

PROOF OF CLAIM

US International Reinsurance Company,

Merrimack County Superior Court, State of New Hampshire 03-E-0112

Read Carefully Before Completing This Form

Please print or type

FOR LIQUIDATOR'S USE ONLY

DATE PROOF OF
CLAIM RECEIVED

The Deadline for Filing this Form is June 13, 2004.

You should file this Proof of Claim form if you have an actual or potential claim against US International Reinsurance Company ("USI Re") even if the amount of the claim is presently uncertain. To have your claim considered by the Liquidator, this Proof of Claim must be postmarked no later than **June 13, 2004**. Failure to timely return this completed form will likely result in the **DENIAL OF YOUR CLAIM**. You are advised to retain a copy of this completed form for your records.

1. Claimant's Name: _____
2. Claimant's Address: _____

3. Claimant's Telephone Number: (_____) _____
Fax Number: (_____) _____
Email address: _____
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: _____
5. Claim is submitted by (check one):
 - a) ___ Producer (Broker, Agent, or Intermediary)
 - b) ___ Reinsurer or Reinsured
 - c) ___ State or Local Government Entity
 - d) ___ Other; describe: _____

If your name, address, e-mail address, or telephone number set forth above are incorrect, or if they change, you must notify the Liquidator so she can advise you of new information.

Describe in detail the nature of your claim. You may attach a separate page if desired. **Attach relevant documentation** in support of your claim, such as copies of outstanding invoices, contracts, or other supporting documentation.

6. Indicate the total dollar amount of your claim. If the amount of your claim is unknown, write the word "unknown", BUT be sure to attach sufficient documentation to allow for determination of the claim amount.

\$_____ (if amount is unknown, write the word "unknown").

7. If you have any security backing up your claim, describe the nature and amount of such security. Attach relevant documentation.

8. If USI Re has made any payments towards the amount of the claim, describe the amount of such payments and the dates paid: _____

9. Is there any setoff, counterclaim, or other defense which should be deducted by USI Re from your claim?

10. Do you claim a priority for your claim? If so, why: _____

11. Print the name, address and telephone number of the person who has completed this form.

Name: _____

Address: _____

Phone Number (_____) _____

Email address _____

12. If represented by legal counsel, please supply the following information:

a. Name of attorney: _____

b. Name of law firm: _____

c. Address of law firm: _____

d. Attorney's telephone: _____

e. Attorney's fax number: _____

f. Attorney's email address: _____

13. If using a judgment against USI Re as the basis for this claim:

a. Amount of judgment _____

b. Date of judgment _____

c. Name of case _____

d. Name and location of court _____

e. Court docket or index number (if any) _____

14. **All claimants** must complete the following:

I, _____ (insert individual claimant's name or name of person completing this form for a legal entity) subscribe and affirm as true, under the penalty of perjury as follows: that I have read the foregoing proof of claim and know the contents thereof, that this claim in the amount of _____ dollars (\$_____) against USI Re is justly owed, except as stated in item 9 above, and that the matters set forth in this Proof of Claim are true to the best of my knowledge and belief. I also certify that no part of this claim has been sold or assigned to a third party.

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Claimant's signature

Date

15. Send this completed Proof of Claim Form, postmarked by **June 13, 2004**, to:

US International Reinsurance Company in Liquidation
P.O. Box 1150
Manchester, New Hampshire 03105-1150

You should complete and send this form if you believe you have an actual or potential claim against USI Re even if the amount of the claim is presently uncertain.