

To Be Completed by SDR
POC # _____
Claim # _____
Date Received _____

Filing Deadline: February 3, 2025 11:59 p.m. Central Standard Time

**BRIGHT HEALTHCARE INSURANCE COMPANY OF TEXAS
PROOF OF CLAIM**

Return this completed Proof of Claim form and any supporting documents. A Proof of Claim must be **postmarked or actually received** by CANTILO & BENNETT, L.L.P., Special Deputy Receiver for Bright Healthcare Insurance Company of Texas, no later than **February 3, 2025 11:59 p.m. Central Standard Time** at one of the addresses shown below.

BY MAIL:
 CANTILO & BENNETT, L.L.P.
 Special Deputy Receiver
 Bright Healthcare Insurance Company of
 Texas
 P.O. Box 184
 Austin, Texas 78767
 ATTENTION: CLAIMS

BY COURIER OR HAND DELIVERY:
 CANTILO & BENNETT, L.L.P.
 Special Deputy Receiver
 Bright Healthcare Insurance Company of
 Texas
 11401 Century Oaks Terrace, Suite 300
 Austin, Texas 78758
 ATTENTION: CLAIMS

Please read the Proof of Claim instructions carefully before completing this Proof of Claim. Please print or type.

Name of Claimant	\$ _____ Total Amount of Claim
Street Address	Social Security or Tax ID No.
City State Zip	Telephone Number
E-mail Address	Facsimile Number

If the claimant is represented by an attorney, please complete the following section, and attach a copy of the Power of Attorney:

Name of Attorney	State Bar No.
Name of Law Firm	Tax ID Number
Street Address	Telephone Number
City State Zip	Facsimile Number
E-mail Address	

Provide an explanation of your claim below. The explanation should include: (1) the particulars of the claim; (2) identification of any consideration given for it; (3) identification of any security on the claim; (4) payments, if any, made on the debt; (5) a statement that the claim is justly owing; (6) a statement that no setoff, counterclaim, or defense to the claim exists; and (7) any assertion of a right to priority of payment or other specific rights you allege. Attach additional pages if necessary.

NOTE: ATTACH DOCUMENTATION TO SUPPORT YOUR CLAIM

AFFIRMATION OF CLAIMANT

Texas law requires the following statement in a Proof of Claim

Unless noted herein: _____ is alone entitled to file this claim. No payments have been made on the claim other than those described. The sum claimed is justly owing, and there is no set-off, counterclaim, or other defense to this claim. I declare that all the statements made in this Proof of Claim and all documents attached to this form are true, complete, and correct, and that I am either the claimant or a person authorized to make these assertions binding on behalf of the claimant. I understand that filing this claim waives any right to pursue the personal assets of any insured of Bright Healthcare Insurance Company of Texas who may also be liable for the claim, to the extent of the coverage and limits provided by the policy issued by Bright Healthcare Insurance Company of Texas.

Signature

Print Name

Relationship to Claimant

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____, who has executed this instrument on such individual’s own behalf, who is personally known to me or who has produced a Driver License or other information as identification.

Notary Public

Printed Name

My Commission Expires: _____

(NOTARY SEAL)