

CLAIM FILING INSTRUCTIONS

READ CAREFULLY BEFORE COMPLETING THE PROOF OF CLAIM FORM

This Proof of Claim form is to be used if you have a claim against the receivership estate of the Vesta Fire Insurance Corporation or its' affiliates, Shelby Casualty Insurance Company, The Shelby Insurance Company, Texas Select Lloyds Insurance Company, or Select Insurance Services, Inc., (collectively referred to as the "Vesta Receiverships.") By accurately completing this form you can protect your interests, help us identify your claim and allow us the opportunity to properly consider your claim. ***Do not use this form to file a claim with a guaranty association. Please contact the guaranty association in your state to obtain information about filing a claim with the guaranty association responsible for your claim, if any. It is very important that you complete all the sections applicable to you, sign, and return the form.***

THE DEADLINE FOR FILING YOUR PROOF OF CLAIM IS 11:59P.M. C.S.T., NOVEMBER 30, 2007

IF YOU HAVE PREVIOUSLY FILED A PROOF OF CLAIM WITH THE SPECIAL DEPUTY RECEIVER, NO FURTHER CLAIM FILING WILL BE REQUIRED.

Please be aware that by filing a proof of claim, you are waiving any right to pursue the personal assets of the insured to the extent of the coverage or policy limits provided by the Vesta Receiverships. And, by filing a proof of claim, you agree that, to the extent of coverage and policy limits provided, you will seek satisfaction of the claim against the insured solely from distributions paid by the liquidator on the claim and from any guaranty association.

Please follow these instructions in completing the Proof of Claim form:

1. Please check the box of the correct insurance company receivership estate you have a claim against.
2. Provide us with your full name, permanent address, phone number, and, if you have computer access, your e-mail address. During the course of the receivership proceedings, you must notify us in writing of any mailing address and telephone number change. Failure to provide us with any change in your address may cause your claim to be delayed or disallowed.
3. You must provide your social security numbers (or Tax ID number) and telephone numbers, and sign and date the Proof of Claim. Claims filed by corporations must be signed by an authorized representative, stating the capacity of the signatory. If an attorney is signing this form on behalf of a client, a power of attorney must be attached.
4. If you have assigned your right of recovery, or if you have received your assignment, you must indicate the assignee's name and address and attach a copy of the assignment.
5. Indicate the type of claim and amount, if known, by checking the appropriate category and indicating the amount. If the amount of a claim is unknown, insert the word "unstated" in the amount column.
6. **YOU MUST INCLUDE ANY DOCUMENTATION SUPPORTING YOUR CLAIM.** If you fail to adequately describe or document your claim, your claim may be disallowed.
7. To reduce expenses, receipt of the Proof of Claim form by the Special Deputy Receiver will not be acknowledged. You will receive notice at the address you have provided to us on the Proof of Claim form when your claim is processed.
8. You must disclose all deposits, cash, premiums, securities, trust funds, letters of credit, or other assets of the Vesta Receiverships that you hold or control. If you were an agent, you need to submit an accounting of all premiums collected and held at the time we ceased writing policies.
9. After you complete the Proof of Claim form, review the completed form, sign, and date it. Failure to properly complete the Proof of Claim form according to these instructions may cause your claim to be delayed or disallowed.

IMPORTANT NOTICE

MAIL THE COMPLETED AND SIGNED FORM AND ALL OF YOUR DOCUMENTATION TO:

THE VESTA RECEIVERSHIPS

P.O. Box 1133, Dripping Springs, Texas 78620-1133

Contact Number: 1-888-313-5685

For more information go to <http://www.sdrtxpoc.com>