

BOND NOTICE

In the Matter of FRONTIER INSURANCE COMPANY, Index No. 000097/2006

**THIS BOND NOTICE WILL NOT BE ACCEPTED AS TIMELY UNLESS
POSTMARKED OR SENT BY OVERNIGHT COURIER BY March 12, 2010**

Bond number(s) and description: _____

Name of principal named on the Bond: _____

Name of obligee or beneficiary named on the Bond: _____

Name and address of Bond Claimant: _____

Please set forth facts constituting any claim by Claimant pursuant to a Bond issued by Frontier, including (please attach additional pages as necessary):

(a) the default, event, accident, or occurrence allegedly giving rise to the claim ("Triggering Event")

(b) the date of the Triggering Event _____

(c) the alleged loss or damage caused by the Triggering Event

(d) the dollar amount of the claim alleged as a result of the Triggering Event: \$ _____

- If you have any security backing up your Bond claim, describe the nature and amount of such security (attach relevant documentation).

- If Frontier has made any payments toward the amount of your Bond claim, describe the amount of such payments and the dates paid.

- Is there any setoff, counterclaim, or other defense which should be considered by Frontier in connection with your claim?

The undersigned Claimant subscribes and affirms as true to the best of my knowledge and belief that the undersigned has the authority to sign and submit this Bond Notice, that the undersigned has read this Bond Notice and knows the contents thereof, that, in connection with any claim, except as stated, no payment of, or on account of, the claim has been made except as stated, that there are no offsets or counterclaims thereto, that the undersigned is not a secured creditor and has no security.

Signature of Individual Claimant or Corporate Officer and Title

Date

Individual Claimant or Corporate Name – Please Print

Street

City and State

Zip Code

BOND NOTICE INSTRUCTIONS

In the space provided, please set forth and identify:

1. The bond identification number and proof of the existence of any bond issued by Frontier, including any surety bond or other bond or guaranty identified in New York Insurance Law Sections 1113(16) or 6801 ("Bond") under which you seek to preserve an obligation of Frontier Insurance Company ("Frontier"). Please attach copies of the Bond, binders, cover notes or other supporting materials evidencing the Bond identified in this Bond Notice ("Identified Bond").
2. The named principal and beneficiaries of any Identified Bond.
3. The name and address of the person ("Claimant") who, by submitting this Bond Notice, seeks to preserve an obligation of Frontier pursuant to an Identified Bond.
4. A concise statement of the facts constituting the claim that must include, but is not limited to:
 - (a) the Bond pursuant to which it is alleged that Frontier has an obligation;
 - (b) the default, event, accident, or occurrence allegedly giving rise to a claim pursuant to a such Bond ("Triggering Event");
 - (c) the date of the Triggering Event;
 - (d) the dollar amount of the alleged loss or damage caused by the Triggering Event;
and
 - (e) the dollar amount of the claim alleged as a result of the Triggering Event.
5. The nature and value of any security in connection with a Bond held by Claimant, or for the benefit of the Claimant, including other bonds, policies or contracts covering loss.
6. Any proof of loss submitted to Frontier in connection with any loss asserted by the Claimant under a Bond (please attach).
7. If the Claimant is asserting a claim for return premium which was paid by check, submit the original or a photocopy of the check.
8. If any document required under this Bond Notice has been lost or destroyed, or cannot be produced, describe the document, including its author(s), its intended recipient(s), date of creation, a brief summary of its contents, and the date and circumstances of the loss or destruction.
9. If this Bond Notice is filed by a receiver, administrator, assignee, attorney-in-fact, guardian or other agent ("Agent"), attach the proof of authority under which the Agent is acting.
10. The Bond Notice must be signed by the Claimant and must contain the Claimant's current address and zip code.
11. Mail completed Bond Notice by first class mail, postage paid and postmarked on or before **March 12, 2010**, or by overnight courier, fees paid and written acknowledgement of receipt by such courier, on or before **March 12, 2010**, to the following address:

Frontier Insurance Company in Rehabilitation
Attn: Legal Department
195 Lake Louise Marie Road
Rock Hill, NY 12775-8000

YOU MUST FILE A SEPARATE TERRAMAR NOTICE FOR EACH CLAIM YOU MAKE.
IF YOU HAVE MORE THAN ONE CLAIM YOU MAY MAKE COPIES OF THIS FORM.
ACKNOWLEDGMENT OF YOUR FILING(S) WILL BE SENT TO YOU.