

PROOF OF CLAIM

DOCTORS AND SURGEONS NATIONAL RISK RETENTION GROUP IC, INC. ("DSNRRG")

The deadline for filing a Proof of Claim is **February 12, 2018**

IF YOU DO NOT FILE A PROOF OF CLAIM BY THE DEADLINE, YOU MAY NOT RECEIVE ANY PAYMENTS FROM DSNRRG.

ADDITIONAL INSTRUCTIONS ARE ON THE REVERSE SIDE OF THIS FORM. PLEASE PRINT OR TYPE.

1. Description of Claim(s). Provide a detailed description of the basis for your claim(s) against DSNRRG. Include reference to any claim or docket numbers, amounts spent in defending claims, and amounts paid. To preserve your right to submit claims asserted after you sign this proof of claim and before the claim filing deadline, state "all rights under policies":

If your claim arises from an insurance policy, provide the following information for each claim:

Policyholder name: _____
Policy number(s): _____
Claim number(s): _____
Date of loss: _____

(If you have multiple claims, policyholders, and/or policies to be included in this Proof of Claim, you may attached additional pages as required.)

2. Amount of the claim. If the amount of the claim will increase, state the known amount and then add that the amount is "subject to increase." If you do not know the amount, state "unknown": \$ _____.
3. Type of security. If your claim is secured, state the type and amount of such security. If none, state "none": _____.
4. Offsets/Reductions. Payments made by DSNRRG that reduce the claim. If none, state "none": \$ _____.
5. Priority. Right of priority to payment or other specific right asserted by the claimant. _____.
6. Attach copies of any documents that provide support for the claim. If your claim is currently being administered through DSNRRG, no additional documentation is required at the time you submit this proof of claim.

Under penalties of law, I state that the facts set forth in this Proof of Claim are true to the best of my knowledge, that the sum claimed is justly owed, and that there is no known setoff, counterclaim or defense to the claim.

Your Name and Address: _____

Name and Address of your Attorney: _____

Signature: _____
Date: _____

The Special Deputy Liquidator of DSNRRG acknowledges receipt of this Proof of Claim.

Date Received: _____

Proof of Claim No.: _____

MAIL THIS FORM TO:
J. David Leslie, Special Deputy Liquidator
Rackemann, Sawyer & Brewster PC
160 Federal Street
Boston, MA 02110

NOTICE OF LIQUIDATION

By Order of the Superior Court for Washington County, Vermont, dated August 10, 2017, (the "Liquidation Order"), the Commissioner of the Department of Financial Regulation for the State of Vermont, was appointed Liquidator of Doctors and Surgeons National Risk Retention Group IC, Inc. ("DSNRRG"). This notice will serve as notice of the Liquidation Order as required by 8 V.S.A. § 7061.

IF YOU BELIEVE THAT YOU ARE PRESENTLY OWED MONIES BY DSNRRG, OR MAY BE OWED MONIES AT ANY TIME IN THE FUTURE, YOU MUST FILE A PROOF OF CLAIM ON OR BEFORE FEBRUARY 12, 2018 OR YOUR CLAIM AGAINST DSNRRG MAY BE BARRED.

INSTRUCTIONS FOR COMPLETION OF PROOF OF CLAIM FORM

If you believe that you have a claim now, or may have a claim in the future, against DSNRRG for any reason, you must file a Proof of Claim form in order to preserve your claim. If a claim has been filed against you, include details of the claim. Such details should include a brief narrative description of the claim, any claim or docket numbers, and identification of any costs incurred or payments you have made to date. If you wish to preserve your rights as to any claim that might be filed in the future, describe the claim as "unreported claim."

- You must print your name and address in the space provided and sign and date the Proof of Claim form. If you have an attorney, include his or her contact information.
- Your Proof of Claim must be postmarked on or before February 12, 2018 and mailed to the following address:

J. David Leslie, Special Deputy Liquidator
Rackemann, Sawyer & Brewster PC
160 Federal Street
Boston, MA 02110

- Priority rights are governed by statute (8 V.S.A. § 7081). If you do not assert a right of priority or do not know the priority class that applies to your claim(s), write "none".
- You may be requested to submit supporting documentation to facilitate the Liquidator's determination of your claim(s).
- If you need more information or have any questions, you may mail your inquiry to the above address or contact Stuart Leslie at sleslie@rackemann.com or (617) 951-1130.
- If you file a Proof of Claim and your address changes, you are required to notify the Liquidator of such change.

After you file your Proof of Claim, the Liquidator will acknowledge receipt. If you do not receive an acknowledgement within three weeks, please call (617) 951-1130.

**J. DAVID LESLIE, SPECIAL DEPUTY LIQUIDATOR OF
DOCTORS AND SURGEONS NATIONAL RISK RETENTION GROUP IC, INC.**