

## INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

This proof of claim form must be fully completed and returned. **Failure to return the fully completed form will result in the denial of your claim.** Please fill in all of the applicable blanks. **Failure to fully complete the form may result in your claim not being considered by the Liquidator.** Attach additional sheets as required. 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. For more information on these types of claims, please refer to the enclosed Q & A.

1. If your claim is that of a **GENERAL CREDITOR**, please complete Section II, sign where indicated and attach supporting documentation such as all outstanding invoices.
2. If your claim is for the **AGENT BALANCES**, please complete Section II, sign where indicated and attach a complete accounting by policy/contract supporting your claim.
3. If you have **ANY OTHER** type of claim, describe your claim, i.e. stockholder, employee, taxes, license fees, assessments, etc. Please attach documentation supporting 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 your claim not being considered by the Liquidator.

The fully completed 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 ENCLOSED FORM, or go to Insurance Department's website, [www.insurance.pa.gov](http://www.insurance.pa.gov), or call (717) 787-7823 for additional proof of claim forms. The following address should be used only to submit proof of claim forms and supporting documentation: Statutory Liquidator for SAIC, Capitol Associates Building, 901 N. 7<sup>th</sup> Street, Harrisburg, PA 17102 Phone: (717) 787-7823

### 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 ESTATE OF SAIC** 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 action pursued by the Statutory Liquidator of SAIC on behalf of SAIC claimants, and creditors.