

Fill in this information to identify the case:

Debtor 1 Curae Health, Inc., et al.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Nashville Division - Middle District of Tennes

Case number 18-05665

FILED

JAN 22 2019

**U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN**

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Federal Insurance Company</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Federal Insurance Company c/o Chubb</u> <small>Name</small> <u>436 Walnut Street, 4th. Floor - WA04K</u> <small>Number Street</small> <u>Philadelphia PA 19106</u> <small>City State ZIP Code</small> Contact phone <u>(215)640-1778</u> Contact email <u>joy.bernstein@chubb.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 7 6 4

7. How much is the claim? \$ 17,891.00 Does this amount include interest or other charges?
☐ No
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Premium - policy period extension endorsement.

9. Is all or part of the claim secured? ☒ No ☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- ☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).
- ☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).
- ☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
- ☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
- ☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
- ☒ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/18/2019

MM DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name Sherron Rowe-Hohn
First name Middle name Last name

Title Legal Analyst - Global Legal

Company Chubb
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 202A Hall's Mill Road - 2E
Number Street

Whitehouse Station NJ 08889
City State ZIP Code

Contact phone 908-903-3053 Email srowehohn@chubb.com

**Attachment to Proof of Claim of
Federal Insurance Company
In Re: Curae Health, Inc., et al., Debtor
USBC Middle District of Tennessee – Nashville Division
Case No.: 18-05665**

Federal Insurance Company and/or any other Chubb Group Insurers (collectively "Insurers") issued the following Insurance Policy for the following policy period covering Debtor, Curae Health, Inc. ("Debtor"):

Policy No.	Insurer	Policy Type	Effective Dates	Amounts Owed
8242-0764	Federal Insurance Company	Executive Liability	01/2018 to 03/01/2019	Premium - Policy Extension Endorsement

Insurers may also be parties to certain other agreements with the Debtor related to such insurance coverage or in connection with such insurance coverage (collectively, the "Agreements"). The documents supporting this proof of claim are voluminous and contain confidential and privileged materials; however, copies of the redacted Policy (and/or the Agreements) will be provided upon request.

Insurers may hold claims that may presently be unliquidated for any and all rights to payment, rights to receive performance, actions, defenses, setoffs and/or recoupments arising from, related to, or in connection with any and all of Debtor's (and any other named and/or additional insureds') duties and obligations under the terms of the Policy.

Insurers reserve the right to amend, update, supplement, modify, increase or otherwise further liquidate this proof of claim from time to time for any reason necessary to accurately reflect the amount or nature of the claim being asserted. To the extent that Insurers may have rights against another related Debtor of which they are not presently aware, or such other related Debtor claims rights to, or an interest in, the Policy, this proof of claim should be deemed filed in each such separate cases. Insurers further reserve (i) the right to assert separate requests for payment of administrative expense or other priority claims under section 503 (a) of the Bankruptcy Code against debtor(s) if, as and when the Policy and/or the Agreements are determined to be executory contracts within the meaning of section 365 of the Bankruptcy Code; (ii) the right to request adequate protection of their interests in the Policy, and/or the Agreements and/or otherwise; (iii) the right to assert any claims which may arise in any subsequent litigation regarding any aspect of the Policy, the Agreements or otherwise; and/or (iv) the right to assert any such claims which are otherwise warranted under the circumstances.

This proof of claim shall not be deemed to be a waiver of, and is without prejudice to, any and all of Insurers' rights, claims and/or defenses of any nature whatsoever under the Policy, the Agreements, the Bankruptcy Code and/or any otherwise applicable law.

Health Care Portfolio

PREMIUM BILL

Insured: CURAE HEALTH INC

Date: 12/27/2018

Producer: USI INSURANCE SERVICES NATIONAL INC
8540 COLONNADE CTR DR111
RALEIGH, NC 27615-0000

Company: Federal Insurance Company

THIS BILLING IS TO BE ATTACHED TO AND FORM A PART OF THE POLICY REFERENCED BELOW.

