

EXHIBIT C

Affidavit of First Class Mailing

STATE OF WISCONSIN )  
  )     ss.  
COUNTY OF DANE     )

I, Amy J. Malm, being first duly sworn upon oath, deposes and states as follows:

1. I am employed by the Office of the Commissioner of Insurance of the State of Wisconsin as the Director of Financial Analysis and Examinations, and make this affidavit on personal knowledge.
2. On May 9, 2019, I mailed a true copy of a Notice of Liquidation of Northwestern National Insurance Company of Milwaukee, Wisconsin, and Proof of Claim Form to 2 persons and entities named in the attached.
3. I mailed the document(s) by enclosing the same in an envelope, postage paid, and depositing it in a post office or an official depository under the care and custody of the United States Postal Service.
4. I have attached a true copy of the document(s) mailed.

  
\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me  
this 9<sup>th</sup> day of May, 2019

  
\_\_\_\_\_  
Print Name: Richard Wicka  
Notary Public, State of Wisconsin  
My Commission: Permanent

Affidavit of Witness to First Class Mailing

STATE OF WISCONSIN )
)
COUNTY OF DANE ) ss.

I, Mary Sue Gilardi, being first duly sworn upon oath, deposes and states as follows:

- 1. I am employed by the Office of the Commissioner of Insurance of the State of Wisconsin as a Records Management Supervisor, and make this affidavit on personal knowledge.
2. On May 9, 2019, I accompanied Amy J. Malm to a United States Post Office in Madison, Wisconsin, and there witnessed that she personally deposited 2 postage-paid first class letters, which she represented to be Notice of Liquidation and Proof of Claim Form for Northwestern National Insurance Company of Milwaukee, Wisconsin.

Mary Sue Gilardi
Signature of Affiant

Subscribed and sworn to before me
this 9th day of May, 2019

Richard Wiska
Notary Public, State of Wisconsin
My Commission: Permanent

# NORTHWESTERN NATIONAL INSURANCE COMPANY OF MILWAUKEE, WISCONSIN

May 2, 2019

Re: Notice of Liquidation of Northwestern National Insurance Company of Milwaukee, Wisconsin and Termination of Coverage

Dear Policyholders and Claimants:

Northwestern National Insurance Company of Milwaukee, Wisconsin (Northwestern National), a Wisconsin domiciled company, was ordered to be liquidated by the Dane County Circuit Court, State of Wisconsin, on May 2, 2019. Northwestern National has been in run-off since 1986 and the Office of the Commissioner of Insurance petitioned for the liquidation of Northwestern National only after all other alternatives were thoroughly explored.

The Court appointed Wisconsin Commissioner of Insurance, Mark V. Afable, and his successors in office or any of their delegates, as Liquidator, and Amy J. Malm as Special Deputy Liquidator for Northwestern National.

The liquidation of Northwestern National impacts your insurance coverage under a policy issued by the company. Wisconsin's Office of the Commissioner of Insurance (OCI) is making every effort to minimize the financial loss and inconvenience you may experience due to the liquidation.

You are strongly urged to **read this letter carefully** and follow the procedures outlined. This letter will give you information on the treatment of your policy or claim in the liquidation. If you have any questions, please address them in writing to the Special Deputy Liquidator at the address below or email [ocinlicliquidation@wisconsin.gov](mailto:ocinlicliquidation@wisconsin.gov). Please do not call.

Special Deputy Liquidator for  
Northwestern National Insurance Company of Milwaukee, Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, Wisconsin 53707-7873

## NOTICE TO POLICYHOLDERS OF IN-FORCE ACCIDENT AND HEALTH POLICIES

**Policy Termination:** Pursuant to § 645.43 (1), Wis. Stat., all insurance policies issued by Northwestern National Insurance Company of Milwaukee, Wisconsin that are not continued under the state laws of Insurance Guaranty Associations will be terminated based on the court order at the earliest of the following dates:

- (a) May 17, 2019
- (b) The normal date for the expiration of coverage; or
- (c) The date the insured has replaced the insurance coverage with equivalent insurance in another insurer; or
- (d) The date the Liquidator has effected a transfer of the policy obligation pursuant to §645.46(8), which ever time is less.

