

CASUALTY RECIPROCAL EXCHANGE
EQUITY MUTUAL INSURANCE COMPANY
11880 College, Suite 500
Overland Park, KS 66210

April 29, 2005

Workers' Compensation Court
P.O. Box 537
Helena, MT 59624-0537

RE: Claimant Carl Miller, Individually and on Behalf of Others 0222

Dear Sir or Madam:

Casualty Reciprocal Exchange ("CRE") was ordered into liquidation on August 18, 2004. I have enclosed a Proof of Claim ("POC") form for you to complete, sign and return to be considered for possible future distributions to claimants of the Estate.

I understand that you may not have detailed claimant information available to support your claim at this time. So, your incomplete POC submission will be accepted if filed before the bar date (June 30, 2005).

If you have any questions, please contact me at your convenience.

Respectfully,



F. William Kobusch
Special Deputy Liquidator
(888) 361-8300

NOTICE OF LIQUIDATION
of CASUALTY RECIPROCAL EXCHANGE ("CRE") and
EQUITY MUTUAL INSURANCE COMPANY ("EMIC")
(FORMERLY PART OF THE "DODSON GROUP")
Proof of claim filing deadline: 4:30 p.m. CDT, JUNE 30, 2005

To claimants, creditors, policyholders, agents and all other persons who may have claims against CRE or EMIC:

A Judgment, Decree and Order of Liquidation with Finding of Insolvency (the "Judgment") was entered against CRE and EMIC on August 18, 2004 by the Circuit Court of Cole County, Missouri (the "Court") in Case No. 02CV326311, Cole County, Missouri. Scott B. Lakin, Director of the Missouri Department of Insurance, was appointed as Liquidator of CRE and EMIC, and F. William Kobusch was appointed as Special Deputy Liquidator of CRE and EMIC.

Proofs of Claims must be received by the Liquidator on or before June 30, 2005 at 4:30 p.m. Central Daylight Time (the "Claims Bar Date") or they may not be considered. There will be no payment by CRE and/or EMIC for any claim, incident, lawsuit or other matter unless it is properly filed as a Proof of Claim on an official Proof of Claim form, even if it was previously filed with the Dodson Group, CRE or EMIC, a state guaranty fund, or another person or official. Each claim must be filed on a separate Proof of Claim form. All claims liabilities will be determined and all assets will be distributed in accordance with the insurance laws of the State of Missouri, RSMo §§ 375.1150-375.1246.

Policyholders must file a Proof of Claim with the Liquidator for each known claim (including any return premium or loss claim) or possible claim (policyholder protection claim) to preserve rights to payment. Third-party claimants who are not CRE/EMIC policyholders must file Proofs of Claim with the Liquidator in order to preserve any right to payment from CRE/EMIC. There must be an original signature on the Proof of Claim. Completed Proofs of Claim should be mailed to the Liquidator at the address below. The Proof of Claim will be approved or denied by the Liquidator. A hearing on the Proof of Claim may be required.

Pursuant to the Judgment, policies issued by CRE and/or EMIC that have not already expired or been cancelled were ordered cancelled upon the earliest of the following:

- (a) Thirty (30) days after the date of the Judgment (which was entered on August 18, 2004), at 12:01 a.m. local time of the insured or policyholder of such direct policy or certificate of insurance; or
- (b) Upon the expiration date of any such direct policy and/or certificate of insurance, if the expiration date is sooner than thirty (30) days after the entry of the Judgment; or
- (c) Upon the date the insured or policyholder of any such direct

PROOF OF CLAIM

**Casualty Reciprocal Exchange and Equity Mutual Insurance Company, in Liquidation
(FORMERLY PART OF THE DODSON GROUP)**

Claims Bar Date is 4:30 p.m. Central Daylight Time, June 30, 2005.

(Lakin v. Casualty Reciprocal Exchange and Equity Mutual Ins. Co., Case No. 02 CV 326311, Circuit Court of Cole County, Missouri)

CLAIMANT NAME AND ADDRESS - PLEASE COMPLETE OR CORRECT AS APPLICABLE:

(Name/Address to be placed here if available.)

