

PROOF OF CLAIM
 IN THE MATTER OF
PROLIANCE INSURANCE COMPANY, (in liquidation)
 DEADLINE FOR RECEIPT OF PROOF OF CLAIM BY THE LIQUIDATOR IS _____, 2002
 SEE INSTRUCTION SHEET ON THE REVERSE SIDE.

Liquidator's No. _____ (you must reference this number in all future correspondence).
 CLAIMANT'S NAME AND ADDRESS (PLEASE INDICATE CORRECTIONS TO INFORMATION IN THIS BOX)

ALL DOCUMENTATION TO SUPPORT YOUR CLAIM MUST BE ATTACHED TO THE PROOF OF CLAIM IN ORDER FOR IT TO BE CONSIDERED

(CHECK APPROPRIATE BOX)

INSUREDS / POLICYHOLDERS of Proliance Insurance Company ("PROLIANCE"):

- Claim is made for specific loss(es) or occurrence(s) arising under the coverage of the policy.
 (Attach a statement with any supporting documentation for each such loss or occurrence)
- Claim is made for return of unearned premium due to early cancellation of PROLIANCE insurance coverage.
 Amount of Premium paid _____ Paid to what date? _____
 (Attach copies of canceled checks or other evidence of payment and evidence of replacement coverage.)

Amount of Claim

THIRD PARTY CLAIMANTS UNDER A PROLIANCE INSURANCE POLICY

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ALL OTHER CLAIMANTS. (including agents, trade vendors, shareholders, attorneys, adjusters, employees, etc.)

- All Other Claimants. (Describe nature of claim and the consideration given for it).

Do Not submit a proof of claim unless you have a valid, substantiated claim. Only documented Proofs of Claim for specific amounts will be considered in the PROLIANCE liquidation. Deadline for filing claims is _____, 2002.

TOTAL AMOUNT OF CLAIM \$

ALL CLAIMANTS MUST COMPLETE: (Enter "None" on each line if question does not apply to your claim)

No part of this debt has been paid, except: _____
 There are no setoffs or counterclaims to this debt, except: _____
 There is no security for the debt, except: _____
 There is no other insurance coverage that will pay this claim, except: _____

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that he/she has read the foregoing Proof of Claim and knows the contents thereof; that this claim is justly owing to the claimant; that there is no setoff, counterclaim or defense to the claim thereto except as above stated; that the matters set forth above and in any accompanying documents are true to the best of his/her knowledge and belief; that no payment of or on account of the aforesaid claim has been made to you except as above stated.

Name and Address of Attorney Representing You, (if any):

Required: Signature of Claimant, Partner, Officer, or Legal Representative / Date

 Print or Type Name of Claimant, Partner, Officer, or Legal Representative
 Home Telephone _____
 Work Telephone _____
 Social Security Number or FEIN of Claimant _____

MAKE A COPY OF THIS FORM AND KEEP THE COPY FOR YOUR RECORDS
RETURN ORIGINAL TO: PROLIANCE INSURANCE COMPANY In Liquidation

50 West Town Street, Third Floor -Suite 350, Columbus, OH 43215
 614-487-9200

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
50 West Town Street, Third Floor -Suite 350
Columbus, OH 43215
614-487-9200