

**NOTICE OF BAR DATE AND PROOF OF CLAIM FORM FOR CREDITORS UNDER AMERICAN
SURPLUS LINES POLICIES ("SURPLUS LINES CREDITORS")**

IN ACCORDANCE WITH THE SECOND AMENDMENT TO THE NAIC STANDARD FORM TRUST
AGREEMENT FOR ALIEN EXCESS OR SURPLUS LINES INSURERS (THE "AMENDMENT")

CX REINSURANCE COMPANY LIMITED ("CX RE")

(ALSO REFERRED TO AS THE "COMPANY")

The capitalised words and expressions contained within this Notice and claim form (the "**Surplus Lines Proof of Claim Form**") and the instructions shall, unless the context requires otherwise, bear the same meaning given to them in the NAIC Standard Form Trust Agreement for Alien Excess or Surplus Lines Insurers dated as of August 7, 2003 (as amended and supplemented by the First Amendment to the Trust Agreement dated July 31, 2006) (the "**Agreement**") and Second Amendment to the NAIC Standard Form Trust Agreement for Alien Excess or Surplus Lines Insurers dated February 17, 2025 (the "**Amendment**") .

SURPLUS LINES TRUST: NOTICE OF BAR DATE

Notice is hereby given that the Joint Administrators of CX RE have set a claim filing deadline of 11.59 pm (New York time) on July 21, 2025 ("Bar Date") for Surplus Lines Creditors to file their claim against the Company and share in the Surplus Lines Trust's assets.

Surplus Lines Creditors are required to send their Surplus Lines Proof of Claim Form to the Joint Administrators by email to CXReClaims@uk.ey.com (or by post F.A.O Prava Kuhendraruban at Ernst & Young LLP, 1 More London Place, London, SE1 2AF, United Kingdom) to arrive no later than the Bar Date.

Only Surplus Lines Creditors who file their Surplus Lines Proof of Claim Form by the Bar Date shall be eligible to have their claim finally determined and paid, to the extent possible, from the assets of the Surplus Lines Trust.

Note: Surplus Lines Creditors who submit a Direct Scheme Claim Form in the Direct Scheme indicating that they have a Surplus Lines Claim and have received an acknowledgement from the Direct Scheme Administrator will be treated as having submitted a Surplus Lines Proof of Claim Form and are not required to submit a separate Surplus Lines Proof of Claim Form, but may do so if they so choose.



Signed
Richard Barker
Joint Administrator

Date

31 March 2025

SURPLUS LINES PROOF OF CLAIM FORM

All Surplus Lines Creditors who wish to submit a Surplus Lines Proof of Claim Form must do so by the Bar Date, July 21, 2025, to:

Contact: Prava Kuhendraruban
Telephone: +44 20 7951 2000
Email: CXReClaims@uk.ey.com
Address: Ernst & Young LLP, 1 More London Place, London, SE1 2AF

Please read this Surplus Lines Proof of Claim Form including the instructions carefully.

Further blank copies of this Surplus Lines Proof of Claim Form can be obtained by contacting the CX RE Joint Administrators on the contact details above or by visiting the website at https://www.ey.com/en_uk/administrations/cxreinsurancecompanydirectscheme. If you require any assistance, please contact the Joint Administrators.

Surplus Lines Creditors should not construe any of the contents of this Surplus Lines Proof of Claim Form or any assistance provided by the Company, the Joint Administrators or any of their respective advisers in responding to this notice as legal, tax, financial or other professional advice. Each Surplus Lines Creditor should consult its own professional advisers as to the legal, tax, financial or other matters relevant to the action it should take in connection with this Surplus Lines Proof of Claim Form.

