17, 2014

0190226 02 AT 0.381 **AUTO T6 0 6401 62884-223068 -C01-I 5 -P90426 SLMR



ROGER L WYCISKALLA
4468 STATE HIGHWAY 154
SESSER IL 62884-2230



"OVER"

Your member numbers are:
Member ID: G0158848401
Rx PCN: MEDDADV

DRUG COST 2013 10,000.00

Your Monthly Prescription Drug Summary

For December, 2013

This summary is your "Explanation of Benefits" (EOB) required by Medicare for your Medicare prescription drug coverage (Part D) under the Employer Group Prescription Drug Plan. Please review this summary and keep it for your records. **(This is not a bill.)**

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights



Need large print or another format?

To get this material in other formats, or ask for language translation services, call SilverScript Employer Group (PDP) Customer Care (the number is on this page).

For languages other than English:

"This information is available for free in other languages. Please call our customer service number at 1-888-626-7677 (TTY: 24 hours a day, 7 days a week), 24 hours a day, 7 days a week". Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Servicio al Miembro, al 1-888-626-7677 (teléfono de texto (TTY: 24 hours a day, 7 days a week), las 24 horas del día, los 7 días de la semana.

SilverScript Employer Group (PDP) Customer Care

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

1-888-626-7677

TTY users call 1-866-236-1069

On the Web at: patriotcoal.silverscript.com

SilverScript Employer Group (PDP) is a Prescription Drug Plan (PDP). This plan has a Medicare contract and enrollment depends on contract renewal



2

SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
We're including this section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your "out-of-pocket costs"

\$316.42 month of December, 2013

\$2,699.43 year-to-date (since 01/01/2013)

DEFINITION:

"Out of pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs covered by our plan's Supplemental Drug Coverage, e) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

Learn more. Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs." The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs" see the Evidence of Coverage, our benefits booklet.

Your "total drug costs"

\$1,118.79 month of December, 2013

~~\$9,973.82~~ year-to-date (since 01/01/2013) — \$10,000.00

DEFINITION:

"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

NOTE: Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

2

PAGE 1

Patriot Coal
c/o Healthcare Recoveries
PO Box 36380 Dept. 35221418
Louisville, KY 40233-6380

**Call 1-800-215-8104 Today
Important Claim Information Required
TDD/TTY: 1-800-897-5772**

August 19, 2011



11315-11315
T35 P2****AUTO**ALL FOR AADC 630
Wyciskalla, Roger L
4468 State Highway 154
Sesser, IL 62884-2230

*CALLED
AUGUST 22-11
AT 2:12 PM*

RE: Health Plan: Patriot Coal
Policy Holder: WYCISKALLA, ROGER L
Patient: Wyciskalla, Roger

One of the Service Dates we are inquiring about:
Treatment Date: 04/01/2009
Medical Provider: Scooter Str. St. Louis Llc
Event Number: 13529330-Please have this number ready

*SAM will update
FILE OK*

Dear Member:

*MOTORIZED WHEEL CHAIR
\$5900.00 EST. COST*

Healthcare Recoveries represents Patriot Coal to review medical services provided and/or paid claims that may have been the result of an accident or injury. We need to obtain detailed information to determine if another party is responsible for the medical treatment provided.

Please call us today and have your event number, listed above, ready for reference. Please call regardless of how or where this injury or illness occurred.

Please call customer service toll-free at 1-800-215-8104
Monday - Thursday: 8:30 a.m. - 10 p.m. Eastern
Friday: 8:30 a.m. - 8 p.m. Eastern
Saturday: 8:30 a.m. - 5 p.m. Eastern
You may also respond anytime at <https://respondnow.hcrec.com>

Your prompt response will be greatly appreciated and will eliminate the need for future contact regarding this information.

Sincerely,

Cheri Hale

Manager, Customer Service Department

Note: Please call our customer service representative at **1-800-215-8104** today.

