PROOF OF CLAIM

Date:
Liquidator Claim No.:
Post-Mark: [Liquidator's Use Only]
Total Amount Claimed: \$
Name of Claimants: [Print of type full name(s) 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 Geneva nsurance Company, in Liquidation ("Geneva"), to the attention of:
Geneva Insurance Company, in Liquidation ATTN: Michael P. Kilkenny, Special Deputy Liquidator P.O. Box 44807 Indianapolis, IN 46244
This Proof of Claim form must be post-marked not later than June 30, 2021 , 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 is authorized to m or (c) [If Claimant is a The undersigned, who	ake this claim on behalf o	of the partnership;	ed officer	7			
is	[title or position] o	of		a co	orporatio	on organi	zed
and is authorized to m or (d) [If claim is made. The undersigned, who	resides at:	of the corporation;					
	was, at the time of entry to this Claimant in the		-				
	nsideration of this debt (o						
exhibits any written do	ocumentation to support t	he 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 atta	ched 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 o	on, as shown by the itemized statement attached to this Proof
of Claim as E	xhibit 5A. Unless it is attached to this Proof of Claim or its absence is explained in a
statement atta	ched hereto, no note or other negotiable instrument has been received from Geneva as
payment for the	he 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 again	ast the sum named herein are as follow:

<u>Date</u>	<u>Amount</u>
	\$
	\$
	\$
8. This claim is not subject to any s	setoff, counterclaim or defense except:
9. The Claimant is not holding any	security interest for this claim except:
interest under the writing referred to in parag writing which (or a duplicate of which) is attact that cannot be attached to this Proof of Claim	eva is claimed] The undersigned claims the security graph 4 of this Proof of Claim or under a separate hed hereto as Exhibit 9A, or under a separate writing for the reasons set forth in the statement attached to f the security interest also is attached to this Proof of
10. This claim is a general unsec	ured claim, except to the extent that the security
interest, if any, described in paragraph 9 is su	afficient to satisfy the claim. If priority is claimed,
state the amount and basis thereof on a statemen	nt attached hereto as Exhibit 10A.

11.

This claim is filed as (an):

[Please circle one}

Unsecured Claim					
Secured Claim					
Priority Claim (State the priorit	ty 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 JUNE 30, 2021. MAKE AND RETAIN A COPY FOR YOUR RECORDS.

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