

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: Graceway Pharmaceuticals, LLC

Case Number: 11-13036

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):
HARTFORD FIRE INSURANCE COMPANY

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

**Hartford Fire Insurance Company
Bankruptcy Unit, T-1-55
Hartford Plaza
Hartford, CT 06115
Telephone Number: 860-547-7640**

RECEIVED

DEC 15 2011

BMC GROUP

Court Claim Number: _____
(If known)

Filed on:

Name and address where payment should be sent (if different from above):

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.

Check this box if you are the debtor or trustee in this case.

Telephone number:

1. Amount of Claim as of Date Case Filed: CONTINGENT/UNLIQUIDATED

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

2. Basis for Claim: Insurance Coverage
(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: 20 UUN TA9885, 20 RHU TA9564, 20 UEN II6177, 20 MCP IY3911, 20 WE RT7552 (not exclusive)

3a. Debtor may have scheduled account as: Not Scheduled
(See instruction #3a on reverse side.)

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle other
Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %
Amount of arrearage and other charges as of time case filed included in secured

claim, if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(_____).

Amount entitled to priority:
\$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

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 interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

*Amounts are Graceway Pharmaceuticals LLC
and every 3 year commenced on

00104

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

FOR COURT USE ONLY

Date: 4/17/11 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor 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.

HARTFORD FIRE INSURANCE COMPANY

BY: 

HANK HOFFMAN, VICE-PRESIDENT

U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

DEC 15 2011 PM 3:02



One Hartford Plaza
Hartford, CT 06155
T (860) 547 5000



November 28, 2011

2011 DEC -1 PM 3: 02

U. S. Bankruptcy Court Clerk
District of Delaware
844 N King St., Unit 18
Wilmington, DE 19801-3570

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Re: Proof of Claim Filing

Account Number: 20 UUN TA9885, 20 RHU TA9564, 20 UEN H6177, 20 MCP IY3911,
20 WE RT7552

Chapter 11 Bankruptcy Case 11-13036

Debtor: Graceway Pharmaceuticals, LLC

Dear Sir or Madam:

Enclosed for filing with respect to the above referenced matter, please find an original Proof of Claim of the Hartford Fire Insurance Company.

Please file the original and return a time-stamped copy of the same in the enclosed postage-paid envelope.

If you have any questions, please contact me at the telephone number that appears below.

Yours truly,

Maryann Ellington

Maryann Ellington
Senior Bankruptcy Analyst
Phone: (860) 547-7640

The Hartford
Bankruptcy Unit
Hartford Plaza T-1-55
Hartford, CT 06115

Enclosure

Cc: Graceway Pharmaceuticals, LLC
Kara Hammond Coyle, Esq.