

**Proof of Claim** in the matter of  
Premier Auto Insurance Company  
(Premier) (Dissolved)

FOR OFFICE USE ONLY  
DATE RECEIVED:

**READ CAREFULLY BEFORE COMPLETING THIS FORM**  
**PLEASE PRINT OR TYPE**

Claimant Name and Address

P/C Number

To participate in the distribution of assets of the company and to have your claim considered by the Liquidator of Premier Auto Insurance Company (Premier) (Dissolved) your claim must be timely filed with the Liquidator no later than August 31, 2001.

PLEASE TYPE OR PRINT THIS SECTION  
(CHECK APPLICABLE BLANK AND GIVE BRIEF EXPLANATION HERE. ATTACH ADDITIONAL SHEETS IF NECESSARY)

1. \_\_\_ This is a claim for **AGENT BALANCES**.

Agent Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

If you are filing more than one claim see reverse side for instructions.

2. \_\_\_ This is a claim for **RETURN OF UNEARNED PREMIUM**.

Contract/Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Tax ID# or Social Security # \_\_\_\_\_

If you are filing more than one claim see reverse side for instructions.

3. \_\_\_ This is a **GENERAL CREDITOR** claim.

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Creditor Name: \_\_\_\_\_

Tax ID# \_\_\_\_\_

If you are filing more than one claim see reverse side for instructions.

I verify that the statements made in this proof of claim are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

If you have an attorney, please provide us with his/her name, address and phone number. An attorney is not required for you to file a claim.

**CLAIMANT SIGNATURE** \_\_\_\_\_

Date: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_