

PROOF OF CLAIM

AGAINST PINELANDS INSURANCE COMPANY RISK RETENTION GROUP, INC.

Payment, if any, will be made and sent to the name and address in items 1-2.

1. CLAIMANT NAME _____

2. CLAIMANT ADDRESS _____

For items 3-6, if represented by counsel, please provide attorney's information.

3. CLAIMANT FEDERAL TAX ID _____

4. CONTACT NAME _____

5. CONTACT PHONE NUMBER _____

6. CONTACT EMAIL ADDRESS _____

CLAIM INFORMATION

7. TYPE OF CLAIM ☐ POLICYHOLDER ☐ GENERAL CREDITOR

☐ OTHER (EXPLAIN) _____

8. If policyholder, POLICY NUMBER _____

9. AMOUNT OF CLAIM \$ _____

10. **DESCRIPTION OF CLAIM.** Attach a description of the following: (1) the particulars of the claim and why Proof of Claim is being submitted; (2) if creditor, the identity and amount of the security on the claim (if applicable); (3) any payments already received for the claim; and (4) if creditor, any right of priority of payment or other specific rights asserted.

11. **SUPPORTING DOCUMENTS.** Attach copies of any written instruments or documents supporting the information provided for item 10.

I attest that, after deducting all offsets and counterclaims, Pinelands Insurance Company Risk Retention Group is indebted to the claimant listed herein, and this Proof of Claim, including all documents attached, are true and correct. Should any of the information provided change, including the receipt of monies from other sources for the claim contained herein, I will immediately contact the Liquidator and report the change(s).

AUTHORIZED SIGNATURE _____ DATE: _____

AUTHORIZED SIGNER NAME (please print) _____

AUTHORIZED SIGNER TITLE (if applicable) _____

PROOF OF CLAIM MUST BE RECEIVED NO LATER THAN MARCH 31, 2016 AT THE FOLLOWING ADDRESS:

Robert H. Myers, Jr.
Special Deputy to the Liquidator
1401 Eye Street NW, Suite 600
Washington, D.C. 20005