

# WISCONSIN REINSURANCE CORPORATION, IN LIQUIDATION

## INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

This Proof of Claim form is used for filing a claim against Wisconsin Reinsurance Corporation, in Liquidation ("WRC"). If you have a claim to pursue against WRC, you must file a completed Proof of Claim form with the Liquidator by July 1, 2023 (the "bar date"). To file by the bar date the Proof of Claim form must be **postmarked or received by the Liquidator no later than 11:59 PM CDT on July 1, 2024**. Failure to file a timely claim may result in the denial of your claim or consideration of your claim. Persons claiming unearned premium do NOT need to file a Proof of Claim.

Please print legibly in ink or type. Complete all of the applicable sections and blanks, review and sign. Attach additional sheets, as necessary. In the event you do not know certain information, please write "unknown." You may supplement your Proof of Claim when you have more information, provided you do so promptly after you obtain the information. If you have more than one claim against WRC, a separate Proof of Claim must be submitted for each claim. You may make copies of the Proof of Claim form, request additional copies from the Liquidator using the address below, or download the form from the Liquidator website at [oci.wi.gov/WRC](http://oci.wi.gov/WRC). A Proof of Claim must be filed even if a claim was made against WRC prior to liquidation. You are advised to keep a completed copy for your records.

Whenever a claim is based upon an instrument in writing, a copy of the document should be attached to the Proof of Claim. If the document has been destroyed, a statement of the facts and circumstances of the loss must be filed, under oath, with this claim. The right (but not the obligation) to request additional supporting information is retained by the Liquidator. The failure to promptly provide such additional information may result in denial of the claim.

Early submission of your Proof of Claim form(s) will allow the Liquidator to resolve any issues in a timely manner. The Court governs the timing and final payment of approved claims.

### **Claimant Information:**

Complete the requested contact and policy/claim number information. Ensure that the claimant's address is current, including a correct zip code. **You are required to notify the Liquidator of your change of address. If you fail to do so, you may jeopardize recovery from this estate.**

### **Claim Information:**

Complete the requested claim information, including the amount of the claim, and a concise statement of the facts giving rise to your claim in a **separate attachment**. Make sure you attach supporting documentation of your claim to the Proof of Claim.

### **Additional Information:**

Please provide your responses to the three questions provided.

### **Signature:**

The claimant needs to sign and date the Proof of Claim form affirming the accuracy of the information provided. The signature does NOT need to be notarized.

**Filing:**

**A complete and signed Proof of Claim form must be postmarked or received by the Liquidator no later than 11:59 PM CDT on July 1, 2024.** Please retain a copy for your records. Submit to the Liquidator at the following address:

Wisconsin Reinsurance Corporation, in Liquidation  
Attn: Justin Schrader, Special Deputy Commissioner  
2810 City View Drive  
Madison, WI 53718  
Fax: (608) 242-4514  
Email: wrcproofofclaim@thewrcgroup.com

**IMPORTANT MAILING INFORMATION:**

**The Liquidator is not responsible for undelivered mail. To protect your personal information, the Liquidator recommends certified mail or some other service such as FedEx or UPS. Do not send the Proof of Claim form by unsecured email. You can transmit the Proof of Claim form via facsimile; however, the Liquidator shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send the Proof of Claim form by fax and accept responsibility for any unintended disclosure or breach of facsimile transmission, the fax number is (608) 242-4514.**

**Notes:**

**Claims will be adjudicated, as applicable, in accordance with Chapter 645 of Wisconsin Statutes, applicable policy and contract provisions, applicable guaranty fund statutes and/or the Liquidation Order or subsequent orders issued by the Liquidation Court. Appeal guidelines are found in Wis. Stat. § 645.65**

After all claims against WRC are evaluated by the Liquidator and approved by the Court, approved claims will be paid by priority level based on available funds in accordance with Section 645.68. The amount of the payment will depend on the assets recovered. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated and assets are recovered. In any event, payment will not be made for several months.

The Liquidator's receipt of this Proof of Claim form does not constitute any waiver or relinquishment by the Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity, or governmental agency, regarding any actions pursued by the Liquidator of WRC on behalf of WRC claimants, policyholders, and creditors.