Inquiries made by Healthcare Recoveries on behalf of your health plan are in full compliance with HIPAA



SAVE IT IMPORTANT
PAGE 2

Magnum Coal Act Patriot Coal Corporation 2012 Medical Coverage for Retired Employees

THIS ENROLLMENT OUTLINES 2012 MEDICAL COVERAGE. YOU ARE NOT REQUIRED TO RETURN THIS FORM, AS YOUR BENEFITS WILL REMAIN THE SAME. HOWEVER, IT IS IMPORTANT THAT YOU REVIEW THE FOLLOWING INFORMATION.

Notice Regarding Grandfathered Status:

Patriot Coal Corporation believes your medical plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your medical plan may not include certain provisions of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other provisions in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which provisions apply and which provisions do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status can be directed to the office of the plan administrator as noted below. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthrefor. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Plan Administrator:

Phil Brandt
VP – HR & Employee Services
12312 Olive Boulevard, Suite 400
St. Louis, MO 63141

REMINDER: HOW THE PLANS WORK WITH MEDICARE

For retirees who are eligible for Medicare, Medicare is the primary plan and the company plan is secondary. This also applies to any covered dependents who are Medicare eligible. The company plan's benefits are reduced by the amount of Medicare's benefits for the same claim. The plan will not pay any benefit unless the Medicare-eligible retiree and dependent(s) are enrolled in Part A and Part B of Medicare. *You must contact Patriot immediately when you or your spouse or dependents become eligible for Medicare.* You may call the Patriot Benefits Department at 1-800-633-9005.

PAGE 3

The following tables reflect the features of the Coal Act Magnum Retiree Plan

Feature	Coverage Network Provider
Doctor's office visits and services	Doctor's Visits, \$5 Until OOP has been met
Co-insurance	N/A
Maximum out-of-pocket	Family \$150 (\$100 for doctor visits and \$50 for prescriptions) Starts Over 3/27 of each year
Inpatient /Outpatient Services	100% covered after \$100 OOP has been met.
Emergency Room	100% (If a True Emergency)
Chiropractic Care	Not Covered
Hospital Pre-cert Penalty	N/A
Mental Health and Chemical Dependency	100% covered after \$100 OOP has been met.
Hearing Care	Must use American Hearing Benefits providers. One hearing aid per ear every 2 years if Medically Necessary
Home Health Care	100%
Hospice	100% covered after \$100 OOP has been met.
Wigs and Hairpieces	Not Covered
Physical Therapy	100% covered after \$100 OOP has been met.
Occupational Therapy	100% covered after \$100 OOP has been met.
Speech Therapy	100% covered after \$100 OOP has been met.
Wellness Benefit	100% covered after \$100 OOP has been met.
Lifetime Maximum	Unlimited

Prescription Drug Benefits
Vendor: CVS Caremark/SilverScript

Retail Prescriptions	
Tier 1 - generic	\$5
Tier 2 - preferred brand	\$5 per prescription or refill up to \$50 maximum per 12-month period per family.
Tier 3 - non-preferred brand	\$5 per prescription or refill up to \$50 maximum per 12-month period per family. / ** NON-FORMULARY SURCHARGES WILL APPLY IF APPEAL IS NOT APPROVED.
Mail Order Prescriptions	
Tier 1 - generic	\$0
Tier 2 - preferred brand	\$0
Tier 3 - non-preferred brand	\$0. ** NON-FORMULARY SURCHARGES WILL APPLY IF APPEAL IS NOT APPROVED.

Specialty drugs (applies to Non-Medicare eligible and Medicare eligible): If you require a specialty drug, you will be contacted by Caremark's specialty drug unit to assist with filling your prescription.

Prior Authorizations (applies to Non-Medicare eligible and Medicare eligible): If you take a prescription listed in the therapeutic class on the grid below, you will be required to obtain a prior authorization annually.

