

CONSENT TO RELEASE INSURANCE INFORMATION

All policyholders were notified of a Court Order of Liquidation of Galen Insurance Company, dated May 31, 2017 entered by the Circuit Court of Cole County in the State of Missouri. Pursuant to a Court Order entered December 9, 2019, Galen Insurance Company in Liquidation ("GIC") will discontinue providing Claim History / Run Loss / Credential Report information to policyholders. GIC will provide a **FINAL REPORT** of Claim History / Run Loss / Credential Report information to its policyholders / insured. Until further notice, exemption of a final report applies to any open claim still in progress until a resolution is reached. GIC will direct future requests to contact the insured / policyholder to obtain the report.

Please direct questions or requests to the following contacts or visit the website for additional information.

Galen Insurance Company in Liquidation
c/o Missouri Department of Commerce and Insurance
Attn: Receivership Section
P.O. Box 690
Jefferson City, MO 65102
Phone: 573-522-6115
<http://insurance.mo.gov/galen/>

Gloria Linke
Accountant / Office Administrator
Phone: 314-650-5690
glinke@galeninsurance.com

Shelley Forrest
Receivership Counsel
Phone: 573-522-6115
Shelley.Forrest@insurance.mo.gov

INSTRUCTIONS

1. Print form, Complete, Sign, Date, and Scan for Return.
2. Galen no longer uses facsimile services for credential reports.
3. Send an e-mail request to Gloria Linke at glinke@galeninsurance.com for a secured return method.
4. Subject title should specify name (i.e. Smith Loss Run History or Smith Credential Report).
5. Gloria will reply on the same e-mail adding the following verbiage to the subject line "**[Encrypted]**".
6. The secured reply directs you to access with a **one-time password** or to login/setup a Microsoft Account.
7. **NOTE:** One-time password is sent in separate e-mail and should be retrieved before attempting to open secured e-mail.
8. Reply on the [Encrypted] e-mail by attaching the completed Consent to Release Form.
9. Credential reports will be sent via the same secured method.

Policyholder / Insured Information

I authorize the former insurance company listed above to provide via secured e-mail a FINAL Claim History / Run Loss / Credential Report to all the below named. I also understand Galen Insurance Company in Liquidation will inform any future requestors to contact the policyholder / insured to obtain a report.

Policyholder /Company Name: _____

Insured Name *(if different from above)*: _____

Address: _____

City / State / Zip code: _____

Policy Number(s): _____

Phone: _____ E-mail: _____

Authorized Name (Print): _____

Authorized Signature: _____ Date: _____

Please List Additional Recipients

Name: _____ E-mail: _____

Name: _____ E-mail: _____

Name: _____ E-mail: _____