

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----x **Index No.: 153214/2017**

In the Matter of
the Ancillary Receivership of
CastlePoint National Insurance Company.

**AFFIRMATION
IN SUPPORT OF THE
SUPERINTENDENT'S
APPLICATION TO APPROVE
ADJUDICATION PROCEDURE**

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Lauren M. Reber, an attorney at law, duly admitted to practice before the Courts of the State of New York, hereby affirms the following to be true under penalties of perjury:

1. I am an attorney with the New York Liquidation Bureau (the "NYLB"), which employs the staff that carries out the duties of Maria T. Vullo, Superintendent of Financial Services of the State of New York in her capacity as ancillary receiver (the "Ancillary Receiver") of CastlePoint National Insurance Company ("CastlePoint") and administrator (the "Administrator") of the New York Property/Casualty Insurance Security Fund and the New York Public Motor Vehicle Liability Security Fund (collectively, the "Security Funds"); and submit this affirmation upon information and belief, the sources of which are the CastlePoint files maintained by the NYLB and conversations I have had with the employees of the Ancillary Receiver, in support of the Ancillary Receiver's application to (i) approve a procedure for judicial review of the Administrator's rejection of claims under CastlePoint policies that are presented for payment from the Security Funds in this proceeding (the "Adjudication Procedure") and (ii) appoint a referee ("Referee") to hear and take evidence on issues raised by claimants' objections to the administrator's determinations, and to report thereon to this Court which may thereafter confirm or deny such reports.

2. By order, entered January 26, 2016, this Court, among other things, placed CastlePoint into ancillary receivership (the “Ancillary Receivership Order”) and appointed the Superintendent as Ancillary Receiver, vesting the Superintendent with all powers and authority expressed or implied by Article 74 of the New York Insurance Law (“Insurance Law”), Insurance Law §§ 7401 et seq.

3. Because CastlePoint is insolvent, claims under its insurance policies may be eligible for payment from the Security Funds. The Security Funds are reserves of money, provided by insurers operating in New York, from which certain claims against insolvent insurers are paid up to the policy limit or the statutory cap of \$1,000,000, whichever is less. *See* N.Y. Ins. L. §7603(a). The purpose of the Security Funds is to ameliorate the impact of an insurer’s insolvency on policyholders by paying eligible claimants 100% of the claim’s value, up to the policy limit or statutory cap. *In Re Reliance* 33AD 3d 1991 (1st Dept 2006).

4. In the event that a claim is eligible for payment from the Security Funds and the Administrator and the claimant agree on the amount of the payment, such payment will be made upon the Superintendent’s allowance or after obtaining Court approval if such payment exceeds \$25,000. *See* N.Y. Ins. L. §7602(g). In the event that there is a disagreement regarding a claim’s eligibility for payment or if the claimant and Administrator do not agree on the value of the claim, the Adjudication Procedure establishes a method for resolution of the dispute. If the Administrator denies coverage for a claim, in whole or in part, the claimant will receive a Denial Letter (defined in paragraph 5 herein) or a No-Fault Denial of Claim Form (defined in paragraph 5 herein) attached as Exhibits A and B, respectively, indicating the reason for the denial. If the Administrator determines there is fund coverage and allows a claim, in whole or in part, a Final Determination Letter (defined in paragraph 5) will be sent to the claimant in substantially the

form attached hereto as Exhibit C, indicating the final amount, if any, of the allowance proposed to be paid from the Security Fund. The letter will advise the claimant of the right to object and be heard by a court-appointed Referee who will make a recommendation subject to Court approval.

