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ENDORSED  
FILED  
San Francisco County Superior Court

SEP 30 2011

CLERK OF THE COURT  
BY: GINA GONZALES  
Deputy Clerk

7  
8 Attorney for Applicant Dave Jones,  
Insurance Commissioner of the State of California  
9 in his Capacity as Conservator of  
Majestic Insurance Company

10 SUPERIOR COURT FOR THE STATE OF CALIFORNIA  
11 CITY AND COUNTY OF SAN FRANCISCO

13 INSURANCE COMMISSIONER OF THE  
14 STATE OF CALIFORNIA,

15 Applicant,

16 v.

17 MAJESTIC INSURANCE COMPANY,  
18 and DOES 1-50, inclusive,

19 Respondents.

Case No. CPF-11-511261

**[PROPOSED] ORDER ESTABLISHING  
CLAIMS BAR DATE AND APPROVING  
FORM OF NOTICE**

**Date: September 30, 2011**

**Time: 9:30 AM**

**Dept.: 301**

**Judge: Hon. Peter J. Busch**

**EXEMPT from filing fees per Govt. Code  
§ 6103**

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1 California Insurance Commissioner Dave Jones (“Conservator”), as Conservator of  
2 Majestic Insurance Company (“Majestic”) has applied pursuant to Cal. Ins. Code § 1037 for an  
3 Order establishing a Claims Bar Date and approving the form of notice of the Claims Bar Date  
4 and instructions for the filing of claims against Majestic by general creditors in priority classes  
5 three through nine, as defined by Cal. Ins. Code 1033(a)(3)-(9). The Court having considered the  
6 Conservator’s Motion, the accompanying Memorandum of Points and Authorities, and the  
7 Declaration of David Wilson in support of the Conservator’s Motion, and good cause appearing  
8 therefore:

9 IT IS ORDERED that:

10 (i) The Conservator’s Motion for an Order Establishing a Claims Bar Date is granted.  
11 Any person or other entity wishing to file a general creditor claim against the conservation estate  
12 of Majestic shall submit said claim by US mail and overnight mail no later than January 31, 2012  
13 to the Conservator at the following address:

14  
15 Majestic Insurance Company in Conservation – Proof of Claim  
16 Conservation and Liquidation Office  
17 P.O. Box 26894  
18 San Francisco, CA 94126-0894  
19 hollowayj@caclo.org

20 (ii) The Conservator shall provide notice of the Claims Bar Date general creditor  
21 claims process by mailing the Form of Notice attached hereto as Exhibit “A” and a copy of this  
22 Order, together with such other information as the Conservator deems necessary and appropriate  
23 to describe the claims process and related procedures to all known general creditors at their  
24 addresses as shown in Majestic’s records no less than 90 days prior to the Claims Bar Date. The  
25 Conservator also shall provide notice of the Claims Bar Date by publication of the Form of  
26 Notice and a copy of this Order in the Los Angeles Daily Journal, the Sacramento Bee, the San  
27 Diego Union Tribune, the San Francisco Chronicle, and the Poughkeepsie Journal no later than  
28 90 days prior to the Claims Bar Date. The Court finds that such notice is reasonably calculated to  
and does provide fair, reasonable, and adequate notice of these proceedings, this Order, and the

1 general creditor claims process.

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Dated: SEP 30 2011, 2011.

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**ERNEST H. GOLDSMITH**

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~~The Honorable Peter J. Busch~~  
Judge of the Superior Court

# **EXHIBIT A**

**To: Recipients of the Proof of Claim form from Majestic Insurance Company, in Conservation**

Majestic Insurance Company ("Majestic") is a California domiciled workers' compensation insurance carrier licensed in 17 states. It was placed into Conservation on April 21, 2011. California Insurance Commissioner Dave Jones was named Conservator and immediately filed a Rehabilitation Plan in order to transfer all insurance liabilities and certain assets from Majestic to AmTrust North America, Inc. ("AmTrust"). Under the Rehabilitation Plan AmTrust assumed all of the insurance policy obligations of Majestic, the majority of the Majestic employees and three California office leases. The Rehabilitation Plan was approved by the Conservation Court on June 2, 2011, and the transaction closed as of June 30, 2011.

**All Majestic policyholders, and claimants with claims against those policies, were protected by the transferring of their policies and claims to AmTrust.**

Although conserved and operated under the authority of the California Insurance Commissioner, Majestic has remained a viable company to date. That means that non-policy obligations have continued to be met as appropriate, or have been transferred to Am Trust as part of the Rehabilitation Plan.

To orderly conclude all operations of Majestic, it is necessary to provide potential creditors with an opportunity to make a monetary claim against Majestic should they believe one exists. Based on the structure of the Rehabilitation Plan with the transfer of insurance operations to Am Trust, and given the continuing non-insurance operations of Majestic, there should be little likelihood you have a claim if you are a general vendor, a claims vendor, an insurance broker, or a workers compensation defense attorney. Certain ex-employees of Majestic were given approved Proof of Claims as part of a severance package and are not required to file a claim as they already have an approved claim.

