

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: JENNIFER CONVERTIBLES, INC

Case Number: 10-13779

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): The Home Insurance Company in Liquidation

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

Name and address where notices should be sent: The Home Insurance Company in Liquidation, 55 South Commercial Street, Manchester, NH 03101

RECEIVED

Court Claim Number: (If known)

SEP 16 2010

Telephone number: (603) 634-0254

BMC GROUP

Filed on:

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

1 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.

Telephone number:

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

1. Amount of Claim as of Date Case Filed: \$ UNKNOWN

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.

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.

1 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.

Specify the priority of the claim.

2. Basis for Claim: INSURANCE PREMIUMS (See instruction #2 on reverse side.)

1 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: 4939

2 Wages, salaries, or commissions (up to \$11,725*) 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).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

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

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.

4 Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

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: \$

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

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

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

7. 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. 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.)

Amount entitled to priority:

\$

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

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

If the documents are not available, please explain:

Date: 09/13/2010

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.

FOR COURT USE ONLY

Jennifer Convertibles



00085

Richard A Durant - Financial Analyst II

Name Insured: Jennifer Convertibles, Inc.

List of policies issued to the Debtor(s) by The Home Insurance Company

<u>Inception Date</u>	<u>Expiration</u>	<u>Prefix</u>	<u>Policy</u>	<u>Type of Coverage</u>	<u>Effective Date</u>	<u>Description</u>	<u>Amount</u>
06/91	06/92	XDO	9264939	Excess Directors & Officers Liability	Future	Liabilities	Unknown

Plus any additional policies that may be identified in the future

The Home Insurance Company In Liquidation

*55 South Commercial Street, Manchester, New Hampshire
Phone (603)634-0254 Fax (603)634-0400*

9/13/2010

Sent Via Certified Mail

BMC Group Inc
Attention Jennifer Convertibles, Inc.
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

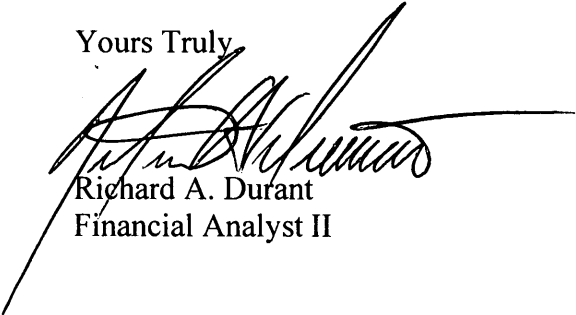
Bankruptcy Case #: 10-13779
Debtor: Jennifer Convertibles, Inc
Account Number: XDO 9264939
Amount Due: Unknown

Dear Claims Processing;

We've enclosed a Proof of Claim to be filed in this matter on behalf of The Home Insurance Company that was ordered into Liquidation on June 13, 2003.

Kindly acknowledge receipt of this document for filing purposes by signing a copy of this letter and/or copy of Proof of Claim and returning it in the enclosed postage paid envelope.

Yours Truly



Richard A. Durant
Financial Analyst II