

PROOF OF CLAIM
IN THE MATTER OF
CAGC INSURANCE COMPANY (CIC)
Deadline: 11:59 PM EDT, January 15, 2015

FOR OFFICIAL USE ONLY
PROOF OF CLAIM NO.: _____

Complete All Sections

Please Print or Type

SECTION I	
Claimant Name: _____	Name of Insured: _____
Address 1: _____	Business Name: _____
Address 2: _____	Policy Number: _____
City: _____ State: _____ Zip: _____	Date of Loss: _____
Telephone No. (____) _____ FAX Number: (____) _____	Claim Number (if previously filed): _____
FEIN No: _____ E-Mail Address: _____	Agent Name: _____

SECTION II Claim is for (mark with an "X")			
1	<input type="checkbox"/>	POLICYHOLDER CLAIM	Claim by insured of CIC under a CIC insurance policy for POLICY BENEFITS.
2	<input type="checkbox"/>	GENERAL CREDITOR	Attorney fees, Adjuster fees, Vendors, Landlords, Lessors, Consultants, Cedants, and Reinsurers.
3	<input type="checkbox"/>	ALL OTHER	Describe in an attachment.

SECTION III

- In an attachment** provide a concise statement of the facts giving rise to your claim.
- Amount of Claim (or estimate) \$ _____
- Is there OTHER INSURANCE that may cover this claim? YES () NO ()
- If YES, provide name of insurer(s) and policy number(s): _____

SECTION IV

- Does an ATTORNEY REPRESENT you? YES () NO () If yes, provide attorney's name, address & telephone number: _____
- Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this Claim? YES () NO () If YES, please provide the following:
 Court where Filed: _____ DATE FILED _____ DOCKET NUMBER: _____
 PLAINTIFF(S): _____
 DEFENDANT(S): _____

SECTION V

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that the undersigned has the right and authority to sign and submit this proof of claim; that the undersigned has read the foregoing Proof of Claim and knows the contents thereof; that the said claim against CAGC Insurance Company in Liquidation is true to the best of the undersigned's own knowledge except as matters therein stated to be alleged upon information and belief and as to those matters the undersigned believes to be true; that no payment of or on account of the aforesaid claim has been made except as above stated; that there are no offsets or counterclaims thereto; and that the undersigned is not a secured creditor or claimant, or has no security interest except as stated above.

 Claimant Signature

 Date

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

This proof of claim form is used for filing a claim against CAGC Insurance Company (CIC). If you have a claim to pursue against CIC, you must file a completed proof of claim form with the liquidator by the bar date. To file by the bar date the proof of claim form must be **postmarked or received by liquidator no later than 11:59 PM EDT on January 15, 2015**. Failure to file a timely claim may result in denial of your claim or consideration of your claim.

Please print legibly in ink or type. Complete all of the applicable sections and blanks, read and sign. Attach additional sheets as necessary. In the event you do not know certain information, please write "unknown". You may supplement your proof of claim when you have more information, provided you do so promptly after you obtain the information. If you have more than one claim against CIC a separate proof of claim must be submitted for each claim. You may make copies of the proof of claim form, request additional copies from the liquidator using the address below or download the form from the liquidator website at www.radtrust.com/CIC. A proof of claim must be filed even if a claim was made against CIC prior to liquidation. You are advised to keep a completed copy for your records.

Whenever a claim is based upon an instrument in writing, a copy of the document should be attached to the proof of claim. If the document has been destroyed, a statement of the facts and circumstances of the loss must be filed, under oath, with this 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.

Section I:
Complete requested contact and policy information. Ensure claimant's address is current including a correct zip code. **You are required to notify the liquidator of your change of address. If you fail to do so, you may jeopardize recovery from this estate.**

Section II:
Please denote the type of claim you are making against CIC:

1. A **policy benefit** claim represents unpaid claims arising under the policies issued by CIC. **Even if you have a claim already pending with CIC you must file a proof of claim**, but it is not necessary for you to attach additional documentation. **If this is a new claim**, complete the form and attach documentation to support the claim. *If your claim is a contingent claim under an insurance policy, please note as such. If a policy was renewed, a claim should be filed for each policy number for which you want to file.*
2. Claim of a **general creditor** includes outstanding attorney fees, adjuster fees, vendors, landlords, lessors, consultants, cedants, and reinsurers. Attach copies of all outstanding invoices to this form.
3. **Any other** type of claim includes outstanding claims not listed above such as stockholder, employee, taxes, license fees, assessments, etc. Describe your claim and attach copies of supporting information.

Section III:
Complete requested claim information including a concise statement of the facts giving rise to your claim in a **separate attachment**.

Section IV:
Complete regarding legal representation and/or legal actions. The name, address, and telephone number of the claimant's attorney, if any, must be shown. Attach additional sheets as necessary.

Section V:
The claimant needs to sign and date the form affirming the accuracy of the information provided. ***Note: N.C. General Statute §58-2-161(b) provides in substance that any person who, with the intent to deceive, injure or defraud an insurer, presents or causes to be presented a written or oral statement in support of a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information material to the claim, is guilty of a Class H felony.***

Filing:
A complete and signed proof of claim form must be postmarked or received by the liquidator no later than 11:59 PM EDT on January 15, 2015. Submit to the liquidator at the following address:

Proof of Claim Department
Liquidator of CAGC Insurance Company
401 Glenwood Avenue
Raleigh, N.C. 27603

Note:
After all claims against this company are evaluated by the liquidator and approved by the Court, approved claims will be paid by priority level based on available funds in accordance with N.C. General Statute §58-30-220. The amount of the payment will depend on the assets recovered. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated and assets are recovered. In any event, payment will not be made for several years.

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