

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

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In the Matter of

Index No.: 607845/2020

the Liquidation of

AFFIRMATION

ALLIANCE NATIONAL INSURANCE COMPANY.

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Melissa A. Pisapia, an attorney at law, duly admitted to practice before the Courts of the State of New York, hereby affirms the following to be true under penalties of perjury:

1. I am an attorney with the New York Liquidation Bureau (“NYLB”), which serves as the staff of Adrienne A. Harris, Superintendent of the Department of Financial Services of the State of New York (“Superintendent”) in her capacity as liquidator (“Liquidator”) of Alliance National Insurance Company (“ANIC”) and administrator (the “Administrator”) of the New York Property/Casualty Insurance Security Fund and the New York Public Motor Vehicle Liability Security Fund (together, the “Security Funds”). I submit this affirmation upon information and belief, the sources of which are the ANIC files maintained by the NYLB and conversations I have had with the employees of the Liquidator, in support of the Liquidator’s application for an order substantially in the form of the proposed order annexed hereto as Exhibit “A” approving procedures for judicial review of claims against the ANIC estate.

2. Claims against the ANIC estate fall into two categories: (1) claims covered and paid by the Security Funds in accordance with New York Insurance Law (“Insurance Law”) §§ 7601 – 7604 (“Fund Covered Claims”)¹ or (2) claims directly against the estate that are not

¹ Fund Covered Claims that are allowed by Superintendent Allowance (if the amount of the claim or the compromise does not exceed \$25,000) or by Court Order (if the amount of the claim or the compromise exceeds \$25,000) are paid by the Security Funds up to certain limits as prescribed by law. The Security Funds are administered by the Superintendent in her capacity as Administrator.

covered by the Security Funds (“Estate Claims”). This application seeks an order approving adjudication procedures for Fund Covered Claims and Estate Claims. The proposed adjudication procedures for Fund Covered Claims and Estate Claims are substantially similar but not identical. Claimant objections under both procedures may be heard by the same court-appointed referee (“Referee”).

ADJUDICATION PROCEDURES FOR FUND COVERED CLAIMS

3. Claims potentially covered by the Security Funds are referred to the Administrator, whose staff will determine fund coverage and either allow or deny the claim in whole or part. If the Administrator’s staff denies coverage for a claim, in whole or part, the claimant will receive a letter in substantially the form of the letter attached hereto as Exhibit B (“Denial Letter”) or in the case of No-Fault claims, Exhibit C (“Denial of Claim Form”), indicating the reason for the denial. If the Administrator determines there is fund coverage for a claim, but the Administrator and claimant have reached an impasse as to the value of such claim, a letter will be sent to the claimant in substantially the form attached hereto as Exhibit D (“Final Determination Letter”), indicating the final amount, if any, proposed to be paid to the claimant from the Security Fund. The Denial Letter, Denial of Claim Form, and Final Determination Letter all advise the claimant of the right to object and be heard by the Referee, who will hear and report to this Court on the validity of the objection.

4. The Liquidator proposes the following adjudication procedures for Fund Covered Claims:

- A. This adjudication procedure shall apply to disputes arising out of the issuance to a claimant of a Denial Letter, Denial of Claim Form² or Final Determination Letter.

² The Denial of Claim Form applies to No-Fault claims only. The first and second page of the Denial of Claim Form is completed by the Administrator prior to being mailed to the claimant. The third and fourth page of the Denial of Claim Form is filled out by the claimant if the claimant chooses to object to the denial of coverage.

B. References to “claimant” shall mean those individuals or entities with the legal standing to maintain a claim under an insurance policy issued by ANIC. Nothing contained herein shall or shall be deemed to confer standing upon any individual or entity or expand any right of an individual or entity under applicable law or any provision of an insurance policy or contract.

C. Denial Letter and Denial of Claim Form.

- i. The Administrator shall serve a Denial Letter or a Denial of Claim Form on each claimant whose coverage for a claim is denied in whole or in part. Service will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Administrator and the claimant in writing, to the claimant’s last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant’s behalf, to the address of such representative. The Denial Letter or Denial of Claim Form may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.
- ii. The Denial Letter or Denial of Claim Form shall advise each claimant of the following:
 - a. No further action by the claimant is required if the claimant accepts the Administrator’s determination as set forth in the Denial Letter or Denial of Claim Form;
 - b. The claimant has the right to object to the Denial Letter or Denial of Claim Form and can do so by serving a written objection on the Administrator within sixty (60) days of the date of the Denial Letter or Denial of Claim Form as set forth in the Denial Letter or Denial of Claim Form;
 - c. If the claimant makes a timely written objection, the Administrator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the Administrator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;
 - d. The Referee will hear and report on the validity of the claimant’s objections; and
 - e. Either the claimant or the Administrator may petition the court supervising the ANIC liquidation proceeding (the “Supervising Court”), on notice, for an order confirming or denying the Referee’s report.

D. Final Determination Letter.

- i. The Administrator shall serve a Final Determination Letter on each claimant where the Administrator has determined there is coverage for the claim but the Administrator and claimant have, in the reasonable opinion of the Administrator, reached an impasse as to the value of such claim. Service of the Final Determination Letter will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Administrator and the claimant in writing, to the claimant's last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Final Determination Letter may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.
- ii. The Final Determination Letter advises each claimant of the following:
 - a. If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter, the claimant may execute the enclosed settlement documents, including a release of further rights pertaining to the adjudicated claim, and return such documents to the Administrator;
 - b. If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter and returns the settlement documents, application will be made to the Supervising Court to allow the claim in the amount specified in the Final Determination Letter or, in accordance with Insurance Law §§ 7428(b) and 7602(g), if the amount of the claim or the compromise between the Administrator's and the claimant's valuations of the claim does not exceed \$25,000, application will be made to the Superintendent, to allow the claim in the amount specified in the Final Determination Letter and, upon such allowance, payment will be made as soon as reasonably practical;
 - c. The claimant has the right to object to the Final Determination Letter, and may do so by serving a written objection on the Administrator within sixty (60) days of the date of the Final Determination Letter, as set forth in the Final Determination Letter;
 - d. If the claimant makes a timely written objection, the Administrator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the Administrator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;

