

**PROOF OF CLAIM**  
**FMC INSURANCE COMPANY, INC. IN LIQUIDATION; AND**  
**FEDERAL MOTOR CARRIERS RISK RETENTION GROUP, INC. IN LIQUIDATION**  
**AMENDED DEADLINE FOR FILING CLAIMS IS DECEMBER 31, 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 AMENDED 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):

**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 \_\_\_\_\_.

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**AMENDED DEADLINE FOR FILING CLAIMS IS**  
\*\*\*\*\*  
**December 31, 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 AMENDED 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**