

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California
(State)

Case number 22-02384

Official Form 410
Proof of Claim

04/22

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 or 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?** Arch Specialty 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?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Arch Specialty Insurance Company</u> <u>Francine Petrosino, Legal Assistant</u> <u>210 Hudson Street, Suite 300</u> <u>Jersey City, NJ 07311</u> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Contact phone <u>201.743.4232</u>	Contact phone _____
Contact email <u>fpetrosino@archinsurance.com</u>	Contact email _____
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 11/21/2022
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? Arch Specialty Insurance Company



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: ____ _

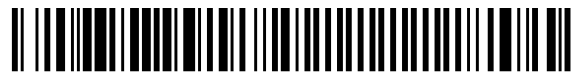
7. How much is the claim? \$ Unliquidated, see attached. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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.
Insurance Program, see attached

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount 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: See attached



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

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Check all that apply:		Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).		\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) 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).		\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).		\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).		\$ _____
<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u>2</u>) that applies.		\$ <u>0.00</u>

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 11/21/2022
MM / DD / YYYY

/s/Francine Petrosino
Signature

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

Name Francine Petrosino
First name Middle name Last name

Title Legal Assistant

Company Arch Insurance Group Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Arch Specialty Insurance Company Francine Petrosino, Legal Assistant 210 Hudson Street, Suite 300 Jersey City, NJ, 07311 Phone: 201.743.4232 Phone 2: Fax: Email: fpetrosino@archinsurance.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: Yes Related Claim Filed By: Arch Specialty Insurance Company	
	Filing Party: Creditor	
Other Names Used with Debtor:		Amends Claim: Yes, 11/21/2022 Acquired Claim: No
Basis of Claim: Insurance Program, see attached	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: Unliquidated, see attached		Includes Interest or Charges: No
Has Priority Claim: Yes		Priority Under: 11 U.S.C. §507(a)(2): 0.00
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: Yes, See attached	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Francine Petrosino on 21-Nov-2022 3:03:59 p.m. Eastern Time Title: Legal Assistant Company: Arch Insurance Group Inc.		

Proof of Claim

(1)

This claim is filed in the Chapter 11 proceedings of *Borrego Community Health Foundation* (“Debtor”) by Arch Specialty Insurance Company (“Arch”).

(2)

This claim arises from an insurance program maintained by Arch for the benefit of the Debtor (“Insurance Program”). Arch issued policies of insurance (collectively, the “Policies”) for the benefit of the Named Insured Debtor and additional insureds, including, but not necessarily limited to, the policies listed on the attached Exhibit A.

In connection with the Policy, Arch and the Debtor(s) may have executed and/or delivered various agreements, including but not limited to binder letters, finance agreements, deductible reimbursement agreements, claims service agreements, and other addenda and undertakings between the parties (collectively, the “Agreements”).

Pursuant to the Policy and the related Agreements, and subject to the terms and conditions thereof, Arch agreed to provide insurance and related services for the Debtor(s). Also pursuant to the Policy and Agreements, the Debtor(s) agreed, *inter alia*, to pay specified premium, loss reimbursement, deposits and other charges (collectively, the “Charges”). Certain Charges are auditable. For example, premium may be revised, up or down, to reflect changes to underwriting factors like number of employees, payroll and the like. Certain Changes may also be loss sensitive. That is to say, additional debits or credits may become owing, based upon ongoing claims experience under the Policy.

Additional information will be furnished by Arch upon reasonable request. The debt underlying this claim is incurred as and when liabilities arise under the Policy and other Agreements.

(3)

Arch asserts this claim for all amounts now or hereafter owing under the Insurance Program, Policy and Agreements. As stated above, the amounts owing under the Insurance Program, Policy and Agreements may be subject to further revision, based upon further audits, continued claims experience, and future reconciliations to be performed thereunder.

Arch reserves the right to amend this proof of claim at any time hereafter, either to state a liquidated balance (based upon actuarial projections of future loss development under the Insurance Program), or to revise such balance up or down, so as to reflect the most current audits, claims experience and/or other data impacting the liability under the program. Further, Arch reserves the right, at any time hereafter, to seek a judicial estimation of this claim pursuant to 11 U.S.C. § 502(c).

(4)

Pursuant to the Insurance Program, the Debtor(s) may have provided Arch security to secure Charges such as premium and reimbursement obligations. This claim is secured by any credits, and by any future credits that may arise under the Insurance Program, with such credits serving as Arch’s collateral and by any other collateral. Arch reserves all rights of setoff and/or recoupment to the fullest extent possible.

(5)

To the extent any portion of this claim arises subsequent to the commencement of this Chapter 11 proceeding, such portion is entitled to administrative expense priority pursuant to 11 U.S.C. § 507(a)(2). Amounts to become due and owing under the Policy may continue after the commencement of this proceeding. These amounts may be subject to audit and recalculation. Arch asserts that this amount is entitled to administrative priority. Arch also reserves and asserts an unsecured claim for any amounts which are not secured nor entitled to priority status.

Exhibit A

	Policy No.	Term
Borrego Community Health Foundation	ESP004996800	5/8/2012 – 5/8/2013
Borrego Community Health Foundation	ESP005480900	5/8/2013 – 5/8/2014