

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

**PROOF OF CLAIM FORM
FOR GENERAL CLAIMS**

POC Number
(Receiver Use)

BAR DATE FOR FILING GENERAL CLAIMS IS JUNE 23, 2027

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. (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. 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)

* SRUS * General Proof of Claim Form

(Choose one only)

- ☐ Class I (Administrative Expense)
- ☐ Class IV (Taxes or Debts to the United States)
- ☐ Class V (Compensation for Non-Officer Employees of Indemnity Insurance Corporation, RRG)
- ☐ Class VI (General Creditor Claim, including non-insurance policy contract claims, and claims of Reinsurers)
- ☐ Class VII (Claims Within Classes I-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:
- A. COURT WHERE FILED:
- B. DATE FILED & DOCKET NUMBER:
- C. PLAINTIFF(S): _____
- D. DEFENDANT(S): _____

*A claimant submitting a General POC Form must use the following conventions, as applicable:

- (a) For Retrocessionaire claimants: Any negative values for a legal entity will not be capped at \$0 as these values represent a claim by the liquidation estate against the Retrocessionaire;
- (b) For Retrocessionaire claimants: Consistent with the Liquidation Order, the amount of coverage under the Retrocession agreement will assume the recapture by SRUS of all excess retrocession up to \$4,000,000 per life for all treaties where SRUS has the right to raise the retention;
- (c) For all Claimants: For claims related to future claims or future premiums, if you do not use the assumptions as described in the GPV memo, you must show the assumptions you used along with an explanation of why you used those assumptions and why you contend the Receiver's assumptions are unreasonable.

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.

Cedent (sign on line above)

Print Name: _____

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 _____.

DEADLINE FOR FILING GENERAL CLAIMS IS

JUNE 23, 2027

**THIS PROOF OF CLAIM AND ALL SUPPORTING DOCUMENTATION
MUST BE RECEIVED BY SCOTTISH RE (U.S.), INC. IN LIQUIDATION
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