IN THE CIRCUIT COURT OF COLE COUNTY, MISSOURI

CHLORA LINDLEY-MYERS, Director, Department of Insurance, Financial Institutions and Professional Registration for the State of Missouri,	)	
Petitioner,	)	Case No. 17AC-CC00005
v.	)	
GALEN INSURANCE COMPANY,	)	
Respondent.	)	

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

TO ALL CLAIMANTS HAVING CLAIMS AGAINST THE LIQUIDATION ESTATE OF GALEN INSURANCE 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 31, 2017, the Circuit Court of Cole County, Missouri, Judge Jon E. Beetem ordered that Galen Insurance Company ("Galen") be liquidated and that all remaining distributable assets of Galen be distributed to approved claimants of record.

The records of Galen indicate that you may have a claim against Galen. You may print a Proof of Claim at www.insurance.mo.gov/galen. Alternatively, you may request a Proof of Claim by contacting the address below. **Please read the instructions carefully and complete a Proof of Claim if you believe you have a claim. Failure to fully complete the Proof of Claim and to submit supporting documents, narratives, exhibits or evidence could result in your claim being denied.** Coverage by state guaranty associations may be available for all or part of policy benefits in accordance with applicable state guaranty laws. Additional information is available at www.insurance.mo.gov/galen.

THE DEADLINE FOR SUBMITTING YOUR PROOF OF CLAIM IS **April 30, 2018**. If you wish to have an opportunity to share in the distribution of the available liquidated assets, **your Proof of Claim must be postmarked by April 30, 2018**. Proofs of Claim postmarked after **April 30, 2018** will be considered "late-filed." Late-filed claims will in all likelihood receive no distribution, given Galen's insolvent financial position.

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

Galen Insurance Company, in Liquidation
c/o DIFP Receivership Section
P.O. Box 690
Jefferson City, MO 65102
573-522-6115

Chlora Lindley-Myers, Liquidator
Galen Insurance Company, in Liquidation

For Liquidator Use Only	POC No. 1-_____
	Date Rec'd _____

PROOF OF CLAIM
Galen Insurance Company, in Liquidation

(*Lindley-Myers v. Galen Insurance Company*, Case No. 17AC-CC00005, Circuit Court of Cole County Missouri)

PLEASE READ INSTRUCTIONS CAREFULLY.
DEADLINE FOR FILING PROOF OF CLAIM IS APRIL 30, 2018.

PART 1: CLAIMANT INFORMATION (Person Making Claim)

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone number(s): _____

Claimant's SSN or Federal Tax ID: _____

Policy Number: _____ | Claim Number: _____

Are you represented by an attorney? Yes ( ) No ( )
If yes, state attorney's name, address, and telephone number:

PART 2: INSURED/POLICY INFORMATION

Name of Insured: _____ | Name of Claimant: _____

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 that best describes your claim:

___ POLICYHOLDER OR THIRD PARTY CLAIM – Claims by insured for policy benefits or claims against an insured for policy benefits

___ RETURN OF UNEARNED PREMIUM OR OTHER PREMIUM REFUND – Portion of paid premium not earned due to early cancellation of policy or audit adjustment

___ SECURED CLAIM

___ POLICYHOLDER COLLATERAL

___ CREDITOR – Agents, attorney fees, vendors, landlords, lessors, consultants, cedants, and reinsurers

___ ALL OTHER – Describe: _____

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 ( )

Court Where Filed: _____ | Date Filed & Case No.: _____

Plaintiff(s): _____ | Defendant(s): _____

Have you received any payments on the claim which is the subject of this Proof of Claim from any source? Yes ( ) No ( )
If yes, specify the total amount received: $_____, and identify all sources:

For Liquidator Use Only	POC No. 1-_____
	Date Rec'd _____

Do you owe any money to the Company? Yes ( ) No ( )
If yes, specify the amount: $_____, and the reason:

Is this a secured claim? Yes ( ) No ( )
If yes, specify all security for such claim:

Is this claim contingent or unliquidated? Yes ( ) No ( )
If yes, specify the reason:

PART 4: AFFIRMATION

PROOF OF CLAIM
GALEN INSURANCE COMPANY, IN LIQUIDATION (THE "COMPANY")
Circuit Court of Cole County, Missouri; Case No. 17AC-CC00005

State of _____)
) ss:
County of _____)

The undersigned hereby subscribes and affirms as true under the penalty of perjury as follows: that he or she has read the foregoing Proof of Claim and knows the contents hereof; that this claim in the total amount of $_____ against the Company is justly owing to the Claimant; that the matters set forth and in any accompanying statements and supporting documents are true and correct; that no payment of or on account of the aforesaid claim has been received except as above stated; and that there are no set-offs of counterclaims thereto except as above stated.

_____
SIGNATURE OF PERSON MAKING CLAIM EITHER
☐ AS CLAIMANT OR ☐ ON BEHALF OF CLAIMANT

_____
TITLE, OFFICIAL CAPACITY OR RELATION TO CLAIMANT

Subscribed and sworn to before me this _____ day of _____, 201__.

