IN THE COMMONWEALTH COURT OF PENNSYLVANIA

In Re: Legion Insurance Company :
(In Liquidation) : 1 LEG 2002

Re: Application to Establish a Claims Bar Date

ORDER

AND NOW, this 29th day of April, 2015, upon consideration of the Application to Establish a Claims Bar Date filed by Teresa D. Miller, Acting Insurance Commissioner of the Commonwealth of Pennsylvania, in her capacity as Statutory Liquidator of Legion Insurance Company (Legion), the Application is GRANTED and it is hereby ORDERED as follows:

1. July 28, 2015, is hereby established as the Claims Bar Date.

2. Any claim against Legion, the Liquidator, her agents and representatives, or any claim that could affect any assets of Legion, wherever or however such assets may be owned or held, directly or indirectly, must be filed with the Liquidator no later than the Claims Bar Date.

3. A claim must be filed by means of a completed Proof of Claim form, together with proper proofs supporting the claim. The form of Proof of Claim attached as Exhibit A is approved for use by any claimant who files a claim after the date of this Order. Notwithstanding the foregoing, a Proof of Claim received on the original Proof of Claim form for the Legion estate shall be reviewed by the Liquidator and will be subject to the terms of this Order.

4. A Proof of Claim shall be deemed filed on the day it is received by the Liquidator, unless first class mail is used, in which case it will be deemed filed on the date of the postmark.

5. Any Proof of Claim filed after the Claims Bar Date is untimely and shall be disallowed by the Liquidator without consideration of its merits. This Order bars the filing of any such Proof of Claim after the Claims Bar Date for any reason, including, without limitation, a reason constituting "good cause" under the late claims provisions of Article V of the Insurance Department Act of 1921, 40 P.S. §221.37(b) and (c); the discovery of information not previously known; or the fact that a claim was previously contingent or had not yet matured. Any claim is barred which does not ripen into a legal cause of action prior to the Claims Bar Date, even though the claimant filed a Proof of Claim before the Claims Bar Date. Notwithstanding the foregoing, if a claim ripens into a legal cause of action within 30 days prior to the Claims Bar Date, a timely Proof of Claim may be filed within 30 days after the legal cause of action commenced.

6. The establishment of the Claims Bar Date does not constitute the waiver of any defenses to individual Proofs of Claim. Any and all defenses to such claims remain available to Legion and the Liquidator, including defenses otherwise based on the untimeliness of the claims.

7. The Claims Bar Date does not apply to, or affect in any way, claims, actions or rights of Legion or the Liquidator.

8. The establishment of the Claims Bar Date is not an opportunity to refile or reargue a claim previously filed with Legion, and duplicative Proofs of Claim shall not be submitted. If duplicative Proofs of Claim are filed contrary to this Order, the Liquidator shall disallow them without further consideration of their merits.

9. The Claims Bar Date shall not apply to routine administrative expense claims.

10. The Publication Notice attached as Exhibit B is hereby approved. The Liquidator shall cause a copy of the Publication Notice to be published in USA Today and the Philadelphia Inquirer twice in each publication over a two-week period, and in Business Insurance in two consecutive bi-weekly editions within 30 days of the date of this Order.

11. The Mailing Notice attached as Exhibit C is hereby approved. The Liquidator shall mail by first class mail, as soon as practicable after receipt of this Order, a copy of the Mailing Notice to:

a. all insureds and third party claimants who filed Proofs of Claim (including their identified counsel), but excluding those claimants who have already received Notices of Determination for all of their filed claims;

b. insureds who were issued policies that were excess over self-insured retentions, insureds who are identified to be subject to net worth exclusions from guaranty fund coverage, and other insureds and third-party claimants whose open claims are subject to limited or no coverage by the guaranty funds;

c. insureds who had filed contingent Proofs of Claim who received Notices of Determination because there were no active claims under their policies; the United States Department of Labor, Department of Justice, the Center for Medicare and Medicaid Services, the Internal Revenue Service and the Pennsylvania Department of Revenue;

e. all State Insurance Departments; and

f. all Guaranty Associations.

MARY HANNAH LEAVITT, Judge

Certified from the Record
APR 29 2015
And Order Exit

EXHIBIT A

FOR OFFICE USE ONLY

PROOF OF CLAIM NO. _____
DATE RECEIVED: _____

PROOF OF CLAIM

IN THE MATTER OF

LEGION INSURANCE COMPANY (IN LIQUIDATION) (LEGION) AND VILLANOVA INSURANCE COMPANY (IN LIQUIDATION) (VILLANOVA)

Deadline for filing: July 28, 2015 at 5:00 p.m. EST

READ ALL MATERIALS CAREFULLY BEFORE COMPLETING THIS FORM – COMPLETE ALL SECTIONS
FILL IN ALL BLANKS – PLEASE PRINT CLEARLY OR TYPE

