

**IMPORTANT LEGAL NOTICE**

**MAIL THE COMPLETED AND SIGNED FORM AND ALL OF YOUR DOCUMENTATION TO:  
AUSTIN INDEMNITY RECEIVERSHIP  
P. O. BOX 28082, AUSTIN, TEXAS 78755  
Contact Number: 1-512-306-9793 or toll free 1-866-877-7733  
For more information that impacts your legal rights go to <http://www.aalawsdr.com>  
THIS PROOF OF CLAIM FORM MUST BE SIGNED AND PLACED  
IN THE MAIL NO LATER THAN 11:59PM CST on JUNE 29, 2010. TO BE CONSIDERED TIMELY FILED**

**NOTICE TO CLAIMANTS AND PARTIES IN INTEREST OF THE AUSTIN INDEMNITY  
RECEIVERSHIP**

RE: *The State of Texas v. Austin Indemnity Lloyds Insurance Company and Austin Indemnity Management Company, LLC*; Cause No. D-1-GV-08-002766; In the 353<sup>rd</sup> Judicial District Court of Travis County, Texas; Receivership No. 542 (“the receivership proceeding”)

On December 29, 2008, Austin Indemnity Lloyds Insurance Company and Austin Indemnity Management Company, LLL (collectively referred to as the “Austin Indemnity Receivership”) were placed in permanent receivership for the purposes of liquidation by order of the 353<sup>rd</sup> Judicial District Court of Travis County, Texas (“receivership court”) under its *Agreed Order Appointing Liquidator and Permanent Injunction* (“Liquidation Order.”) The Texas Commissioner of Insurance has been appointed Receiver of the Austin Indemnity Receivership and has designated Angenend & Augustine, P.C. as Special Deputy Receiver (“SDR.”)

All policies of insurance for the Austin Indemnity Receivership were cancelled effective January 29, 2009.

All claims under policies of insurance that may be covered by the Texas Property and Casualty Insurance Guaranty Association (“TPCIGA”) have been referred to TPCIGA. If you have a claim under a policy of insurance, you should have already received contact from TPCIGA about the status of your claim. You can obtain more information at [www.tpciga.org](http://www.tpciga.org).

All claimants who have a claim, or any portion of a claim, against the Austin Indemnity Receivership must file a proof of claim (“POC”). In order for a POC to be considered timely filed, it must be filed with the SDR prior to the claims filing deadline. All insureds under occurrence policies are allowed to file a POC for protection under these policies. There is very important information that may affect your future legal rights under your occurrence policy in the **Frequently Asked Questions** located at [www.aalawsdr.com](http://www.aalawsdr.com). You must read this notice as well as all of the information provided in the **Frequently Asked Questions**.

The receivership court has set a **CLAIMS FILING DEADLINE of 11:59 p.m., C.S.T. on June 29, 2010** (“claims filing deadline.”) Accordingly, any and all timely filed claims against the Austin Indemnity Receivership must be postmarked or otherwise delivered to the address above on or before **June 29, 2010, at 11:59 p.m., C.S.T.** Failure to complete the POC form according to the instructions may cause your claim to be delayed or disallowed.

The Liquidation Order and TEX. INS. CODE §443.008 enjoin all actions against the Austin Indemnity Receivership and apply to all persons. All direct claims against the Austin Indemnity Receivership must be made under a POC. All litigation in which the Austin Indemnity Receivership is a defendant may need to be dismissed upon filing of a POC.

The Liquidation Order applies to all persons and requires them to cooperate with the SDR and volunteer information regarding claims against the Austin Indemnity Receivership or information about property, including records, of the Austin Indemnity Receivership. All persons are enjoined by the Liquidation Order from transacting any business of the Austin Indemnity Receivership and are required to report to the Special Deputy Receiver regarding any assets.

The SDR specifically requests that all agents and reinsurance brokers send notice of the matters contained in this legal notice to all certificate holders, additional named insureds, and reinsurers, ceded and assumed, contained in their files whose rights may be impacted by the Liquidation Order, the claims filing deadline, or the stay.

You can view or download copies of all orders, code sections, and forms mentioned in this notice from [www.aalawsdr.com](http://www.aalawsdr.com). You also or can request that they be mailed to you by writing to: **Austin Indemnity Receivership, P.O. Box 28082, Austin, TX 78755**. There is additional information, including important legal information about your legal right to file a proof of claim and about all the matters discussed below, located at [www.aalawsdr.com](http://www.aalawsdr.com).

