

**EXHIBIT 3**

**IN THE COMMONWEALTH COURT OF PENNSYLVANIA**

Caption of underlying insurance insolvency case:

\_\_\_\_\_ :  
\_\_\_\_\_ :  
\_\_\_\_\_ :  
\_\_\_\_\_ :  
\_\_\_\_\_ : No. \_\_\_\_\_

<b>Chief Clerk Use Only:</b> Ancillary Matter Docket No. _____  Time Stamp:  
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**Ancillary Matter Cover Sheet**

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

Commencement of Ancillary Matter:

\_\_\_\_\_ Complaint \_\_\_\_\_ Application  
\_\_\_\_\_ Objection \_\_\_\_\_ Other \_\_\_\_\_

Lead Plaintiff/Petitioner/Objector Name: \_\_\_\_\_

Lead Defendant/Respondent Name: \_\_\_\_\_

Plaintiff/Petitioner/Objector Attorney's Name: \_\_\_\_\_

\_\_\_\_\_ Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)

Nature of the Ancillary Matter:

\_\_\_\_\_ Objection to Notice of Determination to Proof of Claim No(s). \_\_\_\_\_  
(List all proof of claim numbers included in this Objection. Attach a separate sheet if necessary.)

\_\_\_\_\_ Action by Liquidator

\_\_\_\_\_ Action by third party, as approved by the Court on \_\_\_\_\_ (date)

**Related Matters:** Are there any related or ancillary matters, including unresolved proofs of claim pending before the Liquidator, in this court or any other federal or state court or agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, attach a list indicating the court or agency, caption, and docket or proof of claim number(s).