(SEAL)

_____
Notary Public

Commission No.: _____

My Commission Expires: _____

IMPORTANT NOTICES

A. Proof of Claim must be properly signed and sworn to before a Notary Public or person authorized to administer oaths.
B. Deadline for filing Proofs of Claim is **April 30, 2018**.
C. If you have a change of address, you are required to inform the Liquidator of the new address in order to receive any payment that might be due.
D. Return your completed form to:
Galen Insurance Company
Attention: Liquidator
P.O. Box 690
Jefferson City, MO 65102-0690
E. The Liquidator's acceptance of this Proof of Claim form is not intended to, nor does it constitute, any waiver or relinquishment by the Liquidator of any defense, setoff or counterclaim that the Liquidator may have against any person, entity or governmental agency.
F. For information, copies of court orders and e-mail contact information, see: www.insurance.mo.gov/companies/receiv.php

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. If you need additional space to fully answer any question, please do so on a separate sheet of paper and attach to your Proof of Claim.

4. You must attach to the Proof of Claim document, exhibits, narratives or evidence supporting your proof of loss. FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM IS GROUNDS FOR DENIAL THEREOF.

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 set forth in the Proof of Claim and in any accompanying statement and supporting documents.

7. All Proofs of Claim must be sworn to before a notary public or person authorized to administer oaths.

8. All Proofs of Claim must be postmarked no later than **April 30, 2018**. The Liquidator is not responsible for undelivered mail. To protect your claim, the Liquidator recommends certified mail.

9. The Liquidator suggests you keep a copy of the completed Proof of Claim for your records.

10. All future correspondence, amendments or attachments must include the Policy Number from the front of the Proof of Claim form to ensure proper identification. For a claim other than policy benefits, a copy of the Proof of Claim form should be attached to the correspondence.

11. The Liquidator may, at his/her discretion, permit a claimant to file a Proof of Claim after the deadline. However, such late-filed claims are subject to certain provisions of the Missouri Insurance Code, including, but not limited to, provisions discussing the possible loss of priority.

12. Mail your completed Proof of Claim and supporting documents to: Galen Insurance Company, Attention: Liquidator, P.O. Box 690, Jefferson City, MO 65102-0690. Telefaxes of Proof of Claims and supporting documents will not be accepted.

13. If you have any questions about the Proof of Claim procedure, you may call 573-522-6115.

PART 1: Claimant Information

14. 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.

15. List your Social Security Number or Federal Tax ID and telephone numbers.

16. If you are represented by counsel, you must state the attorney's name, address and telephone number.

PART 2: Insured/Policy Information

17. Indicate the name of the insured and the claimant/patient.

18. Indicate the policy number, Galen claim number, and date of loss.

PART 3: Claim Information

19. You must indicate the total amount due to you. If the claim is contingent or unliquidated, 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 a brief explanation why your claim is contingent or unliquidated in any respect.

20. Describe the type of claim that you have against the Company.

21. 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 person(s) or entity(ies).

22. If you have received any payments from any source relating to your claim, you must identify the source.

23. If you owe the Company any money, whether related to this claim or not, you must identify the amount and reason.

24. A "secured claim" is one for which you hold an interest in collateral for such claim. If you assert your claim is secured, you must attach all documents evidencing your security interest.

25. If your claim is the subject of legal action, you must specify the Court, case number, all parties and their attorneys.

PART 4: Affirmation

26. You **must** specify 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."

27. You are signing the Proof of Claim under penalty of perjury. Please read the affirmation carefully before signing the Proof of Claim.

Allowance Procedures

28. The Liquidator will review your Proof of Claim and may investigate further. If he/she allows your Proof of Claim against the Company, you will be notified of the Liquidator's determination. After all claims have been allowed, disallowed, or estimated, the Liquidator will seek the approval of the Court to make pro rata distributions to the creditors of the Company with allowed claims in the priority classes established under Missouri law. Every claim in each priority class will be paid in full before the members of the next priority class receive any payment.

29. If your Proof of Claim is denied in whole or in part, the Liquidator will give you or your attorney written notice of that determination by first class mail at the address shown in the Proof of Claim. Within 60 days from the mailing of the notice, you may file an objection with the Liquidator. If no such filing is made, you may not further object to the determination.

30. If you file an objection with the Liquidator, and the Liquidator does not change his/her denial of the claim as a result of your objection, then the Liquidator will ask the Court for a hearing as soon as practicable and give notice of the hearing by first class mail to you or your attorney and to any other persons directly affected, not less than 10 nor more than 30 days before the date of the hearing. The matter may be heard and decided by the Court or by a court-appointed referee. Hearings before court-appointed referees shall be conducted in an informal manner and the formal rules of evidence shall not apply. The referee shall submit written findings of fact and conclusions of law along with recommendation for disposition which shall become final if a motion for reconsideration before the court is not filed by the Liquidator or you with the Court within 15 days that notice of such findings and conclusions is mailed to the parties. The motion for reconsideration shall allege either the existence of new facts which could not, with reasonable diligence, have been discovered and presented before the referee, or such erroneous conclusions of law, that would justify reconsideration of the claim by the Court. A motion for reconsideration based upon erroneous conclusions of law may be decided by the Court, after opportunity for response by the prevailing party, without necessity of hearing. A motion for reconsideration not ruled upon by the Court within 90 days after the motion is filed shall be deemed denied for purposes of appeal.