

IN THE COURT OF COMMON PLEAS  
FRANKLIN COUNTY, OHIO

MARY JO HUDSON,  
Superintendent of Insurance,  
In her Capacity as Liquidator of  
The Physicians Assurance Corporation,

Plaintiff,

vs.

The Physicians Assurance Corporation,  
Defendant.

CASE NO. 09CVH 08 12492  
JUDGE LAUREL BEATTY

FILED  
COMMON PLEAS COURT  
FRANKLIN CO. OHIO  
2010 MAR 18 PM 1:49  
CLERK OF COURTS-

**JOURNAL ENTRY AND ORDER APPROVING LIQUIDATOR'S MOTION FOR  
APPROVAL OF PROOF OF CLAIM FORM AND  
ORDER ESTABLISHING MARCH 18, 2011  
AS THE ABSOLUTE AND FINAL BAR DATE  
IN THIS LIQUIDATION PROCEEDING  
AND RELATED ORDERS**

This matter came to be heard upon the Motion of Mary Jo Hudson, in her capacity as Court-appointed Liquidator ("Liquidator") of The Physicians' Assurance Corporation ("TPAC"), for Approval of Proof of Claim Form and Order Establishing March 18, 2011 as the Absolute and Final Bar Date in the TPAC Liquidation Proceeding and related orders pursuant to R.C. 3903.42, 3903.43, and 3903.44 and related sections. Upon consideration of the Liquidator's Motion, Memorandum in Support, and Exhibits, the Court finds that good grounds exists for the Motion and that the Motion is well-taken, and, it is hereby ORDERED, ADJUDGED and DECREED as follows:

(a) that this Court approves the "Proof of Claim" form, attached as Exhibit A, to be used in submitting claims against TPAC;

(b) that March 18, 2011 is the absolute and final bar date in the TPAC liquidation proceeding for the submittal of claims against TPAC (the “Absolute Final Bar Date”);

(c) that all Unspecified Claims and Future Claims, as defined in the Liquidator’s Motion, shall be barred and foreclosed after the Absolute Final Bar Date;

(d) that this Court approves the form of Notice of the Absolute Final Bar Date, attached as Exhibit B, regarding establishment of the Absolute Final Bar Date among other things;

(e) the Liquidator shall send the Notice and a copy of the Proof of Claim form by first class U.S. mail, postage prepaid, within twenty-five (25) days of this Order to the last known address as indicated in TPAC’s records or the records of the Liquidator (unless notices previously sent to such addresses were returned to the Liquidator), to the groups of persons identified in the Motion;

(f) the Liquidator shall post a copy of the Notice and a copy of the Proof of Claim form in a downloadable Portable Document Format (PDF) on the Liquidator’s website, [www.ohliq.com](http://www.ohliq.com), under Open Liquidations – The Physicians Assurance Corp, within five (5) days of this Order;

(g) this Court authorizes the Liquidator to reject any attempted filing of a claim or requests to the Liquidator for POC forms after the Absolute Final Bar Date, and the Liquidator will accordingly issue notice to the person attempting to file a claim advising that the claim will NOT be considered by the Liquidator and shall be treated as if no claim was filed and that the claimant attempting to present such a late-filed claim after the Absolute Final Bar Date shall not be entitled to any further consideration;

(h) that if any notice sent to the last known address, either provided to the Liquidator by a policyholder or claimant or in the company's records, is returned as undeliverable because the addressee has moved without forwarding address, then any subsequent mailings or notices, whether ordered by this Court or otherwise, need not be sent to such address, and the Liquidator shall have no further obligation to attempt to locate another address.

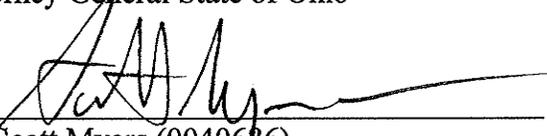
There is no just reason for delay under Ohio Civil Rule 54(B).

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Judge Laurel Beatty

Approved:

RICHARD CORDRAY  
Attorney General State of Ohio

By:   
W. Scott Myers (0040686)  
Assistant Attorney General  
Health and Human Services Section  
30 East Broad Street, 26th Flr.  
Columbus, Ohio 43215-3428  
(614) 466-8600  
*Attorneys for Mary Jo Hudson, Superintendent  
of Insurance, in her Capacity as Liquidator of  
The Physicians' Assurance Corporation*

# EXHIBIT A

OHIO LIQUIDATION PROCEEDING  
REGARDING  
THE PHYSICIAN'S ASSURANCE CORPORATION

Liquidator's No.:
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## PROOF OF CLAIM

**ABSOLUTE FINAL BAR DATE FOR FILING OF PROOF OF CLAIM IS MARCH 18, 2011**

A Liquidation Proceeding has been opened in Ohio, pursuant to Chapter 3903, in the Franklin County, Ohio Court of Common Pleas, Case No. 09CVH 08 12492, to consider and adjudicate claims under Ohio law as a result of the insolvency of The Physician's Assurance Corporation ("TPAC").

