

1 KAMALA D. HARRIS  
Attorney General of California  
2 ANNE MICHELLE BURR  
Supervising Deputy Attorney General  
3 KAREN W. YIU  
Deputy Attorney General  
4 State Bar No. 230710  
1515 Clay Street, 20th Floor  
5 P.O. Box 70550  
Oakland, CA 94612-0550  
6 Telephone: (510) 879-1245  
Fax: (510) 622-2270  
7 E-mail: Karen.Yiu@doj.ca.gov  
*Attorneys for Applicant*  
8 *Insurance Commissioner of the State of California*

9 ROBERT H. NUNNALLY, JR.  
State Bar Number 134151  
10 WISENER NUNNALLY ROTH, LLP  
245 Cedar Sage Drive, Suite 240  
11 Garland, Texas 75040  
12 Telephone: (972) 530 2200  
Facsimile: (972) 530 7200  
13 *Attorneys for Applicant*  
14 *Insurance Commissioner of the State of California*

15 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
16 COUNTY OF SAN FRANCISCO

18 **INSURANCE COMMISSIONER OF THE**  
19 **STATE OF CALIFORNIA,**

20 Applicant,

21 v.

22 **WESTERN EMPLOYERS INSURANCE**  
23 **COMPANY,**

24 Respondent.

Case No. CPF-97-984281

**NOTICE OF ENTRY OF ORDER  
GRANTING MOTION TO SET DATE  
FOR LIQUIDATION OF CONTINGENT  
AND UNDETERMINED CLAIMS FOR  
PURPOSES OF DISTRIBUTION**

25  
26 TO ALL INTERESTED PARTIES:

27 PLEASE TAKE NOTICE that on December 15, 2016, in the above-entitled action, this  
28 Court entered an order granting applicant Insurance Commissioner of the State of California's

1 motion to set date for liquidation of contingent and undetermined claims for purposes of  
2 distribution. A copy of the order is attached, and incorporated into this notice by this reference.

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4 Dated: December 15, 2016

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12 *California*

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DEC 15 2016

CLERK OF THE COURT  
BY: FELICIA M. GREEN  
Deputy Clerk

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KAREN W. YIU  
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Oakland, CA 94612-0550  
Telephone: (510) 879-1245  
Fax: (510) 622-2270  
E-mail: Karen.Yiu@doj.ca.gov  
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ROBERT H. NUNNALLY, JR.  
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WISENER NUNNALLY ROTH, LLP  
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Garland, Texas 75040  
Telephone: (972) 530 2200  
Facsimile: (972) 530 7200  
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SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF SAN FRANCISCO

INSURANCE COMMISSIONER OF THE  
STATE OF CALIFORNIA,

Applicant,

v.

WESTERN EMPLOYERS INSURANCE  
COMPANY,

Respondent.

Case No. CPF-97-984281  
M/L

**[PROPOSED] ORDER GRANTING THE  
INSURANCE COMMISSIONER OF THE  
STATE OF CALIFORNIA'S MOTION  
TO SET DATE FOR LIQUIDATION OF  
CONTINGENT AND UNDETERMINED  
CLAIMS FOR PURPOSES OF  
DISTRIBUTION**

Hearing Date: December 15, 2016  
Time: 9:30 a.m.  
Dept: 302  
Judge The Hon. Harold Kahn  
Reservation #: 10141215-15

1 The Insurance Commissioner as Liquidator of Western Employers Insurance Company  
2 has moved for an order (1) setting the deadline by which all claims against Western Employers  
3 Insurance Company, other than Class 1 administrative claims, must be liquidated and definitely  
4 determined, and (2) setting a deadline by which each claimant who has filed a claim which is in  
5 any respect unliquidated or uncertain must file a detailed claims update.

