

SCOTTISH RE (U.S.), INC. IN LIQUIDATION
CEDENT PROOF OF CLAIM FORM
FOR CEDENT REINSURANCE TERMINATION CLAIMS

POC Number
(Receiver Use)

**BAR DATE FOR FILING CEDENT REINSURANCE TERMINATION CLAIMS
IS JUNE 23, 2027**

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

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 CEDENT TERMINATION CLAIM AMOUNT for _____ of \$ _____
 () YES
 () NO

If "YES" – Sign this form and have it notarized and return it as directed below.

If "NO" – Complete Question 8, then sign this form and have it notarized and return it as directed below.

8. AMOUNT OF YOUR CLAIM: \$ _____
 You must, on a separate sheet, provide all calculations used to compute this valuation, along with an explanation of your calculation. If you do not use the assumptions used in the GPV memo, you must show the assumptions that 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 CEDENTER TERMINATION REINSURANCE 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**