### 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: Address:	 _ Corrections, if any:

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.  $\Box$  Claim for salary or wages by an employee of National States.
- 3.A.  $\Box$  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.  $\Box$  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.

POC No.

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:	_

# THE DEADLINE FOR FILING THIS PROOF OF CLAIM WITH THE LIQUIDATOR IS 4:30 p.m. Central Standard Time, <u>November 15, 2011</u>.

## **DECLARATION BY CLAIMANT**

The undersigned hereby certifies, declares, deposes and states the following: that he or she has read this POC form and knows the contents thereof; that this claim in the amount stated above is justly owing to the Claimant; that there is no setoff, counterclaim or defense to the claim; that the matters set forth above and in any accompanying statements are true to the best of his or her own knowledge, information and belief, and that, as to such matters, he or she believes them to be true; that no payment of or on account of the aforesaid claim has been made except as indicated herein; that the Claimant understands that the Liquidator may require supplemental information or evidence and may require testimony under oath or affidavits to support this claim and may otherwise obtain information or evidence in any regard to this claim.

By signing this POC in the space below as the Claimant or on behalf of the Claimant, the person signing acknowledges: that this document is a declaration and an application for a pecuniary benefit or other consideration made to the Missouri Director of Insurance in his capacity as the Liquidator of National States and to the Circuit Court of Cole County, Missouri, in Case No. 10AC-CC00219; and that making a false statement herein which he or she does not believe to be true may subject the person signing to criminal prosecution and penalties for making a false declaration in violation of Mo. Rev. Stat. § 575.060 and other laws of the State of Missouri.

DATE SIGNED	STATE WHERE SIGNED	X		
COUNTY WHERE SIGNED PRINT YOUR NAME AND TITLE, OFFICIAL CAPACITY OR RELATION TO CLAIMANT				
() TELEPHONE NUMBER	() FACSIMILE NUMBER (if any	YOUR FILE REFERENCE NO. (if any)		
Please retain a copy for your records and mail the original of this POC to the following address.				
National States Insurance Company				

Attention: Special Deputy Receiver 1830 Craig Park Ct., Suite 100 St. Louis, MO 63146 For information, copies of court orders and e-mail contact information, see: www.nstates.com or telephone: 800-868-6788

#### ALL CLAIMANTS MUST FILE

Third-party claimants who are not National States policyholders must file POCs with the Liquidator in order to preserve any right to payment from National States. There must be an original signature on the POC.

#### NON-WAIVER OF DEFENSES

The Liquidator's acceptance of this POC form is not intended to, nor does it constitute, any waiver or relinquishment by the Liquidator of any defense, setoff or counterclaim that he may have against any person, entity or governmental agency.

#### **CHANGE OF ADDRESS**

If your address changes after you send in your POC form, you must provide the Liquidator with your new address. Failure to do so may result in a loss of rights to obtain a distribution on your claim or to object in the event of the Liquidator's denial of your claim in whole or in part.