

**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 the legal cause of action was 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](http://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](http://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.