

CLAIM RESPONSE FORM

**J.P. Schmidt vs. PrimeGuard Insurance Company, Inc., a Risk Retention Group
S.P. No. 05-1-0443 VSM, 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 PrimeGuard Insurance Company, Inc., First Assured Warranty Corporation or 1SourceAutoWarranty.com, 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 PrimeGuard Insurance Company, Inc., First Assured Warranty Corporation or 1SourceAutoWarranty.com, 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 PrimeGuard Insurance Company, Inc., First Assured Warranty Corporation or 1SourceAutoWarranty.com, 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 PrimeGuard Insurance Company Liquidation and this form and that I do NOT have a claim against PrimeGuard Insurance Company, Inc., First Assured Warranty Corporation or 1SourceAutoWarranty.com, Inc.

Print Name

Signature

Date

IMPORTANT

THIS COMPLETED CLAIM RESPONSE FORM (AND ANY DOCUMENTARY EVIDENCE, IF APPLICABLE) **MUST BE RECEIVED** AT THE FOLLOWING ADDRESS, BY **NOVEMBER 30, 2006**:

**PRIMEGUARD INSURANCE COMPANY IN LIQUIDATION
C/O J.P. Schmidt, Liquidator of PrimeGuard 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 **NOVEMBER 30, 2006**, 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 1SOURCEAUTOWARRANTY.COM, INC., FIRST ASSURED WARRANTY CORPORATION AND PRIMEGUARD INSURANCE COMPANY, INC. IN ORDER TO FACILITATE DISTRIBUTION TO THOSE HOLDING CLAIMS AGAINST 1SOURCEAUTOWARRANTY.COM, INC., FIRST ASSURED WARRANTY CORPORATION AND PRIMEGUARD 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.