Fill in this information to identify the case:

Debtor Achaogen, Inc.

United States Bankruptcy Court for the District of Delaware

Case number 19-10844

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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

1. **Who is the current creditor?**
   Federal 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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   Where should notices to the creditor be sent?
   Duane Morris LLP c/o Wendy M. Simkulak
   Name
   30 S. 17th Street
   Number Street
   Philadelphia, PA 19103
   City State ZIP Code
   USA
   Country
   Contact phone 215-979-1547
   Contact email wmsimkulak@duanemorris.com

   Where should payments to the creditor be sent? (if different)
   *and to claimant, per attached
   Name
   Number Street
   City State ZIP Code
   Country
   Contact phone
   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) 259 Filed on 07/22/2019 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

19108441908070000000000003

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?**

$ 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 policies and related agreements. See attached.

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 amount should match the amount in line 7.)

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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.

☐ No

☒ Yes. *Check all that apply:*

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). $_____

☐ 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)(2) that applies. $ See Attached.**

* 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.

**Claimant asserts that the claim is entitled to administrative priority under 11 U.S.C. §§ 503(b) and 507(a)(2)

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 08/05/2019
MM / DD / YYYY

Sherron Rowe-Hohn
Signature

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

Name: Sherron (First name) Rowe-Hohn (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 - 2E
Number Street

Whitehouse (City) NJ (State) 08889 (ZIP Code) USA (Country)

Contact phone _____ Email _____

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A GCC REPRESENTATIVE OFFICE OF DUANE MORRIS

ALLIANCES IN MEXICO
AND SRI LANKA

August 6, 2019

VIA FEDEX

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

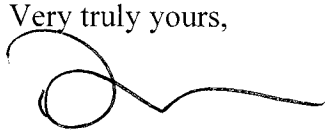
Re: *In re Achaogen, Inc.* Case No. 19-10844

Dear Sir/Madam:

Enclosed for filing please find an original and one (1) copy of the Amended Claim (the "Claim") of Federal Insurance Company. Please file the Claim in the above-referenced bankruptcy case. Kindly acknowledge your receipt of the Claim by returning one (1) stamped copy of the Claim in the enclosed return Federal Express envelope.

Please feel free to contact me with any questions. Thank you for your attention to this matter.

Very truly yours,



Drew S. McGehrin

DSM
Enclosure

AMENDED ATTACHMENT TO PROOF OF CLAIM OF
Federal Insurance Company
In re: Achaogen, Inc.
USBC – District of Delaware; Docket No. 19-10844 (BLS)

This Attachment is attached to and made a part of the Amended Claim (the "Amended Claim") of Federal Insurance Company and/or any other Chubb Group Insurers (collectively "Insurers"). The Insurers issued the following Insurance Policies for the following Policy periods covering Achaogen, Inc.("the Debtor"). In connection therewith, the Insurers have incurred the following outstanding balances that have accrued during the First Administrative Claims Period[1], and may in the future have contingent and/or unliquidated claims as follows (collectively, the "Administrative Obligations"):

Insured	Insurer	Policy Type	Policy Number	Effective Period	Amount Due
Achaogen, Inc.	Federal Insurance Company	Automobile	7355935	06/30/2019 to 06/30/2020	$1216.00
Achaogen, Inc.	Federal Insurance Company	Property Package	35894131	02/01/2019 to 02/01/2020	Unliquidated Premium

On July 22, 2019, Insurers filed an original claim on account of the Administrative Obligations at claim number 259 (the "Original Claim"). Out of an abundance of caution, Insurers are filing this Amended Claim to amend the Original Claim to clarify that the Administrative Obligations are entitled to administrative expense priority under 11 U.S.C. §§ 503(b) and 507(a)(2).

Insurers may also be parties to certain other agreements with the Debtor related to such insurance coverage or in connection with such insurance coverage (collectively, the "Agreements"). The documents supporting this Amended 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 also 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 Amended Claim from time to time for any reason necessary to accurately reflect the

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[1] Capitalized terms used herein but not otherwise defined shall have the meanings ascribed to such terms in the *Debtor's Motion For Entry Of An Order (A) Establishing Bar Date For Filing Proofs Of Claim, (B) Approving The Form And Manner For Filing Proofs Of Claim, (C) Approving Notice Thereof, (D) Implementing Uniform Procedures Regarding 503(B)(9) Claims, And (E) Granting Related Relief* [Docket No. 252] (the "Motion"). Claimant notes that the Motion and related Bar Date Order and Bar Date Notice provide that Administrative Claims should be filed by completing the Claim Form or Official Form No. 410.

amount or nature of the claims being asserted. Insurers further reserve (i) the right to assert additional separate requests for payment of administrative expense or other priority claims under section 503(a) of the Bankruptcy Code against the Debtor 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 Amended 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.

PREMIUM STATEMENT

Policy Number (19)7355-93-05

Company FEDERAL INSURANCE COMPANY

Insured ACHAOGEN, INC.

Address: 1 TOWER PLACE SUITE 300

SOUTH SAN FRANCISCO
CA 94080-

Agent/Broker: AON RISK INSURANCE SERVICES WEST, INC.
425 MARKET ST. #2800
SAN FRANCISCO CA 94105-0000

Annual or Deposit Premium for Period:

From: 06-30-2019 ***To:*** 06-30-2020

Endorsement Date: 06-30-2019

Coverage	Premium
AUTOMOBILE	$ 1,216.00
(Including Taxes, Surcharges & Fees)	

The Kentucky Municipal Premium Tax is the only Tax, Surcharge or Fee on which the producer may receive commission.

No commission may be taken on CIGA, Kentucky Surcharge, FHCFEA, MAIF, MCCA, MIGA, NYMVF, NCRF, OIGA, PLIGA, PRCIGA, SCPPRFC, TXTPAF, or WVPS. - See forms 16-02-0209 and 16-10-0116 for details for each Tax, Surcharge and/or Fee.

TOTAL AMOUNT ON WHICH COMMISSION IS PAID	$ 1,216.00
COMMISSION	16.5%

Authorized Representative