ADHD	Certain Pain Medications
Anabolic Steroids	Erectile Dysfunction
Antiobesity	GI Motility
Antipsoriatics	Testosterone
Certain Diabetic Medications	Topical Acne

High Performance Formulary Plan Design (applies to Non-Medicare eligible only): This program is an enhanced step therapy program. If you are prescribed a targeted single-source brand and you have not tried a generic alternative or the exclusive preferred brand within 24 months, you will be directed to a generic and then the exclusive preferred brand if the generic does not give you the expected clinical benefits. This program is for new prescriptions and current prescriptions. The affected medications* are:

W 3 199

PAGE 5

Proton Pump Inhibitors (Stomach Acid Overproduction)	Aciphex	Nexium
	Kapidex	Zegerid
HMG-CoA Reductase Inhibitors (High Cholesterol)	Advicor	Lescol (XL)
	Altoprev	Simcor
	Crestor	Vytorin
COX-2 Inhibitors (Pain and Inflammation)	Arthrotec	Flector
	Celebrex (excluding 400 mg)	
Angiotensin Converting Enzyme Inhibitors (ACEs)/Angiotension II Receptor Antagonists (ARBs) (High Blood Pressure)	Atacand (HCT)	Hyzaar
	Avalide	Micardis (HCT)
	Avapro	Tekturna (HCT)
	Cozaar	Teveten (HCT)
	Diovan (HCT)	

*These medications are subject to change at any time. Contact CVS Caremark Customer Care for the most up-to-date information.

Appeal Process for Prescription Drugs (applies to Non-Medicare eligible and Medicare eligible): If your physician feels you should stay on the brand drug he/she has prescribed, an appeal process is available to you. To file an appeal, simply contact the CVS Caremark Customer Care department where they will give you instructions on how your and your physician should proceed. The telephone number is (866) 407-5154.



12

Enrollee Name: ROGER L WYCISKALLA
 Subscriber ID No.: 3U0002470
 Client ID: 3U



**SUMMARY ANNUAL REPORT
FOR MAGNUM COAL COMPANY WELFARE PLAN**

This is a summary of the annual report of the MAGNUM COAL COMPANY WELFARE PLAN, EIN 20-3678373, Plan No. 501, for period January 1, 2008 through December 31, 2008. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with METROPOLITAN LIFE INSURANCE COMPANY and LIFE INSURANCE COMPANY OF NORTH AMERICA to pay Life Insurance, ACCIDENTAL DEATH AND DISMEMBERMENT, Long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2008 were \$1,083,315.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$544,789 as of December 31, 2008, compared to \$2,368,379 as of January 1, 2008. During the plan year the plan experienced a decrease in its net assets of \$1,823,590. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$56,113,417 including employer contributions of \$53,971,206, employee contributions of \$1,697,725, and earnings from investments of \$12,046.

Plan expenses were \$57,937,007. These expenses included \$4,207 in administrative expenses and \$57,932,800 in benefits paid to participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of the plan assets; and
5. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write PATRIOT COAL CORPORATION, 12312 OLIVE BLVD ST. LOUIS, MO 63141, 314-275-3600.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (PATRIOT COAL CORPORATION: 12312 OLIVE BLVD ST. LOUIS, MO 63141) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

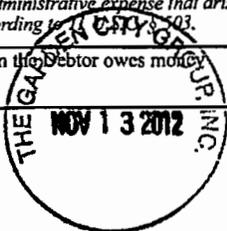
UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

You may only check one Debtor box. If you have a claim against multiple Debtors listed below you must complete a separate proof of claim form for each such Debtor.

Table with columns: Name of Debtor, Case No., Name of Debtor, Case No. Lists various coal companies and their case numbers, with checkboxes for claims.

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor: ROGER L. WYCISKALLA
Name and address where notices should be sent: 4488 STATE HWY 154 SESSER, IL 62884
Telephone number: 618-435-0685



Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number:
Original Claim Filed on: SEPT 1 1987

Name and address where payment should be sent (if different from above): SAME
U.S. BANKRUPTCY COURT - SOUTHERN DISTRICT OF NEW YORK
Patriot Coal Corporation

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed (July 9, 2012): \$ 750,000.00
If all or part of the claim is secured, complete item 4.
If all or part of the claim is entitled to priority, complete item 5.

