

**IMPORTANT - READ CAREFULLY**  
**INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM**  
**YOUR IMMEDIATE ATTENTION REQUIRED**

**ALL POLICYHOLDERS, CREDITORS, OBLIGEEES, AND CLAIMANTS HAVING  
BUSINESS WITH THE OIL & GAS INSURANCE COMPANY, PERTAINING ONLY TO  
THE BURT SYNDICATE, INC. AND THE FIRST NEW YORK SYNDICATE CORPORATION**

1. On August 31, 1990, The Oil & Gas Insurance Company was determined to be insolvent and ordered liquidated by Judge McGrath of the Franklin County, Ohio, Court of Common Pleas, 369 South High Street, Columbus, Ohio 43215. The Court further ordered that all policies of insurance, bonds, and other similar obligations or contracts be cancelled no later than 12:01 a.m., October 1, 1990.
2. On October 27, 1992, Judge McGrath of the Franklin County, Ohio, Court of Common Pleas issued an order finding that The Burt Syndicate, Inc. and The First New York Syndicate Corporation merged with and into The Oil & Gas Insurance Company ("Merger Order"). The Merger Order provides, in pertinent part, that the Liquidator liquidate The Burt Syndicate, Inc. and The First New York Syndicate Corporation within the liquidation of The Oil & Gas Insurance Company.
3. The Burt Syndicate, Inc. and The First New York Syndicate Corporation primarily wrote assumed and retroceded reinsurance. The Oil & Gas Insurance Company primarily wrote various lines of business for companies in the oil and gas business, along with fire, allied lines, farmowners multiple peril, inland marine/trucking, medical malpractice, other liability, other commercial auto liability, commercial auto physical damage, fidelity, surety, glass, burglary and theft, livestock mortality, horse and rider, agricultural liability, pest control, and amusement park liability insurance.
4. The enclosed Proof of Claim ("Proof") original and two copies, must be completed in detail. PROOF OF CLAIM FORMS MUST BE FILED FOR CLAIMS RELATED TO THE BURT SYNDICATE, INC. AND SEPARATELY FOR THE FIRST NEW YORK SYNDICATE CORPORATION. IF YOU NEED AN ADDITIONAL PROOF, PLEASE CONTACT THE LIQUIDATION OFFICE AT THE ADDRESS LISTED BELOW. Return the original and yellow copy in the envelope provided to the address indicated at the bottom of this page. **RETAIN THE PINK COPY FOR YOUR RECORDS.**
5. **ALL POLICYHOLDERS** with previously reported claims, new claims, or claims against them by other parties should check the first box indicating "Claim is made for policyholder protection up to the limits of the policy". Filing your claim will place the Liquidator on notice of the claim. This will register your claim in the liquidation proceedings. You should file a separate Proof for each separate claim that is known to you. You must file a Proof of Claim even if the claim against you (the insured) is in suit. Do not file this Proof of Claim unless you are aware of a claim and can factually support it. If you have no known claim, keep your Proof of Claim and file it immediately when you become aware of a claim. If you fail to adequately describe and document your claim, for purposes of this liquidation, your Proof of Claim will be valued at zero dollars or, at the sole discretion of the Liquidator, your Proof of Claim may be returned, and will not be registered into the liquidation proceeding.
  - 5a. If your policy was cancelled prior to its normal expiration date as a result of the liquidation, please check the second box indicating "Claim is made for the return of premium due to early cancellation". There is no need to state an amount of return premium due, as the Liquidator will calculate return premium.
  - 5b. 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, this information must be furnished.
6. **PERSONS HAVING CLAIMS AGAINST POLICYHOLDERS** should check the third box of the Proof of Claim form. The Proof of Claim form **must be filed**, even though the claim was presented to the policyholder and/or company prior to the liquidation, and even though a lawsuit has been filed against the policyholder and/or company. Failure to file will jeopardize your claim in the liquidation. If you fail to provide an adequate description or documentation to support your claim, your Proof of Claim will be valued at zero dollars or at the sole discretion of the Liquidator, your Proof of Claim may be returned, and will not be registered into the liquidation proceeding.

7. **ALL OTHER CLAIMANTS** should check the appropriate boxes, enter the amount claimed and provide documentation to support the claim. If the amount of claim is not known at this time, please enter "Unstated Amount". If you fail to provide an adequate description or documentation to support your claim, your Proof of Claim will be valued at zero dollars or at the sole discretion of the Liquidator, your Proof of Claim may be returned, and will not be registered into the liquidation proceeding.

8. **THE PERSON FILING THIS CLAIM** (the "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. Claimants should also provide their attorney's name and address in the box provided, if they are represented by an attorney in this matter.

9. All written instruments, including but not limited to, letters of intent to sue, Summons and Complaints, written or other notices by Claimants or Claimants' representatives, and descriptions or explanations of the claim must be filed with the 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 the Proof.

10. **THE DEADLINE FOR FILING CLAIMS IN THE OIL & GAS INSURANCE COMPANY LIQUIDATION HAS BEEN EXTENDED TO DECEMBER 31, 1993 ONLY FOR THE CREDITORS AND CLAIMANTS OF THE BURT SYNDICATE, INC. AND THE FIRST NEW YORK SYNDICATE CORPORATION.** If additional or duplicate Proof of Claim forms are needed, they must be requested in writing with sufficient information to identify the Proof of Claim at least twenty (20) days prior to the filing deadline. However, if you become aware of a claim after the deadline, then file a Proof of Claim form immediately.

11. During the course of the liquidation proceeding, parties filing claims with the Liquidator must notify the Liquidator of their mailing address changes.

12. If you have any questions regarding documentation or description of your claim, please contact the Liquidation Office at the address or telephone number listed below.

**FILING A PROOF OF CLAIM DOES NOT BY ITSELF GUARANTEE COVERAGE OR ANY REFUND OF PREMIUM TO POLICYHOLDERS.**

**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 ASSOCIATION WILL REMAIN AS A CREDITOR'S CLAIM IN THE LIQUIDATION PROCEEDING.**

The Oil & Gas Insurance Company  
Liquidation Office of the Ohio Department of Insurance  
1366 Dublin Road  
Columbus, Ohio 43215  
(614) 487-9200