- e. The Referee thereafter will hear and report on the validity of the claimant's objections;
 - f. Either the claimant or the Administrator may petition the Supervising Court, on notice, for an order confirming or denying the Referee's report; and
 - g. If the claimant fails to object and fails to provide fully executed settlement documents within sixty (60) days from the date of the Final Determination Letter, the Administrator may deem the claim abandoned and may seek an *ex parte* order of the Supervising Court approving the denial of the claim.
- E. In the event that a claimant requests a hearing, the Administrator's staff will contact the claimant in writing at the address set forth on the Denial Letter, Denial of Claim Form, or Final Determination Letter (or such other address as the claimant has provided to the Administrator in writing for the purpose of providing communications), as applicable, to schedule a pre-hearing conference. If the claimant fails to request an adjournment of the pre-hearing conference in writing at least five (5) business days prior to the pre-hearing conference and the claimant fails to attend such conference, then the claimant's objection is forfeited and the Denial Letter, Denial of Claim Form, or Final Determination Letter is deemed accepted.
- F. In the event that a claimant fails to object to a Denial Letter, Denial of Claim Form, or Final Determination Letter within the sixty (60) day period, the claim shall either be denied and subject to approval by the Supervising Court or the Superintendent shall allow the claim in the amount stated in the Final Determination Letter and seek the Supervising Court's approval of the claim in the amount stated in the Final Determination Letter in accordance with Insurance Law §§ 7428(b) and 7602(g).
- G. If a claimant fails to take the steps necessary to have its objection heard, the Referee may issue a dismissal of the objection and deem the Denial Letter, Denial of Claim Form, or Final Determination Letter to be accepted.
- H. The Administrator may settle objections in her sole discretion, at any time, without the necessity of receiving a report from the Referee; however, any settlement or settlement compromise exceeding \$25,000 is subject to approval by the Supervising Court, in accordance with Insurance Law §§ 7428(b) and 7602(g).
- I. In the event the Administrator fails to timely meet any of the time periods set for mailing or delivering a notice required by order, it shall not affect the validity of the denial/determination but shall entitle the party that did not receive timely notice to toll its further obligations under the adjudication

procedure until it receives the required notice.

THE ADJUDICATION PROCEDURES FOR ESTATE CLAIMS

6. The Liquidator classifies ANIC Estate Claims in accordance with Insurance Law § 7434(a)(1) as follows:

Class One – Administrative Claims

Claims with respect to the actual and necessary costs and expenses of administration incurred by the Liquidator;

Class Two – Claims and Related Costs

All claims under policies including claims of the federal, state or local government for losses incurred, third-party claims, claims for unearned premiums, and all claims of the security fund guaranty associations, but excluding claims arising under reinsurance contracts;

Class Three – Federal and Government Claims

Claims of the federal government, except those stated above in Class Two;

Class Four – Employee Claims

Claims for wages owing to employees of an insurer against whom an Article 74 proceeding is commenced and claims for unemployment insurance contributions required by Article 18 of the New York Labor Law;

Class Five – State and Local Government Claims

Claims of state and local governments, except those stated above in Class Two;

Class Six – General Creditor Claims

Claims of general creditors, including, but not limited to, claims under reinsurance contracts;

Class Seven – Late Filed Claims

Claims filed late or any other claims other than claims under Class Eight or Class Nine below;

Class Eight – Section 1307 Loans

Claims for advanced or borrowed funds made pursuant to Insurance Law Section 1307;
and

Class Nine – Shareholder Claims

Claims of shareholders or other owners in their capacity as shareholders.

7. Once Estate Claims are classified, the Liquidator advises claimants of the classification. A copy of the template letter to be used by the Liquidator is attached hereto as Exhibit E (“Classification Letter”). When Estate Claims are adjudicated, the Liquidator reviews each claim and determines the amount to be allowed or disallowed. A notice of determination (“NOD”) is then issued to the claimant. Classification Letters and NODs may be issued together. Either or both are subject to objection under the adjudication procedure. Templates of the NODs for allowance and disallowance are attached hereto as Exhibit F.

8. As authorized in paragraph 16 of the order of liquidation, entered August 24, 2020 (NYSCEF Doc. No. 17), the Liquidator may decline to adjudicate claims below Class Two unless the Liquidator believes there will be sufficient assets to pay Class Two claims in whole and make some payment to lower classes, or if the Liquidator otherwise determines that such adjudication is in the best interests of the estate.

The Adjudication Procedures For Estate Claims

9. The Liquidator proposes the following adjudication procedure for Estate Claims:
- A. This adjudication procedure shall apply to disputes arising out of the issuance of a Classification Letter and/or NOD to a claimant.
 - B. References to “claimant” shall mean those individuals or entities with the legal standing to maintain a claim against ANIC that is not covered by the Security Funds. Nothing contained herein shall or shall be deemed to confer standing upon any individual or entity or expand any right of an individual or entity under applicable law or any provision of an insurance policy or contract.

- C. The Liquidator shall serve either a Classification Letter or an NOD, or both, as the case may be, on each claimant with a claim timely filed or deemed timely filed in the liquidation proceeding. Service of the Classification Letter and/or NOD will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Liquidator and the claimant in writing, to the claimant's last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Classification Letter and NOD may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Liquidator.
- D. The Classification Letter shall advise each claimant of the following:
- i. The Liquidator's determination of the specific class of claim under Insurance Law § 7434 in which the claim falls;
 - ii. No further action by the claimant is required if the claimant accepts the Liquidator's recommendation as set forth in the Classification Letter;
 - iii. The claimant has the right to object to the Classification Letter, and may do so by serving a written objection on the Liquidator within sixty (60) days of the date of the Classification Letter, as set forth in the Classification Letter;
 - iv. If the claimant makes a timely written objection, the Liquidator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the Liquidator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;
 - v. The Referee thereafter will hear and report on the validity of the claimant's objections; and
 - vi. Either the claimant or the Liquidator may move before the Supervising Court, on notice, for an order confirming or denying the Referee's report.
- E. The NOD shall advise each claimant of the following:
- i. The Liquidator's determination of the specific class of claim under Insurance Law § 7434 in which the claim falls;
 - ii. The Liquidator's recommendation that the claim be allowed and the amount of the recommended allowance, or that the claim be disallowed, in whole or in part, and the reason therefor;

