

To Be Completed by SDR	
POC # _____	_____
Claim # _____	_____
Date Received _____	_____

<b>Filing Deadline:</b> <b>October 5, 2014</b> <b>11:59 p.m. CDT</b>
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**SANTA FE AUTO INSURANCE COMPANY  
PROOF OF CLAIM**

Return this completed Proof of Claim form and supporting documentation to the applicable address below. A Proof of Claim must be received by the SDR no later than **October 5, 2014, 11:59 p.m. CDT.**

BY MAIL:  
 CANTILO & BENNETT, L.L.P.  
 Special Deputy Receiver  
 Santa Fe Auto Insurance Company  
 c/o EMKAY Associates, Inc.  
 P.O. Box 870  
 McDade, Texas 78650  
 ATTENTION: CLAIMS

BY COURIER OR HAND DELIVERY:  
 CANTILO & BENNETT, L.L.P.  
 Special Deputy Receiver  
 Santa Fe Auto Insurance Company  
 c/o EMKAY Associates, Inc.  
 913 Marlin Street  
 McDade, Texas 78650  
 ATTENTION: CLAIMS

**Please read the Proof of Claim instructions carefully prior to completing this Proof of Claim. Please print or type.**

Name of Claimant	\$ _____ Total Amount of Claim
Street Address	Soc. Sec. or Tax ID Number
City _____ State _____ Zip _____	Telephone Number _____
E-mail Address _____	Facsimile Number _____

**If the claimant is represented by an attorney, please complete the following section, and attach a copy of the Power of Attorney:**

Name of Attorney	State Bar No. _____
Name of Law Firm	Tax ID Number _____
Street Address	Telephone Number _____
City _____ State _____ Zip _____	Facsimile Number _____
E-mail Address _____	

Provide an explanation of your claim below. Attach additional pages if necessary.


**NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM**

**AFFIRMATION OF CLAIMANT**

Unless noted herein: I alone am entitled to file this claim. No others have an interest in this claim. No payments have been made on the claim. No third party is liable on this debt. The sum claimed is justly owing, and there is no set-off. I declare, under penalty of perjury, that all of the statements made in this Proof of Claim and all documents attached to this form are true, complete, and correct. If I am making a claim against a person insured by Santa Fe Auto Insurance Company, I understand that I am waiving any right to pursue the personal assets of that person, to the extent of the coverage and limits provided by the policy issued by Santa Fe Auto Insurance Company.

\_\_\_\_\_  
Signature

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

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_, by \_\_\_\_\_, who has executed this instrument on such individual's own behalf, who is personally known to me or who has produced a Driver License or other information as identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

My Commission Expires: \_\_\_\_\_

**(NOTARY SEAL)**