

GOVERNOR
BRAD HENRY



INSURANCE COMMISSIONER
KIM HOLLAND

INSURANCE COMMISSIONER
STATE OF OKLAHOMA

November 1, 2010

To the policyholders and creditors of Imperial Casualty & Indemnity Company:

One of my roles as Insurance Commissioner is to act as Receiver when an Oklahoma insurance company fails. As you know, the Oklahoma County District Court placed Imperial into liquidation on May 12, 2010 based on the company's insolvency. I understand the difficulty this presents for Imperial's policyholders and creditors.

In my role as Insurance Commissioner, protecting the policyholders and creditors of companies that do business in the State of Oklahoma is my first priority. Please be assured that my staff and I are working hard to collect all available assets of Imperial. This includes pursuing those who we feel are responsible for the company's failure.

We are beginning the proof of claim process where you can make a claim against Imperial if you feel the company owes you money. Included with this letter are claim forms and instructions for completing them. Please read the notice and instructions carefully. If you have any questions about this process at all, please contact my Assistant Receiver at the number listed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kim Holland', written in a cursive style.

Kim Holland
Insurance Commissioner for the State of Oklahoma

**IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA**

STATE OF OKLAHOMA, ex rel.)	
KIM HOLLAND , Insurance Commissioner,)	
)	
Petitioner,)	
)	Case No. CJ-2010-2340
vs.)	
)	
IMPERIAL CASUALTY)	
AND INDEMNITY COMPANY,)	
an Oklahoma domestic insurance company,)	
)	
Defendant)	

NOTICE OF LIQUIDATION OF INSURER AND DEADLINE TO FILE PROOF OF CLAIM

TO ALL CLAIMANTS HAVING CLAIMS AGAINST THE RECEIVERSHIP ESTATE OF IMPERIAL CASUALTY AND INDEMNITY COMPANY.

PLEASE REVIEW THIS NOTICE CAREFULLY, AS IT SETS OUT IMPORTANT INFORMATION CONCERNING YOUR RIGHTS AND RESPONSIBILITIES AS A POTENTIAL CLAIMANT.

Please take note that on May 12, 2010, the Oklahoma County District Court, Judge Gurich presiding, ordered that Imperial Casualty and Indemnity Company (“Imperial”) be liquidated and that all remaining distributable assets of the Company be distributed to approved claimants of record.

The records of Imperial indicate that you may have a claim against Imperial. Enclosed please find a Proof of Claim Form and instructions for completing and returning the form. **Please read the instructions carefully and complete the Proof of claim Form if you believe you have a claim. Failure to fully complete the Proof of Claim Form and to submit supporting schedules, exhibits and narratives could result in your claim being denied.** If you are receiving this Notice by publication, please contact the Assistant Receiver’s office at the phone number below to request a Proof of Claim form. Alternatively, you may print one at www.okaro.org.

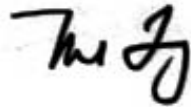
THE DEADLINE FOR SUBMITTING YOUR PROOF OF CLAIM IS FEBRUARY 15, 2011. If you wish to have an opportunity to share in the distribution of the available liquidated assets, **your Proof of Claim form(s) must be postmarked by February 15, 2011.** Proof of Claim forms

postmarked after February 15, 2011, will be considered "late-filed". Late-filed claims will in all likelihood receive no distribution from the Estate, given the insolvent financial position of Imperial.

Proof of Claim forms, questions and other requests for information should be submitted to:

Imperial Casualty and Indemnity Company
Office of the Assistant Receiver
300 West Osborn Road, Suite 500
Phoenix, Arizona 85013
1.800.388.2427 or 1.602.277.4807 Telephone
1.602.274.9849 Fax

BY ORDER OF THE COURT.

A handwritten signature in black ink, appearing to read "Mark Tharp", is positioned above a horizontal line.

MARK THARP, ASSISTANT RECEIVER
OF IMPERIAL CASUALTY AND
INDEMNITY COMPANY

**IMPERIAL CASUALTY AND
INDEMNITY COMPANY**
300 West Osborn Road, Suite 500
Phoenix, Arizona 85013

PROOF OF CLAIM FORM
District Court of Oklahoma County
State of Oklahoma
Case No. CJ-2010-2340

PLEASE READ INSTRUCTIONS CAREFULLY. DEADLINE FOR FILING PROOF OF CLAIM IS FEBRUARY 15, 2011.
Please Print or Type

FOR OFFICE USE ONLY		Proof of Claim Number:	
Date Postmarked:		Date Received:	
Part 1: CLAIMANT INFORMATION (Person Making Claim)			
Name:		Social Security/EIN/TIN#:	
Address 1:		Telephone Number	
Address 2:		Home: () _____	
City:		Work: () _____	
State:			
Zip Code:		Country:	
Does an attorney represent you? Yes () No ()			
If yes, provide attorney's name, address & telephone number:			
Part 2: INSURED / POLICY INFORMATION			
Name of Insured:		Claimant/Patient:	
Policy Number:		Claim Number:	
Agent Name or Number:		Date of Loss:	
Part 3: CLAIM INFORMATION			
Amount of Claim:		Date Claim Became Due:	
Check the statement below that best describes your claim:		<input type="checkbox"/> SECURED CLAIM <input type="checkbox"/> POLICYHOLDER COLLATERAL <input type="checkbox"/> CREDITOR Agents, Attorney fees, Vendors, Landlords, Lessors, Consultants, Cedants and Reinsurers <input type="checkbox"/> ALL OTHER Describe:	
<input type="checkbox"/> POLICYHOLDER OR THIRD PARTY CLAIM Claim by insured for POLICY BENEFITS or claim against an insured for POLICY BENEFITS. <input type="checkbox"/> RETURN OF UNEARNED PREMIUM OR OTHER PREMIUM REFUNDS Portion of paid premium not earned due to early cancellation of policy or audit adjustment.			
Describe the basis and nature of the claim and attach all documents supporting the claim. Attach additional pages, if necessary.			
Is there other insurance that may cover this claim? Yes () No ()			
If yes, provide name of insurer(s) and policy number(s):			
Has a lawsuit or other legal action been instituted by anyone regarding this claim? ? Yes () No () If yes, provide the following:			
Court Where Filed:		Date filed & Case Number:	
Plaintiff(s):		Defendant(s):	
Have you received any payments on the claim which is the subject of this Proof of Claim from any source? If yes, specify the total amount received: \$_____ and identify all sources:			