- iii. No further action by the claimant is required if the claimant accepts the Liquidator's recommendation as set forth in the NOD;
 - iv. The claimant has the right to object to the NOD, and may do so by serving a written objection on the Liquidator within sixty (60) days of the date of the NOD, as set forth in the NOD;
 - v. Unless the claimant objects, the Liquidator's recommendation in the NOD will be presented to the Supervising Court for approval and the claimant's right to share in a distribution of assets, if any, pursuant to Insurance Law § 7434, will be fully and finally determined;
 - vi. If the claimant makes a timely written objection, the Liquidator will contact the claimant to attempt to resolve the objection and, if resolved, will seek allowance of the agreed upon amount of the claim. If the objection cannot be resolved and the claimant requests a hearing, then the Liquidator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;
 - vii. The Referee thereafter will hear and report on the validity of the claimant's objections; and
 - viii. Either the claimant or the Liquidator may move before the Supervising Court, on notice, for an order either confirming or denying the Referee's report.
- F. The Liquidator shall move, *ex-parte*, not before seventy-five (75) days after the date of the NOD, or within a lesser period if agreed upon by the claimant, for an order approving the Liquidator's recommendations for adjudication of all claims allowed in an amount exceeding \$25,000 for which no objections are timely received. If a timely objection is not received to an NOD that disallows a claim in total or allows the claim in an amount that is less than \$25,000, then the Liquidator's NOD to which no timely objection was received shall have the same effect as if a court order allowing or disallowing the claim has been obtained. N.Y. Insurance Law § 7428 (2013).
- G. In the event that a claimant requests a hearing, the Liquidator will contact the claimant in writing at the address set forth on the Classification Letter or NOD (or such other address as the claimant has provided to the Liquidator in writing for the purpose of providing communication in respect of such Classification Letter or NOD) to schedule a pre-hearing conference. If the claimant fails to request an adjournment of the pre-hearing conference in writing at least five (5) business days prior to the pre-hearing conference and the claimant fails to show up for the pre-hearing conference, then the claimant's objection to the

Classification Letter or NOD is forfeited and the Classification Letter or NOD is deemed accepted.

- H. If a claimant fails to take the steps necessary to have its objection heard, the Referee may issue a dismissal of the objection and deem the Classification Letter or NOD to be accepted.
- I. The Liquidator may settle objections in her sole discretion, at any time, without the necessity of receiving a report from the Referee; however, any settlement or settlement compromise exceeding \$25,000 is subject to approval by Supervising Court, in accordance with Insurance Law §§ 7428(b) and 7602(g).
- J. In the event the Liquidator fails to timely meet any of the time periods set for mailing or delivering a notice required by the Order, it shall not affect the validity of the denial/determination but shall entitle the party that did not receive timely notice to toll its further obligations under the adjudication procedure until it receives the required notice.

THE APPOINTMENT OF A REFEREE

10. The Liquidator respectfully requests that this Court appoint the Referee to hear and take evidence on any issues or objections raised by holders of Fund Covered Claims or Estate Claims, and to report the Referee's findings to this Court. Either the claimant or the Administrator/Liquidator may move before this Court, on notice, for an order confirming or denying the Referee's report.

11. The Liquidator further respectfully requests that the Referee be paid an hourly rate of \$200 as a loss adjustment expense of (i) the Security Funds for Fund Covered Claims or (ii) the ANIC estate for Estate Claims.

12. In addition, in order to reduce administrative expenses, the Liquidator respectfully requests that the Referee be directed to conduct all hearings either virtually or in person at the place of business of the Superintendent as Administrator of the Security Funds and as Liquidator of ANIC, currently located at 180 Maiden Lane in the Borough of Manhattan in the City, County and State of New York.

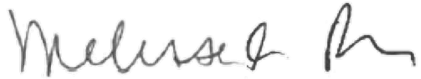
MISCELLANEOUS

13. The Liquidator also requests that this Court issue the accompanying Order to Show Cause approving: (i) a return date (the “Return Date”) for a hearing (the “Hearing”) on the Liquidator’s application for an order approving adjudication procedures, to be held before this Court at least forty-five (45) days after the date of issuance of the Order to Show Cause; (ii) the form and method of notice to be given to ANIC policyholders, creditors and others interested in the affairs of ANIC regarding the Liquidator’s application and the Hearing (“Notice”) by posting the Order to Show Cause and its supporting papers on the Legal Estates and Notices Section of the Internet web page maintained by the NYLB at <http://www.nylb.org> within five (5) days of the entered Order to Show Cause being posted to the New York State Courts Electronic Filing (NYSCEF) system.

14. There has been no previous application for the relief requested herein.

WHEREFORE, it is respectfully requested that this Court enter an order: (i) approving the adjudication procedures and granting the relief requested herein; (ii) appointing the Referee to hear and take evidence on issues raised by claimants’ objections, and to report thereon to this Court, which thereafter, on motion, may confirm or deny any decision issued by the Referee; and (iii) granting the Liquidator such other and further relief as this Court may deem just and proper.

Dated: New York, New York
May 16, 2023



Melissa A. Pisapia

L 30277/map

At IAS Part 32 of the Supreme Court of the State of New York, County of Nassau, at the courthouse, 100 Supreme Court Drive, Mineola, New York, on the ___ day of _____, 2023.

P R E S E N T:

HON. DENISE L. SHER, J.S.C.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

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In the Matter of

Index No.: 607845/2020

the Liquidation of

ORDER APPROVING THE PROCEDURES FOR THE SUPERINTENDENT'S ADJUDICATION OF CLAIMS

ALLIANCE NATIONAL INSURANCE COMPANY.

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Upon the May 16, 2023 affirmation of Melissa A. Pisapia, an attorney with the New York Liquidation Bureau (the "NYLB"), which serves as the staff of Adrienne A. Harris, Superintendent of Financial Services of the State of New York in her capacity as liquidator (the "Liquidator") of Alliance National Insurance Company ("ANIC") and administrator (the "Administrator") of the New York Property/Casualty Insurance Security Fund and the New York Public Motor Vehicle Liability Security Fund (together, the "Security Funds") in connection with the liquidation proceeding of ANIC, and its attachments and upon all other papers previously submitted and all proceedings heretofore had herein;

NOW, on motion of the Liquidator, and after due deliberation having been had thereon, it is

ORDERED, that the application is granted; and it is further ordered that:

1. The Adjudication Procedures for (i) claims under ANIC policies that are covered by the Security Funds (“Fund Covered Claims”) and (ii) claims against the ANIC estate that are not covered by the Security Funds (“Estate Claims”) is approved.
2. The Adjudication Procedures for Fund Covered Claims is as follows:
 - A. This Adjudication Procedure shall apply to disputes arising out of the issuance to a claimant of a Denial Letter, Denial of Claim Form¹ or Final Determination Letter.
 - B. References to “claimant” shall mean those individuals or entities with the legal standing to maintain a claim under an insurance policy issued by ANIC. Nothing contained herein shall or shall be deemed to confer standing upon any individual or entity or expand any right of an individual or entity under applicable law or any provision of an insurance policy or contract.
 - C. Denial Letter and Denial of Claim Form.
 - i. The Administrator shall serve a Denial Letter or Denial of Claim Form on each claimant whose coverage for a claim is denied in whole or in part. Service will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Administrator and the claimant in writing, to the claimant’s last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant’s behalf, to the address of such representative. The Denial Letter or Denial of Claim Form may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.
 - ii. The Denial Letter or Denial of Claim Form shall advise each claimant of the following:
 - a. No further action by the claimant is required if the claimant accepts the Administrator’s determination as set forth in the Denial Letter or Denial of Claim Form;
 - b. The claimant has the right to object to the Denial Letter or Denial of Claim Form and can do so by serving a written objection on the Administrator within sixty (60) days of the date of the Denial

