

PROOF OF CLAIM
National States Insurance Company, in Liquidation
Claims Bar Date is 4:30 p.m. CST, November 15, 2011
(Huff v. National States Ins. Co., Case No. 10AC-CC00219, Circuit Court of Cole County Missouri)

CLAIMANT NAME AND ADDRESS - PLEASE COMPLETE OR CORRECT AS APPLICABLE

Name: _____	Corrections, if any:
Address: _____	

Any claimant who has or may have a claim against National States Insurance Company ("National States"), other than a policyholder benefit claim, is required to file a completed Proof of Claim ("POC") with the Liquidator to be eligible to participate in any distribution of assets. A completed POC describing your claim should be mailed so that the POC is received by the Liquidator at the address given on the last page of this form on or before the Claims Bar Date of Tuesday, November 15, 2011 at 4:30 p.m. Central Standard Time. A separate POC must be filed for each claim. You must provide all information requested.

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

Place a check mark in the box that describes the nature of your claim. Provide all the requested information where applicable. 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 National States, in order for your claim to be considered. You must send additional information as it becomes available.

1. Claim by U.S. Government (other than claims under policy or insurance contract).
Agency: _____ Case/Matter No. _____
2. Claim for salary or wages by an employee of National States.
- 3.A. Claim for unpaid commissions.
- 3.B. Claim of any other kind as general creditor.
Matter/Invoice No. _____ Co. Claim No. _____
- 3.C. Claim of a ceding or assuming insurance company in its capacity as such (reinsurance claim).
Contract No./Ref. _____
4. Claim by a state or local government (other than claims under policy or insurance contract).
State/locality: _____ / _____ Agency: _____
5. Other.

FOR THE CLAIM YOU CHECKED ABOVE:

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; (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 National States; 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.
