

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

**Administrative  
Expense Claim  
Form  
(Amended)**

**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  
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  
JUN 20 2012  
BMC GROUP**

Creditor Telephone Number: 860-226-2044

Account Or Other Number By Which Creditor Identifies Debtor:

Check here if this claim  replaces  
x amends a previously filed claim, dated 01/05/12

**1. BASIS FOR CLAIM**

- Goods sold                       Personal injury/wrongful death/property damage                       Retiree benefits as defined in 11 U.S.C. § 1114(a).  
 Services performed                       Taxes                       Wages, salaries, and compensation (Fill out below)  
 Money loaned                       Contractual or lease obligations **XX Other (describe briefly)**                      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: \$63,537.91**

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:

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)

**THIS SPACE IS FOR COURT USE ONLY**

6/18/2012

*Alex G. Krikorian*

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

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



00266



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

December 11, 2011

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

2011, 3rd Quarter	\$14,944.19
<b>TOTAL DUE</b>	<u>\$14,944.19</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:  
Yvette Gammon at [yvette.gammon@cigna.com](mailto: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

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**COMMERCIAL REBATE AGREEMENT**

October 19, 2011

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

2011, 3rd Quarter	\$19,012.45
<b>TOTAL DUE</b>	<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](mailto:candace.bates@cigna.com) or (860) 226-0313.



Connecticut General Life Insurance Company

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

**MEDICARE REBATE AGREEMENT**

January 17, 2012

Pharmaceutical products reimbursement due for 4th Quarter, 2011 as follows:

2011, 4th Quarter	\$12,731.03
<b>TOTAL DUE</b>	<u>\$12,731.03</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:  
Yvette Gammon at [yvette.gammon@cigna.com](mailto: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

January 16, 2012

Pharmaceutical products reimbursement due for 4th Quarter, 2011 as follows:

2011, 4th Quarter	\$16,850.24
<b>TOTAL DUE</b>	<b>\$16,850.24</b>

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](mailto:candace.bates@cigna.com) or (860) 226-0313.

Abi Levesque  
Compliance Specialist  
Cigna Legal



June 19, 2012

**VIA OVERNIGHT MAIL**

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](mailto:abi.levesque@cigna.com)

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

Dear Sir or Madam:

Enclosed for appropriate filing is an **Amended** 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.

Abi Levesque

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

0.0 LBS LTR

1 OF 1

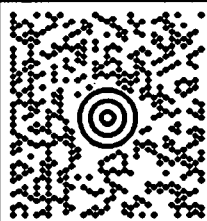
**SHIP TO:**

ATTN: GRACEWAY PHARMACEUTIC CLAIMS  
8006551129  
BMC GROUP, INC.  
18675 LAKE DR E  
CHANHASSEN MN 55317

RECEIVED

JUN 20 2012

BMC GROUP



**MIN 559 9-03**



**UPS NEXT DAY AIR SAVER 1P**

TRACKING #: 1Z E05 290 13 9586 5158



BILLING: P/P



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