

**CLAIM RESPONSE FORM**

**J.P. Schmidt vs. AG Airgroup Insurance, Inc.,  
S.P. No. 08-1-0188 (GJK), First Circuit Court, State of Hawaii**

CLAIMANT'S NAME: \_\_\_\_\_

CLAIMANT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ ENCLOSED INSTRUCTIONS CONCERNING CLAIM  
RESPONSE FORM BEFORE COMPLETING THIS FORM**

1. If you believe that you have a claim against AG Airgroup Insurance, Inc., you must print your name and sign in the spaces provided below and provide (in the space below or on additional sheets of paper, if necessary) a full and complete description of your claim, including the amount of the claim and the circumstances under which the claim-arose, and documentary evidence in support of your claim.

I state, under penalty of perjury, that I have a claim against the AG Airgroup Insurance Company, Inc.; that a full and complete description of my claim, including the amount of the claim and the circumstances under which the claim arose is set forth below; and that true and accurate documentary evidence in support of my claim is attached to this Claim Response Form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Current Address, if different from above

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

DESCRIPTION OF CLAIM(S):

2. If you believe that you do NOT have a claim against AG Airgroup Insurance, Inc., please complete this section.

I state, under penalty of perjury, that I have read the Notice of Liquidation Order and Procedures for Filing Claims in the AG Airgroup Insurance Company Liquidation and this form and that I do NOT have a claim against AG Airgroup Insurance Company, Inc.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

**IMPORTANT**

THIS COMPLETED CLAIM RESPONSE FORM (AND ANY DOCUMENTARY EVIDENCE, IF APPLICABLE) **MUST BE RECEIVED** AT THE FOLLOWING ADDRESS, BY DECEMBER 5, 2008:

**AG AIRGROUP INSURANCE COMPANY IN LIQUIDATION  
c/o J.P. Schmidt, Liquidator of AG Airgroup Insurance Company  
P.O. Box 3614  
Honolulu, Hawaii 96811**

IF YOU FAIL TO COMPLETE AND RETURN THIS CLAIM RESPONSE FORM (AND ANY SUPPORTING DOCUMENTARY EVIDENCE, IF APPLICABLE), SO THAT IT IS **RECEIVED** BY **DECEMBER 5, 2008**, ANY CLAIM YOU MAY HAVE IN THIS LIQUIDATION PROCEEDING SHALL BE DISALLOWED AND FOREVER BARRED.

PLEASE BE ADVISED THAT THE LIQUIDATOR CANNOT GIVE ANY ASSURANCES RESPECTING WHETHER OR WHEN A DISTRIBUTION WILL BE MADE, OR WHAT AMOUNTS WILL BE DISTRIBUTED. BECAUSE THE FUNDS AVAILABLE TO PAY CLAIMS ARE LIMITED, THERE IS A POSSIBILITY YOU MAY NOT RECOVER ANY PART OF YOUR CLAIM. THE PURPOSE OF THIS FORM IS TO ASCERTAIN AND CONFIRM THE CLAIMS AGAINST AG AIRGROUP INSURANCE COMPANY, INC. IN ORDER TO FACILITATE DISTRIBUTION TO THOSE HOLDING CLAIMS AGAINST AG AIRGROUP INSURANCE COMPANY, INC. IF AND WHEN A DISTRIBUTION IS MADE. COMPLETING THE FORM DOES NOT GUARANTEE THAT YOUR CLAIM, OR ANY PART THEREOF, WILL BE PAID.