PROOF OF CLAIM

CARRIER SOLUTIONS RISK RETENTION GROUP, INC. IN LIQUIDATION

("CSRRG")

_____
POC Number
(Official Use)

DEADLINE FOR FILING CLAIMS IS FEBRUARY 11, 2011

Please read the instructions carefully before completing both sides of this Proof of Claim form. Each section must be fully completed.

1. CLAIMANT'S NAME:_____

2. MAILING ADDRESS:_____

_____

3. TEL. NO. (Daytime):_____ 4. FAX NO.: _____

5. E-MAIL ADDRESS, if any:_____ 6. DATE OF LOSS:_____

7. CSRRG INSURED'S NAME:_____

8. CLAIM NO: _____ 9. POLICY NO.:_____

10. **CLAIM IS FOR (Place an "X" by each one that applies; you may check more than one):**
   A. ( ) Claim by CSRRG Policyholder for Reinsurance Policy Reimbursement for Claims.
   B. ( ) Claim by CSRRG Policyholder for Return of Unearned Premium.
   C. ( ) Claim by Reinsurer for Reinsurance Premium or Other Reinsurance Treaty Balances
   D. ( ) Claim for Taxes and/or Interest/Penalty on Taxes.
   E. ( ) Vendor/ Other General Creditor
   F. ( ) Other---Please explain the nature of the claim below:_____

_____

_____

ATTACH ALL DOCUMENTATION SUPPORTING YOUR CLAIM TO YOUR PROOF OF CLAIM AND SUBMIT BY THE BAR DATE.

11. In the space below give a CONCISE STATEMENT of the FACTS giving rise to your claim. Attach additional sheets if required.

_____

_____

_____

12. AMOUNT OF YOUR CLAIM. $_____.

13. Is there OTHER INSURANCE which may cover this claim? YES ( ). NO ( ). If YES, give name of the insurer and policy number.

_____

14. Are you REPRESENTED BY AN ATTORNEY: YES ( ). NO ( ). If YES, provide attorney's name, address, and telephone number.

_____

_____

15. Has a LAWSUIT or other LEGAL ACTION been instituted by anyone? YES ( ). NO ( ). If YES, provide the following:

A. COURT WHERE FILED:

_____

B. DATE FILED & DOCKET NUMBER:

_____

C: PLAINTIFF(S):

_____

D: DEFENDANT(S):

_____

SEE REVERSE

IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.

I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of Carrier Solutions Risk Retention Group, Inc. in Liquidation are true and correct.

STATE OF_____) _____
Claimant (sign on line above)

Print Name: _____

COUNTY OF_____) _____

Title or Official Capacity of Signatory for Company or Corporation

Subscribed and sworn to before me, a Notary Public this _____day of _____, 201___.

_____ _____
Signature of Notary Public Printed Name of Notary Public

I am a resident of _____County, _____.

My commission expires _____.

*** * * * * * * * * * * ***

DEADLINE FOR FILING CLAIMS IS

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February 11, 2011

THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE <u>RECEIVED</u> BY CARRIER SOLUTIONS RISK RETENTION GROUP, INC. IN LIQUIDATION AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:

Carrier Solutions Risk Retention Group, Inc. in Liquidation
704 King Street, Suite 602
Wilmington, DE 19801

CARRIER SOLUTIONS RISK RETENTION GROUP, INC. IN LIQUIDATION
INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM

TO: POLICYHOLDERS AND OTHER POTENTIAL CREDITORS OF
CARRIER SOLUTIONS RISK RETENTION GROUP, INC. IN LIQUIDATION

DATE: August 11, 2010

Carrier Solutions Risk Retention Group, Inc. ("CSRRG") has been ordered liquidated by the Court of Chancery of the State of Delaware in the matter now captioned as "In the Matter of the Liquidation of Carrier Solutions Risk Retention Group, Inc., C.A. No. 5691-CC." The Court appointed The Honorable Karen Weldin Stewart, Insurance Commissioner of the State of Delaware, as the Receiver (the "Receiver") of CSRRG. In the August 9, 2010, Liquidation and Injunction Order with Bar Date, the Court also ordered that the Bar Date for filing all claims against CSRRG with the Receiver shall be **February 11, 2011.**

In order to share in distributions of the assets of CSRRG available for distribution, any and all claims must be filed with the Receiver on or before February 11, 2011. The proof of claim form with all documentation supporting the claim(s) must be received by the Receiver at the address on the Proof of Claim form by the Bar Date. Original signed and notarized Proofs of Claim must be submitted. Proofs of Claim may not be submitted by email or facsimile. Any claimant who fails to file a proof of claim as required shall be forever barred from sharing in the assets of the CSRRG estate unless assets become available for distribution to the Class VI late-filed claims. All interested parties are encouraged to complete and send in their proof of claim forms as soon as possible. Each section of the proof of claim should be completed. If a section is not applicable, please so state. A separate proof of claim form should be completed for each claim against the estate. (If you believe you have more than one claim, you should photocopy the proof of claim form for the additional claims.)

The proof of claim form must be completed in accordance with the instructions, must be signed under oath, and must be returned to the address indicated on the proof of claim form on or before the Bar Date of February 11, 2011, so that the proof of claim and supporting documentation are RECEIVED by the CSRRG estate by that date, or your claim will be barred from sharing in any distributions of assets from the CSRRG estate unless assets become available to pay Class VI (late-filed) claims.

Assets are distributed in accordance with the priority classes established in the Delaware Insurance Code. See the Verified Petition for Entry of Liquidation and Injunction Order and for Establishment of Bar Date (the "Petition") for more details. No priority class will share in any distribution of assets unless and until all higher priority classes have been satisfied in full. The Petition, the Liquidation and Injunction Order with Bar Date, and other relevant documents can be found on the web page for Carrier Solutions Risk Retention Group, Inc. in Liquidation on the Delaware Insurance Department website at:

http://www.delawareinsurance.gov/departments/berg/rehab.shtml.