2. Basis for Claim: PERMANENT INJURY / SEPT 1987

3. Last four digits of any number by which creditor identifies Debtor: 5320

3a. Debtor may have scheduled account as: SENT CERTIFIED MAIL

3b. Uniform Claim Identifier (optional): 354445320

PROOF OF CLAIM
Your Claim Is Scheduled As Follows:
PERMANENT INJURY SEPT 2 1987 ARCH OF ILL + PATRIOT COAL MUST PROVIDE ALL MEDICAL & PRESCRIPTION DRUGS TILL DEATH

4. Secured Claim (See instruction #4)
 Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: Real Estate Equipment Other

Describe: _____

Value of Property: \$ _____

Annual Interest Rate _____ % Fixed or Variable

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____

Amount Unsecured: \$ _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. (See instruction #5)

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 the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(7).

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).

Amount entitled to priority: \$ 750,000.00

RESPONSIBLE FOR MEDICAL AND PERSECUTION UNTIL DEATH

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9). (See instruction #6) Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before July 9, 2012, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business. Attach documentation supporting such claim. \$ _____

7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

8. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: WILL SEND SETTLEMENT CONTRACT ASAP. MUST OBTAIN PAPER WORK

9. Signature: (See instruction #9) Check the appropriate box.

I am the creditor I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) I am the trustee, or the Debtor, or its authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: ROGER WYCISKALLA

Title: DISABLED SINCE SEPT 1 1987

Company: INJURY PERMANENT

Address and telephone number (if different from notice address above): ROGER WYCISKALLA, 4468 S TAFFER HWY 150, SESSER, IL 62884

Telephone number: 618-435-0685 c-mail: _____

(Signature) Roger Wyciskalla (Date) 11/08/12

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtor and its Court-appointed claims agent, GCG, Inc. ("GCG"), are not authorized to provide you, and are not providing you, with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY FIRST CLASS MAIL: Patriot Coal Claims Processing Center, c/o GCG, P.O. Box 9898, Dublin, Ohio 43017-5798. IF BY HAND DELIVERY OR OVERNIGHT MAIL: Patriot Coal Claims Processing Center, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, Ohio 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IS DECEMBER 14, 2012 AT 5:00 P.M. (PREVAILING EASTERN TIME) AND THE GOVERNMENTAL BAR DATE IS JANUARY 21, 2013 AT 5:00 P.M. (PREVAILING EASTERN TIME)

Federal Reserve Bank of Richmond
P.O. Box 27622
Richmond, VA 23261
Change Service Requested

PATRIOT QUARTER 2013
RECEIVED BY MAIL ON
FEBRUARY ON 7TH DAY-2014

PRESORTED STD.
U.S. POSTAGE PAID
PERMIT NO. 2
RICHMOND, VA



MR. ROGER L. WYCISKALLA

4468 STATE HIGHWAY 154
SESSER, IL 62884-2230



I HAVE RECEIVED REPORT PLUS A YEARLY SUMMARY FOR PAST 25+ YEARS

To subscribe or make subscription changes, please email us at research.publications@rich.frb.org or call 800-322-0565.

NOTE: I DO NOT TRUST PATRIOT COAL TO MAINTAIN MY HEALTH CARE FOR THE REST OF MY LIFE!

1914: The Richmond Fed's first building at 109 E. Main St.

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Visit www.richmondfed.org/about-us/history for oral histories, videos, articles, and interviews with past presidents and employees.

Guarding the vault in 1955

Sorting checks in 1961

BOTTOM PHOTOS: COLONIAL STUDIOS, COURTESY OF THE VALENTINE RICHMOND HISTORY CENTER

UPFRONT FROM ROGER WYCISKALLA

CASE # 12-51502 - CLAIM NO. 1257
- GCF CLAIM NO 540

Regional News & Glance

2

Conceived to Fail?

Bankrupt Patriot Coal Questions Its Origin

Most bankrupt companies don't question the legitimacy of their own existence, but Patriot Coal has done exactly that. Patriot, a St. Louis-based company with most of its mines in West Virginia, filed for Chapter 11 bankruptcy last year. As part of the case, the company and its creditors' committee investigated whether its former owner, Peabody Energy, committed a "fraudulent transfer" by spinning it off in 2007.

