

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH February YEAR 2003

PRIMARY EVENT COUNTY: Champaign

COMPANY NAME:	PersonalCare Health Mgt	TYPE OF EVENT:	Workforce Reduction
COMPANY ADDRESS:	<u>2001 Fox Drive</u>	WARN NOTIFIED DATE:	<u>2-14-03</u>
CITY, STATE, ZIP:	<u>Champaign, IL 61820</u>	FIRST LAYOFF DATE:	<u>2-4-03</u>
COMPANY CONTACT:	<u>Patrisha Davis</u>	# WORKERS AFFECTED:	<u>97</u>
TELEPHONE:	<u>301-581-5480</u>	EVENT CAUSES:	<u>Reorg.</u>
LOCAL WORKFORCE AREA:	<u>LWIA 17</u>		
TYPE OF COMPANY:	<u>Insurance Carriers</u>	COMPANY SIC:	<u>6324</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
CITY, STATE, ZIP:	_____	FIRST LAYOFF DATE:	_____
COMPANY CONTACT:	_____	# WORKERS AFFECTED:	_____
TELEPHONE:	_____	EVENT CAUSES:	_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
CITY, STATE, ZIP:	_____	FIRST LAYOFF DATE:	_____
COMPANY CONTACT:	_____	# WORKERS AFFECTED:	_____
TELEPHONE:	_____	EVENT CAUSES:	_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
CITY, STATE, ZIP:	_____	FIRST LAYOFF DATE:	_____
COMPANY CONTACT:	_____	# WORKERS AFFECTED:	_____
TELEPHONE:	_____	EVENT CAUSES:	_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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MONTH February YEAR 2003

PRIMARY EVENT COUNTY: Cook

COMPANY NAME:	<u>USF Logistics</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>2558 West 16th Street</u>	WARN NOTIFIED DATE:	<u>2-10-03</u>
		FIRST LAYOFF DATE:	<u>3-29-03</u>
CITY, STATE, ZIP:	<u>Chicago, IL 60608</u>	# WORKERS AFFECTED:	<u>Not Provided</u>
COMPANY CONTACT:	<u>Jill Pintozzi</u>	EVENT CAUSES:	<u>Lost Contract</u>
TELEPHONE:	<u>630-754-3270</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 9</u>		
TYPE OF COMPANY:	<u>Motor Freight Transportation</u>	COMPANY SIC:	<u>4212</u>

COMPANY NAME:	<u>Ingersoll Holding Company</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>1000 West 120th Street</u>	WARN NOTIFIED DATE:	<u>2-7-03</u>
		FIRST LAYOFF DATE:	<u>3-31-03</u>
CITY, STATE, ZIP:	<u>Chicago, IL 60643</u>	# WORKERS AFFECTED:	<u>73</u>
COMPANY CONTACT:	<u>Mike Mestousis</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>773-264-7800</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 9</u>		
TYPE OF COMPANY:	<u>Mfg. Industrial & Commerical Machinery</u>	COMPANY SIC:	<u>3523</u>

COMPANY NAME:	<u>Bank One</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>300 S Riverside and 525 West Monroe</u>	WARN NOTIFIED DATE:	<u>2-3-03</u>
		FIRST LAYOFF DATE:	<u>3-1-03</u>
CITY, STATE, ZIP:	<u>Chicago, IL 60670</u>	# WORKERS AFFECTED:	<u>700</u>
COMPANY CONTACT:	<u>Mary Kennedy Carew</u>	EVENT CAUSES:	<u>Consolidation</u>
TELEPHONE:	<u>312-407-5019</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 9</u>		
TYPE OF COMPANY:	<u>Depository Institutions</u>	COMPANY SIC:	<u>6021</u>

COMPANY NAME:	<u>United Insurance Company</u>	TYPE OF EVENT:	<u>Layoff</u>
COMPANY ADDRESS:	<u>1 East Wacker Drive</u>	WARN NOTIFIED DATE:	<u>2-6-03</u>
		FIRST LAYOFF DATE:	<u>Not Provided</u>
CITY, STATE, ZIP:	<u>Chicago, IL 60601</u>	# WORKERS AFFECTED:	<u>123</u>
COMPANY CONTACT:	<u>Kenneth C Oehler</u>	EVENT CAUSES:	<u>Transfer Operations</u>
TELEPHONE:	<u>312-661-3632</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 9</u>		
TYPE OF COMPANY:	<u>Insurance Carriers</u>	COMPANY SIC:	<u>6361</u>

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH February YEAR 2003

PRIMARY EVENT COUNTY: Cook County Continued

COMPANY NAME:	<u>Fireman's Fund Insurance Company</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>200 West Monroe</u>	WARN NOTIFIED DATE:	<u>2-14-03</u>
		FIRST LAYOFF DATE:	<u>5-23-03</u>
CITY, STATE, ZIP:	<u>Chicago, IL 60606</u>	# WORKERS AFFECTED:	<u>86</u>
COMPANY CONTACT:	<u>Pam Romoli</u>	EVENT CAUSES:	<u>Not Provided</u>
TELEPHONE:	<u>888-899-6844</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 9</u>		
TYPE OF COMPANY:	<u>Insurance Agents, Brokers & Services</u>	COMPANY SIC:	<u>6411</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

