



New York State Department of Labor

Andrew M. Cuomo, Governor

Peter M. Rivera, Commissioner

UNEMPLOYMENT INSURANCE DIVISION

November 24, 2014



Clerk of Court
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
ONE BOWLING GREEN
NEW YORK, NY 10004-1408

Re: AMERICAN AIRLINES INC
ER# 43-70409
BANKRUPTCY# 11-15464

Dear Sir:

We hereby withdraw our Administrative Expense Claim which was dated 7/22/2014 for \$42,387.63.

Very truly yours,

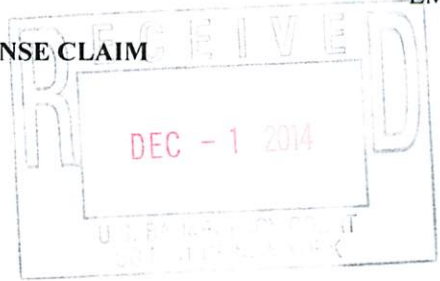
Debbie Anziano
UI Employer Compliance Agent 2
(518)457-1738

DA:da

DEPARTMENT OF LABOR
Unemployment Insurance Division
Governor W. Averell Harriman State Office Building Campus
Building 12, Room 256
Albany, New York 12240

ARRANGEMENT #11-15464
EMPLOYER REG. NO.: 43-70409 1

**LIQUIDATED ADMINISTRATIVE EXPENSE CLAIM
FOR UNEMPLOYMENT INSURANCE**



CLERK OF THE COURT
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
ONE BOWLING GREEN
NEW YORK, NY 10004-1408

IN THE MATTER OF:
AMERICAN AIRLINES INC

Debbie Anziano is an agent of the New York State Department of Labor, Unemployment Insurance Division, and is authorized to make this claim on behalf of the Commissioner of Labor of the State of New York pursuant to Article 18 of the Labor Law of the State of New York.

The debtor is liable to the New York State Department of Labor in the sum of \$42,387.63 representing unpaid unemployment insurance contributions.

PERIOD FROM/TO	A/E	Contributions	Section 581D Assessment	Accrued Interest	Posted Interest	Penalty
10/01/12-09/30/13	A		\$42,387.63			
Total:				\$42,387.63		

A - Actual Returns Filed E - Estimated, no return filed

No part of this debt has been paid. There are no set-offs or counterclaims.

All contributions set forth in the Administrative Expense Claim arose subsequent to the date of petition to wit 11/29/11

All checks in satisfaction of this claim should be made payable to NYS Unemployment Insurance and forwarded to the NYS Department of Labor, Insolvency Unit, at the address indicated above.

Commissioner of Labor

Debbie Anziano
By: Debbie Anziano
UI Employer Compliance Agent 2
Unemployment Insurance Division

Indicate Acknowledgement Date

Claim Number Assigned _____

