INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

This proof of claim form must be completed and returned. **Failure to return the completed form will result in the denial of your claim.** Please fill in all of the applicable blanks. Attach additional sheets as required. In the event you do not know certain information, please write "unknown." You may supplement your claim later when you have more information, provided you do so promptly after you obtain the information. Please print legibly in ink or type. The form may be duplicated. You are advised to keep a completed copy for your records. The following is some specific additional instruction for certain types of claims. For more information on these types of claims, please see the discussion in the enclosed booklet.

1. If your claim is for **POLICY BENEFITS** please complete the front of this form. **If your claim is already filed with PHICO**, you need to complete the proof of claim form, but you do not need to resubmit documentation to support your claim. If additional documentation is required, you will be contacted. **If this is a new claim**, please attach documentation to support the claim.
   If your claim is a contingent claim under an insurance policy, use the space provided for policy benefits and indicate that the claim is contingent. If a policy was renewed, a claim should be filed for each policy number for which you want to file.
2. If your claim is for the **RETURN OF UNEARNED PREMIUM or other premium refunds**, please complete the front of this form. Please attach the appropriate documentation to support your claim.
3. If your claim is that of a **GENERAL CREDITOR,** please attach copies of all outstanding invoices to this form.
4. If your claim is for **AGENT BALANCES,** please attach a complete accounting by policy/contract in support of your claim.
5. If you have **ANY OTHER** type of claim, describe your claim, i.e., stockholder, employee, taxes, license fees, assessments. Please attach copies of information to support your claim.

The right (but not the obligation) to request additional supporting information is retained by the Liquidator. The failure to promptly provide such additional information may result in denial of the claim.

The proof of claim form must be signed by the claimant, and must contain the claimant's current address and zip code. No claim can be considered for payment without a social security number or tax identification number. Where applicable, the name and address as well as the telephone number of the claimant's attorney, if any, must be shown. **YOU MUST FILE A SEPARATE PROOF OF CLAIM FORM FOR EACH CLAIM YOU MAKE. IF YOU HAVE MORE THAN ONE CLAIM, YOU MAY MAKE COPIES OF THE ENCLOSED FORM, or go to the Insurance Department's website, www.insurance.state.pa.us, OR CALL (800) 382-1378 or (717) 766-1122 FOR ADDITIONAL PROOF OF CLAIM FORMS.**

You must sign the proof of claim form and mail it to:

Proof of Claim Department
Statutory Liquidator of PHICO Insurance Company
P. O. Box 2025
Mechanicsburg, PA 17055-0720

NOTE: This form must be received no later than 5:00 PM EST on April 1, 2003, subject to the provisions of Article V of the Insurance Department Act pertaining to the filing of claims.

CHANGE OF ADDRESS

You are required by Article V of the Insurance Department Act to notify the Statutory Liquidator of your change of address. If you fail to do so you may jeopardize your chance of recovery from this estate.

INFORMATION REGARDING CLAIMS AGAINST THE ESTATE OF PHICO INSURANCE COMPANY

After all claims against this company are evaluated by the Statutory Liquidator and approved by the Court, approved claims will be paid by priority level based on available funds in accordance with 40 P.S. Section 221.1 et seq. The amount of the payment will depend on the assets available. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated. In any event, payment will not be made for several years.

The Statutory Liquidator's receipt of this proof of claim form does not constitute any waiver or relinquishment by the Statutory Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency, regarding any actions pursued by the Statutory Liquidator of PHICO Insurance Company on behalf of PHICO Insurance Company claimants, policyholders and creditors.