THE ADJUDICATION PROCEDURE

5. The following Adjudication Procedure will enable the Administrator to resolve disputes in an orderly and efficient manner:

- A. This Adjudication Procedure shall apply to disputes arising out of the issuance of a denial letter (“Denial Letter”), no-fault denial of claim form (“Denial of Claim Form”)¹ and a final determination letter (“Final Determination Letter”) to a claimant.
- B. References to “claimant” shall mean those individuals or entities with the legal standing to maintain a claim under an insurance policy issued by CastlePoint. Nothing contained herein shall or shall be deemed to confer standing upon any individual or entity or expand any right of an individual or entity under applicable law or any provision of an insurance policy or contract.
- C. Denial Letter and Denial of Claim Form.
 - i. The Administrator shall serve a Denial Letter or Denial of Claim Form on each claimant whose coverage for a claim is denied in whole or in part. Service of the Denial Letter or Denial of Claim Form will be made by first-class, certified mail, return receipt requested, or such other form of communication as may have been agreed to by the Administrator and the claimant, in writing, to the claimant’s last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant’s behalf, to the address of such representative. The Denial Letter or Denial of Claim Form may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.
 - ii. The Denial Letter or Denial of Claim Form shall advise each claimant of the following:

¹ The Denial of Claim Form applies to No-Fault claims only. The first and second page of the Denial of Claim Form is completed by the Administrator prior to being mailed to the claimant. The third and fourth page of the Denial of Claim Form is filled out by the claimant if the claimant chooses to object to the denial of coverage.

- a. No further action by the claimant is required if the claimant accepts the Administrator's grounds for denial as set forth in the Denial Letter or Denial of Claim Form;
- b. The claimant has the right to object to the Denial Letter or Denial of Claim Form, and can do so by serving a written objection on the Administrator within sixty (60) days after the date of mailing of the Denial Letter or Denial of Claim Form, as set forth in the Denial Letter or Denial of Claim Form;
- c. If the claimant makes a timely written objection, the Administrator will contact the claimant and the court-appointed Referee to initiate a pre-hearing conference;
- d. The court-appointed Referee will hear and report on the validity of the claimant's unresolved objections; and
- e. Either the claimant or the Administrator may petition the Court supervising the CastlePoint ancillary receivership proceeding (the "Supervising Court"), on notice, for an order either confirming or denying the Referee's report.

D. Final Determination Letter.

- i. The Administrator shall serve a Final Determination Letter on each claimant with a claim in respect of which the Administrator and claimant have, in the reasonable opinion of the Administrator, reached an impasse as to the value of such claim. Service of the Final Determination Letter shall be made by first-class, certified mail, return receipt requested, or such other form of communication as may have been agreed to by the Administrator and the claimant, in writing, to the claimant's last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Final Determination Letter may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.
- ii. The Final Determination Letter advises each claimant of the following:
 - a. If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter, the claimant may execute the enclosed settlement documents, including a release of further rights pertaining to the adjudicated claim, and return such documents to the Administrator;

- b. If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter and returns the settlement documents, application will be made to this Court or to the Superintendent, depending upon the agreed amount, to allow the claim in the amount specified in the Final Determination Letter and, upon such allowance, payment will be made as soon as reasonably practicable;
 - c. The claimant has the right to object to the Final Determination Letter, and may do so by serving a written objection on the Administrator within sixty (60) days after the date of mailing the Final Determination Letter, as set forth in the Final Determination Letter;
 - d. If the claimant makes a timely written objection, the Administrator will contact the claimant and the court-appointed Referee to initiate a pre-hearing conference;
 - e. The court-appointed Referee will hear and report on the validity of the claimant's unresolved objections;
 - f. Either the claimant or the Administrator may move before the Supervising Court, on notice, for an order confirming or denying the Referee's report;
 - g. If the claimant fails to object and fails to provide fully executed settlement documents within ninety (90) days from the date of mailing of the Final Determination Letter, the Administrator may deem the claim abandoned and may seek an *ex parte* order of the Supervising Court approving the denial of the claim.
- E. In the event that the claimant requests a hearing, the Administrator will contact the claimant in writing at the address set forth on the Denial Letter or Denial of Claim Form or Final Determination Letter (or such other address as the claimant has provided to the Administrator in writing for the purpose of providing communications), as applicable, to schedule a pre-hearing conference. If the claimant fails to request an adjournment of the pre-hearing conference in writing at least five (5) business days prior to the pre-hearing conference and the claimant fails to attend such conference, the claimant's objection is forfeited and the Denial Letter or Denial of Claim Form or Final Determination Letter is deemed accepted.
- F. In the event that the claimant fails to object to a Denial Letter or Denial of Claim Form or Final Determination Letter within the sixty (60) day period, the claim shall either be denied, subject to approval by the Supervising Court, or the Superintendent shall allow the claim in the amount stated in the Final Determination Letter or seek this Court's approval of the claim in the amount

stated in the Final Determination Letter as required by Insurance Law Section 7602(g).

- G. If a claimant fails to take the steps necessary to have its objection heard, the court-appointed Referee may issue a dismissal of the objection and deem the Denial Letter or Denial of Claim Form or Final Determination Letter to be accepted.
- H. The Ancillary Receiver may settle objections in her sole discretion, at any time, without the necessity of receiving a report from the Referee; however, any settlement above \$25,000 is subject to approval by this Court, in accordance with Insurance Law Section 7602(g).
- I. In the event the Administrator or Ancillary Receiver fails to meet any of the time periods set for mailing or delivering a notice required by this Order, it shall not affect the validity of the denial/determination but shall entitle the party that did not receive timely notice to toll its further obligations under the Adjudication Procedure until it receives the required notice.

THE APPOINTMENT OF A REFEREE

6. The Ancillary Receiver respectfully requests that this Court appoint a Referee to hear and take evidence on objections raised by claimants in accordance with the Adjudication procedures and to report the Referee's findings to the Supervising Court.

7. The Ancillary Receiver further requests that the Referee be directed to conduct all hearings at the place of business of the Superintendent of Financial Services as Ancillary Receiver of CastlePoint, namely 110 William Street, Borough of Manhattan, City, County and State of New York.

8. The Ancillary Receiver further respectfully requests that the Referee be paid an hourly rate of \$200 as a loss adjustment expense of the CastlePoint estate.

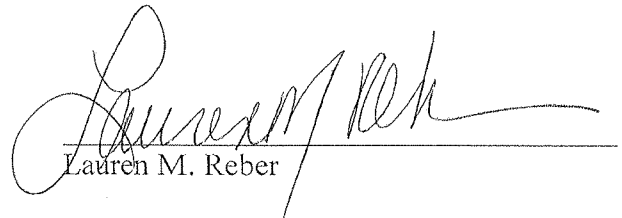
9. The Ancillary Receiver also requests that this Court issue the accompanying Order to Show Cause approving: (i) a return date (the "Return Date") for a hearing (the "Hearing") on the Ancillary Receiver's application to be held before this Court at least thirty (30) days after the date of issuance of the Order to Show Cause; (ii) the form of notice to be

given to CastlePoint's policyholders, creditors and others interested in the affairs of CastlePoint regarding the Ancillary Receiver's application and the Hearing (the "Notice"), a copy of which is attached hereto as Exhibit D; and (iii) the method of service of the Notice, *i.e.*, by: (a) posting on the Internet web page maintained by the NYLB at <http://www.nylb.org> at least fifteen (15) days before the Return Date and (b) publication in the *Daily News*, or a publication of similar circulation, such publication to appear within the fifteen (15) days following entry of the Order to Show Cause.

10. There has been no previous application for the relief requested herein.

WHEREFORE, it is respectfully requested that this Court enter an order: (i) approving the Adjudication Procedure and granting the relief requested herein; (ii) appointing a Referee to hear and take evidence on issues raised claimants' objections, and to report thereon to this Court, which may thereafter, on motion, confirm or deny any decision issued by the court-appointed referee; and (iii) granting the Ancillary Receiver such other and further relief as this Court may deem just and proper under the circumstances.

