IN THE MATTER OF THE WINDING-UP OF THE INSURANCE BUSINESS IN CANADA OF RELIANCE INSURANCE COMPANY ("Reliance Canada")

NOTICE OF CLAIM

(ORDINARY CREDITOR CLAIMS)

I,	•	residing in, (City, town etc)			
(name)	(relation	onship to Cla	aimant)	(City, town etc)	
in the Province of, Canad		, Canada	,		
DO HEREBY CI	ERTIFY THAT:				
1.	("(Claimant") h	nas a valio	d claim ("Claim") in the amount of (Cdn.	
\$	against Reli	ance Canada	ı.		
for service of any	notice or other mater	ials in respe	ct of the C	authorized contact person for the Claimar Claim are:	
Telephon	e Number:				
Fax Num	ber:				
Contact:					
accurate copies of	supporting documen	tation establ	lishing the		
	-	•		of the Claim including be attached to this Notice of Claim.	
Dated at	this	day of		, 2008.	
Witness			Signature	2	
		_	Print Nan	me and position with the Claimant	

INSTRUCTIONS FOR COMPLETION OF NOTICE OF CLAIM

It is important that the Notice of Claim be correctly completed. The following points are set out to assist you:

- (a) The form must be completed in its entirety.
- (b) If this form is completed by some person on behalf of the Claimant, that person must state his or her authority and the capacity in which he or she is acting.
- (c) You are required to provide a calculation of the Claim and all supporting documentation.
- (d) The signature of the individual completing the form must be witnessed.
- (e) The form is not to be used for Policy Loss Claims.
- (f) You do not have to submit a form for claims for which you have been paid.
- (g) This form must be mailed to the Liquidator at the address below.

KPMG Inc., Liquidator, Reliance Insurance Company – Canadian Branch, in Liquidation 199 Bay Street, Suite 3300 Toronto, Ontario M5L 1B2

Attention: Ms. Janine Bradley

FAILURE TO SUBMIT A PROPERLY COMPLETED NOTICE OF CLAIM BY SEPTEMBER 30, 2008 WILL RESULT IN DISTRIBUTIONS BEING MADE WITHOUT REGARD TO THAT CLAIM.

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