

**UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF DELAWARE**

**Administrative
Expense Claim
Form**

Debtor against which claim is asserted:

Graceway Pharmaceuticals, LLC, et al. (Case No. 11-13036)

Name of Creditor and Address:

Connecticut General Life Insurance Company ("CGLIC"),
Attention: Abi Levesque
Compliance Specialist
Cigna Legal & Public Affairs
900 Cottage Grove Road, Wilde B6LPA
Hartford, CT 06152

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.
 Check box if you have never received any notices from the bankruptcy court in this case
 Check box if this address differs from the address on the envelope sent to you by the court.

**RECEIVED
JAN 09 2012
BMC GROUP**

Creditor Telephone Number: 860-226-2044

Account Or Other Number By Which Creditor Identifies Debtor:

Check here if this claim replaces amends a previously filed claim, dated _____

1. BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Contractual or lease obligations
- Personal injury/wrongful death/property damage
- Taxes
- Retiree benefits as defined in 11 U.S.C. § 1114(a).
- Wages, salaries, and compensation (Fill out below)
Your social security number: _____
- Unpaid compensation for services performed from _____ to _____

2. DATE DEBT WAS INCURRED: See attached invoices

3. IF COURT JUDGMENT, DATE OBTAINED:

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: **\$34,199.45**

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. Brief Description of Claim (attach any additional information) Amounts owed in connection with Medicare and Commercial Rebate Agreements.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTATION: *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain. If the documents are voluminous, attach a summary. Any summary must be 8-1/2" by 11".

8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DATE SIGNED:

1/5/12

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach power of attorney, if any)

Alex G. Krikorian
By: Alex G. Krikorian, R.Ph., M.B.A., Vice President, Pharmaceutical Contracting

THIS SPACE IS FOR COURT USE ONLY

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Graceway Pharmaceuticals LLC



00205



Connecticut General Life Insurance Company

IMPORTANT: PLEASE RETURN THIS INVOICE WITH YOUR REMITTANCE.

Graceway Pharmaceuticals, LLC
Joe Ricchini
Manager, Contract Management
222 Valley Creek Blvd, Suite 300
Exton, PA 19341

MEDICARE REBATE AGREEMENT

October 20, 2011

Pharmaceutical products reimbursement due for 3rd Quarter, 2011 as follows:

2011, 3rd Quarter	\$15,187.00
TOTAL DUE	\$15,187.00

In accordance with the terms of our agreement, payment is due 45 days from the date of receipt of this invoice. Please make check payable to Connecticut General Life Insurance Company. Enclose a copy of this invoice with your payment and mail to:

Mellon Bank
Connecticut General Life Insurance Company
500 Ross Street
Lockbox Box 371253
Pittsburgh, PA 15251-7253

Or Wire to:

ABA 043000261
CIGNA Account 092-7869

Questions regarding this invoice should be directed to:
Yvette Gammon at yvette.gammon@cigna.com or (804) 344-2382.



Connecticut General Life Insurance Company

IMPORTANT: PLEASE RETURN THIS INVOICE WITH YOUR REMITTANCE.

Graceway Pharmaceuticals, LLC
Joe Ricchini
Contract Analyst
222 Valley Creek Blvd., Suite 300
Exton, PA 19341

COMMERCIAL REBATE AGREEMENT

October 19, 2011

Pharmaceutical products reimbursement due for 3rd Quarter, 2011 as follows:

2011, 3rd Quarter	\$19,012.45
TOTAL DUE	<u>\$19,012.45</u>

In accordance with the terms of our agreement, payment is due 45 days from the date of receipt of this invoice. Please make check payable to Connecticut General Life Insurance Company. Enclose a copy of this invoice with your payment and mail to:

**Mellon Bank
Connecticut General Life Insurance Company
500 Ross Street
Lockbox Box 371253
Pittsburgh, PA 15251-7253**

Or Wire to:

**ABA 043000261
CIGNA Account 092-7869**

Questions regarding this invoice should be directed to:
Candy Bates at candace.bates@cigna.com or (860) 226-0313.

Abi Levesque
Compliance Specialist
Cigna Legal & Public Affairs



January 6, 2012

BMC Group, Inc.
Attn: Graceway Pharmaceuticals Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

900 Cottage Grove Road
Wilde B6LPA
Hartford, CT 06152
(860) 226-2044 (telephone)
(860) 226-1769 (facsimile)
abi.levesque@cigna.com

Subject: Graceway Pharmaceuticals, LLC, *et al.*
Case No.: 11-13036

Dear Sir or Madam:

Enclosed for appropriate filing is an Administrative Claim for the above-captioned proceeding. Also enclosed are a self-addressed, stamped envelope and an additional photocopy of the Administrative Claim. Please have the additional photocopy stamped with a notice of entry and returned to me. Thank you.

Sincerely Yours.

A handwritten signature in black ink, appearing to be "Abi Levesque", written in a cursive style.

Abi Levesque

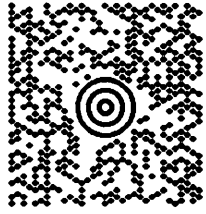
ABI LIVESQUE
(860) 226-2044
CIGNA
900 COTTAGE GROVE RD
BLOOMFIELD CT 06002

0.0 LBS LTR

1 OF 1

SHIP TO:

GRACEWAY PHARMACEUTICALS CLAIMS PRO
(888) 909-0100
BMC GROUP, INC.
18750 LAKE DRIVE EAST
CHANHASSEN MN 55317

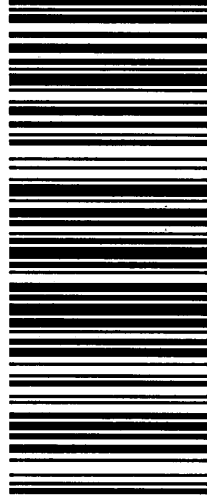


MN 559 9-56



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TRACKING #: 1Z E05 290 13 9566 1494



BILLING: P/P



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