

**PHYSICIANS' ALLIANCE HEALTH PLAN TRUST, IN LIQUIDATION
PROOF OF CLAIM**

LIQUIDATOR USE ONLY

**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: _____ | E-Mail Address: _____ |
| Address of claimant: _____ | Phone No.: _____ |

If applicable, name of Physicians' Alliance Health Plan Trust policyholder and policy number.

Policyholder Name: _____ Policy Number: _____

This claim is for:

- Loss under policy (Claim by insured of Physicians' Alliance Health Plan Trust 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:

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 JUNE 20, 2017, OR BE FOREVER BARRED.

PHYSICIANS' ALLIANCE HEALTH PLAN TRUST, IN LIQUIDATION
3635 Peachtree Industrial Boulevard, Suite 200
Duluth, GA 30096-2806
(678) 584-0222

PHYSICIANS' ALLIANCE HEALTH PLAN TRUST, IN LIQUIDATION ("PAHPT")

NOTICE OF LIQUIDATION

TO: All Persons and Entities having an interest in Physicians' Alliance Health Plan Trust (PAHPT)

FROM: Ralph T. Hudgens, Commissioner of Insurance of the State of Georgia as Liquidator of PAHPT

INTRODUCTION

On December 22, 2016, PAHPT was declared insolvent and ordered liquidated pursuant to Order entered by the Honorable Henry M. Newkirk, Judge of the Superior Court of Fulton County, Georgia, in Civil Action File No. 2016cv283517. Ralph T. Hudgens, the Commissioner of Insurance of the State of Georgia, was appointed Liquidator of PAHPT. The Liquidator was directed to take possession of the assets of PAHPT and to administer them under the supervision of the Liquidation Court. The Liquidator is vested by operation of law with title to all the property, contracts and rights, and all books and records of PAHPT, wherever located.

This notice contains instructions for all persons and entities having an interest in PAHPT. This notice is issued pursuant to the Official Code of Georgia Annotated 33-36-8 and 33-37-21 and by Order of the Superior Court of Fulton County, Georgia ("Liquidation Court").

NOTICE OF CANCELLATION

In accordance with O.C.G.A. § 33-37-18, all policies, including bonds and other non-cancelable business, other than life or accident and sickness insurance or annuities, in effect at the time of the issuance of this Order shall remain in force only for the lesser of: 11:59 PM January 21, 2017, the expiration of policy coverage, the date when the insured has replaced the insurance coverage with equivalent insurance in another insurer or otherwise terminated the policy, or the date on which the Liquidator effects a transfer of the policy obligation pursuant to O.C.G.A. § 33-37-20(a)(10).

CLAIM PROCEDURES

The Liquidation Court has directed that notice be given to all persons who may have a claim against PAHPT. If you have such a claim and wish to be considered in the Liquidation proceedings, *you must follow the procedure described below or you will be forever barred from asserting a claim.*

The Liquidation Court has established June 20, 2017, as the "bar date" for the filing of claims against PAHPT. **To have your claim considered in the PAHPT liquidation, a *Proof of Claim form must be properly completed, mailed, and received no later than June 20, 2017.***

1. CLAIMS FOR LOSS UNDER THE POLICY:

If your claim is for POLICY BENEFITS and if your claim is already filed with PAHPT, you need to complete the proof of claim form, but you do not need to resubmit documentation to support your claim. If additional information is required, you will be contacted. If this is a new claim, please attach documentation to support claim.

2. RETURN OF UNEARNED PREMIUM OR OTHER PREMIUM REFUNDS:

If your claim is for the Return of Unearned Premium or Other Premium refunds, please complete the front of this form. Please attach the appropriate documentation to support claim.

3. GENERAL CREDITOR CLAIM:

If your claim is that of a General Creditor, please attach copies of all outstanding invoices to this form.

4. ALL OTHER:

If you have Any Other type of claim, describe your claim, i.e., stockholder, employee, taxes, license fees, assessments. Please attach copies of information to support your claim.

PROOF OF CLAIM FORM

The Proof of Claim must be completed in its entirety and all questions must be answered. Should there be questions that do not apply to your situation, simply complete each blank not requiring an answer with "N/A" or "not applicable". Make sure that your form is *signed under oath before a notary public*. Mail it together with all supporting documentation to the address shown below. **Proof of Claim forms must be received no later than June 20, 2017.** Mail Proof of Claim to:

PHYSICIANS' ALLIANCE HEALTH PLAN TRUST, IN LIQUIDATION
3635 Peachtree Industrial Boulevard, Suite 200
Duluth, GA 30096-2806
(678) 584-0222

All claimants must keep the Liquidator advised of any address changes subsequent to the filing of the Proof of Claim or receipt of this notice. All communications to the Liquidator should identify the claim number to the extent known.

By Order of the Liquidation Court dated 12/22/2016.