**IF YOU WERE A MEMBER/ENROLLEE OF TPAC, OR A HEALTH CARE PROVIDER WHO RENDERED SERVICES TO A MEMBER/ENROLLEE OF TPAC, AND YOU HAVE ALREADY RECEIVED PAYMENT IN FULL ON YOUR CLAIM FROM A GUARANTY ASSOCIATION, THEN YOU DO NOT NEED TO FILE A PROOF OF CLAIM.**

If, however, you have any outstanding claims against TPAC, then you must fill out this form completely and return it to **The Physician's Assurance Corporation, In Liquidation, no later than March 18, 2011**, which is the Absolute Final Bar Date for filing a Proof of Claim in the TPAC liquidation, by one of the methods provided on page 2.

FAILURE TO HAVE THIS FORM COMPLETED, MAILED AND POSTMARKED, FAXED, OR EMAILED ON OR BEFORE **MARCH 18, 2011**, WILL AFFECT YOUR LEGAL RIGHTS AND WAIVE AND BAR ANY CLAIM THAT YOU MIGHT OTHERWISE HAVE.

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**Please file only one (1) claim per Proof of Claim form. If you have more than one (1) claim against TPAC, you may file as many separate Proofs of Claims as necessary to submit each of your individual claims. Attach all documents supporting your claim.**

### PLEASE PRINT OR TYPE THIS SECTION

1. Name: \_\_\_\_\_ 2. Daytime Phone Number  
( ) \_\_\_\_\_ - \_\_\_\_\_

3. Email address (optional): \_\_\_\_\_

4. Address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

5. Give a brief explanation of the facts and basis surrounding your claim, including the consideration on which it is based. Attach all documents which are the foundation of or otherwise provide support for the claim, including the appropriate medical billing forms if your claim is one for unpaid medical care, and identify the date on which your claim arose against TPAC (use additional pages if necessary and attach all documentation supporting your claim).

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6. Identify the amount of the claim, the identity and amount of security on the claim, if any, payments made on the claim to date, if any, and the right of priority of payment or other specific rights being claimed, if any. (Use additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Social Security or Federal Employer ID No.: \_\_\_\_\_

Provider ID No.: \_\_\_\_\_

Group ID No.: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_

Employer Name: \_\_\_\_\_

8. By signing this Proof of Claim (this form **MUST BE SIGNED**), the Undersigned verifies that the sum claimed is justly owing, that there is no set-off, counterclaim, or defense to the claim, and that the matters set forth in any accompanying documents are true to the best of his/her knowledge and belief.

Name & Address of Attorney (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

Date Signed: \_\_\_\_\_

**This Proof of Claim form with supporting documentation must be returned to TPAC no later than the Absolute Final Bar Date of MARCH 18, 2011, by one of the following methods:**

- MAIL by depositing it in the United States mail, first class postage prepaid, **postmarked by March 18, 2011**, addressed to the attention of:  
The Physician's Assurance Corporation, In Liquidation  
c/o Office of the Ohio Insurance Liquidator  
50 West Town Street, 3<sup>rd</sup> Floor, Suite 350  
Columbus, Ohio 43215-4197
- FAX to (614) 487-9418 so that it is successfully received by the Liquidator **no later than MARCH 18, 2011**; or
- EMAIL to [TPAC@OHLIQ.com](mailto:TPAC@OHLIQ.com) so that it is successfully received by the Liquidator **no later than MARCH 18, 2011**.

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**To be Completed by Liquidator:**

**Claim I.D. #:** \_\_\_\_\_

**Postmarked Date:** \_\_\_\_\_

**Received (Mail/ Fax /Email):** \_\_\_\_\_

**NOTE:** This Proof of Claim form is posted on the Liquidator's website, [www.ohliq.com](http://www.ohliq.com), in a downloadable Portable Document Format (PDF). You may print off additional claim forms from the website, or call the Liquidator's Office at (614) 487-9200 to request that an additional Proof of Claim form be mailed to you.

# EXHIBIT B

## THE PHYSICIAN'S ASSURANCE CORPORATION, IN LIQUIDATION

### **NOTICE TO CLAIMANTS OF ABSOLUTE FINAL BAR DATE OF MARCH 18, 2011** **FOR FILING PROOFS OF CLAIMS** **AND INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM**

On August 18, 2009, The Physician's Assurance Corporation ("TPAC") was ordered liquidated by Judge Laurel Beatty of the Court of Common Pleas, Franklin County, Ohio in Case No. 09CVH 07 12492. The Agreed Order of Liquidation may be viewed at [www.ohliq.com](http://www.ohliq.com).

