

Fill in this information to identify the case:

Debtor 1 Gold's Holding Corp.

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Northern District of Texas

Case number 20-31320

RECEIVED  
JUN 15 2020  
BMC GROUP

Official Form 410

**Proof of Claim**

04/19

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?** Cigna Health and Life Insurance Company  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Cigna or CHLIC

2. **Has this claim been acquired from someone else?**  No  
 Yes. From whom? \_\_\_\_\_

3. **Where should notices and payments to the creditor be sent?** **Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)**

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Marylou Rice, Legal Compliance Lead Analyst</u> Name</p> <p><u>900 Cottage Grove Road, B6LPA</u> Number Street</p> <p><u>Hartford</u> <u>CT</u> <u>06152</u> City State ZIP Code</p> <p>Contact phone <u>860-226-1833</u></p> <p>Contact email <u>marylou.rice@cigna.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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4. **Does this claim amend one already filed?**  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**  No  
 Yes. Who made the earlier filing? \_\_\_\_\_

GGI HOLDINGS POC



**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: 8 3 6 8

7. How much is the claim? \$ 20,211.85 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.  
see attached

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)?

- No  
 Yes. Check one:

Amount entitled to priority

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

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_
- Up to \$3,025\* 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 \$13,650\*) 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). \$ 20,211.85
- Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 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.

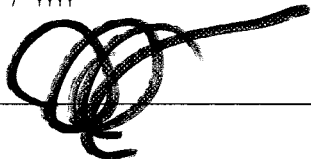
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 6-12-20  
MM / DD / YYYY

Signature



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

Name Jeffrey C. Wisler  
First name Middle name Last name

Title Attorney for CHLIC

Company Connolly Gallagher LLP  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1201 N. Market Street, 20th Floor  
Number Street  
Wilmington DE 19801  
City State ZIP Code

Contact phone 302-757-7300 Email jwisler@connollygallagher.com

**Attachment to the Proof of Claim**  
**Cigna Health and Life Insurance Company**

1. Pursuant to Group Insurance Policies, including all amendments thereto, between Cigna Health and Life Insurance Company<sup>1</sup> (“Cigna”) and Gold’s Holding Corp. (“Debtor”) (the “Cigna Policies”),<sup>2</sup> Cigna provided fully-insured dental coverage for the Debtor’s employee benefit plan to the Debtor’s eligible employees upon the terms and conditions set forth in the Cigna Policies.

2. Pursuant to an Administrative Services Only Agreement, including all amendments thereto, between Cigna and Debtor (the “ASO Agreement”),<sup>3</sup> Cigna provided administrative services for Debtor’s self-insured employee benefit plan providing dental coverage to its eligible employees upon the terms and conditions set forth in the ASO Agreement.

3. On or about May 4, 2020 (“Petition Date”), Debtor filed its voluntary petition under chapter 11 of title 11 of the United States Code.

4. Debtor failed to pay \$20,211.85 due to Cigna under the Cigna Policies and ASO Agreement for contributions to an employee benefit plan arising from services rendered within 180 days prior to the Petition Date (“Claim”). The Claim is entitled to priority status and treatment under 11 U.S.C. § 507(a)(5).

5. To the extent that the Claim is disallowed as a priority claim, Cigna hereby expressly asserts such portion of the Claim, in the alternative, as an unsecured non-priority claim.

6. To the best of Cigna’s knowledge, the Claim is not subject to any setoff or counterclaim.

7. Cigna expressly reserves all rights and remedies that it has or may have against Debtor or any other person or persons liable for all or part of the indebtedness claimed herein. This proof of claim is filed to protect Cigna from forfeiture of its Claim. The filing of this proof of claim is not: (a) a waiver or release of Cigna’s rights or remedies against any person, entity or property; (b) an election of a remedy; or (c) a waiver of the right to assert a different or enhanced classification or priority in respect of the Claim asserted herein.

8. Cigna expressly reserves its right to amend or supplement this proof of claim or to file additional proofs of claim.

#05539012

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<sup>1</sup> Through itself and various state-specific Cigna Dental Health entities.

<sup>2</sup> The Cigna Policies are confidential and proprietary. The Debtor has a copy of the Cigna Policies in its files.

