

NOTICE OF LIQUIDATION

By Order of the Superior Court for Washington County, Vermont, dated February 6, 2024, (the “Liquidation Order”), the Commissioner of the Department of Financial Regulation for the State of Vermont, was appointed Liquidator of Emergency Physicians Insurance Exchange Risk Retention Group (“EPIX”). This notice will serve as notice of the Liquidation Order as required by 8 V.S.A. § 7061.

IF YOU BELIEVE THAT YOU ARE PRESENTLY OWED MONIES BY EPIX, OR MAY BE OWED MONIES AT ANY TIME IN THE FUTURE, YOU MUST FILE A PROOF OF CLAIM ON OR BEFORE AUGUST 30, 2024 OR YOUR CLAIM AGAINST EPIX MAY BE BARRED.

INSTRUCTIONS FOR COMPLETION OF PROOF OF CLAIM FORM

If you believe that you have a claim now, or may have a claim in the future, against EPIX for any reason, you must file a Proof of Claim form in order to preserve your claim. If a claim has been filed against you, include details of the claim. Such details should include a brief narrative description of the claim, any claim or docket numbers, and identification of any costs incurred or payments you have made to date. If you wish to preserve your rights as to any claim that might be filed in the future, describe the claim as “unreported claim.”

- You must print your name and address in the space provided and sign and date the Proof of Claim form. If you have an attorney, include his or her contact information.
- Your Proof of Claim must be postmarked on or before August 30, 2024 and mailed to the following address:

J. David Leslie, Esq., Special Deputy Liquidator
Verrill Dana LLP
One Federal Street, 20th Floor
Boston, MA 02110

- Priority rights are governed by statute (8 V.S.A. § 7081). If you do not assert a right of priority or do not know the priority class that applies to your claim(s), write “none”.
- You may be requested to submit supporting documentation to facilitate the Liquidator’s determination of your claim(s).
- If you need more information or have any questions, you may mail your inquiry to the above address or contact Stuart Leslie (sleslie@verrill-law.com or (617) 951-1130).
- If you file a Proof of Claim and your address changes, you are required to notify the Liquidator of such change.

After you file your Proof of Claim, the Liquidator will acknowledge receipt. If you do not receive an acknowledgement within thirty days, please call (617) 951-1130

**J. DAVID LESLIE, SPECIAL DEPUTY LIQUIDATOR OF
EMERGENCY PHYSICIANS INSURANCE EXCHANGE RISK RETENTION GROUP**

PROOF OF CLAIM

EMERGENCY PHYSICIANS INSURANCE EXCHANGE RISK RETENTION GROUP (“EPIX”)

The deadline for filing a Proof of Claim is August 30, 2024.

IF YOU DO NOT FILE A PROOF OF CLAIM BY THE DEADLINE, YOU MAY NOT RECEIVE ANY PAYMENTS FROM EPIX.

ADDITIONAL INSTRUCTIONS ARE ON THE REVERSE SIDE OF THIS FORM. PLEASE PRINT OR TYPE.

1. Description of Claim(s). Provide a detailed description of the basis for your claim(s) against EPIX. Include reference to any claim or docket numbers, amounts spent in defending claims, and amounts paid. To preserve your right to submit claims asserted after you sign this proof of claim and before the claim filing deadline, state “all rights under policies”:

If your claim arises from an insurance policy, provide the following information for each claim:

Policyholder name: _____
Policy number(s): _____
Claim number(s): _____
Date of loss: _____

(If you have multiple claims, policyholders, and/or policies to be included in this Proof of Claim, you may attach additional pages as required.)

2. Amount of the claim. If the amount of the claim will increase, state the known amount and then add that the amount is “subject to increase.” If you do not know the amount, state “unknown”: \$_____.
3. Type of security. If your claim is secured, state the type and amount of such security. If none, state “none”:
_____.
4. Offsets/Reductions. Payments made by EPIX that reduce the claim. If none, state “none”: \$_____.
5. Priority. Right of priority to payment or other specific right asserted by the claimant. _____.
6. Attach copies of any documents that provide support for the claim. If your claim is currently being administered through EPIX, no additional documentation is required at the time you submit this proof of claim.

Under penalties of law, I state that the facts set forth in this Proof of Claim are true to the best of my knowledge, that the sum claimed is justly owed, and that there is no known setoff, counterclaim or defense to the claim.

Your Name and Address:

Name and Address of your Attorney (if any):

Signature: _____
Date: _____

MAIL THIS FORM TO:
J. David Leslie – Special Deputy Liquidator
Verrill Dana LLP
One Federal Street, 20th Floor
Boston , MA 02110

The Special Deputy Liquidator of EPIX
acknowledges receipt of this Proof of Claim.

Date Received: _____

Proof of Claim No.: _____