UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM
Name of Debtor: Airfasttickets, Inc.	Case Number: <u>15-11951-shl</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commence administrative expense may be filed pursuant to 11 U.S.C. § 503.	ment of the case. A request for payment of an
Name of Creditor (the person or other entity to whom the debtor owes money or property):	
HARTFORD FIRE INSURANCE COMPANY	\Box Check this box to indicate that this claim
Name and address where notices should be sent:	amends a previously filed claim.
Hartford Fire Insurance Company Bankruptcy Unit, NP3-R	Court Claim Number:
Hartford Plaza	(If known) Filed on:
Hartford, CT 06115	ried off.
Celephone Number: 800-636-4404	
Name and address where payment should be sent (if different from above): The Hartford	Check this box if you are aware that anyone
PO Box 660916	else has filed a proof of claim relating to your claim. Attach copy of statement giving
Dallas, TX 75266-0916	particulars.
Telephone number:	Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>SCONTINGENT/UNLIQUIDATED</u>	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not	5. Amount of Claim Entitled to
complete item 4.	Priority under 11 U.S.C. §507(a). If any
If all or part of your claim is entitled to priority, complete item 5.	portion of your claim falls in one of the following categories, check the box and
Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach	state the amount.
itemized statement of interest or charges.	Specify the priority of the claim
2. Basis for Claim: Insurance Coverage	Specify the priority of the claim.
(See instruction #2 on reverse side.)	 Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>13734756 (not exclusive)</u>	
3a. Debtor may have scheduled account as: <u>The Hartford</u>	□ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before
(See instruction #3a on reverse side.)	filing of the bankruptcy petition or
4. Secured Claim (See instruction #4 on reverse side.)	cessation of the debtor's business, whichever is earlier -11 U.S.C. §507 (a)(4).
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the	
requested information.	□ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).
Nature of property or right of setoff:	
Describe:	Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for
Value of Property: <u>S</u> Annual Interest Rate <u>%</u>	personal, family, or household use - 11
Amount of arrearage and other charges as of time case filed included in secured	U.S.C. §507 (a)(7).
claim, if any: S Basis for perfection:	Taxes or penalties owed to
Amount of Secured Claim: S Amount Unsecured: S	governmental units – 11 U.S.C. §507 (a)(8).
	□ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	Amount entitled to priority:
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You	\$
may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security	*Amounts are subject to adjustment on 4/1/13
interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)	and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER	
SCANNING. If the documents are not available, please explain:	EGEIVED
	FOR COURT USE ONLY
Date: 213/16 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the reditor or other person authorized to file this claim and state address and telephone number if different from the notice	
address above. Attach copy of power of attorney, if any.	L FEB 1 7 2016
HARTFORD FIRE INSURANCE COMPANY	
HARTFORD FIRE INSURANCE COMPANY BY:	U.S. BANKRUPTCY COURT SO DIST OF NEW YORK
	SO DIST OF NEW YORK
HANK HOFFMAN, ASSISTANT VICE-PRESIDENT	AirFastTickets, Inc. P
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonmer	t for up to 5 years, or 00022