If your policy is not continued by your state's Insurance Guaranty Association, we urge you to immediately seek replacement coverage effective no later than May 17, 2019.

Northwestern National Insurance Company of Milwaukee, Wisconsin  
Notice to Policyholders and Claimants of Liquidation and Termination of Coverage  
May 2, 2019  
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**Policyholders of in-force Accident and Health policies who are residents of New York, Kentucky or a foreign country:** Based on representations of the New York and Kentucky Guarantee Associations to OCI, the Insurance Guaranty Association in your state does not provide continuation coverage for you. Your policy will be terminated in accordance with § 645.43 (1), Wis. Stat., on May 17, 2019, 15 days after the date of the Liquidation Order. The Liquidator (for New York and foreign residents) or the Kentucky P&C Insurance Guaranty Association (for Kentucky residents) will pay your claims incurred prior to the date of policy termination. New York and foreign residents should continue submitting medical expenses covered by your policy as you currently submit them until the termination date of your policy. Kentucky residents should submit their medical expenses to the Kentucky P&C Insurance Guaranty Association.

**All other Policyholders of Accident and Health in-force policies:** The Accident and Health policies for all policyholders who are not residents of New York, Kentucky or a foreign country will be continued by the Life & Health Insurance Guaranty Association in each such policyholder's state of residence subject to the limitations and restrictions in each state's Life & Health Guaranty Association law. If you wish to keep your policy in force, you should continue to pay your policy premiums timely. You will be receiving a notice from your guaranty association, on or about the date of this letter, providing important information about the coverage of your policy. In addition, you can find contact information for the Life & Health Insurance Guaranty Association in your state through the National Organization of Life and Health Insurance Guaranty Associations' website, [www.nolhga.com](http://www.nolhga.com).

#### **NOTICE TO INSURED AND CLAIMANTS UNDER POLICIES OTHER THAN ACCIDENT AND HEALTH**

**Filing Proof of Claim:** All claimants and potential claimants who wish to share in the distribution of Northwestern National's assets are required to file a Proof of Claim under §645.62, Wis. Stat., with the Special Deputy Liquidator, c/o Northwestern National Insurance Company of Milwaukee, Wisconsin, P.O. Box 7873, Madison, Wisconsin 53707. The Proof of Claim must be postmarked on or before November 2, 2019.

Claims must be filed on a Proof of Claim form and according to instructions which may be obtained by writing to the above address. If you fail to file a Proof of Claim as prescribed by statute by November 2, 2019, your claim will not be considered for payment. If someone makes a claim against you for liability which is covered by a Northwestern National policy, you should file a Proof of Claim with the Special Deputy Liquidator on your own behalf, regardless of whether the person making the claim against you files a claim.

You do not need to file a Proof of Claim if you have already filed a claim with Northwestern National or have given notice to the company of a suit in accordance with the policy terms.

You do not need to file a claim for return of unearned premium. Claims for unearned premium will be determined based on Northwestern National's records.

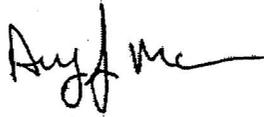
**P&C Insurance Guaranty Association Coverage:** The Insurance Guaranty Association of your state may provide coverage of claims under policies issued by insurance companies in liquidation, subject to certain deductibles, limits, restrictions and exclusions. Your state's Insurance Guaranty Association will determine the allowable amount and the extent of policy coverage for any eligible claim against Northwestern National.

The Insurance Guaranty Association will be responsible for the administration of all property and casualty claims under policies covered by them, including direction of defense counsel. Your defense counsel may contact Northwestern National at the above address in an urgent situation; otherwise, defense counsel will receive instructions directly from the applicable Insurance Guaranty Association at a later time.