<sup>3</sup> The ASO Agreement is confidential and proprietary. The Debtor has a copy of the ASO Agreement in its files.

Cigna  
ATTN: BRITTANY JOHNSON  
PO BOX 644546  
PITTSBURGH, PA 15264-4546  
Email: BRITTANY.JOHNSON2@CIGNA.COM  
Business Hours: MONDAY - FRIDAY 8:00AM - 5:00PM EST



ATTN: Alice Lang  
Gold's Holding Corp  
4001 Maple Avenue  
Suite 200  
Dallas, TX 75219

**Gold's Holding Corp**

Client ID: 46444	Coverage for: May 2020
Statement: 0001	Date Issued: 05/07/2020
Invoice: 2650528	Due Date: 05/01/2020

✂ Cut On Dashed Line Below to Detach  
Please Return This Portion With Your Remittance

**Payment Voucher**

Client ID: 46444	Invoice: 2650528
Statement: 0001	Payment Type: 96
For Benefits Provided to: Gold's Holding Corp	
Coverage For: May 2020	

Amount Enclosed \$
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C2 000003426

**Please return in the Window Envelope  
Provided to Address below:**

|||||  
CHLIC  
PO BOX 644546  
PITTSBURGH PA 15264-4546

**Please Make Check Payable to: CHLIC**

00464446000189680000034264265052898

**Gold's Holding Corp**

Client ID: 46444	Coverage for: May 2020
Statement: 0001	Date Issued: 05/07/2020
Invoice: 2650528	Due Date: 05/01/2020

Account Numbers:  
3338368

INVOICE SUMMARY			
Amount Due for Reported Months from Invoice 2635672 Issued Apr 07, 2020:			25,172.20
Payments Received:			0.00
Outstanding Balance:			25,172.20
Current Costs:			1,844.99
Adjustments:			(6,805.34)
	Eligibility Updates	(6,805.34)	
Late Payment Charge:			0.00
<b>Total Amount Due: *</b>			<b>20,211.85</b>
<i>Your remittance should match the Total Amount Due.</i>			
<i>* Total Amount Due may include, (i) insurance premium, (ii) fees or other Cigna charges (iii) fees you have agreed to pay your benefit advisor, if applicable, which are not part of the premium or other Cigna charges.</i>			

Activity processed after 05/07/2020 will be reflected on your next invoice.

LATE PAYMENT: Any outstanding balances remaining after 05/31/2020 may be subject to an interest charge.

"Cigna" is a registered service mark and the "Tree of Life" logo is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

**THANK YOU FOR YOUR BUSINESS:**

If you have any questions, please contact: **BRITTANY JOHNSON**  
Telephone: 860.907.6164 Business Hours: MONDAY - FRIDAY 8:00AM - 5:00PM EST  
Facsimile: 999.999.9999 Internet: www.cigna.com  
Email: BRITTANY.JOHNSON2@CIGNA.COM

▶ 1201 North Market Street  
20th Floor  
Wilmington, DE 19801  
[www.connollygallagher.com](http://www.connollygallagher.com)

**Jeffrey C. Wisler**  
**TEL** (302) 888 6258  
**FAX** (302) 658 0380  
**EMAIL** [jwisler@connollygallagher.com](mailto:jwisler@connollygallagher.com)

CONNOLLY  
GALLAGHER LLP

**VIA FEDERAL EXPRESS**

BMC Group, Inc.  
Attn: GGI Holdings Claims Processing  
3732 West 120<sup>th</sup> Street  
Hawthorne, CA 90250

June 12, 2020

**RE: Gold's Holding Corp.**  
**Case No. 20-31320**

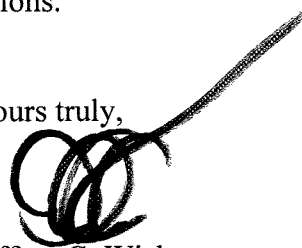
Dear Sir/Madam:

Enclosed please find an original and one copy of the Proof of Claim submitted on behalf of Cigna Health and Life Insurance Company.

Please stamp the extra copy as received and return it to my attention in the enclosed self-addressed stamped envelope.

Please contact me if you have any questions.

Yours truly,



Jeffrey C. Wisler

JCW/dap  
Enclosures  
cc: Cigna Health and Life Insurance Company  
#05539047