DO NOT FILE A PROOF OF CLAIM IF:

- You have already filed a Proof of Claim for your claim;

OR

- Your claim has not ripened into a legal cause of action prior to **July 28, 2015.**

Claimant Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Country: _____
S. S. /E.I.N. #: e-mail:
Daytime Phone #: (include area code)

Name of Insured: _____
Policy Number: _____ Claim Number: (if previously filed) _____
Date of Loss: Agent Number:

To Legion Indemnity Company policyholders: All information enclosed is directed to claimants against the estates of Legion Insurance Company (In Liquidation) or Villanova Insurance Company (In Liquidation). Legion Indemnity Company is a separate entity in liquidation by the Illinois Director of Insurance. Claims against Legion Indemnity Company may not be filed using the enclosed Proof of Claim form.

Claim is for (check X or specify below)

1		POLICYHOLDER or THIRD PARTY CLAIM	Claim by insured of Legion or Villanova under a Legion or Villanova policy for POLICY BENEFITS or Liability claim against an insured of Legion or Villanova for POLICY BENEFITS.
2		RETURN of UNEARNED PREMIUM or OTHER PREMIUM REFUNDS	Portion of paid premium not earned due to early cancellation of policy or retro or audit adjustment.
3		GENERAL CREDITOR	Such as Attorney fees, Adjuster fees, Vendors, Lessors, Consultants, Cedants and Reinsurers.
4		AGENTS' BALANCES	Agents' Earned Commissions.
5		ALL OTHER	Describe _____.

In the space below give a Concise Statement of the Facts giving rise to your claim. Attach additional sheets if required. _____

AMOUNT OF CLAIM: $_____
Is there OTHER INSURANCE that may cover this claim? Yes ( ) No ( )
If YES provide name of insurer(s) and policy number(s): _____

Does an ATTORNEY REPRESENT you? Yes ( ) No ( ) If YES provide attorney's name, address & telephone number: _____

Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this claim? Yes ( ) No ( ) If YES provide the following:
Court Where Filed: _____
DATE FILED & DOCKET NUMBER: _____
PLAINTIFF (S): _____
DEFENDANT (S): _____

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 19 Pa. C.S. §4904 (relating to unsworn falsification to authorities).
If the foregoing Proof of Claim alleges a claim against a Legion or Villanova insured (third party claim), the undersigned hereby releases any and all claims which have been or could be made against such Legion or Villanova insured based on or arising out of the facts supporting the above Proof of Claim up to the amount of the applicable policy limits and subject to coverage being accepted by the Liquidator, regardless of whether any compensation is actually paid to the undersigned.

_____ _____
Claimant Signature Date

DO NOT FILE A PROOF OF CLAIM FOR YOUR CLAIM IF:

*** You have already filed a Proof of Claim for your claim;**
*** Your claim is contingent or protective; or**
*** Your claim has not ripened into a legal cause of action prior to July 28, 2015.**

Note: If your claim ripens into a legal cause of action within 30 days prior to July 28, 2015, you may file a timely Proof of Claim within 30 days after the legal cause of action commenced.

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

Please fill in all of the applicable blanks. Attach additional sheets as required. In the event you do not know certain information, please write "unknown". Please print legibly in ink or type. The form may be duplicated. You are advised to keep a completed copy for your records. The following is some specific additional instruction for certain types of claims.

1. If your claim is for **POLICY BENEFITS** please complete the front of this form and attach the appropriate documentation to support your claim. If additional documentation is required, you will be contacted. If a policy was renewed, a Proof of Claim should be filed for each policy number for which you want to file.
2. If your claim is for the **RETURN OF UNEARNED PREMIUM or other premium refunds**, please complete the front of this form. Please attach the appropriate documentation to support your claim.
3. If your claim is that of a **GENERAL CREDITOR,** please attach copies of all outstanding invoices to this form.
4. If your claim is for **AGENT BALANCES,** please attach a complete accounting by policy/contract in support of your claim.
5. If you have **ANY OTHER** type of claim, describe your claim, i.e., stockholder, employee, taxes, license fees, assessments. Please attach copies of information to support your claim.

The right (but not the obligation) to request additional supporting information is retained by the Liquidator. The failure to promptly provide such additional information may result in denial of the claim.

The proof of claim form must be signed by the claimant, and must contain the claimant's current address and zip code. No claim can be considered for payment without a social security number or tax identification number. Where applicable, the name and address as well as the telephone number of the claimant's attorney, if any, must be shown. **YOU MUST FILE A SEPARATE PROOF OF CLAIM FORM FOR EACH CLAIM YOU MAKE. IF YOU HAVE MORE THAN ONE CLAIM, YOU MAY MAKE COPIES OF THE FORM, or go to Legion Insurance Company (In Liquidation)'s website, www.legioninsurance.com, OR CALL (215) 979-7879 FOR ADDITIONAL PROOF OF CLAIM FORMS. The following address should be used to submit proof of claim forms and supporting documentation.**

You must sign the proof of claim form and mail it to:

Statutory Liquidator of Legion/Villanova Insurance Companies
P.O. Box 58160
Philadelphia, PA 19102-8160

NOTE: This form must be received no later than July 28, 2015 at 5:00 p.m. EST, pursuant to Court Order approving the Liquidator's Application to Establish a Claims Bar Date. You may obtain a copy of the Court Order at www.legioninsurance.com or by writing to Legion at the above noted address.

