

GEORGIA TIMBER HARVESTERS' MUTUAL CAPTIVE INSURANCE COMPANY,  
IN LIQUIDATION

READ ALL MATERIALS CAREFULLY BEFORE  
COMPLETING THIS FORM - COMPLETE ALL SECTIONS  
- FILL IN ALL BLANKS - PLEASE PRINT CAREFULLY  
OR TYPE

PROOF OF CLAIM NO. \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_

Name of claimant

Address of claimant

Phone No: xxx-xxx-xxxx

If applicable, name of Georgia Timber Harvesters' Mutual Captive Insurance Company policyholder and policy number.

Policyholder Name:

Policy Number:

This claim is for:

- Loss under policy (Claim by insured of Georgia Timber for policy benefits)  
 Unearned premium refund (Portion of paid premium not earned due or retro or audit adjustment)  
 General Creditor (Attorney fees, Adjuster fees, Vendors, Landlords, Lessors, Consultants, Cedants, & Reinsurers)  
 All Other (Describe)

In the space below give a concise statement of facts giving rise to your claim:

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AMOUNT OF CLAIM: \$ \_\_\_\_\_

ATTACH COPIES OF ANY SUPPORTING DOCUMENTS SUCH AS CORRESPONDENCE, LAWSUITS, JUDGEMENTS, PREMIUM RECEIPTS, CANCELED CHECKS, ETC.

State of \_\_\_\_\_

County of \_\_\_\_\_

I HEREBY SWEAR OR AFFIRM UNDER PENALTY OR PERJURY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND ATTACHED SUPPORTING DOCUMENTS IN THIS CLAIM ARE TRUE AND CORRECT.

X

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**NOTICE: ALL CLAIMS MUST BE RECEIVED BY THE LIQUIDATOR AT THE FOLLOWING ADDRESS ON OR BEFORE 3/21/2011, OR BE FOREVER BARRED.**

Office of Insurance & Safety Fire Commissioner  
ATTN: CHRIS TAYLOR / REGULATORY SERVICES DIVISION  
2 Martin Luther King, Jr. Drive  
Suite 604, West Tower  
Atlanta, Georgia 30334  
PHONE (404) 656-2074