

**INDIANA LIQUIDATION PROCEEDING
REGARDING
BENICORP INSURANCE COMPANY, IN LIQUIDATION**

PROOF OF CLAIM

A Liquidation Proceeding has been opened in Indiana, pursuant to Ind. Code 27-9-3, to consider and adjudicate claims under Indiana law as a result of the insolvency of Benicorp Insurance Company ("Benicorp").

IF YOU WERE A MEMBER/ENROLLEE OF BENICORP, OR A HEALTH CARE PROVIDER WHO RENDERED SERVICES TO A MEMBER/ENROLLEE OF BENICORP, AND YOU HAVE ALREADY RECEIVED PAYMENT IN FULL ON YOUR CLAIMS FROM A GUARANTY ASSOCIATION, THEN YOU DO NOT NEED TO FILE A PROOF OF CLAIM.

If, however, you have a claim against Benicorp you must fill out this form completely and return it to Benicorp Insurance Company, In Liquidation, c/o Special Deputy Liquidator, at the address shown below, by depositing it in the United States mail, first class postage prepaid, by no later than May 15, 2009. FAILURE TO HAVE THIS FORM COMPLETED, MAILED AND POSTMARKED ON OR BEFORE MAY 15, 2009, WILL AFFECT YOUR LEGAL RIGHTS AND MAY BAR ANY CLAIM BY YOU.

Please file only one (1) claim per Proof of Claim form. If you have more than one (1) claim as against Benicorp, you may file as many separate Proof of Claims as necessary to submit each of your individual claims.

PLEASE PRINT OR TYPE THIS SECTION

1. Name: _____ 2. Daytime Phone Number
_____ (____) _____ - _____

3. Address:

Street Address City State Zip Code

4. Give a brief explanation of the facts and basis surrounding your claim, including the consideration on which it is based. Attach all documents which are the foundation of or otherwise provide support for the claim and identify the date on which your claim arose against Benicorp (use additional pages if necessary and attach all documentation supporting your claim).

5. Identify the amount of the claim, the identity and amount of security on the claim, if any, payments made on the claim to date, if any, and the right of priority of payment or other specific rights being claimed, if any. (Use additional pages if necessary.)

6. Social Security or Federal ID No.: _____

7. By signing this Proof of Claim (this form **MUST BE SIGNED**), the undersigned verifies that the sum claimed is justly owing and that there is no set-off, counterclaim, or defense to the claim.

Printed _____
Title (if applicable) _____

This Proof of Claim **MUST BE MAILED AND POSTMARKED NO LATER THAN MAY 15, 2009**, addressed to the attention of:

Benicorp Insurance Company, In Liquidation
c/o Special Deputy Liquidator
7702 Woodland Drive, Suite 200
Indianapolis, IN 46278-1717

To Be Completed by Special Deputy Liquidator

Claim I.D. #: _____

Postmarked Date: _____

Received: _____