Northwestern National Insurance Company of Milwaukee, Wisconsin  
Notice to Policyholders and Claimants of Liquidation and Termination of Coverage  
May 2, 2019  
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You may find contact information for the Insurance Guaranty Association in your state through the National Conference on Insurance Guaranty Funds' website, [www.ncigf.org](http://www.ncigf.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Amy J. Malm", with a horizontal line extending to the right.

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Amy J. Malm, Special Deputy Liquidator  
Northwestern National Insurance Company  
of Milwaukee, Wisconsin

PROOF OF CLAIM IN THE MATTER OF NORTHWESTERN NATIONAL INSURANCE COMPANY OF MILWAUKEE, WISCONSIN IN LIQUIDATION

For Office Use Only

Case No. 19CV001209

LIQUIDATOR CLAIM NO.:

DEADLINE FOR FILING PROOF OF CLAIM IS NOVEMBER 2, 2019

DATE PROOF OF CLAIM RECEIVED:

File a separate Proof of Claim for each claim.

READ CAREFULLY BEFORE COMPLETING THIS FORM - PLEASE PRINT

Claimant Information:

Name: \_\_\_\_\_

Policy Number:

Insured:

Street Address \_\_\_\_\_

Claim Number:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Loss:

Telephone: ( ) \_\_\_\_\_ Social Security No. or Federal Tax I.D. No. \_\_\_\_\_

Email Address \_\_\_\_\_

(If represented by an attorney in this matter, please attach a separate sheet with attorney's name, address, and telephone number.)

Claim Information:

EACH PROOF OF CLAIM MUST HAVE ATTACHED ALL SUPPORTING DOCUMENTATION IN ORDER TO BE CONSIDERED.

AMOUNT OF CLAIM (show amount remaining due after reduction for all partial payments received): \$ \_\_\_\_\_

Attach a statement briefly explaining the nature of your claim. If your claim arises out of an accident or other loss, you must include the date and location of the accident or loss. If your claim arises out of an insurance policy issued by Northwestern National Insurance Company of Milwaukee, Wisconsin, provide the name of the person or entity insured by Northwestern National Insurance Company of Milwaukee, Wisconsin and any existing claim number.

Attach a list of all other insurance policies providing coverage or other sources for possible payment for this claim. Include the name of the insurance company, policy number, and claim number, if applicable.

Additional Information:

Are you a resident of the State of Wisconsin? (Circle one) Yes No

Is there security on your claim? (Circle one, and attach description if applicable) Yes No

Is there a written contract, other than an insurance policy involved? (Circle one, and if yes, attach description and any applicable documentation) Yes No

UNDER PENALTIES OF LAW, I STATE THAT THE FACTS AS SET FORTH IN THIS CLAIM ARE TRUE, THAT THE SUM CLAIMED IS JUSTLY OWING AND THAT THERE IS NO SET-OFF, COUNTERCLAIM OR DEFENSE TO THE CLAIM SUBMITTED.

STATE OF \_\_\_\_\_

Claimant's Name (Please Print) \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Signature of Individual, Partner, or Officer \_\_\_\_\_

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ the above named signatory, \_\_\_\_\_, to me known to be the person who executed the foregoing instrument and

acknowledge the same.

RETAIN A COPY FOR YOUR RECORDS

RETURN TO: Special Deputy Liquidator, c/o Northwestern National Insurance Company of Milwaukee, Wisconsin, Office of the Commissioner of Insurance, P.O. Box 7873, Madison, Wisconsin 53707-7873

Last Name	First Name	Company	Contact/Registered Agent	Address1	Address2	City	State	Zip
		US BANK		1555 RIVERCENTER DR STE 300		MILWAUKEE	WI	53212
		WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT		P O BOX 7946		MADISON	WI	53707-7946