#### **ABSOLUTE FINAL BAR DATE**

**The Absolute Final Bar Date to file a Proof of Claim Form and supporting documentation for purposes of participating in any distribution of assets that may be made is March 18, 2011.** The Proof of Claim form with supporting documentation must be returned to The Physician's Assurance Corporation, In Liquidation, no later than **March 18, 2011**, by one of the following methods:

- MAIL by depositing it in the United States mail, first class postage prepaid, **postmarked by March 18, 2011**, addressed to the attention of:  
The Physician's Assurance Corporation, In Liquidation  
c/o Office of the Ohio Insurance Liquidator  
50 West Town Street, 3<sup>rd</sup> Floor, Suite 350  
Columbus, Ohio 43215-4197
- FAX to (614) 487-9418 so that it is successfully received by the Liquidator **no later than MARCH 18, 2011**; or
- EMAIL to [TPAC@OHLIQ.com](mailto:TPAC@OHLIQ.com) so that it is successfully received by the Liquidator **no later than MARCH 18, 2011**.

The Liquidator will reject any attempted filing of a claim after the Absolute Final Bar Date and will return the claim to the person attempting to file it, advising them that the claim will not be considered by the Liquidator and shall be treated as if no claim was filed, and that the claimant attempting to present such a late-filed claim after the Absolute Final Bar Date shall not be entitled to any further consideration. The Liquidator will reject requests for Proof of Claim Forms which are received after the Absolute Final Bar Date.

#### **INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM FORM**

1. To have a claim considered in the TPAC Liquidation Estate, the Proof of Claim form must be completed in detail and filed with the Liquidator by the Absolute Final Bar Date of **March 18, 2011**. You should file a separate Proof of Claim for each claim that is known to you. You may print off additional forms from the website, or call the Liquidator's Office at (614) 487-9200 to request that an additional Proof of Claim form be mailed to you. 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 prior to the Absolute Final Bar Date, 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. To the extent you are a TPAC insured, member or enrollee, or health care provider whose claims have been paid by a guaranty association prior to your receipt of the Proof of Claim form, there will be no need for you to file a Proof of Claim form. However, if you are a TPAC insured, member or enrollee, health care provider or other creditor of TPAC and you believe upon receipt of the Proof of Claim form that you still have a claim against TPAC, then you must timely file the Proof of Claim form in accordance with these instructions and procedure set forth in the Proof of Claim form or your claim will be forever barred.
3. The Proof of Claim Form must be used to present and file any claims you may have against TPAC, its property or its assets. All outstanding claims, including those presented to TPAC prior to liquidation, must be submitted to the Liquidator on the Proof of Claim form along with supporting information to document the claim. Give a brief explanation of the facts and basis surrounding your claim, including the consideration on which it is based. Attach all documents which are the foundation of or otherwise provide support for the claim, including the appropriate medical billing forms if your claim is one for unpaid medical care, and identify the date on which your claim arose against TPAC.
4. THE PERSON FILING THE CLAIM (the "claimant") must fill in their Society Security or Federal ID No., Provider ID No., Group ID No., Employee ID No. or Employer Name, as applicable, phone number, email (optional), and must sign and date the Proof of Claim. Claims filed by corporations must be signed by an authorized representative of the company.
5. Claimants must submit to the Liquidator sufficient supporting information to document their claim no later than the Absolute Final Bar Date, or their claim will be foreclosed and forever barred. Claimants are required to submit all documents relating to or supporting claims covered by TPAC in writing to the Liquidator, including but not limited to, the appropriate medical billing forms if your claim is one for unpaid medical care, and identify the date on which your claim arose against TPAC. Supporting information and documentation describing all facts of the claim, includes but is not limited to: (a) a detailed statement describing the claim; (b) a detailed statement describing the dollar value of the claim; (c) documents evidencing damage; and (d) all other information or documents helpful to proving the claim, all as required by R.C. 3903.36 and these instructions. Unspecified and future claims will not participate in any pro rata distribution from the liquidation proceeding even if an unsupported "Blanket" Proof of Claim is submitted on or before the Absolute Final Bar Date. If such documents are lost or destroyed, you must provide a statement of that fact and the circumstances of such loss or destruction.
6. **CHANGE OF ADDRESS:** If you move after sending in your Proof of 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 the [Liq. No.] Claim I.D. Number with your correspondence.

Requests for Proof of Claim forms and inquiries regarding the liquidation should be directed to: *The Office of the Ohio Insurance Liquidator*, Attn: TPAC, 50 W. Town Street, Third Floor, Suite 350, Columbus, OH 43215, or [TPAC@ohliq.com](mailto:TPAC@ohliq.com), or (614) 487-9200.

Mary Jo Hudson  
Ohio Superintendent of Insurance in her capacity as  
Liquidator of The Physician's Assurance Corporation