SECTION A: NEW CLAIM REGISTRATION

I/We (note 1)

.....
(Enter the name of the Surplus Lines Creditor including all former names)

of (note 1)

.....
(Enter the address of the Surplus Lines Creditor)

\$.....
(Enter the total net amount of the Surplus Lines Claim) (note 2)

PLEASE ACCEPT THIS SURPLUS LINES PROOF OF CLAIM FORM AS MY CLAIM (note 3)

If you are the duly authorised representative of the Surplus Lines Creditor or the duly authorised agent and/or attorney of the Surplus Lines Creditor, enter the capacity in which you have signed this Surplus Lines Proof of Claim Form (for example director, partner or agent and/or attorney) below. A signature on this form shall constitute the giving of a warranty that the signatory has been duly authorised by the relevant Surplus Lines Creditor to sign the form on its behalf.

Authorised signatory:

Name:
Position/Capacity:
Telephone Number:
Email:

Person to contact in the event of a query in respect of this Surplus Lines Proof of Claim Form (if different):

Name:
Position/Capacity:
Telephone Number:
Email:

TO BE SIGNED AND COMPLETED BY THE SURPLUS LINES CREDITOR

To the best of my knowledge and belief the information on this Surplus Lines Proof of Claim Form and any supporting information, as amended or otherwise, is correct.	
Signed:	Name:
.....
Position / Capacity:	Date:
.....
For and on behalf of (Surplus Lines Creditor name):	
.....	
Email address:	
.....	

GUIDANCE NOTES FOR THE COMPLETION OF SECTION A: NEW CLAIM REGISTRATION

- 1.1 Enter the name and address of the Surplus Lines Creditor in block capitals. The name and address of the Surplus Lines Creditor must be legible. If the person completing this form is the duly authorised agent and/or attorney of a number of Surplus Lines Creditors, it must complete a separate Surplus Lines Claim Form in respect of each Surplus Lines Creditor and provide evidence of its authority to submit this form on the Surplus Lines Creditor's behalf (for example a deed of assignment or a letter of authority). Failure to provide such evidence of authority may invalidate this Surplus Lines Claim Form.
- 2 Please note that where there are a number of companies within a group who are each Surplus Lines Creditors, each company must complete a separate Surplus Line Proof of Claim Form, as a group submission is not permissible.
- 3 Enter the estimated amount of the Surplus Lines Creditor's net claim against the Company as of the Bar Date. Please ensure that the Surplus Lines Creditor has read and complied with the Estimation Guidelines, an extract of which is available at https://www.ey.com/en_uk/administrations/cxreinsurancecompanydirectscheme. The Estimation Guidelines describe in detail the approach that the Surplus Lines Creditors and the Company are expected to follow in valuing Surplus Lines Claims.

SECTION B: SURPLUS LINES CLAIMS VALUATION

Description	Value (\$)
Agreed Unpaid Claims	
Undiscounted Notified Outstanding Claims	
Time value of discount (Notified Outstanding Claims) deduction	
Gross Surplus Lines Claim	
Set-Off	
Net Surplus Lines Claim	

Please ensure you have read and complied with the Estimation Guidelines which are available to view on the website at https://www.ey.com/en_uk/administrations/cxreinsurancecompanydirectscheme. The Estimation Guidelines describe in detail the approach that the Company intends to follow in valuing Surplus Lines Claims.

If any claims supporting schedules (see SECTION C) have been completed, these should be attached to and included in support of the Surplus Lines Proof of Claim Form. Failure to supply suitable supporting information in the form of completed claim supporting schedules may result in your claim being disputed. Excel versions of the supporting schedules are available by contacting the CX RE Joint Administrator using the details set out above.

SECTION C: SURPLUS LINES CLAIMS - SUPPORTING SCHEDULE

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Insurance Contract Reference Number (if any)	Participation %	Inception	Agreed Unpaid Claims	Notified Outstanding Claims (Undiscounted)	TVM discount on Notified Outstanding Claims	Set-off	Net Claim	Date of loss (Claim)	Claimant	Excess Policy	Policy Limit
(13) Claims total											
(14) Continuation sheets total											
(15) Total for this page plus any continuation sheets											

SURPLUS LINES CLAIMS - SUPPORTING SCHEDULE
CONTINUATION SHEET

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Insurance Contract Reference Number (if any)	Participation %	Inception	Agreed Unpaid Claims	Notified Outstanding Claims (Undiscounted)	TVM discount on Notified Outstanding Claims	Set-off	Net Claim	Date of loss (Claim)	Claimant	Excess Policy	Policy Limit
(13) Claims total											

