

<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE</b>		<b>ADMINISTRATIVE PROOF OF CLAIM FORM</b>
In re: <b>CONEXANT SYSTEMS INC. CASE 13-10367</b>		<b>Administrative Claim Request</b>
Name of Debtor Against Which Administrative Claim is Held: <b>CONEXANT SYSTEMS, INC</b>	Case No. of Debtor: <b>13-10367</b>	<b>THIS SPACE IS FOR COURT USE ONLY.</b>
<b>NOTE: This Administrative Proof of Claim is to be used solely in connection with a request for payment of an Administrative Claim arising after commencement of these cases pursuant to 11 U.S.C. § 503.</b>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>TRAVELERS INDEMNITY COMPANY &amp; ITS PROPERTY CASUALTY AFFILIATES</b>		
Name and address where notices should be sent:  <b>Travelers One Tower Square Hartford, CT 06183 Attn: Olga Gold</b>  Phone: (860)-277-2702 Fax: (860)-277-2158		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number: _____ (If known)</b>  Filed on: _____
Name and address where payment should be sent (if different from above):  <div style="text-align: right;"><b>RECEIVED</b> <b>MAY 16 2013</b></div> Telephone number: _____		<input type="checkbox"/> Check this 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 type="checkbox"/> Check this box if you are the debtor or trustee in this case.
<b>IMPORTANT: Please list the name and address of any property related to your Administrative Claim (if applicable).</b>		
Property Name: _____		<b>BMC GROUP</b>
Property Address: _____		
<b>1. Basis for Claim:</b> <u>post-petition insurance coverage</u> (See instruction #1 on reverse side.)		
<b>2. Last four digits of any number by which Creditor identifies Debtor:</b> <u>3083</u>		
<b>3. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:</b> <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.		<b>\$ UNLIQUIDATED</b>
<b>4. BRIEF DESCRIPTION OF ADMINISTRATIVE CLAIM (attach any additional information):</b> <b>Insurance coverage from 3/1/2013 to present</b>		
<b>5. Credits:</b> The amount of all payments on this Administrative Claim has been credited for the purpose of making this proof of claim. <b>6. Supporting Documents:</b> Attach redacted copies of any documents that support the Administrative 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 interest. You may also attach a summary. (See definition of "redacted" on reverse side.) <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain: <b>DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your Administrative Proof of Claim, enclose a stamped, self-addressed envelope and copy of this Administrative Proof of Claim, or you may view your Administrative Claim information by visiting the website of the Claims Agent ( <a href="http://www.kccllc.net/StationCasinos">www.kccllc.net/StationCasinos</a> ).		
<b>IF ADMINISTRATIVE PROOF OF CLAIM IS SENT BY MAIL, HAND DELIVERY, OR OVERNIGHT COURIER, SEND TO:</b>		
<b>BMC Group, Attn: Conexant Systems, Inc Claims Processing LLC 18675 Lake Drive East Chanhassen, MN 55317</b>		
Date: 5/14/2013	<i>Christine Zysk</i> <b>Christine Zysk Director</b>	
Signature: the person filing this Administrative Proof of Claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this Administrative Proof of Claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		

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.



## INSTRUCTIONS FOR ADMINISTRATIVE PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, there may be exceptions to these general rules.

### ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM

#### Name of Debtor and Case Number:

Fill in the bankruptcy Debtor's name and the bankruptcy case number. If the Creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

#### Creditor's Name and Address:

Fill in the name of the person or entity asserting an Administrative Claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The Creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

#### 1. Basis for Claim:

State the type of debt for which the Administrative Proof of Claim is being filed. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

#### 2. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the Debtor's account or other number used by the Creditor to identify the Debtor.

#### 3. Total Amount of Administrative Claim:

Fill in the applicable amounts of the entire Administrative Claim. If interest or other charges in addition to the principal amount of the Administrative Claim are included, check the appropriate place on the form and attach an itemization of interest and charges.

#### 4. Brief Description of Claim

Describe the Administrative Claim including, but not limited to, actual and necessary services rendered or goods delivered to the Debtors during the Chapter 11 cases.

#### 5. Credits:

An authorized signature on this Administrative Proof of Claim serves as an acknowledgement that when calculating the amount of the Administrative Claim, the Creditor gave the Debtor credit for any payments received toward the debt.

#### 6. Supporting Documents:

Attach to this Administrative Proof of Claim redacted copies documenting the existence of the debt and of any lien securing the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. Do not send original documents, as attachments may be destroyed after scanning.

#### Date and Signature:

The person filing this Administrative Proof of Claim must sign and date it. FRBP 9011. If the Administrative Claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the Creditor or other person authorized to file this Administrative Proof of Claim, state the filer's address and telephone number if it differs from the address given on the top of the Administrative Proof of Claim for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on an Administrative Proof of Claim.