Corrections, if any:

MONTANA WORKERS COMPENSATION - COURT CARL MIL
P.O. BOX 537
HELENA, MT 59624-0537

Any claimant who has or may have a claim against Casualty Reciprocal Exchange ("CRE") or Equity Mutual Insurance Company ("EMIC") is required to file a completed Proof of Claim with the Liquidator in order to be eligible to participate in any distribution of assets. A completed Proof of Claim describing your claim should be mailed early enough before the deadline so that the Proof of Claim is received by the Liquidator at the address given on the last page of this form on or before the Claims Bar Date of Thursday, June 30, 2005 at 4:30 p.m. Central Daylight Time. A separate Proof of Claim must be filed for each claim. You must provide all information requested.

What is your Social Security No. (SSN) or Fed. Tax Identification No.? _____

Is your claim against Casualty Reciprocal Exchange or Equity Mutual Insurance Or Are you unsure of the company? (Check the appropriate box.)

Place a check mark in the box below that describes the nature of your claim. Provide all the requested information where applicable. Attach a legible copy of your policy if you have one. If your claim involves litigation of any kind, include the case name, case number and the court or tribunal where the litigation is pending. You must attach all supporting documentation, or must fully describe such documentation if previously forwarded to CRE/EMIC, in order for your claim to be considered. You must send additional information as it becomes available.

- 1. Claim by a CRE/EMIC policyholder/insured for benefits arising under coverage of a policy or insurance contract; OR claim for injury or damage by a person against a CRE/EMIC policyholder/insured.
Policy No. _____ Co. Claim No. (if previously filed) _____
Date of Loss: _____ Agent No. _____
Is this a workers' compensation claim? _____
Case/Matter No. _____
- 2.A Claim for unpaid legal or professional services payable under policy or insurance contract.
Invoice N _____ Co. Claim No. (if previously filed) _____
(You must attach a copy of each unpaid invoice.)
- 2.B. Claim of an Insurance Guaranty Association ("IGA"). The undersigned IGA hereby makes claim for all covered claims arising out of policies, endorsements, contracts, or other obligations of CRE or EMIC paid or to be paid by the undersigned IGA and all expenses incurred or to be incurred by the undersigned IGA in connection therewith, whether such claims are absolute or contingent, liquidated or unliquidated, or otherwise.
- 3. Claim by U.S. Government (other than claims under policy or insurance contract).
Agency: _____
Case/Matter No. _____
- 4. Claim for salary or wages by an employee of CRE/EMIC.

THE DEADLINE FOR FILING THIS PROOF OF CLAIM WITH THE LIQUIDATOR IS 4:30 p.m. Central Daylight Time, JUNE 30, 2005.

DECLARATION BY CLAIMANT

The undersigned hereby certifies, declares, deposes and states the following: that he or she has read this Proof of Claim form and knows the contents thereof; that this claim in the amount stated above is justly owing to the Claimant; that there is no setoff, counterclaim or defense to the claim; that the matters set forth above and in any accompanying statements are true to the best of his or her own knowledge, information and belief, and that, as to such matters, he or she believes them to be true; that no payment of or on account of the aforesaid claim has been made except as indicated herein; that the Claimant understands that the Liquidator may require supplemental information or evidence and may require testimony under oath or affidavits to support this claim and may otherwise obtain information or evidence in any regard to this claim.

By signing this Proof of Claim in the space below as the Claimant or on behalf of the Claimant, the person signing acknowledges: that this document is a declaration and an application for a pecuniary benefit or other consideration made to the Missouri Director of Insurance in his capacity as the Liquidator of CRE and EMIC and to the Circuit Court of Cole County, Missouri, in Case No. 02 CV 326311; and that making a false statement herein which he or she does not believe to be true may subject the person signing to criminal prosecution and penalties for making a false declaration in violation of RSMo § 575.060 and other laws of the State of Missouri.

