

## THE PHYSICIANS' 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 Physicians' 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 Physicians' 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 Physicians' 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 Physicians’ Assurance Corporation