6 Good cause appearing, IT IS HEREBY ORDERED that:

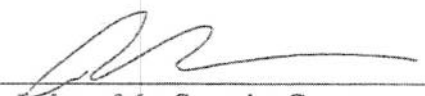
- 7 1. All claims against Western Employers Insurance Company, other than Class 1  
8 administrative claims, must be liquidated and definitely determined by April 28,  
9 2017. This order shall not fix the deadline for any claim by an injured worker or  
10 insured under a workers' compensation insurance policy covered by an insurance  
11 guarantee association to make a claim against the insurance guarantee association.
- 12 2. Each claimant who has filed a claim which is in any respect unliquidated or uncertain  
13 must file a detailed claims update form with the Insurance Commissioner as  
14 Liquidator for Western Employers Insurance Company by July 3, 2017 at 5:00 p.m.  
15 Pacific time on the applicable form attached as Exhibit "A" to this Order showing the  
16 claim was liquidated and definitely determined as of April 28, 2017.
- 17 3. The unliquidated and uncertain portion of those claims not fully determined and  
18 liquidated by April 28, 2017 shall not be entitled to share in distributions from the  
19 Western Employers liquidation estate. However, the Insurance Commissioner as  
20 Liquidator may continue to issue determinations as to claims which were liquidated  
21 or definitely determined prior to April 28, 2017, even if the Liquidator's  
22 determinations are made after July 3, 2017. The deadlines set forth herein require the  
23 claimants in Classes 2 and below to both make the claims liquidated and definitely  
24 determined and to file detailed documentation demonstrating that they have done so.  
25 The consequence of failing to do either will be the disallowance of the claimant's  
26 unliquidated claim or of that portion of the claimant's claim which remains  
27 unliquidated or undetermined. This order shall not fix the deadline for any claim by  
28 an injured worker or insured under a workers' compensation insurance policy covered

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by an insurance guarantee association to make a claim against the insurance guarantee association.

4. The Insurance Commissioner is authorized to take any and all action necessary to accomplish the purposes of the Order prayed for herein.

Dated: 12/15, 2016.

  
\_\_\_\_\_  
Judge of the Superior Court  
HAROLD KAHN

## EXHIBIT A

### Our Mission

On behalf of the Insurance Commissioner, the CLO acts to rehabilitate and/or liquidate, under Court supervision, troubled insurance enterprises. The CLO operates as a fiduciary for the benefit of claimants, handling the property of the failed enterprises in a prudent, cost-effective, fair, timely, and expeditious manner.



P.O. Box 26894  
San Francisco, California  
94126-0894  
Tel: 415.676.5000  
Fax: 415.676.5002  
www.cacio.org

## CONSERVATION & LIQUIDATION OFFICE

### Western Employers Insurance Company Proof of Claim Update Form

Deadline to Make Contingent and Unliquidated Claims Liquidated and Definitely  
Determined within the meaning of  
California Insurance Code Section 1025: APRIL 28, 2017

Deadline to file Completed Proof of Claim Update Form with the Liquidator for Western  
Employers Insurance Company: JULY 3, 2017

To each insured or claimant who has an open and unresolved Proof of Claim against Western Employers Insurance Company:

This is the form that claimants with open and unresolved claims against Western Employers Insurance Company must use to report and document their liquidated claim(s). This form must be filed with the liquidator no later than July 3, 2017.

All claims must be liquidated and definitely determined within the meaning of California Insurance Code Section 1025 by April 28, 2017. California Insurance Code Section 1025 states:

#### *Unliquidated Claims*

*Claims founded upon unliquidated or undetermined demands must be filed within the time limit provided in this article for the filing of claims, but claims founded upon such demands shall not share in any distribution to creditors of a person proceeded against under section 1016 until such claims have been definitely determined, proved and allowed. Thereafter, such claims shall share ratably with other claims of the same class in all subsequent distributions.*

*An unliquidated or undetermined claim or demand within the meaning of this article shall be deemed to be any such claim or demand upon which a right of action has accrued at the date of the order of liquidation and upon which the liability has not been determined or the amount thereof liquidated.*

The Court has ordered that each insured or claimant, other than a workers' compensation claimant, who has filed Proof of Claim with Western Employers Insurance Company in Liquidation must file a claims update with the Liquidator for Western Employers Insurance Company by **July 3, 2017**. A failure to file an update may result in disallowance of all or part of your claim.

