

PROOF OF CLAIM FORM

**Cornerstone National Insurance Company ("Cornerstone")
Circuit Court of Cole County, MO, No. 23AC-CC04735**

THE DEADLINE TO SUBMIT TO YOUR CLAIM IS DECEMBER 31, 2026

All persons who may have claims against Cornerstone must present the same to the Receiver by December 31, 2026, through a proof of claim. Claims sent via the U.S.P.S. or other carrier must be post-marked no later than December 31, 2026. Claims submitted electronically must be received by the Receiver by 11:59 p.m. on December 31, 2026. A proof of claim consists of a statement in writing, signed by the claimant, setting forth the claim, the consideration therefor, and whether any, and if so, what security are held therefor, and whether any, and if so, what payments have been made thereon, and that the sum claimed is justly owing from the company to the claimant. Whenever a claim is founded upon an instrument in writing, such instrument, unless lost or destroyed, must be filed with the proof of claim, unless such was previously filed with the company. If such instrument is lost or destroyed, a statement of such fact and of the circumstances of such loss or destruction shall be filed under oath with the claim.

Claimant Contact Information

Claimant Name: _____

Claimant Address: _____

Claimant Telephone: _____ Email: _____

If applicable, claimant's attorney's name: _____

Attorney's address: _____

Attorney's email: _____ Attorney's Phone No.: _____

If applicable, Cornerstone Policy No.: _____ Cornerstone Claim No. _____

Provide Claim Details (If you have multiple distinct types of claims, fill out a separate form for each claim)

1. Briefly describe your claim: _____

2. ATTACH ALL SUPPORTING DOCUMENTATION TO BE CONSIDERED.

3. CHECK THE APPLICABLE BASIS OF YOUR CLAIM AND LIST THE AMOUNT IN THE FAR-RIGHT COLUMN:

GUARANTY ASSOCIATIONS:

- Guaranty Association expenses (overhead, salaries, and other general administrative expenses) \$
- Guaranty Association premium refund payments \$

POLICYHOLDERS / INSUREDS / INSURANCE CLAIMANTS:

- Unpaid benefits under the coverage of a Cornerstone policy or contract \$
- Unearned or refund premiums related to a Cornerstone policy \$

ALL OTHER CLAIMANTS:

- U.S. Government claims \$
- Secured Claim \$
- Salary or wages for services performed \$
- State or local government entity claim \$
 - Specify the amount of any claimed penalty or forfeiture \$
- Unpaid legal or professional expenses \$
- Unpaid commissions or general creditor invoices \$
- Surplus or contribution note \$
- Share, equity, or other owner \$
- All other \$

Describe any prior payments made on the debt: _____.

Are there set-offs, counterclaims or defenses to the debt? Yes No. If yes, describe here: _____

Is there security for the debt? Yes No. If yes, describe the underlying security and its estimated current value: _____

4. STATUS OF CLAIM (check if applicable)

- Claim is based on a court judgment or settlement, dated: _____, (attach judgment or agreement).
- Claim is currently pending in court (provide details and documentation).
- Claim has not been filed in court.

STEP 4 – Sign and Submit Your Claim

The undersigned subscribes and affirms as true under the penalties of perjury as follows in filing this claim: That claimant has read the foregoing Proof of Claim and knows the contents thereof; that this claim is justly owing to claimant; that there are no setoffs, counterclaims or defense to the claim, and that the matters set forth in any accompanying documents are true to the best of claimant's knowledge and belief.

_____ day of _____, 2026.

DATE SIGNED

NAME OF CLAIMANT (Please print or type)

Claimant Signature

See Below for Mailing and Other Instruction

You must sign the Proof of Claim form and affirm that the representations set forth in this form are accurate. Please retain a copy for your records. Please send your completed Proof of Claim to the Receiver as follows:

By email: CornerstonePOC@huschblackwell.com

Online: A link for online submissions will be posted at <https://insurance.mo.gov/companies/companies-receivership>

By mail or other carrier:

Cornerstone National Insurance Company, in Receivership
c/o Cornerstone Deputy Receiver
Husch Blackwell
4801 Main Street, Suite 1000
Kansas City, MO 64112

CHANGE OF ADDRESS

If you move after you send in your claim form, you must provide us with your new address. Failure to do so may result in a loss of rights to obtain a distribution on your claim or to object to a denial in whole or in part of your claim.

GENERAL INFORMATION

Claims presented against Cornerstone will be reviewed by the Receiver in accordance with Missouri Statute § 375.1214. The Receiver will either approve the claim as filed or deny the claim in whole or in part. A written notice of your claim determination letter will be sent by U.S. mail to the address on the claim. If the Receiver denies the claim in whole or in part and the claimant objects within 60 days, the contested claim will be resolved in accordance with § 375.1214, RSMo.

When all claims against the company are liquidated and approved by the Court, claims will be paid based on available general assets. The amount of payment will depend on the percentage of total assets to total claims in each particular claims class. The Receiver may estimate the percentage that may be paid on claims and may make distributions based on that estimate. The Receiver will not know the final percent that can be paid on any individual claim until all claims are liquidated and all assets are converted to cash. This process may take several months after the deadline for filing claims has passed.

The Receiver's acceptance of this Proof of Claim form is not intended to nor does it constitute any waiver or relinquishment by the Receiver of any defense, setoff or counterclaim that the Receiver may have against any person, entity or governmental agency.