

**LATE FILED PROOF OF CLAIM AGAINST
RELIANCE INSURANCE COMPANY, IN LIQUIDATION
Please Read Carefully**

The filing deadline established by the Commonwealth Court for Proofs of Claim against Reliance Insurance Company, in liquidation,(Reliance) was December 31, 2003.

If you elect to submit a proof of claim after the deadline, you should do so as soon as possible. Pursuant to Section 221.37 of the Insurance Department Act of 1921, you will need to show good cause for the late filing. **If you do not do so, it could affect your claim priority and exclude you from any distributions.** Please include your reason for filing late in the statement of facts.



PROOF OF CLAIM
IN THE MATTER OF
RELIANCE INSURANCE COMPANY (IN LIQUIDATION)

PROOF OF CLAIM NO. _____
DATE RECEIVED: _____

Deadline for filing December 31, 2003

READ ALL MATERIALS CAREFULLY BEFORE COMPLETING THIS FORM - COMPLETE ALL SECTIONS
FILL IN ALL BLANKS - PLEASE PRINT CAREFULLY OR TYPE

Make corrections to Name & Address below.	
Claimant Name: _____	
Address 1: _____	
Address 2: _____	
City: _____ State: _____ Zip Code: _____	
Country: _____	
Social Security/E.I.N. #: _____ e-mail: _____	
Daytime Phone #: (include area code) _____	

Name of Insured: _____
 Policy Number: _____ Claim Number: (if previously filed) _____
 Date of Loss: _____ Agent Number: _____

Claim is for (Check X or specify Below)

1	POLICY HOLDER or THIRD PARTY CLAIM	Claim by insured of Reliance Insurance under a Reliance Insurance Policy for POLICY Benefits or Liability claim against an insured of Reliance Insurance for POLICY BENEFITS.
2	RETURN of UNEARNED PREMIUM or OTHER PREMIUM REFUNDS	Portion of paid premium not earned due to early cancellation of policy or retro or audit adjustment.
3	GENERAL CREDITOR	Attorney fees, Adjuster fees, Vendors, Landlords, Lessors, Consultants, Cedants and Reinsurers.
4	AGENT BALANCES	Agents Earned Commissions.
5	ALL OTHER	Describe

In the space below give a Concise Statement of the Facts giving rise to your claim. Attach additional sheets if required. _____

AMOUNT OF CLAIM: \$ _____
 Is there OTHER INSURANCE that may cover this claim? Yes () No ()
 If YES provide name of insurer(s) and policy numbers(s): _____

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 provide the following:
 Court Where Filed: _____
 DATE FILED & DOCKET NUMBER: _____
 PLAINTIFF(S): _____
 DEFENDANT(S): _____

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 Reliance Insurance Company (Reliance) (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.

If the foregoing Proof of Claim alleges a claim against a Reliance insured (third party claim), the undersigned hereby releases any and all claims which have been or could be made against such Reliance insured based on or arising out of the facts supporting the above Proof of Claim up to the amount of the applicable policy limit and subject to coverage being accepted by the Liquidator, regardless of whether any compensation is actually paid to the undersigned.

Claimant Signature Date

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 Reliance**, 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 YOU SHOULD CALL (215) 864-4000 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 Reliance Insurance Company
P. O. Box 13527
Philadelphia, PA 19101-3527

NOTE: This form must be received no later than 5:00 PM EST on December 31, 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 RELIANCE 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 221.19 *et seq.* 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 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 Reliance Insurance Company on behalf of Reliance Insurance Company claimants, policyholders and creditors.