

PROOF OF CLAIM

Casualty Reciprocal Exchange and Equity Mutual Insurance Company, in Liquidation
(FORMERLY PART OF THE DODSON GROUP)

Claims Bar Date is 4:30 p.m. Central Daylight Time, June 30, 2005.

(Lakin v. Casualty Reciprocal Exchange and Equity Mutual Ins. Co., Case No. 02 CV 326311, Circuit Court of Cole County, Missouri)

CLAIMANT NAME AND ADDRESS – PLEASE COMPLETE OR CORRECT AS APPLICABLE:

(Name/Address to be placed here if available.)

Corrections, if any:

Any claimant who has or may have a claim against Casualty Reciprocal Exchange (“CRE”) or Equity Mutual Insurance Company (“EMIC”) is required to file a completed Proof of Claim with the Liquidator in order to be eligible to participate in any distribution of assets. A completed Proof of Claim describing your claim should be mailed early enough before the deadline so that the Proof of Claim is received by the Liquidator at the address given on the last page of this form on or before the Claims Bar Date of Thursday, June 30, 2005 at 4:30 p.m. Central Daylight Time. A separate Proof of Claim must be filed for each claim. You must provide all information requested.

What is your Social Security No. (SSN) or Fed. Tax Identification No.? _____

Is your claim against Casualty Reciprocal Exchange or Equity Mutual Insurance Company? Or are you unsure of the company? (Check the appropriate box.)

Place a check mark in the box below that describes the nature of your claim. Provide all the requested information where applicable. Attach a legible copy of your policy if you have one. If your claim involves litigation of any kind, include the case name, case number and the court or tribunal where the litigation is pending. You must attach all supporting documentation, or must fully describe such documentation if previously forwarded to CRE/EMIC, in order for your claim to be considered. You must send additional information as it becomes available.

- 1. Claim by a CRE/EMIC policyholder/insured for benefits arising under coverage of a policy or insurance contract; OR claim for injury or damage by a person against a CRE/EMIC policyholder/insured.
Policy No. _____ Co. Claim No. (if previously filed) _____
Date of Loss _____ Agent No. _____
Is this a workers’ compensation claim? _____
Case/Matter No. _____
- 2.A. Claim for unpaid legal or professional services payable under policy or insurance contract.
Invoice No. _____ Co. Claim No. _____
(You must attach a copy of each unpaid invoice.)
- 2.B. Claim of an Insurance Guaranty Association (“IGA”). The undersigned IGA hereby makes claim for all covered claims arising out of policies, endorsements, contracts, or other obligations of CRE or EMIC paid or to be paid by the undersigned IGA and all expenses incurred or to be incurred by the undersigned IGA in connection therewith, whether such claims are absolute or contingent, liquidated or unliquidated, or otherwise.
- 3. Claim by U.S. Government (other than claims under policy or insurance contract).
Agency: _____
Case/Matter No. _____
- 4. Claim for salary or wages by an employee of CRE/EMIC.

- 5.A. Claim for unearned premiums, other premium refunds, or unpaid commissions.
 5.B. Claim of any other kind as general creditor.
 Matter/Invoice No. _____ Co. Claim No.: _____
 5.C. Claim of a ceding or assuming insurance company in its capacity as such (reinsurance claim).
 Contract No./Ref. _____
 6. Claim by a state or local government (other than claims under policy or insurance contract).
 State/locality: _____ / _____ Agency: _____
 7. Other.

FOR THE CLAIM YOU CHECKED ABOVE:

Is there other insurance that may cover the claim? Yes; or No. If "Yes", provide the name of the insurer and the policy number: _____

State the amount of your claim, as far as it can be determined: \$ _____

Describe the particulars of the claim and how you computed the amount claimed. Include in your description: (a) the basis of the claim, including the consideration given for it (e.g., your premiums paid for the policy under which claim is made); (b) the identity and amount of any security on the claim; (c) the payments made on the debt, if any (i.e., all payments, if any, received already on the claim and the sources of these payments); (d) any right of priority of payment or other specific rights asserted by you with respect to CRE or EMIC or both; and (e) if your claim is contingent on a future event, describe the contingency. Print legibly in ink or type. Use additional sheets of letter-sized paper, if necessary.

Attach a legible copy of each policy on which your claim is based, if you have it, and a copy of any other written instrument on which your claim is based. List these Attachments here (and if necessary use an additional sheet):

If an attorney represents you regarding this claim please give the following information:

Attorney's Name:	
Firm:	
Firm's Fed. Tax Ident. No.:	
Street/Mailing Address:	
City, State and Zip code:	
Telephone:	Fax:

