

SCOTTISH RE (U.S.), INC. IN LIQUIDATION

**CEDENT PROOF OF CLAIM
FOR CEDENT REINSURANCE CLAIMS**

POC Number
(Receiver Use)

BAR DATE FOR FILING CEDENT REINSURANCE CLAIMS IS JUNE 23, 2026

Please read the instructions carefully before fully completing all pages of this Proof of Claim form.

1. CEDENT'S NAME: _____

(Type correct name if it differs) _____

2. MAILING ADDRESS: _____

3. TEL. NO. (Daytime): _____ 4. ALTERNATE TEL. _____

5. E-MAIL ADDRESS: _____

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

7. Do you accept the Receiver's calculation of the TOTAL UNDISPUTED REINSURANCE CLAIM AMOUNT shown on line 1(c) of the Cedent Pre-Liquidation Reinsurance Proof of Claim Summary sheet for _____ of \$ _____.

- () YES
- () NO

If "YES" – Go to Question 10.

If "NO" fill in line 8 and follow the directions in line 9.

8. AMOUNT OF YOUR CLAIM. \$ _____.

9. If your answer to Question No. 7 was "NO", you must fill out the relevant excel spreadsheets for all Cedent Reinsurance Claims (including disputed Cedent Reinsurance Claims, if any) (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

10. If your answer to Question No. 7 was "YES", and any disputed claims were identified by SRUS, you must also fill out the relevant excel spreadsheets for the DISPUTED Cedent Reinsurance Claims (available for download at _____) and return them, along with a signed and notarized copy of this form to the Receiver as directed below. For any disputed claims, you must submit a narrative description and all relevant documents showing why the amount is due despite the Dispute Basis identified by SRUS. You must also upload the completed excel spreadsheets to _____ by the Bar Date.

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 Scottish Re (U.S.), Inc. are true and correct.

STATE OF _____) _____
Cedent (sign on line above)

Print Name: _____

COUNTY OF _____) _____
Title or Official Capacity of Signatory

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, State of _____.

My commission expires _____.

DEADLINE FOR FILING CEDENT REINSURANCE CLAIMS IS

JUNE 23, 2026

**THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION
MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDAITON
AT THE FOLLOWING ADDRESS ON OR BEFORE THE BAR DATE:**

**Scottish Re (U.S.), Inc. in Liquidation
1 Righter Parkway
Suite 280
Wilmington DE 19803-1555**