Procedures before the receivership court are contained in the *Order of Reference to Master*. The receivership court has set the next status conference for Monday, October 19, 2009, at 10:45 a.m. in Room 100 at 333 Guadalupe Street in Austin, Texas 78701. You may request to be added to the service list to receive all pleadings filed and notices of future status conferences in the Austin Indemnity Receivership by email. You can make your request to be added by emailing [mmiller@aalawfirm.net](mailto:mmiller@aalawfirm.net). If you request notice relating to a specific company, include the company name as well as your name, address, phone number, fax number, and email address. If you are an attorney, please designate your client.

Angenend & Augustine, P.C.  
Special Deputy Receiver of the  
Austin Indemnity Receivership  
P.O. Box 28082  
Austin, TX 78755

## **IMPORTANT LEGAL NOTICE**

**READ CAREFULLY BEFORE COMPLETING THE PROOF OF CLAIM FORM**

This Proof of Claim form is to be used if you have a claim against the receivership estate of the Austin Indemnity Lloyds Insurance Company in Receivership and Austin Indemnity Management Company LLC in Receivership (collectively referred to as the "Austin Indemnity Receivership"). By accurately completing this form you can protect your interests, help us identify your claim and allow us the opportunity to properly consider your claim. *It is very important that you complete all the sections applicable to you, sign, and return the form.*

*Do not use this form to file a claim with the Texas Property & Casualty Insurance Guaranty Association. Please contact the guaranty association to obtain information about filing a claim with them.*

**THE CLAIM FILING DEADLINE IS 11:59PM CST ON JUNE 29, 2010. THE PROOF OF CLAIM FORM MUST BE SIGNED AND PLACED IN THE MAIL NO LATER THAN 11:59PM CST ON JUNE 29, 2010, IN ORDER FOR YOUR CLAIM TO BE CONSIDERED TIMELY FILED. FAILURE TO TIMELY FILE YOUR PROOF OF CLAIM FORM WILL CAUSE YOUR CLAIM TO BE CLASSIFIED AS LATE AND INELIGIBLE FOR A DISTRIBUTION OF ASSETS, IF ANY.**

*Please be aware that by filing a proof of claim, you are waiving any right to pursue the personal assets of the insured to the extent of the coverage or policy limits provided by the Austin Indemnity Receivership. And, by filing a proof of claim, you agree that, to the extent of coverage and policy limits provided, you will seek satisfaction of the claim against the insured solely from distributions paid by the liquidator on the claim and from the guaranty association.*

Please follow these instructions and all information on [www.aalawsdr.com](http://www.aalawsdr.com) concerning filing claims located in the Frequently Asked Questions POC section in completing the Proof of Claim form:

1. Provide us with your full name, permanent address, phone number, and, if you have computer access, your e-mail address. During the course of the receivership proceedings, you must notify us in writing of any mailing address and telephone number change. Failure to provide us with any change in your address may cause your claim to be delayed or disallowed.
2. You must provide your social security numbers (or Tax ID number) and telephone numbers, and sign and date the Proof of Claim. Claims filed by corporations must be signed by an authorized representative, stating the capacity of the signatory. If an attorney is signing this form on behalf of a client, a power of attorney must be attached.
3. If you have assigned your right of recovery, or if you have received your assignment, you must indicate the assignee's name and address and attach a copy of the assignment.
4. Indicate the type of claim and amount, if known, by checking the appropriate category and indicating the amount. If the amount of a claim is unknown, insert the word "unstated" in the amount column.
5. **YOU MUST INCLUDE ANY DOCUMENTATION SUPPORTING YOUR CLAIM.** If you fail to adequately describe or document your claim, your claim may be disallowed.
6. To reduce expenses, receipt of the Proof of Claim form by the Special Deputy Receiver will not be acknowledged. You will receive notice at the address you have provided to us on the Proof of Claim form when your claim is classified or processed.
7. You must disclose all deposits, cash, premiums, securities, trust funds, letters of credit, or other assets of the Austin Indemnity Receivership that you hold or control. If you were an agent, you need to submit an accounting of all premiums collected and held at the time we ceased writing policies.
8. After you complete the Proof of Claim form, review the completed form, sign, and date it. Failure to properly complete the Proof of Claim form according to these instructions may cause your claim to be delayed or disallowed.