¹ The Denial of Claim Form applies to No-Fault claims only. The first and second page of the Denial of Claim Form is completed by the Administrator prior to being mailed to the claimant. The third and fourth page of the Denial of Claim Form is filled out by the claimant if the claimant chooses to object to the denial of coverage

Letter or Denial of Claim Form, as set forth in the Denial Letter or Denial of Claim Form;

- c. If the claimant makes a timely written objection, the Administrator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the Administrator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;
- d. The Referee thereafter will hear and report on the validity of the claimant's objections; and
- e. Either the claimant or the Administrator may petition the Court supervising the ANIC liquidation proceeding (the "Supervising Court"), on notice, for an order confirming or denying the Referee's report.

D. Final Determination Letter.

- i. The Administrator shall serve a Final Determination Letter on each claimant where the Administrator has determined there is coverage for the claim but the Administrator and claimant have, in the reasonable opinion of the Administrator, reached an impasse as to the value of such claim. Service of the Final Determination Letter will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Administrator and the claimant in writing, to the claimant's last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Final Determination Letter may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.
- ii. The Final Determination Letter advises each claimant of the following:
 - a. If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter, the claimant may execute the enclosed settlement documents, including a release of further rights pertaining to the adjudicated claim, and return such documents to the Administrator;
 - b. If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter and returns

the settlement documents, application will be made to the Supervising Court to allow the claim in the amount specified in the Final Determination Letter or, in accordance with New York Insurance Law §§ 7428(b) and 7602(g), if the amount of the claim or the compromise between the Administrator's and the claimant's valuations of the claim does not exceed \$25,000, application will be made to the Superintendent to allow the claim in the amount specified in the Final Determination Letter and, upon such allowance, payment will be made as soon as reasonably practical;

- c. The claimant has the right to object to the Final Determination Letter, and may do so by serving a written objection on the Administrator within sixty (60) days of the date of the Final Determination Letter, as set forth in the Final Determination Letter;
 - d. If the claimant makes a timely written objection, the Administrator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, then the Administrator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;
 - e. The Referee thereafter will hear and report on the validity of the claimant's objections;
 - f. Either the claimant or the Administrator may petition the Supervising Court, on notice, for an order confirming or denying the Referee's report; and
 - g. If the claimant fails to object and fails to provide fully executed settlement documents within sixty (60) days of the date of the Final Determination Letter, the Administrator may deem the claim abandoned and may seek an *ex parte* order of the Supervising Court approving denial of the claim.
- E. In the event that the claimant requests a hearing, the Administrator's staff will contact the claimant in writing at the address set forth on the Denial Letter, Denial of Claim Form, or Final Determination Letter (or such other address as the claimant has provided to the Administrator in writing for the purpose of providing communications), as applicable, to schedule a pre-hearing conference. If the claimant fails to request an adjournment of the pre-hearing conference in writing at least five (5) business days prior to the pre-hearing conference and the claimant fails to attend such conference,

then the claimant's objection is forfeited and the Denial Letter, Denial of Claim Form, or Final Determination Letter is deemed accepted.

- F. In the event that a claimant fails to object to a Denial Letter, Denial of Claim Form, or Final Determination Letter within the sixty (60) day period, the claim shall either be denied and subject to approval by the Supervising Court or the Superintendent shall allow the claim in the amount stated in the Final Determination Letter and seek the Supervising Court's approval of the claim in the amount stated in the Final Determination Letter in accordance with Insurance Law §§ 7428(b) and 7602(g).
- G. If a claimant fails to take the steps necessary to have its objection heard, the Referee may issue a dismissal of the objection and deem the Denial Letter, Denial of Claim Form, or Final Determination Letter to be accepted.
- H. The Administrator may settle objections in her sole discretion, at any time, without the necessity of receiving a report from the Referee; however, any settlement or settlement compromise exceeding \$25,000 is subject to approval by the Supervising Court, in accordance with Insurance Law §§ 7428(b) and 7602(g).
- I. In the event the Administrator fails to timely meet any of the time periods set for mailing or delivering a notice required by the order, it shall not affect the validity of the denial/determination but shall entitle the party that did not receive timely notice to toll its further obligations under the adjudication procedure until it receives the required notice.

3. The Adjudication Procedures for Estate Claims is as follows:

- A. This Adjudication Procedure shall apply to disputes arising out of the issuance of a Classification Letter and/or Notice of Determination ("NOD") to a claimant.
- B. References to "claimant" shall mean those individuals or entities with the legal standing to maintain a claim against ANIC that is not covered by the Security Funds. Nothing contained herein shall or shall be deemed to confer standing upon any individual or entity or expand any right of an individual or entity under applicable law or any provision of an insurance policy or contract.
- C. The Liquidator shall serve either a Classification Letter or an NOD, or both, as the case may be, on each claimant with a claim timely filed or deemed timely filed in the liquidation proceeding. Service of the Classification Letter and/or NOD will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Liquidator and the claimant in writing, to the claimant's last known address, and if a

representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Classification Letter and NOD may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Liquidator.

D. The Classification Letter advises each claimant of the following:

- i. The Liquidator's determination of the specific class of claim under Insurance Law § 7434 in which the claim falls;
- ii. No further action by the claimant is required if the claimant accepts the Liquidator's recommendation as set forth in the Classification Letter;
- iii. The claimant has the right to object to the Classification Letter, and may do so by serving a written objection on the Liquidator within sixty (60) days of the date of the Classification Letter, as set forth in the Classification Letter;
- iv. If the claimant makes a timely written objection, the Liquidator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the Liquidator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;
- v. The Referee thereafter will hear and report on the validity of the claimant's objections; and
- vi. Either the claimant or the Liquidator may move before the Supervising Court, on notice, for an order confirming or denying the Referee's report.

