

# PROOF OF CLAIM

## AGAINST OCEAN 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 \_\_\_\_\_  
\_\_\_\_\_
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) 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, Ocean Risk Retention Group, Inc. 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 JANUARY 31, 2014 AT THE FOLLOWING ADDRESS:**

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