CHANGE OF ADDRESS
You are required by Article V of the Insurance Department Act to notify the Statutory Liquidator of your change of address. If you fail to do so you may jeopardize your chance of recovery from this estate.

INFORMATION REGARDING CLAIMS AGAINST THE ESTATES OF LEGION INSURANCE COMPANY AND VILLANOVA INSURANCE COMPANY

After all claims against this company are evaluated by the Statutory Liquidator and approved by the Court, approved claims will be paid by priority level based on available funds in accordance with 40 P.S. Section 221.1 et seq. The amount of the payment will depend on the assets available. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated. In any event, payment will not be made for several years.

The Statutory Liquidator's receipt of this proof of claim form does not constitute any waiver or relinquishment by the Statutory Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency, regarding any actions pursued by the Statutory Liquidator of Legion and/or Villanova Insurance Companies on behalf of Legion and/or Villanova Insurance Company claimants, policyholders and creditors.

EXHIBIT B
NOTICE OF THE CLAIMS BAR DATE
FOR LEGION INSURANCE COMPANY (IN LIQUIDATION)
AND
VILLANOVA INSURANCE COMPANY (IN LIQUIDATION)

NOTICE
TO THE POLICYHOLDERS, CLAIMANTS, CREDITORS AND ALL OTHER PERSONS
INTERESTED IN THE AFFAIRS OF
LEGION INSURANCE COMPANY (IN LIQUIDATION)
AND VILLANOVA INSURANCE COMPANY (IN LIQUIDATION)

Legion Insurance Company (In Liquidation) (Legion) and Villanova Insurance Company (In Liquidation) (Villanova) were placed into Liquidation by Order of the Commonwealth Court of Pennsylvania, dated July 25, 2003, effective July 28, 2003 (Liquidation Order). The Liquidation Order appointed the Insurance Commissioner of the Commonwealth of Pennsylvania as statutory Liquidator of Legion and Villanova and vested her and her successors with title to all the property, assets, contracts and rights of action of Legion and Villanova.

On February 19, 2015, the Liquidator filed in the Commonwealth Court of Pennsylvania an Application to Establish a Claims Bar Date for Legion and Villanova. On April 29, 2015, the Commonwealth Court entered an Order granting the Application and setting a Claims Bar Date of July 28, 2015.

Therefore, all persons who may have a claim against Legion or Villanova, against the Liquidator or her agents or representatives, or that could affect any assets of Legion or Villanova, wherever or however such assets may be owned or held, directly or indirectly, whether such claim is reduced to judgment, liquidated, unliquidated, fixed, matured, disputed, undisputed, legal, equitable, secured, or unsecured, must file a Proof of Claim by the Claims Bar Date of July 28, 2015, or the claim will be forever barred.

DO NOT FILE A CLAIM IF:

- You have already filed a Proof of Claim for your claim;

- Your claim is contingent, protective, or has not ripened into a legal cause of action prior to the Claims Bar Date. If your claim ripens into a legal cause of action within 30 days prior to the Claims Bar Date, you may file a Proof of Claim within 30 days after the legal cause of action commenced.

You may obtain a copy of the Order and the Proof of Claim form at www.legioninsurance.com, or by writing to Legion Insurance Company (In Liquidation) or Villanova Insurance Company (In Liquidation), P.O. Box 58160, Philadelphia, PA 19102-8160, or calling Legion or Villanova at (215) 979-7879.

EXHIBIT C

PUBLICATION NOTICE OF THE CLAIMS BAR DATE FOR LEGION INSURANCE COMPANY (IN LIQUIDATION) AND VILLANOVA INSURANCE COMPANY (IN LIQUIDATION)

NOTICE
TO THE POLICYHOLDERS, CLAIMANTS, CREDITORS AND ALL OTHER PERSONS INTERESTED IN THE AFFAIRS OF
LEGION INSURANCE COMPANY (IN LIQUIDATION)
AND VILLANOVA INSURANCE COMPANY (IN LIQUIDATION)

NOTICE IS HEREBY GIVEN THAT:

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You may obtain a copy of the Order and Proof of Claim form at www.legioninsurance.com, or by writing to Legion Insurance Company (In Liquidation) or Villanova Insurance Company (In Liquidation), P.O. Box 58160, Philadelphia, PA 19102-8160, or calling Legion or Villanova at (215) 979-7879