E. The NOD shall advise each claimant of the following:

- i. The Liquidator's determination of the specific class of claim under Insurance Law § 7434 in which the claim falls;
- ii. The Liquidator's recommendation that the claim be allowed and the amount of the recommended allowance, or that the claim be disallowed, in whole or in part, and the reason therefor;
- iii. No further action by the claimant is required if the claimant accepts the Liquidator's recommendation as set forth in the NOD;

- iv. The claimant has the right to object to the NOD, and may do so by serving a written objection on the Liquidator within sixty (60) days of the date of the NOD, as set forth in the NOD;
 - v. Unless the claimant objects, the Liquidator's recommendation in the NOD will be presented to the Supervising Court for approval and the claimant's right to share in a distribution of assets, if any, pursuant to Insurance Law § 7434, will be fully and finally determined;
 - vi. If the claimant makes a timely written objection, the Liquidator will contact the claimant to attempt to resolve the objection and, if resolved, will seek allowance of the agreed upon amount of the claim. If the objection cannot be resolved and the claimant requests a hearing, the Liquidator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;
 - vii. The Referee thereafter will hear and report on the validity of the claimant's objections; and
 - viii. Either the claimant or the Liquidator may move before the Supervising Court, on notice, for an order either confirming or denying the Referee's report.
- F. The Liquidator shall move, *ex-parte*, not before seventy-five (75) days after the date of the NOD, or within a lesser period if agreed upon by the claimant, for an order approving the Liquidator's recommendations for adjudication of all claims allowed in an amount exceeding \$25,000 for which no objections are timely received. If a timely objection is not received to an NOD that disallows a claim in total or allows the claim in an amount that is less than \$25,000, then the Liquidator's NOD to which no timely objection was received shall have the same effect as if a court order allowing or disallowing the claim has been obtained. N.Y. Insurance Law § 7428 (2013).
- G. In the event that a claimant requests a hearing, the Liquidator will contact the claimant in writing at the address set forth on the Classification Letter or NOD (or such other address as the claimant has provided to the Liquidator in writing for the purpose of providing communication in respect of such Classification Letter or NOD) to schedule a pre-hearing conference. If the claimant fails to request an adjournment of the pre-hearing conference in writing at least five (5) business days prior to the pre-hearing conference and the claimant fails to show up for the pre-hearing conference, then the claimant's objection to the Classification Letter or NOD is forfeited and the Classification Letter or NOD is deemed accepted.

- H. If a claimant fails to take the steps necessary to have its objection heard, the Referee may issue a dismissal of the objection and deem the Classification Letter or NOD to be accepted.
- I. The Liquidator may settle objections in her sole discretion, at any time, without the necessity of receiving a report from the Referee; however, any settlement or settlement compromise exceeding \$25,000 is subject to approval by the Supervising Court, in accordance with Insurance Law §§ 7428(b) and 7602(g).
- J. In the event the Liquidator fails to timely meet any of the time periods set for mailing or delivering a notice required by the order, it shall not affect the validity of the denial/determination but shall entitle the party that did not receive timely notice to toll its further obligations under the adjudication procedure until it receives the required notice.

4. Disputed claims and objections filed by claimants in the within proceeding which have not been settled or compromised are referred to:

NAME:

ADDRESS:

PHONE NO.:

as Referee to hear and take evidence on any issues or objections raised by holders of Fund Covered Claims or Estate Claims and report the Referee’s findings to the Supervising Court. Either the claimant or the Administrator/Liquidator may petition the Supervising Court, on notice, for an order confirming or denying the Referee’s report.

5. The Referee shall be paid a fee based on an hourly rate of \$200 as a loss adjustment expense of (i) the ANIC estate for Estate Claims or (ii) the Security Funds for Fund Covered Claims.

6. The Referee appointed to hear and report on objections shall conduct those hearings either virtually or in person at the place of business of the Administrator and Liquidator, currently located at 180 Maiden Lane, Borough of Manhattan, City, County and State of New York.

E N T E R

J. S. C.

Exhibit B – Denial Letter



**New York
Liquidation Bureau**

ADRIENNE A. HARRIS
Superintendent of Financial
Services as Receiver

[Date]

Certified Mail
Return Receipt Requested

[Insured or Insured's representative]
[Address]

Re: Alliance National Insurance Company in Liquidation
Claim Number:
Insured:
Policy Number
Claimant:
Date of Loss:

Dear []:

The New York Liquidation Bureau ("NYLB") carries out the duties of the Superintendent of Financial Services of the State of New York ("Superintendent") in her capacity as Liquidator of Alliance National Insurance Company ("ANIC") and, in the administration of claims, in her capacity as Administrator of the New York Security Funds.

The claimant, [insert name], is alleging [insert brief statement of claim alleged and date of loss].

ANIC insured [insert insured, insured location, specific vehicle, etc.] under [insert type] policy number [insert policy number] effective from [date] to [date].

The claimant's claim is not covered by the ANIC policy because *[state reasons why not covered, specifying policy and/or statutory language, cancellation dates, etc., where necessary.]*

[Choose Option1 or Option 2]

Option 1.

In order for there to be coverage from the New York Property/Casualty Insurance Security Fund (“P/C Fund”) or New York Public Motor Vehicle Liability Security Fund (“PMV Fund”) collectively known as the “Security Funds”, there must first be valid coverage under a policy. Because there is no policy coverage afforded to this loss, the Security Funds will not cover the loss.

Therefore, the Security Funds will not defend, indemnify, or make any payments on [insert insured name] behalf regarding the above-captioned claim.

Option 2

[Other basis]

If you wish to make an objection to this denial, please submit your objection in accordance with the instructions set forth in the attached Notice of Denial within sixty (60) days of the date of this letter.

If you have any questions regarding this matter or other information for our review, please feel free to contact me 212-xxx-xxxx.

Very truly yours,

[Name]

[Title]

cc: [Insured if not addressee above]
[Legal representative for plaintiff]
[Plaintiff]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X
In the Matter of

the Liquidation of

ALLIANCE NATIONAL INSURANCE COMPANY
-----X

Notice of Denial

Index No.: 607845/2020

Claim Number:
Insured:
Policy Number:
Claimant:
Date of Loss:

NOTICE OF DENIAL

Adrienne A. Harris, Superintendent of the Department of Financial Services of the State of New York, as Administrator of the New York Property/Casualty Insurance Security Fund (“P/C Fund”) and the New York Public Motor Vehicle Liability Security Fund, hereby gives notice that the claim set forth above has been adjudicated and denied for the reason(s) as stated in the accompanying disclaimer letter.

If you accept the Administrator’s adjudication, you are not required to take any further action.

