

DATE OF NOTICE: August 21, 2006

LIQUIDATION NO.: S.P. No. 06-1-0225

PROOF OF CLAIM

TO: The Insurance Commissioner of the State of Hawaii, Liquidator of The Hawaiian Insurance & Guaranty Company, Limited. ("HIG").

TOTAL AMOUNT CLAIMED: \$ _____

EXPLANATION OF CLAIM: _____

Name: _____

Address: _____

Telephone No.: () _____

Social Security No. or Tax ID No.: _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Claimant

Date

THE FINAL DATE FOR FILING IS: FEBRUARY 21, 2007

ALL INFORMATION MUST BE PROVIDED FOR YOUR CLAIM TO BE CONSIDERED. IF NECESSARY, USE ADDITIONAL PAGES. SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS.

MAIL THIS COMPLETED FORM AND SUPPORTING DOCUMENTS TO THE HAWAIIAN INSURANCE AND GUARANTY COMPANY LIMITED, IN LIQUIDATION, P.O. BOX 1350, HONOLULU, HI 96807-1350

DIRECTIONS FOR FILING AND PROVIDING CLAIMS

Under “Explanation of Claim,” all of the following that is applicable must be provided:

1. The particulars of the claim including the consideration given for it;
2. The identity and amount of the security on the claim;
3. The payments made on the debt, if any;
4. That the sum claimed is justly owing and that there is no setoff, counterclaim, or defense to the claim;
5. Any right of priority of payment or other specific right asserted by the claimant;
6. A copy of the written instrument which is the foundation of the claim; and
7. The name and address of the claimant and the attorney who represents the claimant, if any.

Mail the completed Proof of Claim form to The Hawaiian Insurance and Guaranty Company Limited, in Liquidation, P. O. Box 1350, Honolulu, HI 96807-1350.

The Liquidator reserves the right to require such other information as may be deemed necessary.