

**IMPORTANT - READ CAREFULLY  
INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM  
LIQUIDATION OF PERSONAL PHYSICIAN CARE, INC.**

1. On August 20, 1998, Personal Physician Care, Inc., was determined to be insolvent and ordered liquidated by Judge Dale Crawford of the Franklin County Court of Common Pleas of Ohio, 369 S. High St., Columbus, Ohio 43215 (hereinafter referred to as the "Liquidation Court"). Harold T. Duryee, Ohio Superintendent of Insurance was appointed as Liquidator. The Court further ordered that all policies of insurance and other similar obligations or contracts be cancelled no later than 12:01 a.m. September 20, 1998.

The Liquidation Order enjoins all persons who have claims against Personal Physician Care, Inc., from (1) instituting or continuing to prosecute any civil action or claim against Personal Physician Care, Inc. or the Liquidator, (2) from in any way interfering with the possession, control, title, rights, and interests of the Liquidator as provided by Ohio Revised Code Sections 3903.01 to 3903.99, inclusive, or (3) taking any action which tends to give rise to waste of assets, a preference, judgement, attachment, lien or the making of a levy against Personal Physician Care, Inc. or its property or assets subject to the possession or control of the Liquidator.

2. Receipt of a Proof of Claim does not mean you have a claim. The Proof of Claim is sent to any person who might have a claim. Do not return a Proof of Claim unless you are aware of a specific claim and can factually support it. If you have no known claim, keep your Proof of Claim and file it immediately should you become aware of a claim. **IF YOU SUBMIT THE PROOF OF CLAIM AND FAIL TO ADEQUATELY DESCRIBE AND DOCUMENT YOUR CLAIM, YOUR PROOF OF CLAIM WILL BE REJECTED OR DENIED.**

**3. ALL MEMBERS / POLICYHOLDERS / INSUREDS:**

- a. If your claim is for a specific unpaid claim, you must provide an explanation of the claim being asserted. You can submit all of your claims on one Proof of Claim.
- 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.

4. ALL OTHER CLAIMANTS should check the appropriate box, enter the amount claimed, and provide full documentation to support the claim. If you have more than one claim against PPC, you only need to submit one Proof of Claim with documentation for all your claims attached.

5. 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. An authorized representative of the company must sign claims filed by corporations. If an attorney represents you in this matter, you should provide your attorney's name and address in the space provided.

6. All written instruments, including but not limited to, collection notices, 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 instruments are lost or destroyed a statement of that fact and the circumstances of such loss or destruction must be filed under oath.

7. **THE DEADLINE FOR FILING CLAIMS IS MARCH 1, 1999.** If replacement 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. **HOWEVER**, if you become aware of a new claim after the deadline, immediately fill out or obtain from the Liquidator a Proof of Claim form and send it to the Liquidator, at the address below.

8. **CHANGE OF ADDRESS:** If you move after sending in your claim form, please provide the Liquidator 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 Liquidator Number and Member ID Number or Provider ID Number with your correspondence.

9. **GENERAL INFORMATION.** All claims 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 level based on available funds. The amount paid will depend on the ratio of assets to total allowed claims. The Liquidator 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 will take a number of months after the deadline for filing Proofs of Claim has passed and the Liquidator cannot state at this time whether or when any distribution of assets will be made on allowed claims.

**RECEIVING OR FILING A PROOF OF CLAIM DOES NOT IMPLY  
COVERAGE OR A VALID CLAIM IN THE LIQUIDATION**

Return Your Proof of Claim & Supporting Documentation To:  
PERSONAL PHYSICIAN CARE, INC., IN LIQUIDATION  
P.O. BOX 16338  
COLUMBUS, OHIO 43216  
(614) 995-0855