

AMERICAN STERLING INSURANCE COMPANY

In Liquidation (the "Company")
PO Box 26894
San Francisco, CA 94126-0894

PROOF OF CLAIM

Superior Court of the State of California
County of Orange, Central Justice Center
Case No. 30-2011-00510773

PLEASE READ ALL INSTRUCTIONS ON THE BACK OF THIS FORM CAREFULLY BEFORE COMPLETING FORM

DEADLINE FOR FILING PROOF OF CLAIM IS July 31, 2012

Proof of Claim Number: xxxxxx

<i>Part 1 Person or Entity Making Claim (Claimant)</i>		
Claimant Name:		
Address 1:	Not to be used - Sample Only	Claimant Telephone
Address 2:		Claimant E-Mail
City:	State:	Zip Code:
SSN or Federal Tax ID No.		
Are you represented by an attorney? Yes or No , circle one		
If yes, state your attorney's name, address and telephone number _____		

<i>Part 2 Claim Information</i>		Not to be used - Sample Only
<input type="checkbox"/> <u>Type of Claim</u>	<u>Amount of Claim</u>	Describe your claim: _____ Attach all supporting documentation to this form.
<input type="checkbox"/> General Creditor	\$ _____	
<input type="checkbox"/> Other	\$ _____	
a. Have you received any payments on the claim for which you are filing this Proof of Claim from any source? ____ If yes, specify the total amount received \$ _____ and identify all sources: _____		
b. Is this a secured claim? If yes, identify all security for this claim: _____		
c. Is this claim the subject of legal action? ____ If yes, list court and case number: _____ List all parties and their attorneys: _____		
d. Is this claim contingent or unliquidated? If yes, explain: _____		

Not to be used - Sample Only

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that he or she has read the foregoing Proof of Claim and knows the contents thereof; that this claim 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 or counterclaims thereto except as above stated.

Claimant Signature _____ **Date Signed** _____

Print Name _____

Title or Official Capacity (if any) _____

Return your completed form to:

**American Sterling Insurance Company in Liquidation
Proof of Claim
Conservation and Liquidation Office
P O Box 26894
San Francisco, CA 94126-0894**