Dated: New York, New York
July 6, 2018



Lauren M. Reber

L 22993

EXHIBIT A



**New York
Liquidation Bureau**

MARIA T. VULLO
Superintendent as Receiver

[Date]

Certified Mail
Return Receipt Requested

[Insured or Insured's representative]
[Address]

Re: CastlePoint National Insurance Company in Ancillary Receivership
Claim Number:
Insured:
Claimant:
Date of Loss:

Dear []:

The New York Liquidation Bureau ("NYLB") carries out the duties of the Superintendent of Financial Services of the State of New York ("Superintendent") in her capacity as Ancillary Receiver of CastlePoint National Insurance Company ("CastlePoint") and, in her capacity as Administrator of the New York Security Funds.

The claimant, [insert name], is alleging [insert brief statement of claim alleged and date of loss].

CastlePoint National Insurance Company insured [insert insured, insured location, specific vehicle, etc.] under [insert type] policy number [insert policy number] effective from [date] to [date].

The plaintiff's claim is not covered by your CastlePoint policy because *[state reasons why not covered, specifying policy and/or statutory language, cancellation dates, etc., where necessary.]*

[Choose Option 1 or Option 2 or Option 3]

Option 1.

Based upon the information we have received, from [company's] Ancillary Receiver's, we have confirmed that the above-mentioned [type] insurance policy, issued to [insured], was written by [company name] and was not an admitted carrier in the State of New York.

Article 76 of the New York Insurance Law provides that the New York Property/Casualty Insurance Security Fund ("P/C Fund") [New York Public Motor Vehicle Liability Security Fund ("PMV Fund")] shall be used in the payment of allowed claims for the insolvency of an authorized insurer. An "authorized" insurer is an insurer licensed to transact insurance business in the State of New York.

Therefore, because the policy was issued by [name], which was not licensed in New York, there is no P/C Fund [PMV Fund] coverage for the above-captioned claim.

Option 2

In order for there to be coverage from the New York Property/Casualty Security Fund ("P/C Fund") [New York Public Motor Vehicle Liability Security Fund ("PMV Fund")], there must first be valid coverage under a policy. Because there is no policy coverage afforded to this loss, the P/C Fund [PMV Fund] will not cover the loss.

Therefore, P/C Fund/PMV Fund, will not defend, indemnify, or make any payments on [insert insured name] behalf regarding the above-captioned claim.

Option 3

[Other basis]

If you wish to make an objection to this denial [disclaimer], please submit your objection in accordance with the instructions set forth in the attached Notice of Denial within sixty (60) days of the date of this letter.

If you have any questions regarding this matter or other information for our review, please feel free to contact me 212-xxx-xxxx.

Very truly yours,

[Name]
[Title]

cc: [Insured if not addressee above]
[Legal representative for plaintiff]
[Plaintiff]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

In the Matter of the
ANCILLARY RECEIVERSHIP OF CASTLEPOINT NATIONAL INSURANCE COMPANY

[[SUIT CAPTION] Index No. (County)]

Policy No.:
Claim No.:

NOTICE OF DENIAL

Maria T. Vullo, Superintendent of the Department of Financial Services of the State of New York as Administrator of the New York Property/Casualty Insurance Security Fund [New York Public Motor Vehicle Liability Security Fund] ("the Administrator") hereby gives notice that the claim set forth above has been adjudicated and denied for the reason(s) as stated in the accompanying denial/disclaimer letter.

If you accept the Administrator's adjudication, you are not required to take any further action.

If you object to the Administrator's adjudication, you must set forth your objections and supporting reasons in writing and mail them to:

New York Liquidation Bureau
Claims Division
110 William Street, 16th floor
New York, NY 10038-3889
Att: [Claims Examiner]

All documents that support your objection must be provided to the Administrator with your objection. **Objections must be received by the Administrator within sixty (60) days of the date of this notice and accompanying letter.**

If you make timely objection, the Administrator's staff will contact you. If the objection cannot be resolved, the Administrator will schedule, on notice to you, a hearing before a referee to resolve any disputed issues. The referee will hear your objection and make a recommendation to the supervising court. Either you or the Administrator may make a motion to the court to confirm or deny the referee's decision.

