

FILED

2023 FEB 15 AM 11:11

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Fill in this information to identify the case:

Debtor 1 Tricada, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the District of Delaware

Case number 23-10024

Official Form 410
Proof of Claim

04/16

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? CNA Commercial Insurance
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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>CNA Commercial Insurance</u>	<u>CNA Commercial Insurance</u>
Name	Name
<u>500 Colonial Center Parkway</u>	<u>23453 Network Place</u>
Number Street	Number Street
<u>Lake Mary FL 32746</u>	<u>Chicago IL 60673</u>
City State ZIP Code	City State ZIP Code
Contact phone <u>N/A</u>	Contact phone <u>N/A</u>
Contact email <u>N/A</u>	Contact email <u>N/A</u>

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? _____

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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: 0 6 3 0

7. How much is the claim? \$ 12,690.00 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.

Insurance Policy

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:

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

Up to \$2,850* 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 \$12,850*) 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.

\$ _____

* Amounts are subject to adjustment on 4/01/19 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).

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

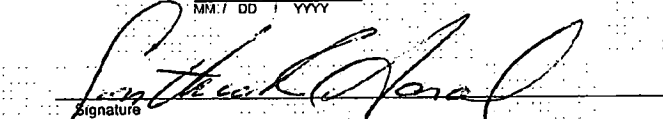
I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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.

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 02/09/2023
MM / DD / YYYY


Signature

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

Name Cynthia Renee Goral
First name Middle name Last name

Title Legal Specialist

Company CNA Commercial Insuranc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Colonial Center Parkway
Number Street

Lake Mary FL 32746
City State ZIP Code

Contact phone 407-804-5854 Email Cynthia.Goral@cna.com

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!Policy Transaction Invoice

Producer: Yen Tanega NEWFRONT INSURANCE SERVICES 450 SANSOME ST STE 300 SAN FRANCISCO, CA 94111-3306 (415)483-7758 Branch Code: 912 Producer Number: 745970	Customer: Tricida, Inc. 7000 Shoreline Court Suite 201 South San Francisco, CA 94080 Customer Number: 722540
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Continental Casualty Company hereby submits the following Statement for Policy # 652050630 for Tricida, Inc. Policy Period: From 01/02/2022 to 04/15/2023.

Policy Effective Date	Gross Premium	Commission 15.00%(EPLS)	Counter-Signature Fee	Total Taxes	Total Surcharges	Amount Due
1/2/2023	\$12,690.00	\$1,903.50	\$0.00	\$0.00	\$0.00	\$10,786.50

Term Extension Premium

*** Please return a copy of this invoice with your payment due 30 days after Policy Effective Date to:**

Continental Casualty Company
23453 Network Place
Chicago, IL 60673-1234

Please do not send this payment to any other CNA payment site.

Any questions regarding your account please call

CNA Financial Insurance
Phone: (732) 759-4571

FOR BILLING QUESTIONS CONTACT BILLING & COLLECTIONS: 1-877-574-0540

This amount will also appear on the CNA monthly statement for this producer number.
Extend Term - 4/15/2023



EXTENSION OF POLICY PERIOD ENDORSEMENT

In consideration of the additional premium in the amount of \$12,690.00 it is agreed that the Employment Practices Liability Solutions Declarations Page is amended as follows:

1. Item 2. is deleted in its entirety and replaced with the following:
Item 2. Policy Period: 01/02/2022 to 04/15/2023
12:01 a.m. Standard Time at the Principal Address stated in Item 1.
2. The extension of the Policy Period as indicated above shall not increase the Insurer's maximum aggregate limit of liability for **Loss** under the Policy.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)