

TERRAMAR NOTICE

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

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

Policy number(s) and description: _____

Name of policyholder named in the policy: _____

Name and address of Claimant: _____

Please set forth facts constituting any known claim, including (attach additional pages as necessary):

(a) the event, accident or occurrence giving rise to the claim

(b) the person or property allegedly injured or damaged

(c) the nature of the alleged injury or damage

(d) amount of claim: \$ _____

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

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

- Is there any setoff, counterclaim, or other defense which should be deducted by Frontier from your known 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 Terramar Notice, that the undersigned has read this Terramar Notice and knows the contents thereof, and that in connection with any claim pursuant to a Terramar Policy, except as stated, no payment of, or on account of, the claim has been made, that there are no offsets or counterclaims thereto, and 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

TERRAMAR NOTICE INSTRUCTIONS

In the space provided, please set forth and identify:

1. The policy number and proof of the existence of any insurance policy or insurance or reinsurance contract issued by Terramar Insurance Company, Terramar Insurance Agency, Advanced Risk International, Ltd. or Terramar General Agency (“Terramar Policy”) under which you seek to preserve an obligation of Frontier Insurance Company (“Frontier”). Please attach copies of the policy, binders, cover notes or other supporting materials evidencing the Terramar Policy identified in this Terramar Notice (“Identified Terramar Policy”).
2. The named policyholder(s) of any Identified Terramar Policy.
3. The name and address of the person (“Claimant”) who, by submitting this Terramar Notice, seeks to preserve an obligation of Frontier pursuant to an Identified Terramar Policy.
4. A concise statement of facts known to the Claimant or within the Claimant’s custody and control constituting any claim under the Identified Terramar Policy. The statement must include, but is not limited to:
 - (a) the event, accident or occurrence giving rise to the claim, including the date and sufficient details to describe the accident or occurrence;
 - (b) the person or property allegedly injured or damaged; and
 - (c) the nature of the alleged injury or damage.
5. The nature and value of any security held by Claimant, or held for the benefit of the Claimant, including other bonds, policies or contracts, covering loss in connection with a Terramar Policy.
6. Any proof of loss submitted to Frontier in connection with any loss asserted by the Claimant under a Terramar Policy (please attach).
7. If the Claimant is asserting a claim for return premium paid by check, submit the original or a photocopy of the check.
8. If any document required under this Terramar 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 Terramar 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 Terramar Notice must be signed by the Claimant and must contain the Claimant’s current address and zip code.
11. Mail completed Terramar 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.