

NOTICE OF THE LIQUIDATION OF NATIONAL ATTORNEYS' TITLE ASSURANCE FUND, INC.

TO: Certain Persons That May Have Claims Against National Attorneys' Title Assurance Fund, Inc.

FROM: Stephen W. Robertson, Indiana Insurance Commissioner, as Liquidator of National Attorneys' Title Assurance Fund, Inc.

On August 20, 2015, the Marion Circuit Court in Indianapolis, Indiana ("Liquidation Court") ordered that National Attorneys' Title Assurance Fund, Inc. ("NATAF") be liquidated. A copy of the Court's Liquidation Order may be found at this link: <http://www.in.gov/idoi/2608.htm>. The Liquidation Order appointed Stephen W. Robertson, Indiana Insurance Commissioner, as the Liquidator of NATAF ("Liquidator").

All policies issued by NATAF terminated by operation of statute as of September 19, 2015. Even though all policies terminated as of that date, you may still have a claim in the liquidation. If a claim arises under your policy, then your claim must be filed in the liquidation proceeding in order to be considered by the Liquidator. **If you still own the property covered by your title insurance policy issued by NATAF, the Liquidator recommends that you purchase a replacement policy, or have a new title search performed to determine if there is a title defect related to your property. Please go to this link for a list of title insurance agents:** <http://www.in.gov/idoi/2608.htm>. This Notice is not an admission that you have a claim, or that any claim you may assert is valid or that it will be allowed. If you have no claim to assert under your policy, you do not need to respond to this Notice.

If a claim arises under your policy, you must fill out and file the Proof of Claim, which can be found at <http://www.in.gov/idoi/2608.htm>. Your completed Proof of Claim form would need to be post-marked not later than **May 1, 2017**, in accordance with the instructions therein, **or your claim would be barred.**

No action at law or equity may be brought against NATAF or the Liquidator, whether in Indiana or elsewhere, nor shall any existing actions be maintained or further presented, pursuant to Ind. Code 27-9-3-12. If a claim arises under your policy, your only recourse would be to file a Proof of Claim in the liquidation proceeding.

If you have any questions, please direct them in writing to:

National Attorneys' Title Assurance Fund, Inc. in Liquidation
ATTN: Joseph C. Chapelle, Esq.
Special Deputy Liquidator
Barnes & Thornburg
11 S Meridian St
Indianapolis, IN 46204

PROOF OF CLAIM

Date: _____

Liquidator Claim No.: _____
[Liquidator's Use Only]

Post-Mark: _____
[Liquidator's Use Only]

Total Amount Claimed: \$ _____

Name of
Claimants: _____
[Print of type full name(s) of Claimants]

This Proof of Claim must be completed, and sent by first class United States mail to National Attorneys' Title Assurance Fund, Inc., in Liquidation ("NATAF"), addressed to:

National Attorneys' Title Assurance Fund, Inc. in Liquidation
ATTN: Joseph C. Chapelle, Esq.
Special Deputy Liquidator
Barnes & Thornburg
11 S Meridian St
Indianapolis, IN 46204

This Proof of Claim form must be post-marked not later than **May 1, 2017**, or your claim will not be accepted.

1. (a) *[If Claimant is an individual claiming for himself]* The undersigned, who is the Claimant herein, resides at: _____

or (b) *[If Claimant is a partnership claiming through a partner]*

The undersigned, who resides at:

is a member of _____, a partnership, composed of the undersigned and _____ of _____, and doing business at _____, _____,

and is authorized to make this claim on behalf of the partnership;

or (c) *[If Claimant is a corporation claiming through an authorized officer]*

The undersigned, who resides at:

is _____ *[title or position]* of _____, a corporation organized under the laws of _____ and doing business at _____

and is authorized to make this claim on behalf of the corporation;

or (d) *[If claim is made by agent]*

The undersigned, who resides at: _____

is the agent of _____ and is authorized to make this claim on behalf of Claimant.

2. NATAF was, at the time of entry of the Liquidation Order, and still is, indebted (or liable) to this Claimant in the amount of \$_____ *[Insert total dollar amount Claimant is seeking]*.

3. The consideration of this debt (or ground of liability) is as follows *[please specify in detail, and state whether the asserted claim is contingent or a certain amount, and include as exhibits any written documentation to support the claim]*: _____

4. *[If this claim derives from a written instrument]* The written instrument on which this claim is founded (or a duplicate thereof) is attached to this Proof of Claim as Exhibit 4A, or cannot be attached for the reasons set forth in a statement attached hereto.

5. *[If appropriate]* This claim is founded on an open account, which became or will become due on _____, as shown by the itemized statement attached to this Proof of Claim as Exhibit 5A. Unless it is attached to this Proof of Claim or its absence is explained in a statement attached hereto, no note or other negotiable instrument has been received from NATAF as payment for the account or any part of it.

6. No judgment has been rendered on this claim except as follows: _____

7. The amount of all payments on the original amount of this claim have been credited and deducted for the purpose of determining the final amount asserted to be due the Claimant as set forth on this Proof of Claim. The amount and dates of any prior payments which have been credited against the sum named herein are as follow:

Date

Amount

\$ _____

\$ _____

\$ _____

8. This claim is not subject to any setoff, counterclaim or defense except: _____

9. The Claimant is not holding any security interest for this claim except: _____

[If a security interest in any property of NATAF is claimed] The undersigned claims the security interest under the writing referred to in paragraph 4 of this Proof of Claim or under a separate writing which (or a duplicate of which) is attached hereto as Exhibit 9A, or under a separate writing that cannot be attached to this Proof of Claim for the reasons set forth in the statement attached to this Proof of Claim. Evidence of perfection of the security interest also is attached to this Proof of Claim as Exhibit 9B.

10. This claim is a general unsecured claim, except to the extent that the security interest, if any, described in paragraph 9 is sufficient to satisfy the claim. If priority is claimed, state the amount and basis thereof on a statement attached hereto as Exhibit 10A.

11. This claim is filed as (an):

[Please circle one]

Unsecured Claim

Secured Claim

Priority Claim (State the priority class asserted _____)

I affirm under the penalties of perjury that the foregoing facts are true.

Claimant

Title or Official Capacity

RETURN ORIGINAL NO LATER THAN MAY 1, 2017. MAKE AND RETAIN A COPY FOR YOUR RECORDS.

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