

**PROOF OF CLAIM
IN THE MATTER OF
SOUTHLAND NATIONAL INSURANCE CORPORATION (SNIC)
Deadline: 11:59 PM EDT, May 2, 2025**

FOR OFFICIAL USE ONLY
PROOF OF CLAIM NO.:

**Please Read Proof of Claims Instructions Carefully Before Completing All Sections Please Print or Type
Persons claiming cash surrender values or other investment values in life insurance and annuities do NOT need to file a
proof of claim.**

SECTION I

Claimant Name: _____
 Address : _____
 City: _____ State: _____ Zip: _____
 Telephone No. () _____ FAX Number: () _____
 FEIN No: _____ E-Mail Address: _____
 Social Security No: _____

SECTION II Claim is for (mark with an "X")

1		GENERAL CREDITOR	Describe in an attachment.- if secured debt please provide description of security.
2		ALL OTHER	Describe in an attachment.-if secured debt please provide description of security.

SECTION III

- In an attachment** provide a concise statement of the facts giving rise to your claim.
- Amount of Claim (or estimate) \$ _____ If amount of claim is unknown, insert words "Unstated Amount."
- Have any prior payments been made on this claim? If so, please describe: _____
- State any known offsets, counterclaims, or defense thereto.
- You may amend your timely filed claim up until the final date that your claim is adjudicated. Please attach all documents, contracts, and invoices supporting your claim. If they are voluminous, please attach a summary. Please include any right of priority of payment or other specific right asserted by the party filing the proof of claim.

SECTION IV

- Does an ATTORNEY REPRESENT you? YES () NO () If yes, provide attorney's name, address & telephone number:

- Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this Claim? YES () NO () If YES, please provide the following:
 Court where Filed: _____ DATE FILED _____ DOCKET NUMBER: _____
 PLAINTIFF(S): _____
 DEFENDANT(S): _____

SECTION V

The undersigned affirms under the penalties of perjury that the following facts are true: that the undersigned has read the foregoing Proof of Claim and all attachments and knows the contents thereof; that the claim described above against Southland National Insurance Corporation in Liquidation is true to the best of the undersigned's knowledge; that no payment of the claim has been made except as stated above; and that there are no offsets, counterclaims, or defense thereto except as stated above.

Claimant Signature

Title or Official Capacity

Date

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

This proof of claim form is used for filing a claim against Southland National Insurance Corporation (SNIC). Capitalized terms have the meaning set forth in the Notice of Liquidation. If you have a claim to pursue against SNIC, you must file a completed proof of claim form with the Liquidator by the bar date. To file by the bar date the proof of claim form must be **postmarked or received by Liquidator no later than 11:59 PM EDT on May 2, 2025**. Failure to file a timely claim may result in denial of your claim or prevent consideration of

your claim. Persons claiming cash surrender values or other investment values in life insurance and annuities do NOT need to file a proof of claim.

Please print legibly in ink or type. Complete all of the applicable sections and blanks, read and sign. Attach additional sheets as necessary. In the event you do not know certain information, please write "unknown." You may supplement your proof of claim when you have more information, provided you do so promptly after you obtain the information. If you have more than one claim against SNIC a separate proof of claim must be submitted for each claim. You may make copies of the proof of claim form, request additional copies from the Liquidator using the address below or download the form from the SNIC website at: www.southlandnational.com. A proof of claim must be filed even if a claim was made against SNIC prior to liquidation. You are advised to keep a completed copy for your records.

Whenever a claim is based upon an instrument in writing, a copy of the document should be attached to the proof of claim. If the document has been destroyed, a statement of the facts and circumstances of the loss must be filed, under oath, with this claim. The right (but not the obligation) to request additional supporting information is retained by the Liquidator. The failure to promptly provide such additional information may result in denial of the claim.

Early submission of your Proof of Claim form(s) will allow the Liquidator to resolve any issues in a timely manner. The Liquidation Court governs the timing and final payment of approved claims.

Section I:

Complete requested contact and other information. Ensure claimant's address is current including a correct zip code. **You are required to notify the Liquidator of your change of address. If you fail to do so, you may jeopardize recovery from this estate.**

Section II:

Please denote the type of claim you are making against SNIC:

1. Claim of a **general creditor** includes claims falling under NCGS 58-30-220 (5). Attach copies of all outstanding invoices to this form.
2. **Any other** type of claim includes outstanding claims not listed above, other than claims falling under N.C.G.S. §58-30-220 (1) and (2). Describe your claim and attach copies of supporting information.
3. **Designation of type of claim by the claimant does not determine the correct class or validity of any claim. The Liquidator will determine the correct class and validity of each claim.**

Section III:

Complete requested claim information including a concise statement of the facts giving rise to your claim in a **separate attachment**.

Section IV:

Complete regarding legal representation and/or legal actions. The name, address, and telephone number of the claimant's attorney, if any, must be shown. Attach additional sheets as necessary.

Section V:

The claimant needs to sign and date the form affirming the accuracy of the information provided. ***Note: N.C.G. S. §58-2-161(b) provides in substance that any person who, with the intent to deceive, injure or defraud an insurer, presents or causes to be presented a written or oral statement in support of a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information material to the claim, is guilty of a Class H felony.***

Filing:

A complete and signed proof of claim form must be postmarked or received by the Liquidator no later than 11:59 PM EDT on May 2, 2025. Please retain a copy for your records. Submit to the Liquidator at the following address:

Proof of Claim Department
Southland National Insurance Corporation in Liquidation
555 Fayetteville Street, Suite 201
Raleigh, NC 27601

Inquiries Only:
Fax: 888-706-5062

Email: NCREhab@noblecon.net
Phone: (317) 683-1295

IMPORTANT MAILING INFORMATION: The Liquidator is not responsible for undelivered mail. To protect your personal information, the Liquidator recommends certified mail or some other service such as FedEx or UPS. Do not send the form by unsecured email. You can transmit the form via facsimile; however, the Liquidator shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax and accept responsibility for any unintended disclosure or breach of facsimile transmission, the fax number is 888-706-5062.

Notes:

Claims will be adjudicated, as applicable, in accordance with the N. C. G. S. Chapter 58, Article 30, applicable contract provisions, applicable state guaranty association statutes, other applicable provisions of North Carolina law, and/or the Order of Liquidation or subsequent orders issued by the Liquidation Court. Objection and appeal guidelines are found in N.C.G.S. §58-30-205.

All claims against this company are evaluated by the Liquidator and must be approved by the Liquidation Court in order to be allowed. Approved claims will be paid by priority level based on available funds in accordance with N.C.G. S. §58-30-220. The amount of the payment will depend on the assets recovered. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated and assets are recovered. In any event, payment will likely not be made for several years.

The Liquidator's receipt of this proof of claim form does not constitute any waiver or relinquishment by the Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency, as to any claim, or regarding any actions pursued by the Liquidator of SNIC on behalf of SNIC claimants, policyholders and/or creditors.