Please set forth the amount of proof of claim and other pertinent information below:

Proof of Claim Number	
Policy Number	
Policy Limit	
Claimant Name	
Paid Losses	
Paid Expenses	
Reserves for loss and expenses in connection with outstanding known claims	

Please attach additional sheets in which you set forth the current status of your proof of claim. Include in your answer all details of your claim, including but not limited to:

- The dollar amount of your claim(s)
- A detail of the liquidated amounts and a detailed description of the method in which you calculated the liquidated amount. If any court proceedings or settlement agreements are involved, please set forth the details.
- If you are an assignee of an original claimant, please attach a copy of the written assignment
- If you are represented by counsel in this matter please provide the name, address and telephone number of your law firm.
- Please attach to your update all documentation of the nature, amount and supporting documentation for your claim. Please attach all relevant documentation to support your claim, including but not limited to settlement agreements, pleadings, coverage charts and a detailed discussion of the nature of the claims. Forms and documentation may be mailed, faxed or emailed.
- Pursuant to the Court's order, you are required to make all claims certain and definitely determined by **April 28, 2017**. Please attach to this form the documentation that shows that your claim was made certain and definitely determined as of **April 28, 2017**.



- The materials you provide will be used in determining whether you are entitled to approval of a claim. Should you omit materials necessary to prove your claim, then your claim may be disallowed in whole or in part.

Please provide a current address, email address and telephone number and contact information in the signature block below.

UNLESS NOTED HEREIN, I ALONE AM ENTITLED TO FILE THIS CLAIM UPDATE; NO OTHERS HAVE AN INTEREST THEREIN; THE CLAIM IS UNSECURED; NO PAYMENTS HAVE BEEN MADE THEREON, AND THE SUM CLAIMED IS JUSTLY OWING AND THERE IS NO OFFSET. I ACKNOWLEDGE THAT ANY PAYMENT ON THIS CLAIM WILL BE MADE PAYABLE TO THE PERSON OR ENTITY TO WHOM THIS PROOF OF CLAIM IS ADDRESSED SUBJECT TO ANY CORRECTION SHOWN BELOW OR ANY ADDRESS CORRECTIONS PROVIDED TO THE INSURANCE COMMISSIONER AS LIQUIDATOR FROM TIME TO TIME. I CERTIFY THAT ALL SUPPORTING DATA AND DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT.

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.  
EXECUTED THIS

(DAY)	(MONTH)	(YEAR)	(CITY)	(STATE)
Claimant's Signature			Print Name and Title (if any)	
Claimant's Telephone Number			Social Security/Tax Identification Number	

**NOTE: THE DEADLINE FOR FILING THIS FORM IS  
JULY 3, 2017**

Completed forms and supporting documents to may be mailed to:

Western Employers Insurance Company  
c/o Conservation & Liquidation Office  
P.O. Box 26894  
San Francisco, CA 94126-0894  
Attention: Michele Vass

Completed forms and supporting documents may be faxed to:  
(415) 676-5007 Attention: Michele Vass

Completed forms and supporting documents may be emailed to:  
[WEICupdate@cacio.org](mailto:WEICupdate@cacio.org)

**Our Mission**

The CLO, on behalf of the Insurance Commissioner, rehabilitates and/or liquidates, under Court supervision, troubled insurance enterprises domiciled in the State of California. In addition the CLO provides Special Examination Services, with Commissioner and Board oversight. As a fiduciary for the benefit of all claimants, the CLO handles the property of troubled or failed enterprises in a prudent, cost-effective, fair, timely, and expeditious manner.



