

**PROOF OF CLAIM FORM  
AGAINST  
NATIONAL ANNUITY COMPANY IN LIQUIDATION**

READ THIS FORM AND THE INSTRUCTION SHEET CAREFULLY AND FILL OUT AS ACCURATELY AS POSSIBLE  
YOU ARE MAKING STATEMENTS UNDER OATH  
**THE LAST DAY FOR FILING A PROOF OF CLAIM IS MARCH 14, 2008 AT 11:59 P.M.**

<b>Policyholders/Claimants – <u>ATTACH DOCUMENTATION TO SUPPORT CLAIM AMOUNT</u></b>	<b><u>Claim Amount</u></b>
<input type="checkbox"/> Claim is made by policyholder for benefits provided by the policy	_____
<input type="checkbox"/> Claim is made by secured creditor	_____
<input type="checkbox"/> Claim is made by attorney for unpaid legal expenses	_____
<input type="checkbox"/> Claim is made by general creditor for unpaid services or invoices	_____
<input type="checkbox"/> Claim is made by agent or broker for unpaid commissions or invoices	_____
<input type="checkbox"/> All other claimants	_____
<b>TOTAL AMOUNT OF CLAIM</b>	<b>\$ _____</b>

The particulars of the claim (date, nature, etc.) and the consideration (amount) given for the claim are (attach an additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

The identity and amount of security on the claim are:

\_\_\_\_\_

\_\_\_\_\_

If you have received any compensation for your claim, please state identity and amount of payment received.

\_\_\_\_\_

\_\_\_\_\_

If you have assigned your right of recovery please indicate assignee's name and address. A COPY OF ASSIGNMENT MUST BE ATTACHED.

\_\_\_\_\_

\_\_\_\_\_

<b><u>CLAIMANT NAME AND ADDRESS:</u></b> PLEASE PRINT	<b><u>ATTORNEY NAME &amp; ADDRESS (if any):</u></b> PLEASE PRINT
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____	CITY _____ STATE _____ ZIP CODE _____
PHONE NO.(    ) _____	PHONE NO.(    ) _____

The undersigned subscribes and affirms that: (1) The amount claimed is justly owing and there is no setoff, counterclaim or defense to the claim; (2) A copy of written documentation establishing the basis for the claim is attached.

X \_\_\_\_\_  
Signature of Claimant                      Title (if applicable)                      Social Security or Tax ID No.                      Date Signed

COUNTY: \_\_\_\_\_ SUBSCRIBED AND SWORN BEFORE ME THIS DATE OF  
STATE: \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Liquidator to Complete:  
Liquidator Claim No \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\* READ CAREFULLY  
INSTRUCTIONS FOR COMPLETING AND FILING PROOF OF CLAIM  
"IN THE MATTER OF THE LIQUIDATION OF  
NATIONAL ANNUITY COMPANY."**

1. A full and detailed statement of the facts constituting the claim. If not enough space is available on the form, attach additional sheets.
2. Policyholders/annuitants must include a copy of any policy on which a claim is filed.
3. **ALL POLICYHOLDERS/ANNUITANTS** with previously reported claims or new claims should check the first box indicating "Claim is made by policyholder for benefits provided by the policy". Filing your proof will place the Liquidator on notice of the claim. This will activate your claim in the liquidation proceedings. You should file a separate proof for each claim that is known to you. You must file a Proof of Claim even if the claim is in a lawsuit. Do not file this Proof of Claim unless you are aware of a claim and can actually support it. If you fail to adequately describe and document your claim, for purposes of this liquidation, your Proof of Claim may be rejected at the sole discretion of the Liquidator.
4. **CLAIMANTS OTHER THAN POLICYHOLDERS** should check the appropriate box of the Proof of Claim form. This proof must be filed, even though the claim was presented to the company. Failure to file this proof will jeopardize your claim in the liquidation. If you fail to provide adequate documentation to support your claim, your Proof of Claim may be rejected at the sole discretion of the Liquidator.
5. Claims submitted for legal, actuarial, or general creditor fees must include a copy of the original written contract or description of any other agreement with the company and must be accompanied by detailed invoices.
6. Supporting documents must be attached:
  - (a) If the claim is for loss or benefits under a policy or contract of insurance, attach a copy of the proof of loss, request for benefits, if any, filed with the company prior to the liquidation.
  - (b) If the claim is for materials supplied, services rendered, or a contract with the company other than a policy or contract of insurance, a copy of the contract should be attached. If such contract was oral, give the name of the person who acted for the company and the terms of the contract or agreement.
  - (c) If any document has been lost, destroyed, or cannot be provided, the reason should be stated.
  - (d) Claims filed by receivers, administrators, assignees, attorneys-in-fact, guardians, or other representatives, should include proof of authority.
  - (e) If you have been sued in connection with the claim, attach a copy of the summons or complaint or petition.
7. The Proof of Claim must be signed as follows:
  - (a) A claimant who is an individual should sign on the line indicated.
  - (b) A claim filed by a corporation should be signed by an officer, designating his title.
8. During the course of this liquidation proceeding, parties filing claims with the Liquidator must notify the Liquidator of any mailing address changes.
9. The Liquidator reserves the right to require other information he deems necessary in order to allow and properly classify a claim or to deny it.

**THE LAST DAY FOR FILING THIS PROOF OF CLAIM IS 11:59 P.M., March 14, 2008.**

Even if you may not be able to determine the exact amount of your claim prior to that date, this form must be filed with the Liquidator or your claim may not be allowed. Mail the completed form to National Annuity Company In Liquidation, 215 South State Street, Suite 300, Salt Lake City, Utah 84111.