

## **IMPORTANT LEGAL NOTICE**

**MAIL THE COMPLETED AND SIGNED FORM AND ALL OF YOUR DOCUMENTATION TO:  
SAN ANTONIO INDEMNITY COMPANY IN RECEIVERSHIP  
MILFORD CONSULTING, LLC, SPECIAL DEPUTY RECEIVER  
P.O. Box 279, Dripping Springs, Texas 78620  
Contact Number: 1-877-523-3977  
saicinquiry@gmail.com**

**For more information that impacts your legal rights go to [www.texassdr.com](http://www.texassdr.com)**

**THIS PROOF OF CLAIM FORM MUST BE SIGNED AND POSTMARKED, OR RECEIVED OTHERWISE BY THE SDR,  
NO LATER THAN 11:59PM CST on APRIL 30, 2015, TO BE CONSIDERED TIMELY FILED**

### **NOTICE TO CLAIMANTS AND PARTIES IN INTEREST OF THE SAN ANTONIO INDEMNITY COMPANY RECEIVERSHIP**

Re: *The State of Texas v. San Antonio Indemnity Company*; Cause No. D-1-GV-13-001153; In the  
201st Judicial District Court of Travis County, Texas; Receivership No. 556 (**receivership estate**)

On October 31, 2013, San Antonio Indemnity Company (SAIC) was placed in receivership for the purposes of liquidation by order (**Liquidation Order**) of the 201st Judicial District Court of Travis County, Texas (**receivership court**). The Texas Commissioner of Insurance is the Receiver of SAIC and has designated Milford Consulting, LLC as Special Deputy Receiver (SDR).

#### **Effect on SAIC Policies and Policyholders:**

All insurance policies issued by SAIC were cancelled effective 12:01 a.m. on November 30, 2013. Notices of cancellation were previously provided to SAIC's policyholders of record.

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).

#### **Claim Filing Information:**

All claims against SAIC will be handled as claims against the SAIC receivership estate, and all proceedings are governed by the Texas Insurance Code Chapter 443. All claims (or any portion of a claim) against SAIC must be made by a written proof of claim (**POC**). The POC form is available on the SDR's website located at [www.texassdr.com](http://www.texassdr.com). 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.texassdr.com](http://www.texassdr.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 April 30, 2015 (claims filing deadline)**. In order for a POC to be considered timely filed, it must be postmarked or received otherwise by the SDR no later than the claims filing deadline. If you choose a method other than postmark, it is your responsibility to obtain proof that the SDR **received** your POC prior to 11:59 p.m., C.S.T. on April 30, 2015. Failure to complete the POC form according to the instructions may cause your claim to be delayed or disallowed. The SDR's website has a **Frequently Asked Questions** section, which contains additional information about filing POCs with the SDR.

There is an injunction preventing new lawsuits and staying existing lawsuits against SAIC under the Texas Insurance Code § 443.008. All litigation against SAIC as a defendant may need to be dismissed upon filing a POC. The Liquidation Order requires all persons to cooperate with the SDR and volunteer information about property, including records, of the SAIC receivership estate. All persons are enjoined by the Liquidation Order from transacting any business of the SAIC receivership estate and are required to report to the SDR regarding any assets.

The SDR specifically requests that all managing general agents, 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. Please provide the SDR with all names and addresses of these contacts.

You can view or download copies of the Liquidation Order and forms mentioned in this notice at **www.texassdr.com**. You can also request that forms be mailed to you by writing to: **SAIC Receivership, P.O. Box 279, Dripping Springs, Texas 78620**. There is additional information, including important legal information about your legal right to file a POC and all matters discussed in this notice, located at **www.texassdr.com**.

Procedures before the receivership court are contained in the *Order of Reference to Master*. Notice of matters filed in the receivership, and all hearings and status conferences will be posted at **www.texassdr.com**. You may request to be added to the service list to receive notices of all pleadings filed and future status conferences by sending a request to [msweltonlaw@gmail.com](mailto:msweltonlaw@gmail.com). If you request to be added to the service list on behalf of a specific company, include both the company name and your name, address, phone number, fax number, and email address. If you are an attorney, please designate your client. The receivership master has set the next status conference for Monday, January 26, 2015, at 10:00 a.m. in Room 100 at 333 Guadalupe Street in Austin, Texas 78701.