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MONTH February YEAR 2003

PRIMARY EVENT COUNTY: Lake

COMPANY NAME:	Kemper Insurance Company	TYPE OF EVENT:	Workforce Reduction
COMPANY ADDRESS:	<u>One Kemper Drive</u>	WARN NOTIFIED DATE:	<u>2-14-03</u>
CITY, STATE, ZIP:	<u>Long Grove, IL 60049</u>	FIRST LAYOFF DATE:	<u>4-7-03</u>
COMPANY CONTACT:	<u>Vicky Laures</u>	# WORKERS AFFECTED:	<u>161</u>
TELEPHONE:	<u>847-320-7488</u>	EVENT CAUSES:	<u>Not Provided</u>
LOCAL WORKFORCE AREA:	<u>LWIA 1</u>		
TYPE OF COMPANY:	<u>Insurance Agents, Brokers & Services</u>	COMPANY SIC:	<u>6411</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
CITY, STATE, ZIP:	_____	FIRST LAYOFF DATE:	_____
COMPANY CONTACT:	_____	# WORKERS AFFECTED:	_____
TELEPHONE:	_____	EVENT CAUSES:	_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
CITY, STATE, ZIP:	_____	FIRST LAYOFF DATE:	_____
COMPANY CONTACT:	_____	# WORKERS AFFECTED:	_____
TELEPHONE:	_____	EVENT CAUSES:	_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
CITY, STATE, ZIP:	_____	FIRST LAYOFF DATE:	_____
COMPANY CONTACT:	_____	# WORKERS AFFECTED:	_____
TELEPHONE:	_____	EVENT CAUSES:	_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH February YEAR 2003

PRIMARY EVENT COUNTY: Madison

COMPANY NAME:	<u>National Steel Corp</u>	TYPE OF EVENT:	<u>Closing</u>
COMPANY ADDRESS:	<u>1951 State Street</u>	WARN NOTIFIED DATE:	<u>2-20-03</u>
		FIRST LAYOFF DATE:	<u>4-21-03</u>
CITY, STATE, ZIP:	<u>Granite City, IL 62040</u>	# WORKERS AFFECTED:	<u>Not Provided</u>
COMPANY CONTACT:	<u>Tamara Freeman</u>	EVENT CAUSES:	<u>Bankruptcy</u>
TELEPHONE:	<u>574-273-7558</u>		
LOCAL WORKFORCE AREA:	<u>LWIA 22</u>		
TYPE OF COMPANY:	<u>Wholesale Trade Durable Goods</u>	COMPANY SIC:	<u>5051</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

STATE OF ILLINOIS MONTHLY WARN ACTIVITY LISTING

MONTH February YEAR 2003

PRIMARY EVENT COUNTY: Peoria

COMPANY NAME:	<u>Komatsu America Corp</u>	TYPE OF EVENT:	<u>Mass Layoff</u>
COMPANY ADDRESS:	<u>2300 N E Adams</u>	WARN NOTIFIED DATE:	<u>2-14-03</u>
		FIRST LAYOFF DATE:	<u>4-13-03</u>
CITY, STATE, ZIP:	<u>Peoria, IL 61650</u>	# WORKERS AFFECTED:	<u>276</u>
COMPANY CONTACT:	<u>Pamela J Slaby</u>	EVENT CAUSES:	<u>Weakened</u>
TELEPHONE:	<u>309-672-7463</u>		<u>Demand</u>
LOCAL WORKFORCE AREA:	<u>LWIA 15</u>		
TYPE OF COMPANY:	<u>Water Transportation</u>	COMPANY SIC:	<u>4499</u>

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

COMPANY NAME:	_____	TYPE OF EVENT:	_____
COMPANY ADDRESS:	_____	WARN NOTIFIED DATE:	_____
		FIRST LAYOFF DATE:	_____
CITY, STATE, ZIP:	_____	# WORKERS AFFECTED:	_____
COMPANY CONTACT:	_____	EVENT CAUSES:	_____
TELEPHONE:	_____		_____
LOCAL WORKFORCE AREA:	_____		_____
TYPE OF COMPANY:	_____	COMPANY SIC:	_____

Company Name:	The name of the event company submitting the WARN notice.
Company Address:	The event company's street address where layoff or closing is occurring.
City, State, Zip:	The event company's city, state and zip code.
Company Contact:	The name of the individual identified as the principal authority for normal communication and interaction for the event company.
Telephone:	The telephone number of the company contact person.
Sub-State Grantee:	The primary sub-state grantee with geographical responsibility to offer services to the affected workers.
Type of Company:	The Standard Industrial Classification (SIC) depicting the type of business the company is engaged in.
Event County:	The Illinois county in which the dislocation event is located.
Type of Event:	Indicates whether the workers are being dislocated because of a plant closing, substantial layoff (at least 1/3 of workforce affected) or layoff.
Warn Notified Date:	The date the Rapid Response Unit is in receipt of the WARN letter notifying of the impending closing or layoff.
First Layoff Date:	The first date that layoffs are expected to occur.
# Workers Affected:	The originally reported number of workers expected to be laid off.
Event Causes:	Indicates up to three reasons for the plant closing or layoff.