

**SOUTHERN CASUALTY INSURANCE COMPANY, IN LIQUIDATION
PROOF OF CLAIM**

LIQUIDATOR USE ONLY

PROOF OF CLAIM NO: _____

DATE RECEIVED: _____

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

Name of claimant:

E-Mail Address:

Address of claimant:

Phone No.:

If applicable, name of Southern Casualty Insurance Company policyholder and policy number.

Policyholder Name:

Policy Number:

This claim is for:

- Loss under policy (Claim by insured of Southern Casualty for policy benefits)
- Return of premium under a policy
- General Creditor (Attorney fees, adjuster fees, vendors, landlords, lessors consultants, etc.)
- 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 OF 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 POSTMARKED BY THE LIQUIDATOR AT THE FOLLOWING ADDRESS ON OR BEFORE SEPTEMBER 17, 2013 OR BE FOREVER BARRED.

Southern Casualty Insurance Company
3635 Peachtree Industrial Boulevard
Suite 200, Duluth, GA 30096-2806