

WESTERN GENERAL INSURANCE COMPANY

In Liquidation (the "Company")
PO Box 26894
San Francisco, CA 94126-6894

PROOF OF CLAIM

Superior Court of the State of California
City and County of Los Angeles
Case No. 21STCP01655

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

DEADLINE FOR FILING PROOF OF CLAIM IS February 28, 2022

Proof of Claim Number:

XXXXXX

Part 1 Person or Entity Making Claim (Claimant)	
XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX, XX XXXXX SAMPLE ONLY – DO NOT PRINT AND USE PLEASE REQUEST A FORM AT WGICPOC@caclo.org or call (415) 676-2125 You will be assigned your own unique proof of claim number	Claimant Telephone
	Claimant E-Mail
	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 _____ _____	

Part 2 Claim Information									
<table border="1"> <thead> <tr> <th>Type of Claim</th> <th>Amount of Claim</th> </tr> </thead> <tbody> <tr> <td>Policy related</td> <td>\$ _____</td> </tr> <tr> <td>General Creditor</td> <td>\$ _____</td> </tr> <tr> <td>Other</td> <td>\$ _____</td> </tr> </tbody> </table>	Type of Claim	Amount of Claim	Policy related	\$ _____	General Creditor	\$ _____	Other	\$ _____	Describe your claim: _____ _____ Attach all supporting documentation to this form.
Type of Claim	Amount of Claim								
Policy related	\$ _____								
General Creditor	\$ _____								
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: _____ _____									

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:
Western General Insurance Company in Liquidation
Proof of Claim
Conservation and Liquidation Office
P O Box 26894
San Francisco, CA 94126-6894

Si desea una versión en español del formulario de prueba de reclamación y las instrucciones, por favor visite nuestro sitio web: www.caclo.org