

February 28, 2013

[REDACTED]

**Re: Regional Health Insurance Company, A Risk Retention Group;
Notice of Order of Liquidation, Civil Action No. 2012 CA 7462 B**

Dear Sir/Madam:

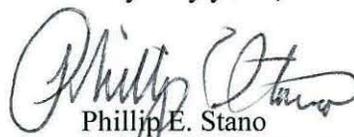
On October 18, 2012, pursuant to an Order of Liquidation, the Superior Court of the District of Columbia placed Regional Health Insurance Company, A Risk Retention Group ("Regional") into liquidation, and authorized Regional's liquidation by the Commissioner of the D.C. Department of Insurance, Securities and Banking. On December 14, 2012, the Commissioner appointed me, Phillip E. Stano, as Special Deputy Commissioner to act for the Department for the purposes of Regional's liquidation.

You are listed in Regional's records as a policyholder. Pursuant to D.C. Code § 31-1317, all coverage in effect at the time of issuance of the Order of Liquidation is terminated no later than 30 days after entry of the Order of Liquidation. Accordingly, **coverage under all Regional policies in effect as of October 18, 2012, is TERMINATED AS OF November 18, 2012.**

Additionally, pursuant to D.C. Code § 31-1320, I am required to notify you that you must file any claim that existed **as of October 18, 2012**, against Regional **ON OR BEFORE JUNE 3, 2013**. If you have a claim, please fill out the attached Proof of Claim form or download a copy from www.disb.dc.gov. Your receipt of this form is not an admission by the Liquidator that you have a valid claim. To be considered for payment, the Proof of Claim form and all information requested on the form must be submitted by June 3, 2013 to: Phillip E. Stano, Special Deputy Commissioner, c/o Sutherland Asbill & Brennan LLP, 700 Sixth Street, NW, Suite 700, Washington, D.C., 20001.

If you have any questions regarding the administration of this liquidation or the filing and processing of your claim, please direct them *in writing* to my attention at this office.

Very truly yours,



Phillip E. Stano
Special Deputy Commissioner for the Liquidation of
Regional Health Insurance Company, A Risk Retention
Group

cc: Fernando Rivero (OAG)
Dana Sheppard (DISB)

PROOF OF CLAIM

AGAINST REGIONAL HEALTH INSURANCE COMPANY, A RISK RETENTION GROUP, IN LIQUIDATION

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

1. CLAIMANT NAME _____
2. CLAIMANT ADDRESS _____

3. CLAIMANT FEDERAL TAX ID _____

For items 3-5, if represented by counsel, please provide attorney's information.

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) the date the claim accrued; (3); if creditor, the identity and amount of the security on the claim (if applicable); (4) any payments already received for the claim; and (5) if creditor, any right of priority of payment or other specific rights asserted.
11. **SUPPORTING DOCUMENTS.** Attach copies of all written instruments or documents supporting the information provided for item 10.

I attest that, after deducting all offsets and counterclaims, Regional Health Insurance Company 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 JUNE 3, 2013 AT THE FOLLOWING ADDRESS:

Phillip E. Stano
Special Deputy Commissioner
c/o Sutherland Asbill & Brennan LLP
700 Sixth Street, NW, Suite 700
Washington, D.C. 20001