One creditor, the United Mine Workers of America (UMWA), made that claim in federal court in January 2013. The union alleged that Peabody created Patriot as a dumping ground for subsidiaries with unsustainable liabilities for retiree health care benefits and other burdensome "legacy obligations."

According to the UMWA, Peabody intentionally undercapitalized Patriot from the start. As a group, the Peabody subsidiaries that moved to Patriot were insolvent at the end of 2006, but as part of the spinoff Peabody agreed to retain the health care liabilities for some of the retired workers. This agreement and some smaller balance sheet transfers were more than enough to make Patriot solvent when its stock debuted on Nov. 1, 2007. (Even so, the spinoff cut Peabody's health care obligations by about \$550 million.)

The companies further agreed that if Patriot's retiree health care obligations ever decreased, Peabody's obligations would decline proportionately. But when Patriot asked the bankruptcy court for permission to significantly reduce its obligations, Patriot

and the UMWA filed suits seeking to prevent Peabody from reducing its obligations as well. The UMWA and other creditors also asked Patriot to investigate claims that it had been designed to fail.

Peabody and Patriot officials declined to be interviewed, but a statement on Peabody's website disputes the charge that Patriot was conceived to fail. "Patriot was highly successful following its launch more than five years ago, with significant assets, low debt levels, and a market value that more than quadrupled in less than a year," Peabody states. Patriot's stock soared from \$18.75 on Nov. 1, 2007, to \$80.69 on June 18, 2008, and the company earned net income of \$142.7 million in 2008 and \$127.2 million in 2009.

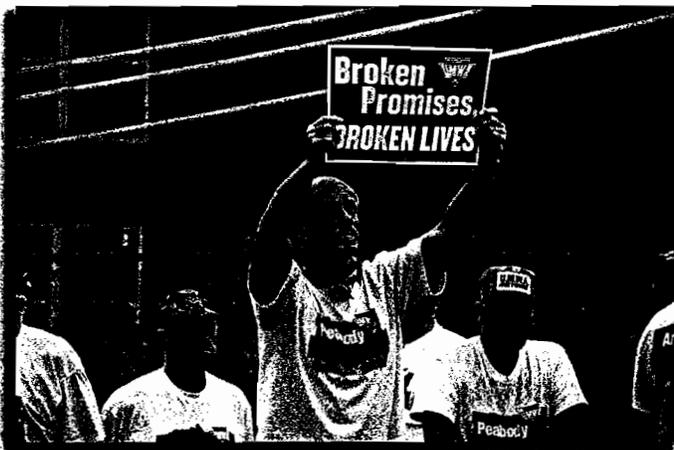
Peabody's online statement says Patriot should have bolstered its financial position during those good years instead of purchasing Magnum Coal, a spinoff of St. Louis-based Arch Coal. Magnum added about \$500 million to Patriot's legacy obligations, but in a conference call with analysts in 2008, Mark Schroeder, Patriot's chief financial officer, downplayed the risk. The Magnum subsidiaries "do have legacy liabilities, like Patriot has legacy liabilities," he said. "We're very familiar with how to work with those, how to control those costs. We are not afraid of legacy liabilities."

Four years later, amid declining demand, lower prices, and higher costs, the company cited "unsustainable labor-related legacy liabilities" as one of the problems forcing it into Chapter 11. When it entered bankruptcy, Patriot reported legacy liabilities of \$1.8 billion, including obligations to provide health care benefits to several thousand UMWA retirees and their dependents.

As part of Patriot's reorganization, the bankruptcy court gave the company permission in May to significantly reduce its funding of retiree health care benefits by transferring them to a trust that will be administered by UMWA appointees. Patriot agreed to help fund the trust with an ownership stake in the reorganized company, profit sharing, royalty payments, and "a portion of future recoveries from certain litigation."