SECTION C: SURPLUS LINES CLAIMS - SUPPORTING SCHEDULE AND CONTINUATION SHEET GUIDANCE NOTES

Additional copies of the supporting schedule and continuation sheets may be obtained from the website at https://www.ey.com/en_uk/administrations/cxreinsurancecompanydirectscheme or by contacting the Company by email or telephone as follows:

Contact: Prava Kuhendraruban
Telephone: +44 20 7951 2000
Email: CxReClaims@uk.ey.com

1 Insurance Contract reference number

Specify the Insurance Contract reference number in relation to each of the policies under which you have claims against the Company secured by the Surplus Lines Trust. Your broker, intermediary or other agent should be able to assist you in confirming or identifying Insurance Contracts and reference numbers. Please use a separate line for each Insurance Contract.

2 Participation percentage

The participation percentage for each Insurance Contract represents the percentage line underwritten or assumed by the Company under the Insurance Contract. Insert the relevant percentage line for each Insurance Contract to apportion the value of each of your claims against the Company when completing columns (4) to (6).

3 Inception date

Specify the date when each Insurance Contract commenced. In the case of continuous Insurance Contracts or Insurance Contracts of more than 12 months, each annual renewal should be shown as a separate Insurance Contract.

4 Agreed Unpaid Claims

The value of any Agreed Unpaid Claims, being Surplus Lines Claims which according to the Company's records have been agreed as due to the relevant Surplus Lines Creditor as of the Bar Date but not paid or discharged by the operation of set-off or otherwise.

This field will be populated by the Company with any Agreed Unpaid Claims which it has on its books. If the value shown does not reflect your records, please enter the value which you assert as due to you in respect of Agreed Unpaid Claims in a new row and strike out the row completed by the Company.

5 Notified Outstanding Claims (Undiscounted)

Specify the estimated value or (where there is more than one claim) the aggregate estimated value as at the Bar Date of any Notified Outstanding Claims, being Surplus Lines Claims arising under an Insurance Contract in respect of a specific loss that has been reported to you as at the Bar Date but excluding any Agreed Unpaid Claims.

Only include the estimated value for specific claims known to you as of the Bar Date (July 21, 2025).

6 Time value discount on Notified Outstanding Claims

Specify the discount to reflect the time value of money to be applied to your Notified Outstanding Claims, to discount them to the Bar Date.

Please refer to section 5 (*Allowance for time value of money*) of the Estimation Guidelines. Apply the relevant discount factor to each claim type, as set out in the table at section 5.5 (*Default Factors to be used*) of the Estimation Guidelines. Alternatively, if you consider that these discount factors are not appropriate for your claim you may apply your own discount factor, in which case please provide supporting information to justify the use of a different discount factor. If no discount is applied, a discount will be applied by the Company based on the discount factors set out in section 5.5 (*Default Factors to be used*) of the Estimation Guidelines.

7 Set-off amounts total

Enter the amounts to be deducted by way of set-off.

8 **Net Claim**

Enter your Net Surplus Lines Claim by totalling figures in (4), (5), (6) and (7).

9 **Date of loss (Claim)**

Enter the recognised date of loss of the claim.

10 **Claimant**

If applicable, enter the name of the claimant related to the claim.

11 **Excess policy**

Enter the excess amount as stated within the policy documentation, either on a policy (aggregate) or per claim basis.

12 **Policy Limit**

Enter the sum insured as stated within the policy documentation, either on a policy (aggregate) or per claim basis

13 **Claims total**

Enter the totals, where applicable, under each column (4), (5), (6), (7) and (8).

14 **Continuation sheet total**

If any continuation sheets have been used, insert here the total claim values from all continuation sheets.

15 **Total for this page plus any continuation sheets**

Aggregate the claims total and the continuation sheet total to arrive at a total value, where applicable, under columns (4), (5), (6), (7) and (8).
Transfer these amounts to the corresponding lines on the Surplus Lines Proof of Claim Form at Section B.