

PROOF OF CLAIM

RELIAMAX SURETY COMPANY IN LIQUIDATION (COMPANY)

ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 PM CENTRAL STANDARD TIME ON DECEMBER 31, 2018. READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK

FOR OFFICE USE ONLY:		
Date Postmarked:	Interested Party Name:	
Date Received:	Address:	
Proof of Claim No:	ID#:	Bond/Policy#:
Liquidator Allowed Amount:	Liquidator Denied Amount:	Court Allowed Amount:

CLAIMANT INFORMATION		Claimant Please Complete – Print (black ink) or Type
Name:	Bond/Policy Effective Dates:	
Address: (Include City, State & Zip Code)	Insured (Obligee):	
Home Phone:	Existing Claim No. (if any):	
Work Phone:	Date of Default (Claim):	

CLAIM INFORMATION All supporting documentation must be attached to Proof of Claim in order to be considered.

<p>Claim is for:</p> <p>Insured/Obligee</p> <p><input type="checkbox"/> Claim is made for a specific default or occurrence arising under coverage of the following type:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Financial Guarantee Bond</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other – Specify Type: _____</p> <p><input type="checkbox"/> Claim is made for the return of unearned premium due to early cancellation (If amount is unknown, Liquidator will calculate). Amount of premium/consideration paid to date _____. Attach copies of cancelled checks or other proof of payments. Was premium financed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide premium finance company and details of premium financing: _____</p> <p>All Other Claimants:</p> <p><input type="checkbox"/> U.S. Government claim</p> <p><input type="checkbox"/> Secured claim</p> <p><input type="checkbox"/> Employee Salary or Wages</p> <p><input type="checkbox"/> Governmental Entity, other than Federal, for fees, taxes, penalties or other</p> <p><input type="checkbox"/> Unpaid legal or professional fees and expenses.</p> <p><input type="checkbox"/> Unpaid vendor invoices.</p> <p><input type="checkbox"/> Unpaid agent, producer or broker commissions.</p> <p><input type="checkbox"/> All others: state particulars of claim, including consideration given and attach supporting documentation; including a copy of written instrument which is the foundation of the claim.</p> <p>Please provide the exact amount of your claim and each component. Attach supplemental documentation as needed to support your claim.</p>	<p><u>Amount of Claim</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
TOTAL AMOUNT OF CLAIM: \$ _____	

Please provide an explanation to the following. Use separate sheets if necessary.

a) What payments have you received for this claim, if any, from the Company?

b) Is there security for this debt? Yes No If yes, please describe. _____

c) Do you assert any right of priority pursuant to SDCL § 58-29B-124 or other specific right with respect to your claim? Yes No If yes, please describe. _____

d) Are there set-offs, counterclaims or defenses to this debt? Yes No If yes, please describe. _____

STATUS OF CLAIM	
<p><input type="checkbox"/> Claim is based on a court judgment or settlement (attach judgment or agreement).</p> <p><input type="checkbox"/> Claim currently pending in court (provide details and documentation).</p> <p><input type="checkbox"/> Claim is not yet filed in court.</p> <p><input type="checkbox"/> Claim previously reported to the Company, Date reported _____</p> <p><input type="checkbox"/> No other source of recovery is available for this claim</p>	<p>Name and address of your attorney if any:</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____ Phone: _____</p>

VERIFICATION	
The undersigned subscribes and affirms as true under penalty of perjury as follows:	
<p>I have read the foregoing Proof of Claim and know the contents thereof: that this claim of \$_____ against ReliaMax Surety Company is justly owing to the claimant; that there is no set-off, counterclaim or defense to the claim thereto, except as above stated; that the matters set forth above and in any accompanying statements are true to my knowledge except as matters specifically stated to be alleged upon information and belief and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.</p>	
<p>Date Signed: _____</p> <p>Subscribed and sworn to me this ____ day of _____, 20____.</p> <p>Signature of Notary Public _____</p> <p>State of _____ County of _____</p> <p>My commission expires: _____</p> <p align="center">(Seal)</p>	<p>_____</p> <p>Print or Type Name of Claimant, Partner, Officer or Legal Representative</p> <p>_____</p> <p>Signature of Individual, Partner, Officer, or Legal Representative</p> <p>_____</p> <p>Title or Official Capacity</p> <p>Home Phone (_____) _____</p> <p>Work Phone (_____) _____</p>

See reverse side for mailing and other instructions

PROOF OF CLAIM INSTRUCTIONS

All Claims

The Proof of Claim (“POC”) should be completed in its entirety and all questions answered.

Please note certain instructions and requirements are contained in the POC itself. A separate POC should be completed for each type of claim asserted against ReliaMax Surety Company in Liquidation (Company). Additional forms may be obtained from Claimant Services at the address set forth below or from the Company website www.reliamaxsuretycompany.com. Please indicate “NA” or “not applicable” for those questions that do not apply to your claim situation.

You must explain in detail the basis of your claim and provide all supporting documentation in an attachment as necessary.

If your claim is for return of premium, you do not have to calculate the amount, however you may enter the amount, if known. You must include proof of payment of last premium.

If your claim is for a loss under a bond or other type of claim against the Company, please provide a brief explanation of the loss or other type of claim, the amount claimed and documentation supporting the claim. If you do not know the amount of the claim, write “undetermined amount.”

You must sign the POC form and have it notarized. Please refer to the instructions in the attached “Notice” as to who should sign the claim form.

Please retain a copy for your records and mail your original POC to:

Claimant Services
ReliaMax Surety Company in Liquidation
2300 E. 54th Street North
Sioux Falls, South Dakota 57104

THE LAST DAY FOR FILING TIMELY POC’S AGAINST RELIAMAX SURETY COMPANY IN LIQUIDATION IS 5:00 o’clock p.m. Central Standard Time on December 31, 2018. POC’s must be postmarked (not postage meter stamped) no later than 5:00 o’clock p.m. Central Standard Time on December 31, 2018.

You will be advised in writing of our receipt of your POC including your assigned POC number. You will be notified some time thereafter of the Liquidator’s decision regarding the valuation of your claim. If your claim is denied in whole or in part by the Liquidator, and you dispute the Liquidator’s valuation, you will have the opportunity to present your dispute to the liquidation court in Hughes County Circuit Court, South Dakota, or a forum designated by the Court.

The Liquidator’s acceptance of the POC is not intended to, nor does it constitute, a waiver or relinquishment by the Liquidator of any defense, set-off or counterclaim which the Liquidator may have against any person, entity or governmental agency.

All claimants are required to keep the Liquidator advised of any address or other changes in your contact information. Inquiries as to the status of your claim should be made in writing. Please use your assigned POC number in all correspondence to permit ease of identification and an expedited response.

The COMPANY’s website www.reliamaxsuretycompany.com is a source for news and information regarding the ongoing liquidation, including additional POCs and other relevant documents.