

INSTRUCTIONS FOR PROOF OF CLAIM AGAINST WESTERN INSURANCE COMPANY IN LIQUIDATION

Please follow these instructions carefully.

- The claim form must be filled out as accurately as possible. Forms that are incomplete or inaccurate may result in delay or denial of your claim.
- Attach additional sheets to the form if more space is needed.
- If the category of your claim is not included on the list on the form, identify the nature of the claim with sufficient clarity to allow for classification.
- Attach any contract, bond, undertaking or other evidence to support your claim.
- Print the form and mail or deliver it to the address below. Do not attempt to file the claim on line. If mailed, the post mark must be by 5:00 P.M. Mountain Time on the bar date. If delivered it must be received that the address below by 5:00 P.M. Mountain Time on the bar date.

**THE BAR DATE IS MARCH 9, 2012 AT 5:00 P.M.
MOUNTAIN TIME.**

Claims received after the bar date may be barred or receive a reduced distribution.

Proof of Claim forms must be sent or delivered to the following address:

Western Insurance Company in Liquidation
Len Stillman, Special Deputy Receiver
215 South State Street #650
Salt Lake City, UT 84111
Phone: 801-595-8222

**PROOF OF CLAIM AGAINST
WESTERN INSURANCE COMPANY IN LIQUIDATION**
READ THIS INSTRUCTION SHEET CAREFULLY
LAST DAY TO FILE A PROOF OF CLAIM IS MARCH 9, 2012 AT 5:00 P.M.
MOUNTAIN TIME

Attach Documentation to Support Your Claim

Claimant Type	Claim Amount
_____ Secured Creditor	_____
_____ Policy or Third Party Policy Claim	_____
_____ Obligee	_____
_____ Bail Bond	_____
_____ Claim for Collateral	_____
_____ Financial Guaranty	_____
_____ Claim by a Principal	_____
_____ Unearned Premium	_____
_____ Reinsurance	_____
_____ Other	_____
Total	_____

The Particulars of the Claim (dates, nature, etc.) and the consideration (amount given) for the claim (attach an additional sheet if needed). If the claim has been assigned, so state:

Identity and Amount of Security for the Claim, if any:

Identify any Payments Made Against the Debt:

CLAIMANT NAME (PRINT)

ATTORNEY (IF ANY)

Name

Name

Address

Address

City, State and Zip

City, State and Zip

The undersigned affirms that the claim is justly owing and there is no setoff, counterclaim or defense.

Signature of Claimant or Attorney

SSN or Tax I.D.

Date