Milford Consulting, LLC, as  
Special Deputy Receiver of  
San Antonio Indemnity Company  
P.O. Box 279  
Dripping Springs, TX 78620  
[saicinquiry@gmail.com](mailto:saicinquiry@gmail.com)  
1-877-523-3977

**IMPORTANT LEGAL NOTICE**

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

**INSTRUCTIONS**

Use this Proof of Claim form (**POC**) to make your claim against the receivership estate of San Antonio Indemnity Company (**SAIC**). By accurately completing this form you can protect your interests, help the Special Deputy Receiver (**SDR**) identify your claim, and allow the SDR 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 to the SDR as provided below.* The SDR will review your claim and decide whether you are entitled to any amount of payment on your claim.

**THE PROOF OF CLAIM FORM MUST BE SIGNED AND POSTMARKED, OR RECEIVED OTHERWISE BY THE SDR, NO LATER THAN 11:59 PM CST ON APRIL 30, 2015, 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 POSSIBLY INELIGIBLE FOR A DISTRIBUTION OF ASSETS, IF ANY.**

To complete this form, please follow these instructions and all information concerning filing claims located in the **Frequently Asked Questions** section at [www.texassdr.com](http://www.texassdr.com):

1. Provide your full name, permanent address, phone number, and, if you have computer access, your email address. The Claimant can be the name of the Insured, Third-Party Claimant, Agent, Creditor, or Vendor of Services filing the POC. During the course of the receivership, you must notify the SDR in writing of any change in your contact information. Failure to provide the SDR with any change in your address may delay review of your claim or may result in the disallowance or reduction of your payment if the claim is approved and assets are available.
2. You must provide your Social Security Number or Tax ID number, and sign and date the POC. Claims filed by business organizations 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 undetermined, state "undetermined" in the amount column. If you are filing a claim for protection under your occurrence policy, follow the directions found in the Frequently Asked Questions.
5. **YOU MUST INCLUDE DOCUMENTATION SUPPORTING YOUR CLAIM.** If you are involved in a lawsuit against SAIC or an insured of SAIC, include the case name, docket number, and court in which it is pending. If you fail to adequately describe or document your claim, your claim may be disallowed.
6. To reduce expenses to the receivership estate, the SDR will not be sending acknowledgement of receipt of the POC. You will, however, receive notice of any decision on your claim at the address you have provided to the SDR on the POC. If you provide an email address, communication will be sent to your email address.
7. You must disclose all deposits, cash, premiums, securities, trust funds, letters of credit, or other assets of SAIC that you hold or control. If you were an agent appointed by SAIC, please submit an accounting of all premiums collected and held at the time policies were cancelled, if any, if you have not already done so.
8. All applicable blanks on the POC form must be completed. After you complete the POC form, review the completed form, sign, and date it. Failure to properly complete the POC form according to these instructions may cause your claim to be delayed or disallowed.
9. You should keep a copy of the completed POC form, and proof that it was received, if not using postmark.
10. POCs must be postmarked to the address shown in the box below for the SDR, or received otherwise by the SDR, no later than 11:59 p.m. CST on April 30, 2015.

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**SAN ANTONIO INDEMNITY COMPANY IN RECEIVERSHIP**

**Milford Consulting, LLC, Special Deputy Receiver**

**P.O. Box 279, Dripping Springs, Texas 78620**

**Contact Number: 1-877-523-3977**

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**OR RECEIVED OTHERWISE BY THE SDR,**

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**For more information go to [www.texassdr.com](http://www.texassdr.com)**

To be Completed by SDR  
 POC # \_\_\_\_\_  
 Claim # \_\_\_\_\_  
 Date Received \_\_\_\_\_

**Filing Deadline:**  
**April 30, 2015**  
**11:59 p.m. CST**

**PROOF OF CLAIM**  
**SAN ANTONIO INDEMNITY COMPANY, IN RECEIVERSHIP**

**Claim Filing Deadline is 11:59 p.m. CST April 30, 2015**

**Claimant (Please Print)**

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

**IF AN ATTORNEY REPRESENTS YOU, PLEASE ANSWER:**

**Claimant Type:** \_\_\_\_\_  
 (Insured, Third-Party Claimant, Vendor, Agent, Creditor)

**Attorney Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Law Firm Name:** \_\_\_\_\_

**Policy No.:** \_\_\_\_\_

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

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

\_\_\_\_\_  
 (City) (State) (Zip)

\_\_\_\_\_  
 (City) (State) (Zip)

**Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**IF YOU ARE AN ATTORNEY COMPLETING THIS CLAIM, YOU MUST ATTACH A NOTARIZED POWER OF ATTORNEY.**

**Provide the SDR with contact information of someone always able to contact you:**

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

**Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

\_\_\_\_\_  
 (City) (State) (Zip)

**Indicate the type and amount of claim:**

<b>Claim under a policy of insurance issued by San Antonio Indemnity Company</b>		<b>Claim Amount</b>
<input type="checkbox"/>	Claim, cost of defense, or expense under a policy of insurance not covered by a Guaranty Association	\$
<input type="checkbox"/>	Return of premium under a policy of insurance not covered by a Guaranty Association	\$
<input type="checkbox"/>	Unpaid pre-receivership policy costs such as fees to attorney or other professional services	\$
<b>Other Claims against San Antonio Indemnity Company</b>		
<input type="checkbox"/>	Payments made or expenses incurred by a Guaranty Association in paying covered claims	\$
<input type="checkbox"/>	Unpaid fees to vendors for goods and services	\$
<input type="checkbox"/>	Unpaid commissions or fees to agents or brokers	\$
<input type="checkbox"/>	Reinsurance (Facultative <input type="checkbox"/> Assumed <input type="checkbox"/> Ceded <input type="checkbox"/> Premium <input type="checkbox"/> ) Broker: _____ Line of Business: _____ Underwriting Years: _____	\$
<input type="checkbox"/>	Insurer, Insurance Pool, or Underwriting Association claim for: Subrogation <input type="checkbox"/> Contribution <input type="checkbox"/> Indemnity <input type="checkbox"/>	\$
<input type="checkbox"/>	Amounts due a governmental entity (City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> )	\$
<input type="checkbox"/>	Other claim	\$
<b>TOTAL AMOUNT OF CLAIM</b> (If the amount is undetermined, state "Undetermined")		\$

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

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

**YOU MUST ATTACH DOCUMENTATION TO SUPPORT THE CLAIM**

If you have an assignment of benefits, attach a copy of the assignment which provides assignor's name and address. If you have assigned any part of your right of recovery, attach a copy of the assignment which provides assignee's name and address. Please attach supporting documentation which details any payments on your claim or settlement of any part of this claim. Please ensure the documentation reveals the name of who paid you and the amount of payment.

If you hold or exercise any control over any cash, securities, trust funds, letters of credit or other assets of the SAIC receivership, provide description and location of asset: \_\_\_\_\_

**AFFIRMATION OF CLAIMANT**

I \_\_\_\_\_, (Check one) \_\_\_\_\_ as the Claimant, or \_\_\_\_\_ on behalf of the Claimant, affirm that I have read the Proof of Claim Form above and understand its contents, that the claim of \$\_\_\_\_\_ against SAIC is justly owed to the Claimant. The claimant alone is entitled to file this claim, except as stated above. I have allowed all setoffs, credits, and payments in asserting the amount due in this proof of claim. No others have an interest in this claim. No third party is liable on this debt.

I am authorized to sign on behalf of the Claimant set forth above, and I hereby declare, under penalty of perjury that all statements made in this Proof of Claim and all documents attached to this form are true, correct, and complete. By signing this Proof of Claim form, I understand and acknowledge that all or some of the information on this form will be used in approving the Proof of Claim and obtaining court approval of a proposed payment, if any. I hereby authorize the SDR, its representatives or agents to disclose, discuss, and/or release, orally or in writing, information contained in this Proof of Claim form. I agree to cooperate in signing additional release forms, if any, to authorize the SDR to act on this Proof of Claim.

I hereby make demand for all fees that I paid in addition to premium, if any, that are determined to be owing to me, as shown in the books and records of the receivership estate.

**I understand by filing this claim in the SAIC receivership estate that I am waiving any right to pursue the personal assets of the insured to the extent that there are policy limits or coverage provided by the now insolvent insurer, San Antonio Indemnity Company.**

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING CLAIM  
(Must be notarized below)

\_\_\_\_\_  
PRINTED NAME

**If someone other than the Claimant or their Attorney has completed this form, please provide the following information:**

Name: \_\_\_\_\_ Relationship to Claimant: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

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

Signature of Person Completing the Form: \_\_\_\_\_ (Must be notarized below.)

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SWORN AND SUBSCRIBED before me on the \_\_\_\_\_ day of \_\_\_\_\_ 2014 / 2015 (circle one).

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

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