

AMERICAN CASUALTY REINSURANCE OF DELWARE LLC IN LIQUIDATION

PROOF OF CLAIM FORM

BAR DATE FOR FILING CLAIMS IS FEBRUARY 16, 2026

POC Number (Receiver Use)

Please read the instructions carefully before completing all pages of this Proof of Claim form. Each section must be fully completed.

1. CLAIMANT'S NAME: (Type correct name if it differs)

2. MAILING ADDRESS:

3. TEL. NO. (Day): 4. ALT. TEL.

5. E-MAIL ADDRESS:

6. ARE YOU REPRESENTED BY AN ATTORNEY: YES ( ). NO ( ). If YES, provide attorney's name, address, telephone number and email.

7. In the space below, give a STATEMENT of the FACTS giving rise to your claim (attach additional sheets if necessary, as well as all documentation supporting your claim).

8. AMOUNT OF YOUR CLAIM: \$

9. What classification do you contend should be assigned to your claim: (See instructions for an explanation of each Class)

(Choose one only)

- Class I (Administrative Expense)
Class IV (Taxes or Debts to the United States)

- Class V (Compensation for Non-Officer Employees of American Casualty Reinsurance of Delaware LLC)
- Class VI (General Creditor Claim, including non-insurance policy contract claims, and claims of Reinsurers)
- Class VII (Claims Within Classes IV -VI but filed after the Bar Date)
- Class VIII (Surplus Notes or Similar Obligations)
- Class IX (Shareholders or Owners Claims)

10. Is there OTHER INSURANCE which may cover this claim? YES \_\_\_\_\_. NO \_\_\_\_\_. If YES, give name of the insurer(s) and policy number(s).

\_\_\_\_\_

11. Has a LAWSUIT or other LEGAL ACTION been instituted by anyone? YES \_\_\_\_\_. NO \_\_\_\_\_. If YES, provide the following (add additional sheets if necessary):

A. COURT WHERE FILED: \_\_\_\_\_

B. DATE FILED & DOCKET NUMBER: \_\_\_\_\_

C. PLAINTIFF(S): \_\_\_\_\_

D. DEFENDANT(S): \_\_\_\_\_

**IMPORTANT: This Proof of Claim must be sworn to before a Notary Public or person authorized to administer oaths.**

**I swear under the penalties for perjury that the facts stated in this Proof of Claim to be filed in the liquidation proceeding of American Casualty Reinsurance of Delaware LLC are true and correct.**

STATE OF \_\_\_\_\_ ) \_\_\_\_\_  
Cedent (sign on line above)

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

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

Title or Official Capacity of Signatory for Corporation or Other Entity

Subscribed and sworn to before me, a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 202\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

I am a resident of \_\_\_\_\_ County, \_\_\_\_\_.

My commission expires \_\_\_\_\_.

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**DEADLINE FOR FILING GENERAL CLAIMS IS**

**\*\*\*\*\***

**February 16, 2026**

**\*\*\*\*\***

**THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION MUST BE  
RECEIVED BY AMERICAN CASUALTY REINSURANCE OF DELAWARE, IN  
LIQUIDATION AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:**

**American Casualty Reinsurance of Delaware LLC, in Liquidation**

**1 Righter Parkway**

**Suite 280**

**Wilmington DE 19803-1555**