P.O. Box 26894  
San Francisco, CA  
94126-6894  
Tel: 415-676-5000  
Fax: 415-676-5002

**Conservation & Liquidation Office**

**Western Employers Insurance Company  
GUARANTY ASSOCIATION UPDATE FORM**

**Deadline to Make Contingent and Unliquidated Claims Liquidated and Definitely Determined within the meaning of**

**California Insurance Code Section 1025: APRIL 28, 2017**

**Claims Update Deadline: July 3, 2017**

TO EACH GUARANTY ASSOCIATION WHICH HAS FILED A PROOF OF CLAIM AGAINST WESTERN EMPLOYERS INSURANCE COMPANY:

THE COURT HAS ORDERED THAT EACH GUARANTY ASSOCIATION WHICH FILED A PROOF OF CLAIM WITH THE WESTERN EMPLOYERS INSURANCE COMPANY MUST FILE A FINAL CLAIMS UPDATE BY **JULY 3, 2017**.

This is the form that guaranty associations with open and unresolved claims against Western Employers Insurance Company must use to report and document their liquidated claim(s). This form must be filed with the liquidator no later than **July 3, 2017**.

All claims must be liquidated and definitely determined within the meaning of California Insurance Code Section 1025 by **April 28, 2017**. California Insurance Code Section 1025 states:

***Unliquidated Claims***

*Claims founded upon unliquidated or undetermined demands must be filed within the time limit provided in this article for the filing of claims, but claims founded upon such demands shall not share in any distribution to creditors of a person proceeded against under section 1016 until such claims have been definitely determined, proved and allowed. Thereafter, such claims shall share ratably with other claims of the same class in all subsequent distributions.*

*An unliquidated or undetermined claim or demand within the meaning of this article shall be deemed to be any such claim or demand upon which a right of action has accrued at the date of the order of liquidation and upon which the liability has not been determined or the amount thereof liquidated.*

The Court has ordered that each insured or claimant, other than a workers' compensation claimant, who has filed Proof of Claim with Western Employers Insurance Company in Liquidation must file a claims update with the Liquidator for Western Employers Insurance Company by **July 3, 2017**. A failure to file an update may result in disallowance of all or part of your claim.

Please set forth the amount of each here:

Paid losses:	
Paid expenses:	
Reserves for loss and expense in connection with outstanding known claims:	
Reserves for further development (including actuarial calculations) for other claims against the trusts:	
Administrative expense:	
Grand Total:	

Along with your update, please submit each of the following: a listing of the insured name, policy number, claim number, liquidator number, amount paid in loss and expense, and claimant name for each paid loss which you have paid; the insured name, policy number, claim number, liquidator number, outstanding reserve, nature of the loss and claimant name for each open case which you maintain. In addition, any actuarial or other calculations of further loss development, which may occur for your guaranty association, should be included with your filing, including detail and actuarial support pertinent to the calculation of this claim.

UNLESS NOTED HEREIN, I ALONE AM ENTITLED TO FILE THIS CLAIM; NO OTHERS HAVE AN INTEREST THEREIN; THE CLAIM IS UNSECURED; NO PAYMENTS HAVE BEEN MADE THEREON, AND THE SUM CLAIMED IS JUSTLY OWING AND THERE IS NO OFFSET. I ACKNOWLEDGE THAT ANY PAYMENT ON THIS CLAIM WILL BE MADE PAYABLE TO THE PERSON OR ENTITY TO WHOM THIS PROOF OF CLAIM IS ADDRESSED SUBJECT TO ANY CORRECTION SHOWN BELOW OR ANY ADDRESS CORRECTION PROVIDED TO THE INSURANCE COMMISSIONER AS LIQUIDATOR FROM TIME TO TIME. I CERTIFY THAT ALL SUPPORTING DATA AND DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT.

I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, EXECUTED THIS

\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_  
 (DAY) (MONTH) (YEAR) (CITY) (STATE)

\_\_\_\_\_  
 CLAIMANT'S SIGNATURE

\_\_\_\_\_  
 PRINT NAME AND TITLE

Please contact John Battle at (415)676-2102 or [battlej@caclo.org](mailto:battlej@caclo.org) should you have any questions.

Mail the completed form and supporting documents to:

John Battle, Chief Claims Officer

Western Employers Insurance Company c/o Conservation & Liquidation Office

P.O. Box 26894 San Francisco, CA 94126-0894