

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM (POC) FORM

CLAIM NOTICE

As ordered by the Circuit Court of Cook County, Illinois, if you have a claim against the Company, you must present that claim to the Office of the Special Deputy Receiver (hereinafter referred to as "OSD") by the claim filing deadline. Please check our Web site www.osdchi.com for the claim filing deadline of the Company.

You must state the type of claim you have on the proof. If you have any documents to support your claim, for example, medical bills, payment receipts and/or cancelled checks, please submit copies with the POC form. If you do not have any such documents, attach a written statement indicating the amount the Company may owe you.

A claim shall be treated as filed as of the date it is received via facsimile by the OSD. It shall also be deemed to have been received as of the United States Postal Service's postmark date if it is mailed, or the date of delivery to a private mail courier for delivery to the OSD, as evidenced by a validly issued receipt from that courier.

PLEASE READ BEFORE COMPLETING PROOF OF CLAIM FORM

1. **Only one claim** may be filed per POC form.
2. If your claim is for return of premiums, you do not have to state the amount. The amount will be determined from the Company records.
3. If the amount of claim is unknown, enter the words "**Unknown Amount.**" You may amend the amount of your claim until it is adjudicated by the Supervising Court.
4. If you have a different type of claim against the Company, please provide a brief explanation of the claim on the POC form, including the amount claimed.
5. Once you have completed the form, please print two copies. One copy for your records and one copy for OSD.
6. **Please sign one of the printed forms, to subscribe and affirm that your claim and any accompanying documents are true to the best of your knowledge and belief, and return the signed form on or before the claim filing deadline.**
7. You may submit the form by mail or by facsimile to the following:
 - Address: Office of the Special Deputy Receiver
222 Merchandise Mart Plaza, Suite 960
Chicago, Illinois 60654-1309
 - Facsimile: (312) 836-1944

GENERAL INFORMATION

CHANGE OF ADDRESS - If you move after sending in your POC form, you must provide the OSD with your new address. Failure to do so could delay or hinder any distribution you may be entitled to receive.

GUARANTY FUND COVERAGE - Claimants against the Company may be entitled to the protection of their state insurance Guaranty Fund. A copy of any POCs filed with the OSD will be provided to the appropriate Guaranty Fund. Amounts not covered by your Guaranty Fund may become a claim against the remaining assets of the Company. Such amounts will be independently evaluated by the OSD.

NOTICE OF DETERMINATION (NOD) - When your claim is evaluated by the OSD, you will be notified as to the recommended allowance or disallowance of your claim, and if an allowance, the recommended amount. The law provides you with 60 days from the date of the notice in which to submit any inquiry or to lodge a written objection.

DISTRIBUTION OF ASSETS - After all timely-filed claims have been evaluated and adjudicated by the Supervising Court, claims that have been allowed will be paid *pro rata*, by priority level, based upon available funds. The amount paid will depend upon the ratio of assets to total allowed claims. We will not know the final amount that can be paid on any individual claim until all claims are evaluated and all assets have been marshaled. We cannot project at this time the amount of assets that will be available for distribution on allowed claims.

Please call our office at (312) 836-9500 or check our Web site www.osdchi.com for posting of our Good Faith Estimates on the timing and amount of potential distributions.

IMPORTANT NOTICE: The OSD's acceptance of this POC form is not intended to constitute a waiver or relinquishment by the receiver of any defense, setoff or counterclaim that the receiver may have against any person, entity or governmental agency.



OFFICE OF THE SPECIAL DEPUTY RECEIVER
Representing the Director of Insurance, State of Illinois

PROOF OF CLAIM IN THE MATTER OF _____ IN LIQUIDATION

CLAIM CAPTION:

CLAIMANT NAME:*

CLAIM NUMBER:

DBA, LEGAL REPRESENTATIVE:

LIQUIDATOR I.D. NUMBER:

ADDRESS 1:*

DATE OF LOSS:*

ADDRESS 2:

POLICY NUMBER:*

CITY/STATE/ZIP CODE:*

POLICY PERIOD: _____ to _____

IMPORTANT NOTICE: To participate in any distribution of assets of the Company made on allowed timely-filed claims, POCs must be received by the Office of the Special Deputy Receiver (hereinafter referred to as "OSD") on or before the **Claim Filing Deadline**.

No insured of the Company having a contingent claim under a policy of liability insurance issued by the Company shall participate in any distribution of assets made on timely-filed claims allowed at the fourth priority level, unless their POCs are received by the OSD on or before the Claim Filing Deadline and are liquidated by payment and evidence of such payment is presented to the OSD on or before the **Contingent Claim Deadline**.

PLEASE FILE A SEPARATE PROOF OF CLAIM FOR EACH CLAIM.

LOSS AND/OR RETURN PREMIUM CLAIMS

POLICYHOLDERS/INSUREDS (Check appropriate boxes).

Claim is made for a specific loss or occurrence arising under the coverage of the policy.

Claim is made for the return of unearned premium. Was premium financed? ___ YES ___ NO. If "YES," please submit copy of Premium Finance Agreement or Contract.

CLAIMANTS (Other than Policyholders/Insureds).

Claim is made against policyholder/insured.

Claim is made by an agent, broker or finance company.

Claim is made by an attorney for unpaid legal expenses.

Claim is made by a general creditor for unpaid invoices.

STATUS OF CLAIM

No part of the debt has been paid, except for _____

There are no setoffs or counterclaims to the debt, except for _____

There is no security for the debt, except for _____

Claim is based on a court judgment or settlement (submit order or agreement).

Claim is not yet filed in court.

Claim is currently pending in court (provide details and documentation).

Any known liens (submit copy of lien).

GENERAL CREDITOR CLAIMS

Claim is made by an individual or organization that provided equipment, services or supplies to the Company and has an outstanding balance due.

Description of Service: _____

Account Number: _____ Date(s) of Service: _____

AMOUNT OF CLAIM

➤ **PLEASE SUBMIT COPIES OF ALL SUPPORTING DOCUMENTATION IN ORDER FOR YOUR CLAIM TO BE CONSIDERED.**

➤ **IF AMOUNT OF CLAIM IS UNKNOWN, ENTER THE WORDS "UNKNOWN AMOUNT." YOU MAY AMEND THE AMOUNT OF YOUR CLAIM UNTIL IT IS ADJUDICATED BY THE SUPERVISING COURT.**

TOTAL AMOUNT OF CLAIM: \$ _____

THIS SECTION MUST BE COMPLETED

By completing this section, the undersigned subscribes and affirms that he/she has read the foregoing Proof of Claim and knows the contents thereof; that this claim is justly owing to claimant, and that the matters set forth above and in any accompanying documents are true to the best of his/her knowledge and belief.

Name of Claimant, Partner/Officer, or Legal Representative _____

Signature* _____

Date* _____

Daytime Phone _____

Mobile Phone _____

E-mail Address* _____

*REQUIRED FIELDS