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**PROOF OF CLAIM**

AUSTIN INDEMNITY LLOYDS INSURANCE COMPANY IN RECEIVERSHIP

AUSTIN INDEMNITY MANAGEMENT COMPANY LLC IN RECEIVERSHIP

(Collectively referred to as the Austin Indemnity Receivership)

**PLEASE PRINT**

Claimant's Name: \_\_\_\_\_

(If represented by an attorney, please complete this section)

Street Address: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney File No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. or Tax ID No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Provide us with the name, address and phone number of someone who will always know how to contact you:**

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Tax ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

**POLICY NO.** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CLAIM NO.** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Note: Attach a Copy of Power of Attorney**

E-Mail: \_\_\_\_\_

**You must notify us of any change in the above addresses or phone numbers.**

**Claim is for (check the appropriate box(s) below):**

**Claim Amount:**

- Claim, cost of defense, or expense under a policy of insurance not covered by a Guaranty Association .....\$ \_\_\_\_\_
- Return of premium under a policy of insurance not covered by a Guaranty Association .....\$ \_\_\_\_\_
- Unpaid pre-receivership policy costs such as fees to attorney or other professional services .....\$ \_\_\_\_\_
- Payments made or expenses incurred by a Guaranty Association in paying covered claims .....\$ \_\_\_\_\_
- Unpaid fees to vendors for goods and services .....\$ \_\_\_\_\_
- Unpaid commissions or fees to agents or brokers .....\$ \_\_\_\_\_
- Reinsurance (Facultative  Assumed  Ceded  Premium  ....check one.....\$ \_\_\_\_\_  
 Broker: \_\_\_\_\_ Line of Business: \_\_\_\_\_ Underwriting Years: \_\_\_\_\_
- Insurance company claim for subrogation  contributions  indemnity  .....\$ \_\_\_\_\_  
 Amounts due a governmental entity (City  County  State  Federal ).....\$ \_\_\_\_\_
- Other claim .....\$ \_\_\_\_\_

**TOTAL AMOUNT OF CLAIM** (If the amount is unknown insert the word "unstated").....\$ \_\_\_\_\_

Describe the nature of your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of loss: \_\_\_\_\_ Residency at time of loss: \_\_\_\_\_

If you have an assignment of benefits, provide assignor's name and address below and attach copy of the assignment:

\_\_\_\_\_

\_\_\_\_\_

If you have assigned any part of your right of recovery, provide assignee's name and address below and attach copy of the assignment:

\_\_\_\_\_

\_\_\_\_\_

If you hold or exercise any control over any cash, securities, trust funds, letters of credit or other assets of the Austin Indemnity Lloyds or Austin Indemnity Management LLC Receiverships provide description and location of asset: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POC NO.: \_\_\_\_\_  
(To Be Completed by SDR)

DATE RECEIVED: \_\_\_\_\_  
(To Be Completed by SDR)

If you received any payments on your claim, provide the name of who paid you and the amount of payment:  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other insurance available to cover your claim? Yes \_\_\_\_\_ No \_\_\_\_\_

If the Answer is "yes", what is the name of the insurance company? \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM**

**AFFIRMATION OF CLAIMANT**

I, \_\_\_\_\_ affirm that I have read the foregoing Proof of Claim and understand the contents thereof, that this claim of \$ \_\_\_\_\_ against the Austin Indemnity Lloyds Insurance Company and Austin Indemnity Management Company LLC Receiverships is justly owing to me, that I alone am entitled to file this claim, except as stated above, that there is no setoff to the claim thereto, except as stated above, that the matters set forth above and any accompanying statements and documents are true to my own knowledge, and that no payment of or on account of the aforesaid claim has been made, except as stated.

By signing this Proof of Claim form claimant understands that all or some of the information on this form will be used in approving the Proof of Claim and obtaining court approval. Claimant hereby authorizes the Austin Indemnity Lloyds Insurance Company and Austin Indemnity Management Company LLC Receiverships, its affiliates or representatives or agents to disclose, discuss, and/or release, orally or in writing, information contained in this Proof of Claim form. Claimant agrees to cooperate in signing additional release forms, if any.

**CLAIMANT UNDERSTANDS THAT BY FILING THIS CLAIM IN THE ESTATE OF THE INSURER CLAIMANT IS WAIVING ANY RIGHT TO PURSUE THE PERSONAL ASSETS OF THE INSURED TO THE EXTENT THAT THERE ARE POLICY LIMITS OR COVERAGE PROVIDED BY THE AUSTIN INDEMNITY RECEIVERSHIP**

DATE SIGNED \_\_\_\_\_ SIGNATURE OF PERSON MAKING CLAIM \_\_\_\_\_

TITLE (IF APPLICABLE) \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

**If someone other than the person making the claim has completed this form, please provide the following information:**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Claimant: \_\_\_\_\_

Phone Number \_\_\_\_\_ Signature of Person Completing the Form for the Claimant \_\_\_\_\_

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