### DEFINITIONS AND INFORMATION

#### Name of Debtor and Case Number:

A complete list of Debtors with corresponding case numbers is available by contacting Kurtzman Carson Consultants LLC at (877) 499-4512. You MUST fill in the specific Debtor against which your Administrative Claim is being asserted and the case number of the Debtor's bankruptcy case. If you are asserting Administrative Claims against more than one Debtor, you MUST file a separate Administrative Proof of Claim for each Debtor.

#### Creditor

For purposes of this Administrative Proof of Claim, a Creditor is the person, corporation, or other entity that holds an Administrative Claim against a Debtor.

#### Administrative Claim

Any right to payment constituting a cost or expense of administration of any of the Debtor's Chapter 11 case allowed under sections 503(b) and 507(a)(1) of the Bankruptcy Code, including, without limitation, any actual and necessary costs and expenses of operating one or more of the Debtors' Estates or businesses and any fees or charges assessed against one or more of the Estates of the Debtors under section 1930 of title 28 of the United States Code.

#### Administrative Proof of Claim

A form telling the Bankruptcy Court how much the Debtor owes a Creditor for an Administrative Claim.

#### Submitting Administrative Proof of Claim

Submit a signed original Administrative Proof of Claim form with any attachments via United States mail, overnight courier service or hand delivery to:

Submission by facsimile or other electronic means will not be accepted.

#### Acknowledgement of Filing a Claim

To receive acknowledgment of your filing, enclose a stamped self-addressed envelope and a copy of this Administrative Proof of Claim, or you may view your Administrative Claim information by visiting the website of the Claims Agent ([www.kccllc.net/StationCasinos](http://www.kccllc.net/StationCasinos)).

#### Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact a creditor and offer to purchase its claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtors. These entities do not represent the bankruptcy court or the Debtors. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



One Tower Square, 5MN  
Hartford, CT 06183

**Olga Gold**

Case Manager  
Travelers  
Account Resolution  
(860) 277-2702  
(860) 277-2158 (fax)

One Tower Square, 9CR  
Hartford, CT 06183

May 14, 2013

BMC Group, Inc  
Attn: Conexant Systems, Inc Claims Processing  
18675 Lake Drive East  
Chanhassen, MN 55317

***RE: Conexant Systems Inc: 13-10367***

Enclosed you will find the Administrative Proof of Claim for the above entity with the appropriate supporting documentation regarding the captioned bankruptcy. Also included is a separate copy of the Administrative Proof of Claim for purposes of acknowledgment.

Your attention to the filing of our claim will be appreciated and for your convenience in acknowledging the filing I have enclosed a self-addressed prepaid envelope. Please date stamp the duplicate and return to my attention at the following address:

Travelers  
One Tower Square, 9CR  
Hartford, CT 06183  
ATTN: Olga Gold

Thank you for your anticipated cooperation.

Sincerley,

Olga Gold  
Case Manager  
CC: Rachel O'Neill -- Travelers  
CC: Paul M. Basta -- Kirkland & Ellis LLP

From: (860) 277-2702  
Olga Gold  
Travelers  
Account Resolution  
One Tower Square, 3CR  
Hartford, CT 06183

Origin ID: KXAA



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Ship Date: 15MAY13  
ActWgt: 2.0 LB  
CAD: 100273331/INET3370

Delivery Address Bar Code



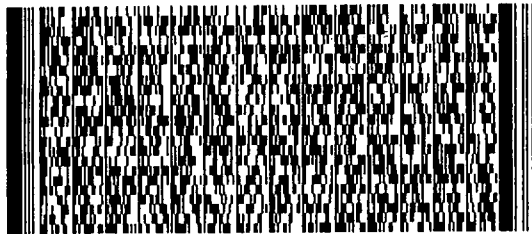
SHIP TO: (800) 655-1129 **BILL SENDER**  
**Attn: Conexant Systems Inc Claims**  
**BMC Group, Inc**  
**18675 Lake Drive East**  
  
**CHANHASSEN, MN 55317**

Ref # 39015121 0000  
Invoice #  
PO #  
Dept #

**RECEIVED**  
**MAY 16 2013**  
**BMC GROUP**

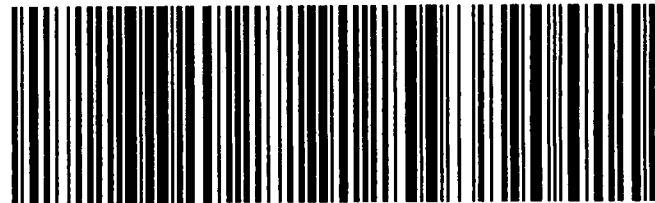
**THU - 16 MAY 10:30A**  
**PRIORITY OVERNIGHT**

TRK# 7997 6744 8580  
0201



**NA FBLA**

**55317**  
MN-US  
**MSP**



518G1/9983/93AB

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.