


United States Bankruptcy Court District of Delaware		ADMINISTRATIVE PROOF OF CLAIM	Proceedings in Chapter <u>11</u>
Name of Debtor: CONEXANT SYSTEMS, INC.		Case Number: 13-10367	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): FEDERAL INSURANCE COMPANY		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: c/o Soffer, Rech & Borg, LLP 48 Wall Street, 26th Floor New York, N.Y. 10005 Telephone number: 212-268-7222		RECEIVED MAY 09 2013 BMG GROUP THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor: Excess Liability Pol. #93630252		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Money loaned Your social security number: _____ <input type="checkbox"/> Personal injury/wrongful death Unpaid compensation for services performed <input type="checkbox"/> Taxes from _____ to _____ <input checked="" type="checkbox"/> Other <u>INSURANCE PREMIUMS</u> (date) (date)			
2. Date debt was incurred: <u>3/1/13- 3/1/14</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>26,250.00</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____		6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
7. Amount of Claim that qualifies as an Administrative Claim <u>\$26,250.00</u> - Premiums incurred b/w <u>3/1/13 - 3/1/14</u>			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY Conexant Systems  00067 MAY -3 AM 8:	
Date April 30, 2013	Sign and print name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) GUSTAV P. RECH, AS ATTORNEY FOR FEDERAL INSURANCE COMPANY		
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.			

SOFFER, RECH & BORG, LLP

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MICHAEL A. BORG

OF COUNSEL
VICTOR K. SOFFER

CINDY ANN MULQUEEN
OFFICE MANAGER

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

13 MAY -3 AM 8:21

April 30, 2013

United States Bankruptcy Court Clerk
District of Delaware
824 Market St.
Wilmington DE 19801

Re: Conexant Systems, Inc., Debtor, Case #13-10367
Claimant: Federal Insurance company
Claim amount: \$26,250.00
SR&B File #7242

Dear Sir/Madam:

Enclosed please find an original and one copy of a proof of claim for filing in the above matter. Please acknowledge receipt by stamping and returning the copy in the self-addressed prepaid envelope, which is also enclosed.

Thank you for your courtesies and cooperation.

Very truly yours,



Cindy Ann Mulqueen
Legal Assistant

CAM/vp
Enclosures

BMC

SYCS: STANUAKU UVER. of FedEx Express® Shipping
TRK#: 4700 1439 9990

ORIGIN ID: LGBA (302) 252-3673
LISA M. CICONTE
USBC DISTRICT OF DELAWARE
824 NORTH MARKET STREET 3RD FLOOR

SHIP DATE: 10JAN13
ACTWGT: 1.0 LB MAN
CAD: 807436/CAFE2606

WILMINGTON, DE 19801
UNITED STATES US

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Conexant
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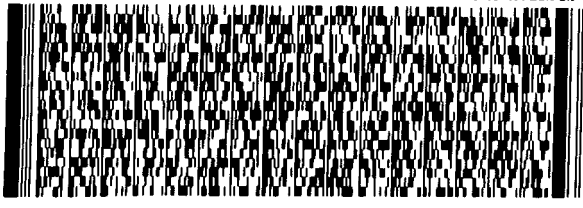
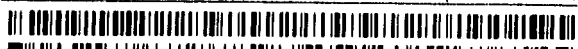
CHANHASSEN MN 55317