If you object to the Administrator’s adjudication, you must set forth your objections and supporting reasons in writing and e-mail them to:

claims@nylb.org

All documents that support your objection must be provided to the Administrator with your objection. Objections must be received by the Administrator within sixty (60) days of the date of this notice and accompanying letter.

If you make a timely objection, the Administrator’s staff will contact you to attempt to resolve the objection. If the objection cannot be resolved, and you request a hearing, the Administrator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report to the supervising court on the validity of your objection. Either you or the Administrator may move before the supervising court, on notice, for an order either confirming or denying the referee’s report.

If you have any questions regarding this Notice, you may contact [Examiner] at [telephone] or [email].

Dated:

Adrienne A. Harris
Superintendent as Administrator

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
DENIAL OF CLAIM FORM**

TO INSURER: Complete this form, including item 33. Send two copies to applicant. Upon the request of the injured person, the insurer should send to the injured person a copy of all prescribed claim forms and documents submitted by or on behalf of the injured person.

NAME, ADDRESS AND NAIC NUMBER OF INSURER OR NAME AND ADDRESS OF SELF-INSURER			
A. POLICYHOLDER	B. POLICY NUMBER	C. DATE OF ACCIDENT	D. INJURED PERSON
E. CLAIM NUMBER	F. APPLICANT FOR BENEFITS (Name and address)		G. AS ASSIGNEE YES <input type="checkbox"/> NO <input type="checkbox"/>

TO APPLICANT: SEE REVERSE SIDE IF YOU WISH TO CONTEST THIS DENIAL

YOU ARE ADVISED THAT FOR REASONS NOTED BELOW:

1. Your entire claim is denied as follows:

2. A portion of your claim is denied as follows:

<input type="checkbox"/> A. Loss of Earnings	\$ _____	<input type="checkbox"/> D. Interest	\$ _____
<input type="checkbox"/> B. Health Service Benefits	\$ _____	<input type="checkbox"/> E. Attorney's Fee	\$ _____
<input type="checkbox"/> C. Other Necessary Expenses	\$ _____	<input type="checkbox"/> F. Death Benefit	\$ _____

REASON(S) FOR DENIAL OF CLAIM (Check reasons and explain below in item 33)

POLICY ISSUES

<input type="checkbox"/> 3. Policy not in force on date of accident <input type="checkbox"/> 4. Injured person excluded under policy conditions or exclusion <input type="checkbox"/> 5. Policy conditions violated: <input type="checkbox"/> a. No reasonable justification given for late notice of claim <input type="checkbox"/> b. Reasonable justification not established-- You may qualify for special expedited arbitration-- See page 2 of this form for instructions.	<input type="checkbox"/> 6. Injured person not an "Eligible Injured Person" <input type="checkbox"/> 7. Injuries did not arise out of use or operation of a motor vehicle <input type="checkbox"/> 8. Claim not within the scope of your election under Optional Basic Economic Loss coverage
---	---

LOSS OF EARNINGS BENEFITS DENIED

<input type="checkbox"/> 9. Period of disability contested: period in dispute From _____ Through _____ <input type="checkbox"/> 10. Claimed loss not proven	<input type="checkbox"/> 11. Exaggerated earnings claim of \$ _____ per month denied <input type="checkbox"/> 12. Statutory offset taken <input type="checkbox"/> 13. Other, explained below
--	--

OTHER REASONABLE AND NECESSARY EXPENSES DENIED

<input type="checkbox"/> 14. Amount of claim exceeds daily limit of coverage <input type="checkbox"/> 15. Unreasonable or unnecessary expenses	<input type="checkbox"/> 16. Incurred after one year from date of accident <input type="checkbox"/> 17. Other, explained below
---	---

HEALTH SERVICE BENEFITS DENIED

<input type="checkbox"/> 18. Fees not in accordance with fee schedules <input type="checkbox"/> 19. Excessive treatment, service or hospitalization From _____ Through _____	<input type="checkbox"/> 20. Treatment not related to accident <input type="checkbox"/> 21. Unnecessary treatment, service or hospitalization From _____ Through _____ <input type="checkbox"/> 22. Other, explained below
---	--

COMPLETE ITEMS 23 THROUGH 32 IF CLAIM FOR HEALTH SERVICE BENEFITS IS DENIED

23. Provider of Health Service (Name, Address and Zip Code)	25. Period of bill - treatment dates	29. Date final verification received
	26. Date of bill	30. Amount of bill \$ _____
24. Type of service rendered	27. Date bill received by insurer	31. Amount paid by insurer \$ _____
	28. Date final verification requested	32. Amount in dispute \$ _____

33. State reason for denial, fully and explicitly (attach extra sheets if needed):

DATE	Name and Title of Representative of Insurer	Telephone No. & Ext. and Email Address
Name and address of Insurer claim processor (Third Party Administrator), if applicable		Telephone No. & Ext.

DENIAL OF CLAIM FORM -- PAGE TWO

IF YOU WISH TO CONTEST THIS DENIAL, YOU HAVE THE FOLLOWING OPTION:

You may submit this dispute to a hearing in the liquidation/ancillary receivership proceeding of [Company]. At this time, arbitration against [Company] is permanently stayed pursuant to the court order establishing [Company]'s liquidation/ancillary receivership proceeding. Adjudication of any objection must be made by submitting your objection to a hearing before a referee appointed by the court overseeing [Company]'s liquidation/ancillary receivership proceeding. If you wish to have a hearing regarding your objection, you must complete the form on page three and state on the accompanying sheet the reason(s) you believe the denied benefits should be paid on page four, attach proof of your disability and/or verification of loss of earnings in dispute, sign below and mail the completed form to the address given on the front of this form or e-mail it to [examiner's email address] within sixty (60) days of receipt of this Denial of Claim Form. You or your attorney (if you are represented by legal counsel) will be contacted by someone from the New York Liquidation Bureau. If the objection cannot be resolved, and you request a hearing, the Administrator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report to the supervising court on the validity of your objection. Either you or the Administrator may move before the supervising court for an order either confirming or denying the referee's report.

