

1 EDMUND G. BROWN JR.
Attorney General of California
2 JOYCE E. HEE
Supervising Deputy Attorney General
3 ANNE MICHELLE BURR
Deputy Attorney General
4 State Bar No. 158302
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-1403
6 Fax: (415) 703-5480
E-mail: AnneMichelle.Burr@doj.ca.gov

7 *Attorneys for the Insurance Commissioner as*
8 *Liquidator*

ENDORSED
FILED
San Francisco County Superior Court

FEB 02 2010

GORDON PARK-LI, Clerk
BY: JOCELYN C. ROQUE
Deputy Clerk

9
10 SUPERIOR COURT OF THE STATE OF CALIFORNIA
11 FOR THE COUNTY OF SAN FRANCISCO
12

13 **INSURANCE COMMISSIONER OF THE**
14 **STATE OF CALIFORNIA,**

Applicant,

15 v.

16
17 **WESTERN EMPLOYERS INSURANCE**
18 **COMPANY OF AMERICA, A CALIFORNIA**
DOMICILED INSURANCE COMPANY

19 Respondent.
20

Case No. 984281

(JCK)

~~PROPOSED~~ ORDER REQUIRING
CLAIMS UPDATES

Date: February 2, 2010
Time: 9:30 a.m.
Dept: 301

21 The above-captioned case came on for regular hearing on February 2, 2010 before the
22 Honorable Peter Busch on the motion of the California Insurance Commissioner, as liquidator for
23 Western Employers Insurance Company ("WEIC"), for an Order Requiring Claims Updates.

24 In light of the Commissioner's motion, and for good cause shown,

25 **IT IS HEREBY ORDERED THAT:**

26 1. August 31, 2010 is set as the deadline by which all holders of claims, other than
27 workers' compensation claims, which include contingent or undetermined claims, must submit
28

1 detailed claims updates which set forth the facts regarding the further development of those
2 claims;

3 2. The Insurance Commissioner as Liquidator of the WEIC estate is authorized to send
4 a notice to all applicable persons who filed proofs of claims advising of this deadline, and the
5 notice and proof of claim update form, both of which are attached as Exhibit "A" hereto, are
6 hereby approved; and

7 3. The Insurance Commissioner as Liquidator of the WEIC estate is hereby authorized
8 to take such other steps to accomplish the foregoing as he may deem appropriate.

9 Dated: FEB 02 2010

10 **PETER J. BUSCH**

11 JUDGE OF THE SUPERIOR COURT

12 SF2008900587
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Exhibit A

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.caclo.org

CONSERVATION & LIQUIDATION OFFICE

Western Employers Insurance Company

Proof of Claim Update

Claims Update Deadline: August 31, 2010

To all policyholders and claimants that have a claim against a policyholder of Western Employers Insurance Company:

You are receiving this letter because you filed a proof of claim arising from a policy of insurance with Western Employers Insurance Company. Whether you are a policyholder, or whether you have a claim against a policyholder, this letter advises you of an important deadline, and encloses an important form for updating your proof of claim.

The California Insurance Commissioner as Liquidator has collected substantial assets for distribution to approved claimants of Western Employers Insurance Company. The Liquidator is now adjusting the numerous proofs of claims filed with the Liquidator. A large number of these proofs of claim involve claims which were unliquidated, contingent or otherwise not made certain. These include, but are not limited to, claims which are still in progress, claims which had not settled as of the original proof of claim deadline, and claims which were incurred but not reported when the original claims deadline was set.

California Insurance Code Section 1025 requires claims to be liquidated prior to their allowance. California Insurance Code Section 1023 permits the Insurance Commissioner to request documentation in support of proofs of claims.

The Court has ordered that each policyholder whose claim was in any respect contingent, unliquidated, or otherwise not made certain must file an update to the proof of claim by **August 31, 2010**. This deadline applies to **all** policyholder claims and claims against policyholders other than workers' compensation claims. Workers' compensation claimants need not file such an update.

The update form is enclosed with this letter. This form requires an update of the information about the claim, and requires the claimant to attach the documentation to demonstrate the status of the proof of claim. It is very important that this update form be filled out by every policyholder or claimant against a policyholder, and returned by August 31, 2010 to the Liquidator at the address shown on the update form. This updated information is very important to try to resolve the remaining claims against Western Employers Insurance Company. Please make your response as complete as possible, and please attach details about any litigation or other claims development on your update. If you fail to completely respond, your claim may be disallowed in whole or in part.

Please note that a failure to return the update form by the deadline could mean that any unliquidated, uncertain or contingent portion of the proof of claim could be rejected by the Liquidator.

Please consult with your attorney concerning how to fill out the form. The Conservation and Liquidation Office staff cannot provide you with legal advice about the form. If you are a workers' compensation claimant, you need not file this update form.

Should you have any questions regarding this matter please feel free to contact us at (415) 676-5020.

Sincerely,

Western Employers Insurance Company in Liquidation

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.caclo.org

CONSERVATION & LIQUIDATION OFFICE

Western Employers Insurance Company Proof of Claim Update Form

Proof of Claim Update

Claims Update Deadline: August 31, 2010

To each insured or claimant who has filed a Proof of Claim against Western Employers Insurance Company:

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 by **August 31, 2010**.

Please set forth the amount of proof of claim here:

Proof of Claim Number	
Policy Number	
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)
- If all or part of your claim has been liquidated, 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 any portion of your claim remains unliquidated, please provide all the details about these claims, including a detailed status of any lawsuits involving your claim, any other facts regarding unliquidated claims and any trial dates or other dates which may result in liquidation of your claims.
- If your claim is not fully liquidated, please provide reserve information along with information regarding the method of calculation of the reserves.
- 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.

In connection with your update, 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.

Please provide a current address, email address and telephone number. Also, provide us with the name of a contact person.

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 OF _____, AT _____
(DAY) (MONTH) (YEAR) (CITY) (STATE)

Claimant's Signature Print Name and Title (if any)

Claimant's Telephone Number Social Security/Tax Identification Number

Name and address correction, if different from above
(Any payment will be made payable to this name)

NOTE: THE DEADLINE FOR FILING IS August 31, 2010

Mail the completed form and supporting documents to:
Western Employers Insurance Company
c/o Conservation & Liquidation Office
P.O. Box 26894
San Francisco, CA 94126-0894
Attention: S. Collins