

PROOF OF CLAIM
FMC INSURANCE COMPANY, INC. IN LIQUIDATION; AND
FEDERAL MOTOR CARRIERS RISK RETENTION GROUP, INC. IN LIQUIDATION
DEADLINE FOR FILING CLAIMS IS SEPTEMBER 28, 2012

POC Number
(Official Use)

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: _____ 6. DATE OF LOSS: _____

7. FMC INSURED'S NAME: _____

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

10. CLAIM IS AGAINST: () FMC INSURANCE COMPANY, INC.
 () FEDERAL MOTOR CARRIERS RISK RETENTION GROUP, INC.
 () BOTH OF THE ABOVE ("FMC").

11. CLAIM IS FOR (Place an "X" by each one that applies; you may check more than one):

- A. () Claim by Policyholder for Policy Reimbursement for Claims.
- B. () Claim by Policyholder for Return of Unearned Premium.
- C. () Claim for Bodily Injuries and/or Property Damage Allegedly Caused by FMC Policyholder
- D. () Claim by Reinsurer for Reinsurance Premium or Other Reinsurance Treaty Balances
- E. () Claim for Taxes and/or Interest/Penalty on Taxes.
- F. () Vendor/ Other General Creditor
- G. () 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.

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

13. AMOUNT OF YOUR CLAIM. \$ _____.

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

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

16. 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 FMC Insurance Company, Inc. in Liquidation and Federal Motor Carriers 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

September 28, 2012

**THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION
MUST BE RECEIVED BY FMC INSURANCE COMPANY, INC. IN LIQUIDATION AND
FEDERAL MOTOR CARRIERS RISK RETENTION GROUP, INC. IN LIQUIDATION
AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:**

**FMC Insurance Company, Inc. in Liquidation
Federal Motor Carriers Risk Retention Group, Inc. in Liquidation
704 King Street, Suite 602
Wilmington, DE 19801**