PROOF OF CLAIM AND NOTICE OF BAR DATE

Thin Blue Line Benefits Association LLC / Thin Blue Line Benefits Association Holdings LLC / Thin Blue Line, Inc. (collectively, "TBL")

BAR DATE AND CLAIMS FILING DEADLINE: AUGUST 31, 2026

FOR OFFICIAL USE ONLY TO BE FILLED IN AT A LATER DATE	
Date Postmarked:	Policy #:
Date Received:	Liquidator Allowed Amount:
RCN Assigned:	Liquidator Denied Amount:

If you do NOT have a claim against TBL, had your claim(s) paid in full, or do not have any pending claim for reimbursement from TBL, no action is required by you. If you have a claim, you must fill out this form according to the instructions on the back and return to the Liquidator no later than **August 31, 2026**. Failure to complete and return this form to the Liquidator by **August 31, 2026**, may result in your claim being denied in full or in part. Please submit **all** documentation that supports your claim. If your claim consists of multiple invoices, please provide an itemization table with your submission.

CLAIMANT INFORMATION: PLEASE PRINT OR TYPE THIS SECTION

Name or Business:	
Address 1	
Address 2	
City	**ST** **Zip** -

Date of Birth	/ /	**If you receive a distribution from the Ohio Premium Account for TBL, will it be considered income for you?**	☐ **Yes** ☐ **No** **If yes, you must submit a W-9 Form. Go to: www.irs.gov**

Policy No: **Member:** **Date of Claim or Invoice:**

Email Address: **Do you consent to receiving electronic communications?** ☐ **Yes** ☐ **No**	**Daytime Phone: (_____) _____-_____**
Dollar amount of monthly premiums paid by or on behalf of the claimant: July 2025: $_____ August 2025: $_____	
Total Amount of Claim: **(Amount must be documented including: payments made on the debt, if any; that the sum claimed is justly owing and there is no setoff, counterclaim, or defense to the claim. See back of page for instructions.)**	**$ _____.____**

An Attorney is not required to complete this form. However, if one assisted you with this claim, please provide Name and Address:	Name: Address: City/State/Zip:

a. Have you received any payments on the claim for which you are filing this Proof of Claim from any source? ___If yes, specify the total amount received $_____and identify all sources:_____

b. Is this claim the subject of legal action?_____If yes, list court and case number: _____

List all parties and their attorneys:_____

c. Is this claim contingent or unliquidated? If yes, explain:_____

d. Do you claim any right of priority of payment? If yes, please explain:

Type of Claim:	
Is this a Secured Claim? (A secured claim is any claim secured by a trust deed, security agreement, etc. Documentation must be provided.)	☐ **Yes** ☐ **No**
All Other Claim Types Not Listed	☐ **Yes** ☐ **No**
Are you receiving or eligible for MEDICARE?	☐ **Yes** ☐ **No**

I swear or affirm that I am the claimant referenced in the mailing address on this form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge and that the sum claimed is justly owing from the insurer.

Signed: _____ **Printed Name:** _____

State of _____ **County of** _____

Sworn to or affirmed and subscribed before me by _____ **(name of person making oath/affirmation) on this date of** _____ **(date)**

_____

Signature of Notary Public **My commission expires:** _____ **(date)**

Proof of Claim Form General Instructions

1. The Proof of Claim must be typed or legibly printed in ink. **You must sign the Proof of Claim.** Do not file a Proof of Claim unless you are aware of a specific claim and can factually support it. If you do not have a claim at this time, you should keep the Proof of Claim and submit it before the Bar Date, together with supporting documentation, should you become aware of a claim. IF YOU FAIL TO ADEQUATELY DESCRIBE AND DOCUMENT YOUR CLAIM, YOUR PROOF OF CLAIM MAY BE REJECTED OR DENIED.

2. The Proof of Claim must have all items completed and questions answered. If an item is not applicable, indicate so by writing "N/A" in the appropriate blank. Your Proof of Claim may be returned to you if any items are left blank. Please review the entire form for completion before mailing.

3. If you need additional space to fully answer any question, please do so on a separate sheet of paper and attach it to your Proof of Claim.

4. You must attach to the Proof of Claim documents or evidence supporting your proof of loss to demonstrate the following: the particulars of the claim including the consideration given for it; the identity and amount of the security on the claim; the payments made on the debt, if any; that the sum claimed is justly owing and that there is no setoff, counterclaim, or defense to the claim; any right of priority of payment or other specific right asserted by the claimants; a copy of any written instrument which is the foundation of the claim; and the name and address of the claimant and the attorney who represents the claimant, if any. If you made premium payments in July or August 2025, please provide documents or evidence supporting these payments.

Examples of necessary evidence include insurance policies, invoices, receipts, explanations of benefits, cancelled checks, and other documents that show you received services and that TBL has not paid your claim. **FAILURE TO PROVIDE SUFFICIENT DOCUMENTS OR EVIDENCE SUPPORTING YOUR CLAIM MAY RESULT IN DENIAL OF YOUR CLAIM**.

5. You have an ongoing duty to supplement your Proof of Claim with supporting documentation as additional information is received. This requirement includes notice of any change of address. The Liquidator recommends that you keep a copy of the completed Proof of Claim and attachments for your records.

6. The Proof of Claim must be signed by the Claimant or by a representative of the Claimant who has knowledge of the matters set forth in the Proof of Claim.

7. The Proof of Claim must be postmarked no later than **August 31, 2026**. The Liquidator is not responsible for undelivered mail.

On December 24, 2025, the United States Postal Service (USPS) implemented new rules regarding postmarking mail. The key change is that postmarks will now reflect the date when mail is first processed at a regional sorting facility, rather than the date it is dropped off in a mailbox or at a post office counter. This means that the postmark date may be days later than the actual drop-off date, which can significantly impact time-sensitive documents such as Proofs of Claim**. It is recommended that you request a mailing method that provides proof of mailing**.

8. **POLICYHOLDERS:** If the Ohio Premiums Account has sufficient funds, claims may be paid from the Ohio Premiums Account. Policyholders remain responsible for any applicable deductibles, co-payments, and/or coinsurance due under their policies.

Certified Mail: It is recommended that you return the Proof of Claim to the Liquidator using certified mail, return receipt requested, to prove delivery of this form. To be considered timely, your Proof of Claim must be properly completed, and mailed and postmarked, no later than **August 31, 2026** (the bar date).

Once you have completed and signed the Proof of Claim (and the W-9 Form, if applicable), make a copy for your records and return the form with all supporting documentation to the following address:

Thin Blue Line - Ohio Premiums Account Liquidation
Ohio Department of Insurance
50 W. Town Street, Suite 300
Columbus, Ohio 43215

If you have a question regarding the Proof of Claim that is not answered in the instructions above, please call or email the Ohio Department of Insurance, Consumer Services Division, Monday through Friday between 8:00 a.m. and 5:00 p.m.:

Telephone: 800-686-1526
Email: consumer.services@insurance.ohio.gov.

For general information regarding the Ohio Department of Insurance's action against TBL, please go to:
https://insurance.ohio.gov/consumers/resources/01-thin-blue-line-benefits-association-llc-claims-legal-action-update.

The Court will determine the most fair and equitable manner to distribute funds from the Ohio Premiums Account.