CONTINUED ON REVERSE SIDE

PROOF OF CLAIM INSTRUCTIONS

General

1. The Proof of Claim must be typed or legibly printed in ink.
2. The Proof of Claim must have all items completed and questions answered. If an item is not applicable, indicate so by writing "N/A" in blank. Please review the entire form for completion prior to mailing.
3. Please attach supporting schedules, exhibits and narratives as required throughout this proof of claim to more fully describe the claim and event/circumstances giving rise to such claim. **FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM IS GROUNDS FOR DENIAL THEREOF.**
4. If you assert your claim is secured by any assets or property, you must attach all documents evidencing your security interest.
5. You have an ongoing duty to supplement your Proof of Claim with supporting documentation as additional information is received. This requirement includes notice of any change of address.
6. The Proof of Claim must be signed by the Claimant who is named in Part 1 of the Proof of Claim Form, or by a representative of the Claimant who has knowledge of the matters described in the Proof of Claim and in any accompanying statement and supporting documents.
7. If you are an additional insured, a named loss payee, a lienholder or an assignee of the participants' rights to distribution from the receivership, you should complete a Proof of Claim and cause the insured to execute an Unconditional Assignment and deliver same to the address reflected in paragraph 13 below. Unconditional Assignment forms can be downloaded from www.okaro.org under the Forms tab.
8. All Proofs of Claim must be sworn to before a notary public or person authorized to administer oaths.
9. All Proofs of Claim must be postmarked no later than **February 15, 2011**. The Receiver is not responsible for undelivered mail. To protect your claim, the receiver recommends certified mail.
10. Please be sure to retain a copy of the completed Proof of Claim for your records.
11. All future correspondence, amendments, or attachments must reference the Proof of Claim Number, Company Claim or Company Policy Number to insure proper identification.
12. The Receiver may, at her discretion, permit a claimant to file a late Proof of Claim (i.e. after February 15, 2011). However, such late-filed claims are subject to certain provisions of Oklahoma statute, including but not limited to, 36 OS §1927.1, Priority of Distribution of Claims From Insurer's Estate.
13. Mail your completed Proof of Claim and supporting documentation to Mark D. Tharp, Assistant Receiver, Imperial Casualty and Indemnity Company in Receivership, 300 West Osborn Road, Suite 500, Phoenix, Arizona 85013. Telefaxes of Proof of Claims and supporting documentation will not be accepted.
14. If you have any questions about the Proof of Claim procedure, you may call 1.800.388.2427.
15. The "For Office Use Only" portion of the Proof of Claim Form will be completed by the Assistant Receiver upon receipt of your completed Proof of Claim.

Part 1

16. State your name and address or the name and address of the party or person making a claim against the Company. "You" hereinafter references the party or person making the claim against the Company.
17. If Part 1 has been pre-filled, indicate address changes/corrections on the Form.

INSTRUCTIONS CONTINUED ON REVERSE SIDE

INSTRUCTIONS CONTINUED FROM REVERSE SIDE

Part 1 (continued)

18. List your SSN or Federal Tax ID and telephone numbers.
19. If you are represented by counsel, you must state your attorney's name, address and telephone number.

Part 2

20. Indicate the name of the insured and the claimant/patient.
21. Indicate the policy number, Company claim number, and date of loss.

Part 3

22. You must indicate the total amount due to you. If claim is contingent or unliquidated (i.e. the amount of your claim cannot yet be determined), indicate the amount of claim as "undetermined". If all or any portion of your claim is contingent or unliquidated, space is provided for you to include brief explanation why your claim is contingent or unliquidated in any respect.
23. Describe the type of claim that you have against the Company.
24. If there are any other persons, insurance coverage, health plans, or other entities who may have any responsibility for your claim, identify as completely as possible such persons(s) or entity(ies).
25. If you have received any payments from any source relating to your claim, you must identify the source.
26. If you owe the company any money, whether related to this claim or not, you must identify the reason.
27. A "secured claim" is one for which you hold an interest in collateral for such claim.
28. If your claim is the subject of legal action, you must specify the Court, case number, all parties and their attorneys.

Affirmation

30. You must insert the total amount of your claim as indicated in the affirmation. If your claim is contingent or unliquidated, indicate the amount of claim as "undetermined".
31. You are signing the Proof of Claim under penalties of perjury. Please read the affirmation carefully before signing the Proof of Claim.

Allowance Procedures

32. Within a period specified by the Court, the Receiver will prepare and file a report describing claims, claimants, amounts and Receiver recommendations thereon.
33. Upon filing of such report, the Court will schedule a time for hearing the report. If you file a Proof of Claim, you will receive notice of the hearing and such other information concerning the report and hearing as the Court deems appropriate under the circumstances. In addition to other information which may be provided, you will be advised of the Receiver's recommendation regarding your claim.
34. After all claims have been allowed, disallowed or otherwise quantified, the Receiver will seek Court approval to begin making distributions to claimants from the assets of the Company, if any.