Those recoveries materialized in October 2013, when Peabody agreed to contribute \$310 million over four years to help fund the trust and settle all Patriot and UMWA claims involving the Patriot bankruptcy. The settlement, however, leaves the question of Patriot's legitimacy unanswered. —KARL RHODES

PHOTOGRAPH: UNITED MINE WORKERS OF AMERICA



Retired miners took to the streets of St. Louis to protest proposed cuts in funding for health care benefits.

NOTE ←

DATE OF MY DISABLING ACCIDENT IS SEPTEMBER 1987 AT "ARCH OF ILLINOIS PIPESTONE CREEK MINE"



Brian C. Walsh
Direct: (314) 259-2717
Fax: (314) 552-8717
brian.walsh@bryancave.com

January 23, 2014

Mr. Roger Wyciskalla
4468 State Hwy 154
Sesser, IL 62884

Dear Mr. Wyciskalla:

I received the enclosed materials from you in today's mail. They appear to be private correspondence to you from another lawyer and a copy of a notice regarding your \$750,000 claim in the Patriot Coal bankruptcy case.

I have no need for these items and am returning them to you.

Best regards,


Brian C. Walsh

Enclosure

Bryan Cave LLP
One Metropolitan Square
211 North Broadway
Suite 3600
St. Louis, MO 63102-2750
Tel (314) 259-2000
Fax (314) 259-2020
www.bryancave.com

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www.goldbergheller.com

MARK C. GOLDENBERG
ELIZABETH V. HELLER
DAVID L. ANTOGNOLI
ROBERT D. ROWLAND
THOMAS P. ROSENFELD
JOHN W. McCRACKEN
Licensed in Illinois & Missouri

2227 SOUTH STATE ROUTE 157
P. O. BOX 959
EDWARDSVILLE, ILLINOIS 62025
618.656.5150
FAX 618.656.6230

1824 CHOUTEAU AVENUE
ST. LOUIS, MISSOURI 63103
314.241.6566
FAX 314.241.6230

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TERI L. HAVRON
JOSEPH P. WHYTE
THOMAS J. LECH
JADE S. von Wiegen**
Licensed in Illinois & Missouri
Licensed in Illinois**

January 15, 2014

Mr. Roger Wyciskalla
4468 State Highway 154
Sesser, IL 62886

Re: Potential Black Lung Case

Dear Mr. Wyciskalla:

Thank you for your recent inquiry regarding black lung litigation. Unfortunately, we have reviewed the information that you provided and we are unable to take your case. Please keep in mind that in regard to any potential legal action, there are statutes of limitations that may apply. If you are interested in pursuing this matter, we advise you seek other legal counsel immediately.

We wish you the best of luck and if you have any questions, please contact me immediately.

Very truly yours,

Handwritten signature of Elizabeth V. Heller

Elizabeth V. Heller

EVH/pm

TO WHOM IT MAY CONCERN:
RECEIVED THIS LETTER BY RURAL BOX ON JANUARY 18TH AFTER PHONE CONVERSATION WITH A BIDE ATTORNEY WITH TIME I DESCRIBED MY CASE AS AGAINST PATRIOT COAL CO. AS A BANKRUPTCY CASE FOR 750,000.00 TO TAKE OF MYSELF AS I AM DISABLED DUE TO MINE ACCIDENT ON SEPT 1987 HAVE NOT WORKED SINCE FOR CARE FOR MEDICAL VERSEPTIOL DRUGS NURSING HOME CARE ETC ROYER WYCISKALLA

BANKRUPTCY ADVOCATES

Marcus H. Herbert
Licensed in
Illinois
Kentucky

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TO REACH
FINANCIAL FREEDOM**

Darrell Dunham
Licensed in
Illinois

Email: bankruptcyadvocates@gmail.com

Website: <http://www.SIdebtfree.com>

January 13, 2014

Roger Wyciskalla
4468 State Hwy 154
Sesser, IL 62884

Re: Patriot Coal Corp
Eastern District of Missouri
Chapter 11 Bankruptcy Case No.: 12-51502

Dear Mr. Wyciskalla:

Thank you for contacting my office regarding your proof of claim filed in the above referenced bankruptcy. I understand that time is of the essence as you have until January 27, 2014 to file a response with the Bankruptcy Court to the Debtor's Twenty-Fifth Omnibus Objection to Claims.

