

INSTRUCTIONS FOR SUBMITTING THE PROOF OF CLAIM FORM

This Proof of Claim form must be completed and returned by one of the methods listed below. Failure to print, sign and return the completed form will result in the denial of your claim. Please fill in all of the applicable blanks, print, sign and return the form by one of the following methods.

MAIL

Mail the signed, printed Proof of Claim form and supporting documentation to the following address:

Statutory Liquidator for Excalibur Reinsurance Corporation
Capitol Associates Building
901 N. 7th Street – Room 201
Harrisburg, PA 17102

EMAIL

Print, sign and scan the Proof of Claim form and supporting documents to the following email address:

ra-in-claims@pa.gov

FAX

Print, sign and fax the Proof of Claim form and supporting documents to the following fax number:

(717) 772-4543