

**CHANCELLOR REINSURANCE COMPANY OF CANADA  
("CHANCELLOR")**

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**PROOF OF CLAIM**

**TO THE LIQUIDATOR OF CHANCELLOR APPOINTED  
PURSUANT TO THE INSURANCE COMPANIES ACT, S.C. 1991, c. 47**

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**NOTE THAT THIS PROOF OF CLAIM MUST BE DELIVERED TO THE LIQUIDATOR AT THE ADDRESS SET OUT BELOW AT OR BEFORE 5:00 p.m. PACIFIC TIME ON JUNE 29, 2012 OR THE CREDITOR WILL BE FOREVER BARRED FROM MAKING OR ENFORCING ANY CLAIM AGAINST CHANCELLOR OR THE LIQUIDATOR AND THE CLAIM WILL BE FOREVER EXTINGUISHED.**

Please read carefully the instructions accompanying this Proof of Claim. Please print legibly.

Full Name of Creditor: \_\_\_\_\_

Full Name of Authorized Representative (if any) \_\_\_\_\_

Position \_\_\_\_\_

Full Mailing Address of Creditor  
(all notices and correspondence regarding  
your Claim will be forwarded to this address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Fax No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
E-mail address \_\_\_\_\_

Total Claim Amount: \$ \_\_\_\_\_

THE UNDERSIGNED HEREBY CERTIFIES AS FOLLOWS:

1. I am a Creditor of Chancellor (or I am the \_\_\_\_\_ of the Creditor);
2. I have knowledge of all the circumstances connected with the Claim as set out in the attached Schedule;
3. Attached as schedules to this Proof of Claim are:
  - (a) documents which establish validity and amount of the Claim; and
  - (b) a description of the transaction or agreement giving rise or relating to the Claim.

DATED AT the City of \_\_\_\_\_, in the Province/State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Claimant or Authorized Representative

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

The duly completed Proof of Claim together with all Schedules and accompanying documents must be returned to the Liquidator of Chancellor on or before June 29, 2012 at the following address:

**KPMG Inc.**  
**Liquidator of Chancellor Reinsurance Company of Canada**  
**777 Dunsmuir Street, Suite 900**  
**P.O. Box 10426**  
**Vancouver, B.C. V7Y 1K3**  
**Fax No.: (604) 691 3036**  
**E-mail: jgkwok@kpmg.ca**

The Liquidator will advise you if they dispute your claim by sending you a Notice of Revision or Disallowance accompanied with particulars as to how you may dispute such a revision or disallowance. If no response is received to your Proof of Claim, the Liquidator has accepted your Claim for distribution purposes.