The documents you provided my office do not give enough information to form a legal opinion as to the validity of your claim. If you are able to provide me a filed copy of your claim form along with the supporting documentation by January 17, 2014, I will review the information, and tell you whether I will represent you in this case.

If you provide additional documents to my office, you should not wait to hear back from me before seeking other representation. I recommend that you contact another attorney of your choosing immediately, and provide them the information they need to see if they will represent you. Do not wait to hear back from me before taking action.

I currently do not represent you, and no attorney-client relationship has been formed between my office and you. My review of the documents you provided, or will provide, does not form an attorney-client relationship. This letter is not intended to express an opinion regarding the validity of your claim, but to let you know that we have taken no action on your behalf.

Sincerely,

*Marcus H. Herbert*tm

Marcus H. Herbert

Jackson County Office
308 West Walnut Street
Carbondale, IL 62901
Phone: (618) 549-9800
Fax (618) 549-9805

White County Office
420 Third Street, Suite C
Carmi, IL 62821
Phone: (618) 382-3677
Fax (618) 382-3678

A. **MAIN CASE:**

1. Reorganized Debtors' Twenty-Third Omnibus Objection to Claims (Subordinated Investor Claims) [ECF No. 5193]

Status: This matter is going forward on an uncontested basis.

2. Reorganized Debtors' Twenty-Fourth Omnibus Objection to Claims (Late-Filed Claims) [ECF No. 5194]

Response

- (a) Response to Reorganized Debtors' Twenty-Fourth Omnibus Objection to Claims [ECF No. 5237] filed by Josh D. Chafin and Albert L. Hoosier

Status: This matter is going forward except as to the following claims, which are continued to February 25, 2014 at 10:00 a.m. (prevailing Central Time):

- (a) Josh D. Chafin, E.D. Mo. Claim No. 4140 (GCG Claim No. 4213)
- (b) Albert L. Hoosier, E.D. Mo. Claim No. 4141 (GCG Claim No. 4214)

3. Reorganized Debtors' Twenty-Fifth Omnibus Objection to Claims (No Liability Claims) [ECF No. 5200]

Response

- (a) Motion to Continue Claim of Roger Wyciskalla [ECF No. 5249]

Status: This matter is going forward except as to the following claim, which is continued to February 25, 2014 at 10:00 a.m. (prevailing Central Time):

- (a) Roger Wyciskalla, E.D. Mo. Claim No. 1257 (GCG Claim No. 540)

4. Reorganized Debtors' Twenty-Sixth Omnibus Objection to Claims (Claims Inconsistent with Reorganized Debtors' Books and Records) [ECF No. 5201]

Status: This matter is going forward except as to the following claims, which are continued to February 25, 2014 at 10:00 a.m. (prevailing Central Time):

- (a) Tampa Electric Company, E.D. Mo. Claim Nos. 957, 958 (GCG Claim No. 1523, 1524)

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION**

In re

PATRIOT COAL CORPORATION, *et al.*,

Debtors.¹

Chapter 11

Case No. 12-51502-659

(Jointly Administered)

Hearing Date:

January 28, 2014

**10:00 a.m. (Prevailing Central
Time)**

Hearing Location:

Courtroom 7 North

**NOTICE OF MATTERS SCHEDULED FOR HEARING ON
JANUARY 28, 2014 AT 10:00 A.M.**

Location of Hearing: United States Bankruptcy Court
Eastern District of Missouri
Thomas F. Eagleton United States Courthouse
111 S. 10th Street
St. Louis, Missouri 63102
Courtroom 7 North
January 28, 2014 at 10:00 a.m. (Prevailing Central Time)

¹ The Debtors are the entities listed on Schedule I attached hereto. The employer tax identification numbers and addresses for each of the Debtors are set forth in the Debtors' chapter 11 petitions.