

IMPORTANT - READ CAREFULLY
INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM

AMERICAN DRUGGISTS' INSURANCE COMPANY

1. On April 30, 1986 American Druggists' Insurance Company was declared insolvent and ordered liquidated by the Franklin County, Ohio, Court of Common Pleas. The Court further ordered that all policies of insurance and bonds be cancelled no later than 12:01 a.m. May 31, 1986.
2. Some of the coverages which were written by American Druggists' Insurance Company are malpractice, trucking, workers compensation, bailbonds, investor bonds, construction bonds, performance bonds, reclamation bonds, commercial multiple peril and homeowners.
3. The enclosed Proof of Claim (proof), original and two copies, is to be completed in detail. Return the original and yellow copy in the envelope provided to the address indicated at the bottom of this sheet. RETAIN THE PINK COPY FOR YOUR RECORDS.
4. ALL POLICYHOLDERS should check the first box indicating "Claim is made for policyholder protection up to the limits of the policy". This will register your claim in the liquidation proceedings. You should file a separate proof for each separate claim that is known to you.
5. If your policy was cancelled prior to its normal expiration date, you should check the second box indicating "Claim is made for the return of premium due to early cancellation". You do not need to state an amount of return premiums since the Liquidator will calculate return premium as the policies are cancelled.
6. If the premium is part of a mortgage loan or otherwise financed by a premium finance company, bank, savings and loan association or other financial institution, be sure to furnish this information.
7. ALL OTHER CLAIMANTS should check the appropriate boxes and enter the amount claimed. If the amount of claim is not known at this time, please enter "Unstated Amount".
8. The person filing this claim (claimant) must fill in their Social Security Number, phone number, and must sign and date the Proof of Claim. Claims filed by corporations must be signed by an authorized representative of the company. You should also provide your attorney's name and address in the box provided.
9. All written instruments supporting this claim must be filed with this proof. If such instruments are lost or destroyed, a statement of that fact and the circumstances of such loss or destruction must be filed under oath with this proof.
10. THE DEADLINE FOR FILING CLAIMS IS OCTOBER 30, 1987. If additional or duplicate proofs are needed, please make your request in writing with sufficient information to locate our file at least twenty (20) days prior to the deadline.
11. During the course of this liquidation proceeding, parties filing claims with the Liquidator must notify the Liquidator of their mailing address changes.

CLAIMS WHICH MAY BE COVERED UNDER AN INSURANCE GUARANTY ASSOCIATION ACT WILL BE FORWARDED TO THE APPROPRIATE GUARANTY ASSOCIATION FOR PROCESSING. IF SUCH CLAIMS ARE SUBJECT TO A STATUTORY DEDUCTIBLE, ANY CLAIM WITHIN THE DEDUCTIBLE AMOUNT AND ANY CLAIM NOT COVERED BY THE GUARANTY FUND WILL REMAIN AS A CREDITOR'S CLAIM IN THE LIQUIDATION PROCEEDING.

Office of the Deputy Liquidator
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