

For Office Use Only

POC#: _____

Date Received: _____

**LANCET INDEMNITY RISK RETENTION GROUP, INC.
PROOF OF CLAIM FORM**

Return this completed Proof of Claim Form with necessary supporting documentation to:

CANTILO & BENNETT, L.L.P.
Attention: Lancet SDR
P. O. Box 184
Austin, Texas 78767

Please carefully read the Receivership Claims and Appeal Procedure & Instructions prior to completing this Proof of Claim Form. Please print or type.

_____	\$ _____		
Name of Claimant	Total Amount of Claim		
_____	_____		
Street Address	Soc. Sec. or Tax ID Number		
_____	_____		
City	State	Zip	Telephone Number
_____	_____	_____	_____
E-mail Address	Facsimile Number		

If the claimant is represented by an attorney, please complete the following section:

_____	_____		
Name of Attorney	Bar Card No.		
_____	_____		
Name of Law Firm	Tax ID Number		
_____	_____		
Street Address	Telephone Number		
_____	_____		
City	State	Zip	Facsimile Number
_____	_____	_____	_____
E-mail Address			

All claims submitted to the Special Deputy Receiver shall set forth in reasonable detail the amount of the claim, or the basis upon which that amount can be ascertained, the facts upon which the claim is based, and the priorities asserted, if any. Claims must be verified by the affidavit of the claimant (or someone authorized to act on the behalf of the claimant and having knowledge of the facts) and be supported by the applicable written documentation or proof. **NOTE: ATTACH COPY OF POWER OF ATTORNEY.**

Explanation of Claim:

Attach additional pages if necessary. If this is a policy claim, please include policy and claim number(s) and state whether or not the claim has previously been reported to Lancet or Lancet's claim administrator.

State of _____ §

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County of _____ §

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Unless noted herein, I alone am entitled to file this claim, no others have an interest in this claim, no payments have been made on the claim, no third party is liable on this debt, the sum claimed is justly owing, and there is no set-off. I declare, under penalty of perjury, that all of the statements made in this Proof of Claim Form and all documents attached to this form are true, complete, and correct.

Print Name of Claimant or Authorized Agent

Signature of Claimant or Authorized Agent

Title

Sworn to and subscribed before me this _____ day of _____
20__.

Notary Public Signature

NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM.