# IMPORTANT-READ CAREFULLY
# INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM
# LIQUIDATION OF PROLIANCE INSURANCE COMPANY

On April 24, 2001, Proliance Insurance Company was determined to be insolvent and ordered liquidated by Judge Patrick McGrath of the Franklin County Court of Common Pleas of Ohio, 369 S. High Street, Columbus, Ohio, 43215.

1. To have a claim considered in the liquidation, the Proof of Claim must be completed in detail. You should file a separate Proof of Claim for each claim that is known to you. Contact the Liquidator's office if additional forms are required. Do not file a Proof of Claim unless you are aware of a specific claim and can factually support it. If you do not have a claim at this time, you should keep the Proof of Claim form and submit it, together with supporting documentation, should you become aware of a claim made, or to be made, against you. **IF YOU FAIL TO ADEQUATELY DESCRIBE AND DOCUMENT YOUR CLAIM, YOUR PROOF OF CLAIM MAY BE REJECTED OR DENIED.**

2. **ALL POLICYHOLDERS/INSUREDS:**
   a. If your claim is for a specific loss claim, you must provide an explanation of the loss being asserted.
   b. If your claim is for the return of unearned premium, you must submit all documentation evidencing proof of premium payment. If the premium was financed, you must provide the name of the premium finance company.

3. **ALL OTHER CLAIMANTS** should check the appropriate box, enter the amount claimed, and provide full documentation to support the claim.

4. **THE PERSON FILING THIS CLAIM** (the "claimant") must fill in their Social Security or FEIN 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. If you are represented by an attorney in this matter, you should also provide your attorney's name and address in the space provided.

5. All written documents supporting your claim, including but not limited to, letters of intent to sue, Summons and Complaints, written or other notices by claimants, or claimant's representatives, and your description or explanation of the claim must be filed with your Proof of Claim. If such documents are lost or destroyed, you must provide a statement of that fact and the circumstances of such loss or destruction.

6. **THE DEADLINE FOR FILING CLAIMS IS April 24, 2002. If additional Proofs of Claim are needed, please make your request in writing with sufficient information to locate our file at least twenty (20) days prior to the deadline.**

7. **CHANGE OF ADDRESS: If you move after sending in your claim form, please provide us with your new address. Failure to do so may result in your claim being barred from participating in any distribution of assets. Be sure to include both the Liquidator Number and the Claim Number with your correspondence.**

8. **GENERAL INFORMATION:** Your claim will be reviewed once it is returned to us. If your claim is for unearned premium or for a loss claim for which protection is provided by an Insurance Guaranty Fund/Association, your inquiries should be directed to the applicable Insurance Guaranty Fund/Association on such claims. The Fund/Association should contact you if any payment is due from them. Amounts not covered by an Insurance Guaranty Fund/Association (excluding Guaranty Fund/Association statutory deductibles) remain claims against the assets of Proliance Insurance Company. Such amounts will be independently evaluated by the Liquidator during the normal course of the Liquidation proceeding. After all claims have been evaluated and approved by the Liquidation Court, allowed claims will be paid by priority levels established under Ohio law and to the extent the estate has available funds. We will not know the distribution percentage that can be paid on any individual claim until all claims are evaluated and all assets converted to cash. This process may take a number of years after the deadline for filing Proofs of Claim has passed and we cannot state at this time whether or when any distribution of assets will be made on allowed claims.

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

**Return your Proof of Claim & Supporting Documentation To:**

**OFFICE OF THE OHIO INSURANCE LIQUIDATOR - 1366 DUBLIN ROAD - COLUMBUS OHIO 43215-1093**

**(614) 487-9200**