If you have received the Proof of Claim mailing as a reinsurer for Majestic, all treaties have either been novated, or beneficially assigned to AmTrust. If you are uncertain as to the effect of such transactions, you should request clarification via email at [majesticinfo@caclo.org](mailto:majesticinfo@caclo.org). The net result of the Rehabilitation Plan and these transactions is that all reinsurance cessions should be the responsibility of AmTrust, and all recovery payments will be the property of AmTrust.

You are being sent this Proof of Claim notice based on the business records of Majestic identifying you in a group which may not be protected by the Rehabilitation Plan. In the unlikely event you have a claim against Majestic that has not been satisfied in the ordinary course of business or by the Rehabilitation Plan, you must assert a claim in the approved Proof of Claim format. If you believe you have a claim against Majestic and did not receive a Proof of Claim form, you will need to contact Majestic at the address shown on the legal notice..

For the certainty of your claim being considered in the Majestic conservation, it must be filed (post marked) by the **January 31, 2012** bar date. Faxed copies will not be accepted.

**PROOF OF CLAIM  
LEGAL NOTICE**

**Majestic Insurance Company in Conservation  
San Francisco County Superior Case No. CPF-11-511261**

**About filing a claim related to the Conservation of Majestic Insurance Company**

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**OFFICIAL LEGAL NOTICE**

**Notice to Creditors who may have a monetary claim against Majestic Insurance Company. Claim must be filed by January 31, 2012 Bar Date.**

**The San Francisco California Superior Court appointed the Insurance Commissioner of the State of California, as Conservator of Majestic Insurance Company on April 21, 2011**

This legal notice addresses the Conservation of Majestic Insurance Company ("Majestic"), and the timing of filing a monetary claim against Majestic. If you received this notice in the mail, a Proof of Claim is attached. The Proof of Claim form is the only method to assert a claim against Majestic. If you did not receive this notice by mail, you need to contact Majestic at the address noted below to obtain the official form.

The California Insurance Commissioner's "Conservation & Liquidation Office" has been assigned the responsibility of managing the Conservation of Majestic on behalf of the California Insurance Commissioner.

A Proof of Claim Form is being sent to general creditors who could potentially have an unpaid monetary claim against Majestic. While most creditors are protected by a Court approved Rehabilitation plan whereby most insurance related assets and liabilities were transferred from Majestic to AmTrust North America, Inc., this legal notice of the Proof of Claim process is sent to potential creditors who possibly may have not been afforded the protection of the Rehabilitation plan.

Should you believe you have a monetary claim against Majestic **you must file a Proof of Claim form with the Conservator on or before January 31, 2012, the Claims Bar Date.** Claims filed after that date may not be considered for payment by Majestic.

Any questions concerning this notice should be directed to:

Majestic Insurance Company in Conservation-Proof of Claim  
Conservation & Liquidation Office  
P. O. Box 26894  
San Francisco, CA 94126-0894  
Email: [majesticinfo@caclo.org](mailto:majesticinfo@caclo.org)

If you received this notice via mail, additional information is on the back of this notice. The same information is available on the website: [www.caclo.org](http://www.caclo.org) (see insolvent company section)

**MAJESTIC INSURANCE COMPANY**  
In Conservation (the "Company")  
PO Box 26894  
San Francisco, CA 94126-0894

**PROOF OF CLAIM**  
Superior Court of the State of California  
City and County of San Francisco  
Case No. CPF 11-511261

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETEING FORM  
**DEADLINE FOR FILING PROOF OF CLAIM IS JANUARY 31, 2012**  
Proof of Claim Number : <POC Number>

<i>Part 1 Person or Entity Making Claim (Claimant)</i>	
<Name>	
Claimant Name <Address 1>	
Address 1 <Address 2>	Claimant Telephone
Address 2 <City, State, ZIP>	Claimant E-Mail
City, State, ZIP Code	Social Security 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>							
<table border="1"><thead><tr><th>Type of Claim</th><th>Amount of Claim</th></tr></thead><tbody><tr><td><input type="checkbox"/> General Creditor</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Other</td><td>\$ _____</td></tr></tbody></table>	Type of Claim	Amount of Claim	<input type="checkbox"/> General Creditor	\$ _____	<input type="checkbox"/> Other	\$ _____	Describe your claim: _____ _____ Attach all supporting documentation to this form.
Type of Claim	Amount of Claim						
<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: _____							

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

### IMPORTANT NOTICE

*If you have a change of address after filing your Proof of Claim you must provide us with your new address in order to receive any payment that might be due.*

### PROOF OF CLAIM INSTRUCTIONS

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. Your Proof of Claim will be returned to you if any items are left 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 documents 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, 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 postmarked no later than January 31, 2012. The Conservator is not responsible for undelivered mail. Fax copies will not be accepted.
8. The Conservator suggests you keep a copy of the completed Proof of Claim for your records.
9. A copy of the Proof of Claim form should be attached to all future correspondence, amendments, or attachments to ensure proper identification.

### GENERAL INFORMATION

After all claims have been allowed, disallowed or estimated, the Conservator will seek Court approval to begin making distributions to the approved claimants from the assets of the Company.

If you have any questions about the Proof of Claim procedure, you may call (415) 676-2101 or e-mail to: [majesticinfo@caclo.org](mailto:majesticinfo@caclo.org)

Please visit our website at [www.caclo.org](http://www.caclo.org) for additional information. Look in the 'Insolvent Companies' section for Majestic Insurance Company.