HEARING REQUESTED BY:		
LAST NAME	FIRST NAME	NAME OF LAW FIRM, IF ANY
TELEPHONE NUMBER:		
FAX NUMBER:		
EMAIL ADDRESS:		
		ADDRESS
SIGNATURE		ARE YOU AN ATTORNEY?
		YES NO
		DATE

DENIAL OF CLAIM FORM -- PAGE THREE

Loss of earnings: Date claim made: _____ Gross earnings per month \$ _____

Period of dispute: From _____ Through _____ Amount claimed: \$ _____

Health Services: (Attach bills in dispute and list each one separately)

Name of Provider(s)	Date of Service	Amount of Bill	Amount in Dispute	Date Claim Mailed

Other Necessary Expenses: (Attach bills in dispute and list each one separately)

Type of Expenses Claimed	Amount Claimed	Date Incurred	Date Claim Mailed	Amount in Dispute

Other: (attach additional sheet if necessary)

IMPORTANT NOTICE TO APPLICANT

If box number 3 ("Policy not in force on date of accident") on the front of this form is checked as a reason for this denial, you may be entitled to No-Fault benefits from the Motor Vehicle Accident Indemnification Corporation (M.V.A.I.C.) (646-205-7800) located at 100 William Street, New York, New York 10038. The Insurance Law requires that you must file an Affidavit of Intention to Make Claim with M.V.A.I.C. Therefore, it is in your best interest to contact the M.V.A.I.C. immediately and file such an affidavit, even if you intend to contest this denial.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Exhibit D – Final Determination Letter

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X
In the Matter of

the Liquidation of

ALLIANCE NATIONAL INSURANCE COMPANY
-----X

Final Determination Letter

Index No.: 607845/2020

Claim Number:
Insured:
Policy Number:
Claimant:
Date of Loss:

Adrienne A. Harris, Superintendent of the Department of Financial Services of the State of New York (“Superintendent”) as administrator (“Administrator”) of the New York Property/Casualty Insurance Security Fund and the New York Public Motor Vehicle Liability Security Fund, hereby gives notice that the claim set forth above has been adjudicated based upon the information obtained by the New York Liquidation Bureau and valued at the following amount:

§

If you accept the Administrator’s adjudication, please sign, and date the enclosed documentation, and return the fully signed documents to the New York Liquidation Bureau at the address below. Promptly upon receipt of fully signed documents, in the form attached, application will be made to the court supervising the Alliance National Insurance Company (“ANIC”) liquidation proceeding or the Superintendent, as appropriate pursuant to Section 7602(g) of the New York Insurance Law, for allowance. Provided allowance is granted, payment will be made in the amount above as soon thereafter as reasonably practical.

In the event that you do not provide fully signed documents **within sixty (60) days** of the date of this letter, the Administrator may deem the claim abandoned and may seek an order of the court supervising the ANIC liquidation proceeding closing the claim and discharging the New York Property/Casualty Insurance Security Fund and the New York Public Motor Vehicle Liability Security Fund from liability for such claim.

If you object to the Administrator’s adjudication, you or your legal representative must set forth your objections in writing together with any and all documents supporting your written objection and e-mail the written objection and supporting documentation to:

claims@nylb.org

Your written objection and documents that support your objection must be provided to the Administrator with your objection. **Objections must be received by the Administrator within sixty (60) days of the date of this notice.**

If you make a timely objection, the Administrator's staff will contact you to attempt to resolve the objection. If the objection cannot be resolved, and you requested a hearing, the Administrator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report to the supervising court on the validity of your objection. Either you or the Administrator may move before the supervising court, on notice, for an order either confirming or denying the referee's report.

If you have any questions regarding this Notice, you may contact [Examiner] at [telephone] or [email].

Dated:

Adrienne A. Harris
Superintendent as Administrator

Exhibit E – Classification Letter



**New York
Liquidation Bureau**

ADRIENNE A. HARRIS
Superintendent of Financial
Services as Receiver

Date

Certified Mail
Return Receipt Requested

[Insured or Insured’s representative]
[Address]

Re: ALLIANCE NATIONAL INSURANCE COMPANY
Liquidator No.:
Claim #:
Policy#:

Dear Sir or Madam:

On August 24, 2020, by order of the Supreme Court, State of New York, Alliance National Insurance Company was placed into liquidation and the Superintendent of the Department of Financial Services of the State of New York and her successors in office were appointed Liquidator and vested with title to all its assets and property.

As a claimant in the proceeding, we have assigned the above captioned liquidator number to your claim.

Please be advised that your claim is deemed a Class __ claim, meaning each class before you must be paid in full before your claim will be considered for review and allowance.

Pursuant to New York Insurance Law § 7434, the priority of distribution of claims shall be in accordance with the order in which each class of claims is set forth below:

- Class One Claims with respect to the actual and necessary costs and expenses of administration incurred by the Liquidator.

- Class Two All claims under policies including claims of the federal, state or local government for losses incurred, third-party claims, claims for unearned premiums, and all claims of the security fund guaranty associations, but excluding claims arising under reinsurance contracts.

- Class Three Claims of the federal government, except those stated above in Class two.
- Class Four Claims for wages owing to employees of an insurer for services rendered within one year before the commencement of the proceeding, not exceeding one thousand two hundred dollars to each employee and claims for unemployment insurance contributions required by Article 18 of the New York Labor Law.
- Class Five Claims of state and local governments, except those stated above in Class two.
- Class Six Claims of general creditors, including, but not limited to, claims under reinsurance contracts.
- Class Seven Claims filed late or any other claims other than claims under Class eight or Class nine below.
- Class Eight Claims for advanced or borrowed funds made pursuant to Insurance Law Section 1307.
- Class Nine Claims of shareholders or other owners in their capacity as shareholders.

We are currently marshalling assets and determining liabilities and cannot at this time predict if assets will be available for distribution to Class __ claimants.

It is suggested you provide us with any supporting documentation relative to your claim for evaluation at a future date if assets permit.

Please refer to the above captioned liquidator number when corresponding with us regarding this matter.

If you accept the Liquidator's classification, you are not required to take any further action.

If you object to the Liquidator's classification, the Liquidator must receive your written objection(s) and all supporting documentation within sixty (60) days of the date of this letter by e-mail at the following e-mail address:

ReceiverOps@nylb.org

If you make a timely written objection, the Liquidator will contact you to attempt to resolve the objection. If the objection cannot be resolved, and you request a hearing, the Liquidator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report to the supervising court on the validity of your objection. Either you or the Liquidator may move before the supervising court, on notice, for an order confirming or denying the referee's report.

If you have any questions, please do not hesitate to contact 212-341-6728 or
ReceiverOps@nylb.org

Very truly yours,

Gail Pierce-Siponen, Assistant Special Deputy
Superintendent and Agent,
Director-Creditor and Ancillary Operations

ACKNOWLEDGEMENT OF RECEIPT

_____ I hereby acknowledge receipt of the [INSERT DATE] Classification Letter as a claimant. By signing this Acknowledgement of Receipt, I understand and **agree** to the content of the Classification Letter.