Product: Health Care Portfolio

Policy Number: 8242-0764

Policy Period: January 1, 2018 to March 1, 2019

NOTE: - PLEASE RETURN THIS BILL WITH REMITTANCE AND NOTE HEREON ANY CHANGES. BILL WILL BE RECEIPTED AND RETURNED TO YOU PROMPTLY UPON REQUEST.

PLEASE REMIT TO PRODUCER INDICATED ABOVE.

Product	Effective Date	Commission Rate	Premium
EXECUTIVE LIABILITY, ENTITY LIABILITY AND EMPLOYMENT PRACTICES LIABILITY	01/01/19	12.50 %	\$14,080.00
FIDUCIARY LIABILITY	01/01/19	12.50 %	\$467.00
CRIME	01/01/19	12.50 %	\$3,344.00

* For Kentucky policies, amount displayed includes tax and collection fees.

TOTAL POLICY PREMIUM	\$17,891.00
TOTAL INSTALLMENT PREMIUM DUE	\$17,891.00

WHEN REMITTING PLEASE INDICATE POLICY OR CERTIFICATE NUMBER

**Attachment to Proof of Claim of
Federal Insurance Company
In Re: Curae Health, Inc., et al., Debtor
USBC Middle District of Tennessee – Nashville Division
Case No.: 18-05665**

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Health Care Portfolio

PREMIUM BILL

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Date: 12/27/2018

Producer: USI INSURANCE SERVICES NATIONAL INC
8540 COLONNADE CTR DR111
RALEIGH, NC 27615-0000

Company: Federal Insurance Company

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FIDUCIARY LIABILITY	01/01/19	12.50 %	\$467.00
CRIME	01/01/19	12.50 %	\$3,344.00

* For Kentucky policies, amount displayed includes tax and collection fees.

TOTAL POLICY PREMIUM	\$17,891.00
TOTAL INSTALLMENT PREMIUM DUE	\$17,891.00

WHEN REMITTING PLEASE INDICATE POLICY OR CERTIFICATE NUMBER

Chubb
202A Hall's Mill Rd., 2E
Whitehouse Station, New Jersey 08889
USA

Ph. 908- 903-3053
Fx 908 572-4052
E. Srowehohn@chubb.com

CHUBB®

January 18, 2019

UPS EXPRESS OVERNIGHT DELIVERY

Bankruptcy Clerk's Office,
Customs House Room 170
701 Broadway, Nashville, TN 37203

RECEIVED

JAN 22 2019

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

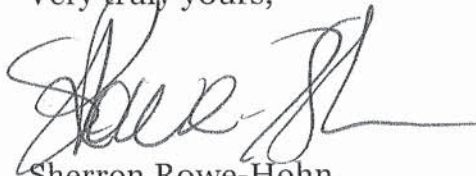
**Re: Chapter 11 - Curae Health, Inc., et al.; United States
Bankruptcy Court; Middle District of Tennessee - Nashville
Division; Case No.: 18-05665**

Dear Sir/Madam:

Enclosed for filing is the Proof of Claim and attachment for Federal Insurance Company, an affiliate of Chubb Insurance. Also enclosed is a copy of the first page of the Proof of Claim, which I ask that you kindly date-stamp and return to me in the enclosed pre-addressed, postage paid envelope.

Kindly advise should you have any questions. Thank you for your courtesies in this regard.

Very truly yours,



Sherron Rowe-Hohn

w/encl.

cc: Joy Bernstein, Esq.
Adrienne M. Logal
Brian R. Rawson

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims: 01/21/2019

Trustee:

Last Date to file (Govt):

Creditor: (6826704)
FEDERAL INSURANCE
COMPANY
FEDERAL INSURANCE
COMPANY C O CHUBB
436 WALNUT STREET 4TH
FLOOR WA04K
PHILADELPHIA PA
19106

Claim No: 250
Original Filed
Date: 01/22/2019
Original Entered
Date: 01/22/2019

Status:
Filed by: CR
Entered by: Intake1
Modified:

Amount claimed: \$17891.00

History:

[Details](#) [250-1](#) 01/22/2019 Claim #250 filed by FEDERAL INSURANCE COMPANY, Amount claimed: \$17891.00 (Intake1)

Description: (250-1) Premium - policy period extension endorsement

Remarks:

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$17891.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		