(310) 321-5555

BMC GROUP

REF: ~~GAME TECH CLAIMS~~

Conexant



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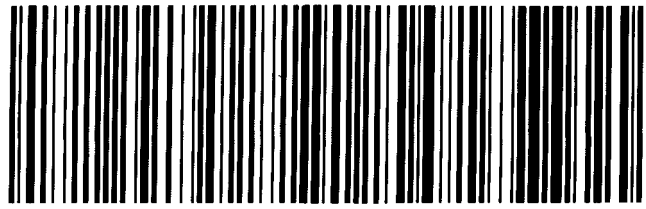
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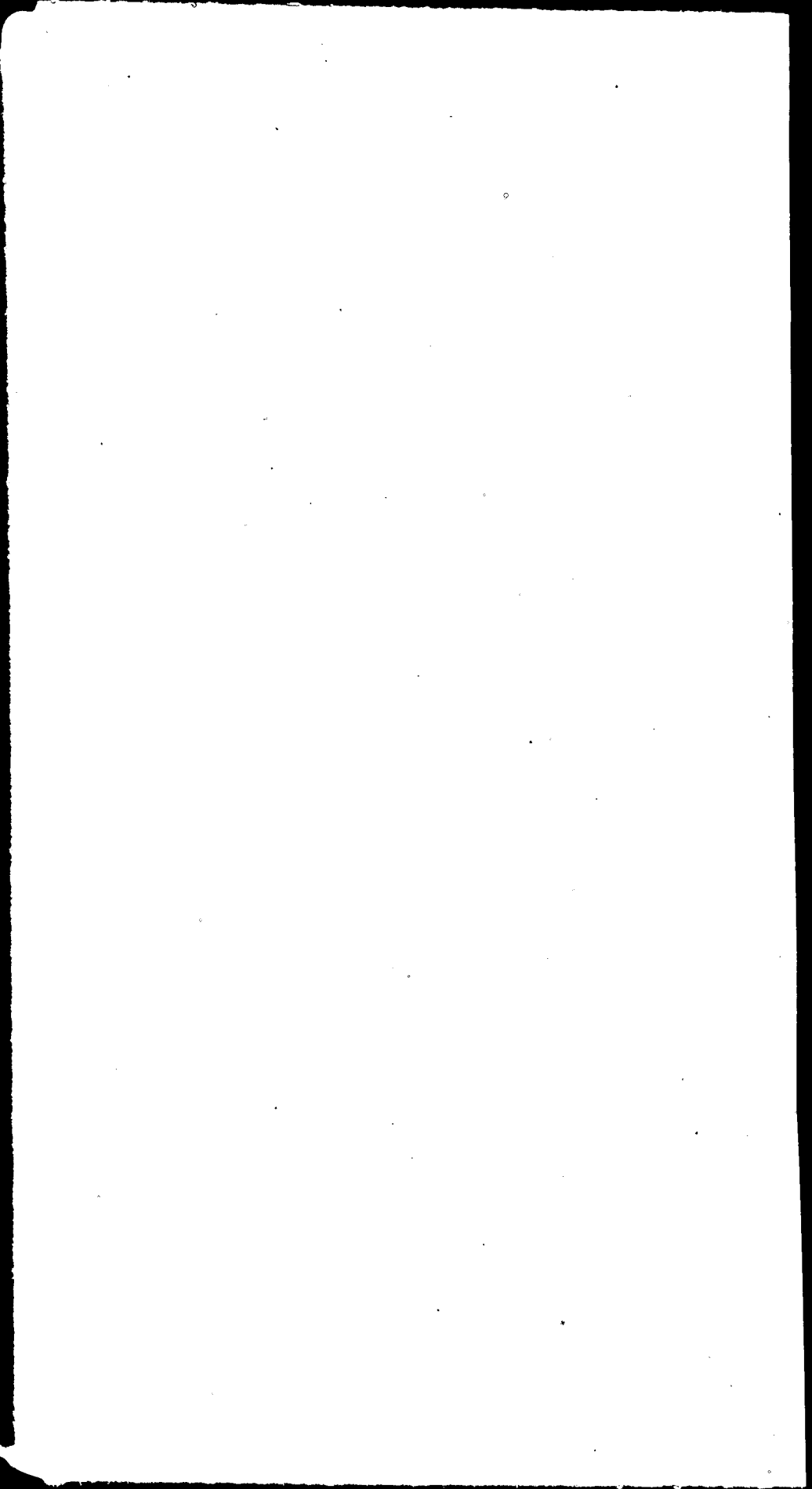


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SOFFER RECH & BORG LLP
Gustav P. Rech, Esq. (GR-1321)
48 Wall Street, 26th Floor
New York, NY 10005
(212) 268-7222
Attorneys for the Federal Insurance Company

FILED
2013 AUG 12 AM 9:22
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

-----X

In re:

Case #13-10367

CONEXTANT, INC.

Chapter 11

Debtor.


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NOTICE OF WITHDRAWAL OF PROOF OF CLAIM NO. 67

PLEASE TAKE NOTICE that the Federal Insurance Company, by its attorneys, Soffer Rech & Borg, LLP, hereby withdraws its Proof of Claim, No. 67, filed on May 3, 2013.

Dated: New York, New York
August 7, 2013

Soffer Rech & Borg, LLP
Attorneys for Federal Insurance Company

By: 
Gustav P. Rech (GR-1321)
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