

GRAMERCY INSURANCE COMPANY (“GRAMERCY”) INSTRUCTIONS FOR PROOF OF CLAIM FORM

A claim against the assets of the Gramercy receivership estate must be made by filing a Proof of Claim (“POC”). Failure to follow these instructions could result in the denial of your claim.

1. You may file a POC if you:
 - a) are a policyholder, and have a claim under your Gramercy policy;
 - b) have a claim against an insured of Gramercy that is covered by a Gramercy policy; or
 - c) are owed an amount of money by Gramercy for any other reason.
2. A policy claim may be payable by a guaranty association. Information about the Texas Property and Casualty Insurance Guaranty Association is available at www.tpciga.org. Information about other states’ guaranty associations is available at www.ncigf.org/public/guarantyfunds. Do not use the Gramercy POC form to file a claim with a guaranty association.
3. You may file a POC for any amount due under a Gramercy policy that is not covered in whole or in part by a guaranty association, including unearned premium.
4. All applicable blanks on the POC form must be completed.
5. Each person making the claim must be identified clearly, and a separate POC form submitted for each person or claim. If a POC is submitted on behalf of another person, evidence of the authority to file the claim must be attached.
6. If the amount of the claim has not yet been determined, state “undetermined” in the blank for “Total Amount of Claim.”
7. Provide an explanation of your claim, and include any documents supporting your claim. If you are involved in a lawsuit against Gramercy or an insured of Gramercy, include the case name, docket number and the court in which it is pending.
8. The POC must be signed before a notary public. A POC that is not notarized will not be accepted.
9. You should keep a copy of the completed POC, and any proof that it was mailed or received.
10. POCs must be sent by U.S. Mail, courier service, or hand delivery to the address on the POC form and received by the SDR no later than 11:59 p.m. CST on February 26, 2015. **POCs submitted by e-mail or fax will not be accepted.**

NOTICE TO PERSONS WITH CLAIMS AGAINST INSUREDS OF GRAMERCY

Section 443.256 of the Texas Insurance Code contains requirements for claims against a person who was insured by Gramercy (an “Insured”). By filing a POC, a claimant waives any right to pursue the personal assets of an Insured for the claim, to the extent of the coverage or policy limits provided by Gramercy. A claimant who files a POC must seek satisfaction of the claim solely from any distribution from the receivership, and any payments from a guaranty association, to the extent of the coverage or policy limits. The waiver does not release an Insured with respect to a claim in excess of the coverage or policy limits. The waiver may be voided as described in Section 443.256 of the Texas Insurance Code.

**COMPLETED POCS MUST BE RECEIVED BY THE SDR
NO LATER THAN 11:59 P.M. CST, FEBRUARY 26, 2015.**

Additional information is available at www.gicreceivership.com

To Be Completed by SDR	
POC # _____	_____
Claim # _____	_____
Date Received _____	_____

Filing Deadline: February 26, 2015 11:59 p.m. CST
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**GRAMERCY INSURANCE COMPANY
PROOF OF CLAIM**

Return this completed Proof of Claim form and supporting documentation to the applicable address below. A Proof of Claim must be received by the SDR no later than **11:59 p.m. CST on February 26, 2015.**

BY MAIL:
 Resolution Oversight Corporation
 Special Deputy Receiver
 Gramercy Insurance Company
 P.O. Box 2077
 San Antonio, Texas 78297-2077

BY COURIER OR HAND DELIVERY:
 Resolution Oversight Corporation
 Special Deputy Receiver
 Gramercy Insurance Company
 222 East Houston St., Suite 550
 San Antonio, Texas 78205

Please read the Proof of Claim instructions carefully prior to completing this Proof of Claim. Please print or type.

Name of Claimant	\$ _____ Total Amount of Claim
Street Address	Soc. Sec. or Tax ID Number
City State Zip	Telephone Number
E-mail Address	Facsimile Number

If the claimant is represented by an attorney, please complete the following section, and attach a copy of the Power of Attorney:

Name of Attorney	State Bar No.
Name of Law Firm	Tax ID Number
Street Address	Telephone Number
City State Zip	Facsimile Number
E-mail Address	

Provide an explanation of your claim below. Attach additional pages if necessary.

NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM

AFFIRMATION OF CLAIMANT

Unless noted herein: I alone am entitled to file this claim. No others have an interest in this claim. No payments have been made on the claim. No third party is liable on this debt. The sum claimed is justly owing, and there is no set-off. I declare, under penalty of perjury, that all of the statements made in this Proof of Claim and all documents attached to this form are true, complete, and correct. If I am making a claim against a person insured by Gramercy Insurance Company, I understand that I am waiving any right to pursue the personal assets of that person, to the extent of the coverage and limits provided by the policy issued by the now insolvent insurer Gramercy Insurance Company.

Signature

Print Name

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 201__, by _____, who has executed this instrument on such individual's own behalf, who is personally known to me or who has produced a Driver License or other information as identification.

Notary Public

Printed Name

My Commission Expires: _____

(NOTARY SEAL)