_____ I object to the classification of my claim. My reason for objection is _____

I request that Alliance National Insurance Company in Liquidation (“ANIC”) mail future correspondence to:

_____ Same address as above
_____ New address _____

This Acknowledgement of Receipt must be completed, signed, and returned to ANIC.

Date _____

Claimant/Authorized Representative
(Please Sign)

(Please Print Name)

**Exhibit F – Notice of Determination (“NOD”) – Allowance
& Notice of Determination (“NOD”) -- Disallowance**

Claimant Name
Claimant Address
Claimant Address
Attn:

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X
In the Matter of

the Liquidation of

**Notice of Determination
of Allowance**

ALLIANCE NATIONAL INSURANCE COMPANY
-----X

Index No.: 607845/2020

Claimant Name:
Liq. Claim No.:
Policy No.
Claim No.
Amount Recommended for Allowance:

Adrienne A. Harris, Superintendent of Financial Services of the State of New York as liquidator (“Liquidator”) of Alliance National Insurance Company hereby gives notice that the claim set forth below has been examined and she will recommend to the Court that it be allowed as a Class ___ claim in the amount set forth above. You will be entitled to share in distributions of assets, if any, pursuant to New York Insurance Law (“Insurance Law”) Section 7434, to be made by the Liquidator based on the amount allowed.

If you accept the Liquidator’s recommendation, you are not required to take any further action. However, if you fail to disclose, in writing, to the Liquidator any payment you receive on this claim from any other source, the Notice of Determination of Allowance is voidable and the amount allowed may be adjusted at the Liquidator’s discretion. The recommendation will be presented to the Court for approval and your rights, pursuant to Article 74 of the Insurance Law, will be fully and finally determined.

If you object to the Liquidator’s recommendation, the Liquidator must receive your written objection(s) and all supporting documentation within sixty (60) days of the date of the Notice of Determination of Allowance by email at the following email address:

ReceiverOps@nylb.org

If you make a timely written objection, the Liquidator will contact you to attempt to resolve the objection. If the objection is resolved, the Liquidator will seek allowance of the agreed upon amount of the claim. If the objection cannot be resolved, and you request a hearing, the Liquidator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report to the Court on the validity of your objection. Either you or the Liquidator may move before the Court, on notice, for an order either confirming or denying the referee’s report.

Claimant Name
Claimant Address
Claimant Address
Attn:

If you have any questions concerning this notice, you may contact (212) 341-6728 or ReceiverOps@nylb.org.

Dated:
New York, New York

Adrienne A. Harris
Superintendent of Financial Services
of the State of New York as Liquidator
of Alliance National Insurance Company

Gail Pierce-Siponen
Assistant Special Deputy Superintendent
and Agent, Director-Creditor and Ancillary
Operations

Claimant Name
Claimant Address
Claimant Address
Notice of Determination of Allowance and Acknowledgement

ACKNOWLEDGMENT OF RECEIPT

_____ I hereby acknowledge receipt of the [Date] Notice of Determination of Allowance as a claimant. By signing this Acknowledgment of Receipt, I understand and **agree** to the content of the Notice of Determination of Allowance.

_____ I hereby acknowledge receipt of the [Date] Notice of Determination of Allowance as a claimant. By signing this Acknowledgment of Receipt, I understand and **object** to the content of the Notice of Determination of Allowance. My reason for objection is:

I request the Superintendent of Financial Services of the State of New York as liquidator of Alliance National Insurance Company (“Liquidator”) mail future correspondence to:

_____ Same address as above
_____ New address _____

Acknowledgment of Receipt must be completed, signed, and returned to the Liquidator in order to be eligible for future distributions, if any, as directed by the Court.

Date _____

Claimant
(Please Sign)

(Please Print Name)

Claimant Name
Claimant Address
Claimant Address
Attn:

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X
In the Matter of

the Liquidation of

**Notice of Determination
of Disallowance**

ALLIANCE NATIONAL INSURANCE COMPANY
-----X

Index No.: 607845/2020

Claimant Name:
Liq. Claim No.:
Policy No.
Claim No.
Amount Recommended for Disallowance:
Reason for Disallowance:

Adrienne A. Harris, Superintendent of Financial Services of the State of New York as liquidator (“Liquidator”) of Alliance National Insurance Company hereby gives notice that the claim set forth above has been examined and that she will recommend to the Court that the claim be disallowed for the reason(s) set forth above.

If you accept the Liquidator’s recommendation, you are not required to take any further action. The recommendation will be presented to the Supervising Court for approval and your rights, pursuant to Article 74 of the New York Insurance Law, will be fully and finally determined.

If you object to the Liquidator’s recommendation, the Liquidator must receive your written objection(s) and all supporting documentation within 60 days of the date of the Notice of Determination of Disallowance by email at the following email address:

ReceiverOps@nylb.org

If you make a timely written objection, the Liquidator will contact you to attempt to resolve the objection. If the objection is resolved, the Liquidator will seek allowance of the agreed amount of the claim. If the objection cannot be resolved, and you request a hearing, the Liquidator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report to the Court on the validity of your objection. Either you or the Liquidator may move before the Court, on notice, for an order either confirming or denying the referee’s report.

The Liquidator reserves the right to raise any other reasons in support of her denial of your claim(s) as further defenses arise during litigation

If you have any questions concerning this notice you may contact (212) 341-6728 or ReceiverOps@nylb.org.

Dated:
New York, New York

Adrienne A. Harris
Superintendent of Financial Services
of the State of New York as Liquidator of
Alliance National Insurance Company

Gail Pierce-Siponen
Assistant Special Deputy Superintendent
and Agent, Director-Creditor and Ancillary
Operations

Claimant Name

Claimant Address

Claimant Address

Notice of Determination of Disallowance and Acknowledgement

ACKNOWLEDGMENT OF RECEIPT

_____ I hereby acknowledge receipt of the [Date] Notice of Determination of Disallowance as a claimant. By signing this Acknowledgment of Receipt, I understand and **agree** to the content of the Notice of Determination of Disallowance.

_____ I hereby acknowledge receipt of the [Date] Notice of Determination of Disallowance as a claimant. By signing this Acknowledgment of Receipt, I understand and **object** to the content of the Notice of Determination of Disallowance. My reason for objection is

I request the Superintendent of Financial Services of the State of New York as liquidator of Alliance National Insurance Company mail future correspondence to:

_____ Same address as above

_____ New address _____

Date _____

Claimant
(Please Sign)

(Please Print)