B 10 (Official Form 10) (12/11)					
UNITED STATES BANKRUPTCY	COURT	<del></del>			
DISTRICT OF SOUTHERN DISTRICT OF NEW YORK				PROOF OF CLAIM	
Name of Debtor:		Case Nu	ımber:		
Homecomings Financial, LLC		12-1204		RECEIVED	
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 (the person or other entity to whom the debtor owes money or property):				NOV 1 4 <b>2012</b>	
AIG Securities Lending Corporation				KURTZMAN CARSON CONSULTANTS	
				COURT USE ONLY	
Name and address where notices should be sent:				Check this box if this claim amends a	
AIG Securities Lending Corporation				previously filed claim.  Court Claim Number:	
c/o AIG Asset Management (U.S.) LLC 80 Pine Street, 4th Floor, New York, New York 10005, attn: Timothy A. Greensfelder				(If known)	
Telephone number: (212) 770-7000 email: Timothy. Greensfelder@AIG.com				Filed	
				on:	
Name and address where payment should be sent (if different from above):				Check this box if you are aware that anyone	
Same	☑ Date Stamped Copy Returned ☑ No self addressed stamped envelope ☑ No copy to return			clse has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number:	email:				
Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.  2. Basis for Claim: See Attachment A, Appendix I, Schedule I, and Schedule II  (See instruction #2)					
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled acco	3a. Debtor may have scheduled account as: 3b.		. Uniform Claim Identifier (optional):	
	(See instruction #3a) (See inst		(See instruction #	tion #3b)	
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.  Amount of an was filled, including the required redacted documents and provide the requested information.			Amount of arr was filed, inclu	earage and other charges, as of the time case ided in secured claim, if any:	
Nature of property or right of setoff: Real Estate Motor Vehicle Other Basis for perfection:					
Value of Property: \$ Amount of Secured Claim: \$					
Annual Interest Rate % Fixed or Variable (when case was filed)			Amount \$Unsecured:		
5. Amount of Claim Entitled to Priority und the priority and state the amount.	er 11 U.S.C. § 507 (a). If any part of the cl	aim falls in	nto one of the fol	lowing categories, check the box specifying	
	☐ Wages, salaries, or commissions (up to \$11,725*) carned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier—11 U.S.C. § 507 (a)(4).	employee	ibutions to an benefit plan § 507(a)(5)	Amount entitled to priority:  \$	
☐ 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).		- Specify e paragraph of § 507(a)(_).		
*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.					