

Fill in this information to identify the case:

Debtor 1 Highland Capital Management, L.P.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: Northern District of Texas
 Case number 19-34054

**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? Chubb National 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 _____

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)
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<p>Where should notices to the creditor be sent?</p> <p><u>Chubb National Insurance Company c/o Chubb</u> Name <u>202A Hall's Mill Road - 2E</u> Number Street <u>Whitehouse Station NJ 08889</u> City State ZIP Code Contact phone <u>908-572-3016</u> Contact email <u>brian.rawson@chubb.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____</p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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? _____

Date Stamped Copy Returned
 No self addressed stamped envelope
 No copy to return



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: 6 3 1 2

7. How much is the claim? \$ 3,370.00. 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.
Future premium installments and premium audit. See attachment.

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: _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

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).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 04/03/2020
MM / DD / YYYY


Signature

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

Name Brian S. Rawson
First name Middle name Last name

Title Legal Analyst, Global Legal

Company Chubb
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 202A Hall's Mill Road
Number Street

Whitehouse Station NJ 08889
City State ZIP Code

Contact phone 908-572-3016 Email brian.rawson@chubb.com

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KURTZMAN CARSON CONSULTANTS

Chubb
202A Hall's Mill Road
Whitehouse Station, NJ 08889
USA

O +908.572.3016
Brian.Rawson@chubb.com

April 3, 2020

CHUBB®

HCMLP Claims Processing Center
c/o KCC
222 N. Pacific Coast Highway, Suite 300
El Segundo, CA 90245

VIA UPS OVERNIGHT DELIVERY

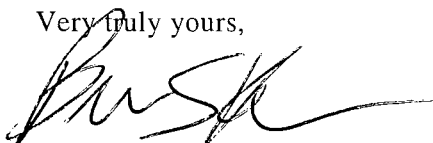
Re: Highland Capital Management, L.P., Debtor
USBC Northern District of Texas
Case No.:19-34054

Dear Sir/Madam:

Enclosed for filing are Proofs of Claim and attachment for Great Northern Insurance Company, Chubb National Insurance Company and Federal Insurance Company, affiliates of Chubb. Also enclosed are additional copies of the Proofs of Claim, which I ask that you would kindly date-stamp and return to me in the enclosed pre-addressed, postage paid envelope. If you have any questions, please let me know.

Thank you for your assistance in this matter.

Very truly yours,



Brian S. Rawson

encl.

cc: Jessika Moon, Esq.
Sherron Rowe-Hohn
Adrienne Logan

**ATTACHMENT TO PROOF OF CLAIM OF
Great Northern Insurance Company, Chubb National Insurance Company & Federal Insurance Company
Highland Capital Management, L.P., Debtor
 USBC Northern District of Texas
 Docket No. 19-34054**

Great Northern Insurance Company, Chubb National Insurance Company, Federal Insurance Company and/or any other Chubb Group Insurers (collectively "Insurers") issued the following Insurance Policies for the following Policy periods covering Debtor, Highland Capital Management, L.P. ("Debtor"):

Policy No.:	Insurer	Type	Effective Dates	Owed
36029368	Great Northern Ins. Co.	Package	11/01/2018 – 11/01/2019	\$922.00
36029368	Great Northern Ins. Co.	Package	11/01/2019 – 11/01/2020	Unliquidated
36029368	Great Northern Ins. Co.	Package	11/01/2018 – 11/01/2019	Unliquidated
36029368	Great Northern Ins. Co.	Package	11/01/2017 – 11/01/2018	Unliquidated
35921794	Great Northern Ins. Co.	Package	07/29/2019 – 07/29/2020	\$3,765.86
35921794	Great Northern Ins. Co.	Package	07/29/2019 – 07/29/2020	Unliquidated
35921794	Great Northern Ins. Co.	Package	07/29/2018 – 07/29/2019	Unliquidated
35921794	Great Northern Ins. Co.	Package	07/29/2017 – 07/29/2018	Unliquidated
73589926	Great Northern Ins. Co.	Automobile	07/29/2019 – 07/29/2020	\$1,508.00
71746312	Chubb National Ins. Co.	Workers' Comp.	07/29/2019 – 07/29/2020	\$3,370.00
71746312	Chubb National Ins. Co.	Workers' Comp.	07/29/2019 – 07/29/2020	Unliquidated
71746312	Chubb National Ins. Co.	Workers' Comp.	07/29/2018 – 07/29/2019	Unliquidated
71746312	Chubb National Ins. Co.	Workers' Comp.	07/29/2017 – 07/29/2018	Unliquidated
79887400	Federal Ins. Co.	Umbrella	11/01/2019 – 11/01/2020	\$512.55
79867884	Federal Ins. Co.	Umbrella	07/29/2019 – 07/29/2020	\$7,060.00

Insurers reserve the right to seek payment as administrative claims.

Insurers may also be parties to certain other agreements with the Debtor related to such insurance coverages or in connection with such insurance coverages (collectively, the "Agreements"). The documents supporting this proof of claim are voluminous and contain confidential and privileged materials; however, copies of the redacted Policies (and/or the Agreements) will be provided upon request.

Insurers may hold claims that may presently be unliquidated for any and all rights to payment, rights to receive performance, actions, defenses, setoffs and/or recoupments arising from, related to, or in connection with any and all of Debtor's (and any other named and/or additional insureds') duties and obligations under the terms of the Policies.

Insurers reserve the right to amend, update, supplement, modify, increase or otherwise further liquidate this proof of claim from time to time for any reason necessary to accurately reflect the amount or nature of the claims being asserted. To the extent that Insurers may have rights against another related Debtor of which they are not presently aware, or such other related Debtors claims rights to, or an interest in, the Policies, this proof of claim should be deemed filed in each such separate cases. Insurers further reserve (i) the right to assert separate requests for payment of administrative expense or other priority claims under section 503 (a) of the Bankruptcy Code against Debtors(s) if, as and when the Policies and/or the Agreements are determined to be executory contracts within the meaning of section 365 of the Bankruptcy Code; (ii) the right to request adequate protection of their interests in the Policies, and/or the Agreements and/or otherwise; (iii) the right to assert any claims which may arise in any subsequent litigation regarding any aspect of the Policies, the Agreements or otherwise; and/or (iv) the right to assert any such claims which are otherwise warranted under the circumstances.

This proof of claim shall not be deemed to be a waiver of, and is without prejudice to, any and all of Insurers' rights, claims and/or defenses of any nature whatsoever under the Policies, the Agreements, the Bankruptcy Code and/or any otherwise applicable law.