DATE SIGNED _____ STATE WHERE SIGNED _____

X
SIGNATURE OF PERSON MAKING CLAIM EITHER
 AS CLAIMANT OR ON BEHALF OF CLAIMANT

COUNTY WHERE SIGNED _____ PRINT YOUR NAME AND TITLE, OFFICIAL CAPACITY OR RELATION TO CLAIMANT _____

() ()
TELEPHONE NUMBER FACSIMILE NUMBER (IF ANY) YOUR FILE REFERENCE NO. (IF ANY)

Please retain a copy for your records and mail the original of this POC to the following address.

Casualty Reciprocal Exchange
Equity Mutual Insurance Company
Attention: Liquidator
P.O. Box 219658
Kansas City, MO 64121-9658

For information, copies of court orders and e-mail contact information, see: www.cre-emic.com
or telephone: 888-361-8300.

ALL CLAIMANTS MUST FILE

Policyholders must timely file a Proof of Claim with the Liquidator for each known claim (including any return premium or loss claim) or possible claim (policyholder protection claim) to preserve rights to payment. Third-party claimants who are not CRE/EMIC policyholders must file Proofs of Claim with the Liquidator in order to preserve any right to payment from CRE/EMIC. There must be an original signature on the Proof of Claim.

NON-WAIVER OF DEFENSES

The Liquidator's acceptance of this Proof of Claim form is not intended to, nor does it constitute, any waiver or relinquishment by the Liquidator of any defense, setoff or counterclaim that he may have against any person, entity or governmental agency. You may also have to fill out and submit a proof of claim on a separate form provided by a state insurance guaranty association ("IGA") in order for your claim to be covered by that IGA. Deadlines for submissions of such proofs of claim are governed by the laws in the state where the IGA is located. A "Guaranty Fund Directory" of state insurance guaranty associations is available on the above website.

CHANGE OF ADDRESS

If your address changes after you send in your Proof of Claim form, you must provide the Liquidator with your new address. Failure to do so may result in a loss of rights to obtain a distribution on your claim or to object in the event of the Liquidator's denial of your claim in whole or in part.

policy and/or certificate of insurance replaces the direct policy and/or certificate of insurance, or effects cancellation, if the insured or policyholder does so within thirty (30) days after the entry of the Judgment.

In order to receive back a copy of their Proofs of Claim claimants must enclose, with the Proof of Claim, one original and one copy of the Proof of Claim with a self-addressed, postage-paid envelope for return mail.

In addition to the right to file a claim with the Liquidator for CRE/EMIC, claimants may also be entitled to claim against the state insurance guaranty associations or funds for all or part of their claims, for policy benefits in accordance with applicable state guaranty laws. A directory of such guaranty associations or funds is available at the following website: www.cre-emic.com. Copies of the Judgment and the Proof of Claim form are also available on the website. Insured claimants or third-party claimants must file a Proof of Claim if they want to assert a claim against the CRE or EMIC estates for amounts claimed in excess of the amounts paid by a guaranty association or for claims presented to and denied by a guaranty association.

REQUIREMENTS FOR STATE INSURANCE GUARANTY ASSOCIATIONS FILING PROOFS OF CLAIM WITH THE LIQUIDATOR: Each state insurance guaranty association should file only a single Proof of Claim for all of its payments made or to be made in relation to CRE and/or EMIC policies. Guaranty associations do not need to file a separate Proof of Claim for each individual loss or expense that they pay or incur in the course of fulfilling their statutory obligations. (This paragraph does not apply to ordinary claimants who are not statutory insurance guaranty associations.)

Official Proof of Claim forms should be sent to:

Casualty Reciprocal Exchange
Equity Mutual Insurance Company
Attention: Liquidator
P. O. Box 219658
Kansas City, MO 64121-9658

THE COURT HAS ORDERED THAT ALL CLAIMS MUST BE TIMELY FILED WITH THE LIQUIDATOR AT THE ABOVE ADDRESS ON OR BEFORE 4:30 P.M. CDT, JUNE 30, 2005.

HELENA, MONTANA
OFFICE OF
WORKERS COMPENSATION JUDGE

JUN 9 - 6 2005

RECEIVED