

SOUTHEASTERN U.S. INSURANCE INC., IN LIQUIDATION

PROOF OF CLAIM NO. \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
(For Internal Use Only)

READ ALL MATERIALS CAREFULLY BEFORE  
COMPLETING THIS FORM - COMPLETE ALL SECTIONS  
- FILL IN ALL BLANKS - PLEASE PRINT CAREFULLY  
OR TYPE

Name of claimant  
  
Address of claimant

If applicable, name of Southeastern U.S. Insurance Inc. policyholder and policy number.

Policyholder Name:  
Policy Number:

This claim is for:

- Loss under policy (Claim by insured of Southeastern for policy benefits)
- Unearned premium refund (Portion of paid premium not earned due or retro or audit adjustment)
- General Creditor (Attorney fees, Adjuster fees, Vendors, Landlords, Lessors, Consultants, Cedants, & Reinsurers)
- All Other (Describe)

In the space below give a concise statement of facts giving rise to your claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF CLAIM: \$ \_\_\_\_\_

ATTACH COPIES OF ANY SUPPORTING DOCUMENTS SUCH AS CORRESPONDENCE, LAWSUITS, JUDGEMENTS, PREMIUM RECEIPTS, CANCELED CHECKS, ETC.

State of \_\_\_\_\_ County of \_\_\_\_\_

I HEREBY SWEAR OR AFFIRM UNDER PENALTY OR PERJURY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND ATTACHED SUPPORTING DOCUMENTS IN THIS CLAIM ARE TRUE AND CORRECT.

X \_\_\_\_\_  
Claimant's Signature Date

\_\_\_\_\_ Notary Public

My Commission Expires: \_\_\_\_\_

**NOTICE: ALL CLAIMS MUST BE RECEIVED BY THE LIQUIDATOR AT THE FOLLOWING ADDRESS ON OR BEFORE 4/26/2010 , OR BE FOREVER BARRED.**

SOUTHEASTERN U.S. INSURANCE INC., IN LIQUIDATION  
P.O. Box 1790  
Lilburn, GA 30048-1790  
PHONE (404) 869-6000

SOUTHEASTERN U.S. INSURANCE INC., IN LIQUIDATION ("SOUTHEASTERN")  
**NOTICE OF LIQUIDATION**

**TO:** All Persons and Entities having an interest in Southeastern

**FROM:** John W. Oxendine, Commissioner of Insurance of the State of Georgia as Liquidator of Southeastern

**INTRODUCTION**

On 10/27/2009, Southeastern U.S. Insurance, Inc. (Southeastern) was declared insolvent and ordered liquidated pursuant to Order entered by the Honorable Thomas R. Campbell, Jr., Judge of the Superior Court of Fulton County, Georgia, in Civil Action File No. 2009CV174979. John W. Oxendine, the Commissioner of Insurance of the State of Georgia, was appointed Liquidator of Southeastern. The Liquidator was directed to take possession of the assets of Southeastern and to administer them under the supervision of the Liquidation Court. The Liquidator is vested by operation of law with title to all the property, contracts and rights, and all books and records of Southeastern, wherever located.

This notice contains instructions for all persons and entities having an interest in Southeastern. This notice is issued pursuant to the Official Code of Georgia Annotated 33-36-8 and 33-37-21 and by Order of the Superior Court of Fulton County, Georgia ("Liquidation Court").

**NOTICE OF CANCELLATION**

In accordance with O.C.G.A. § 33-37-18, all policies, including bonds and other non-cancelable business, other than life or accident and sickness insurance or annuities, in effect at the time of the issuance of this Order shall remain in force only for the lesser of: 11/26/2009, the expiration of policy coverage, the date when the insured has replaced the insurance coverage with equivalent insurance in another insurer or otherwise terminated the policy, or the date on which the Liquidator effects a transfer of the policy obligation pursuant to O.C.G.A. § 33-37-20(a)(10).

**CLAIM PROCEDURES**

The Liquidation Court has directed that notice be given to all persons who may have a claim against Southeastern. If you have such a claim and wish to be considered in the Liquidation proceedings, *you must follow the procedure described below or you will be forever barred from asserting a claim.*

The Liquidation Court has established 4/26/2010, as the "bar date" for the filing of claims against Southeastern. To have your claim considered in the Southeastern liquidation, *a Proof of Claim form must be properly completed, mailed, and postmarked no later than 4/26/2010.*

**1. CLAIMS FOR LOSS UNDER THE POLICY:**

If your claim is for **POLICY BENEFITS** and if your claim is already filed with Southeastern, you need to complete the proof of claim form, but you do not need to resubmit documentation to support your claim. If additional information is required, you will be contacted. **If this is a new claim**, please attach documentation to support claim.

**2. RETURN OF UNEARNED PREMIUM OR OTHER PREMIUM REFUNDS:**

If your claim is for the **Return of Unearned Premium or Other Premium refunds**, please complete the front of this form. Please attach the appropriate documentation to support claim.

**3. GENERAL CREDITOR CLAIM:**

If your claim is that of a **General Creditor**, please attach copies of all outstanding invoices to this form.

**4. ALL OTHER:**

If you have **Any Other** type of claim, describe your claim, i.e., stockholder, employee, taxes, license fees, assessments. Please attach copies of information to support you claim.

**If you are a policyholder or have a claim against a policyholder of Southeastern your claim may be covered by the Georgia Insurers Insolvency Pool ("Insolvency Pool"). You may contact the Insolvency Pool at 2177 Flintstone Drive, Suite R, Tucker, Georgia 30084 or by calling (770) 621-9835.**

**PROOF OF CLAIM FORM**

The Proof of Claim must be completed in its entirety and all questions must be answered. Should there be questions that do not apply to your situation, simply complete each blank not requiring an answer with "N/A" or "not applicable". Make sure that your form is *signed under oath before a notary public*. Mail it together with all supporting documentation to the address shown below. Proof of Claim forms must be *postmarked no later than 4/26/2010*. Mail Proof of Claim to:

SOUTHEASTERN U.S. INSURANCE INC., IN LIQUIDATION  
P.O. Box 1790  
Lilburn, GA 30048-1790

*All claimants must keep the Liquidator advised of any address changes subsequent to the filing of the Proof of Claim or receipt of this notice. All communications to the Liquidator should identify the claim number to the extent known.*

By Order of the Liquidation Court dated 10/27/2009

DEPT. CLERK, POLK COUNTY SUPERIOR COURT  
CATHELANE ROBINSON  
CLERK OF THE SUPERIOR COURT  
POLK COUNTY, GEORGIA

13

27th

Oct.

09

DEPT. CLERK, POLK COUNTY SUPERIOR COURT  
Cathelane Robinson  
CLERK OF THE SUPERIOR COURT  
POLK COUNTY, GEORGIA

*Tracy Vaughn*