If you have any questions regarding this Notice, you may contact [Examiner] at [telephone].

Dated:

Maria T. Vullo
Superintendent as Administrator

EXHIBIT B

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
DENIAL OF CLAIM FORM**

TO INSURER: Complete this form, including item 33. Send two copies to applicant. Upon the request of the injured person, the insurer should send to the injured person a copy of all prescribed claim forms and documents submitted by or on behalf of the injured person.

NAME, ADDRESS AND NAIC NUMBER OF INSURER OR NAME AND ADDRESS OF SELF-INSURER			
A. POLICYHOLDER	B. POLICY NUMBER	C. DATE OF ACCIDENT	D. INJURED PERSON
E. CLAIM NUMBER	F. APPLICANT FOR BENEFITS (Name and address)		G. AS ASSIGNEE YES <input type="checkbox"/> NO <input type="checkbox"/>

TO APPLICANT: SEE REVERSE SIDE IF YOU WISH TO CONTEST THIS DENIAL

YOU ARE ADVISED THAT FOR REASONS NOTED BELOW:

1. Your entire claim is denied as follows:

2. A portion of your claim is denied as follows:

<input type="checkbox"/> A. Loss of Earnings	\$ _____	<input type="checkbox"/> D. Interest	\$ _____
<input type="checkbox"/> B. Health Service Benefits	\$ _____	<input type="checkbox"/> E. Attorney's Fee	\$ _____
<input type="checkbox"/> C. Other Necessary Expenses	\$ _____	<input type="checkbox"/> F. Death Benefit	\$ _____

REASON(S) FOR DENIAL OF CLAIM (Check reasons and explain below in item 33)

POLICY ISSUES

<input type="checkbox"/> 3. Policy not in force on date of accident <input type="checkbox"/> 4. Injured person excluded under policy conditions or exclusion <input type="checkbox"/> 5. Policy conditions violated: <input type="checkbox"/> a. No reasonable justification given for late notice of claim <input type="checkbox"/> b. Reasonable justification not established-- You may qualify for special expedited arbitration-- See page 2 of this form for instructions.	<input type="checkbox"/> 6. Injured person not an "Eligible Injured Person" <input type="checkbox"/> 7. Injuries did not arise out of use or operation of a motor vehicle <input type="checkbox"/> 8. Claim not within the scope of your election under Optional Basic Economic Loss coverage
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LOSS OF EARNINGS BENEFITS DENIED

<input type="checkbox"/> 9. Period of disability contested: period in dispute From _____ Through _____ <input type="checkbox"/> 10. Claimed loss not proven	<input type="checkbox"/> 11. Exaggerated earnings claim of \$ _____ per month denied <input type="checkbox"/> 12. Statutory offset taken <input type="checkbox"/> 13. Other, explained below
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OTHER REASONABLE AND NECESSARY EXPENSES DENIED

<input type="checkbox"/> 14. Amount of claim exceeds daily limit of coverage <input type="checkbox"/> 15. Unreasonable or unnecessary expenses	<input type="checkbox"/> 16. Incurred after one year from date of accident <input type="checkbox"/> 17. Other, explained below
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HEALTH SERVICE BENEFITS DENIED

<input type="checkbox"/> 18. Fees not in accordance with fee schedules <input type="checkbox"/> 19. Excessive treatment, service or hospitalization From _____ Through _____	<input type="checkbox"/> 20. Treatment not related to accident <input type="checkbox"/> 21. Unnecessary treatment, service or hospitalization From _____ Through _____ <input type="checkbox"/> 22. Other, explained below
--	---

COMPLETE ITEMS 23 THROUGH 32 IF CLAIM FOR HEALTH SERVICE BENEFITS IS DENIED

23. Provider of Health Service (Name, Address and Zip Code)	25. Period of bill - treatment dates	29. Date final verification received
	26. Date of bill	30. Amount of bill \$ _____
24. Type of service rendered	27. Date bill received by insurer	31. Amount paid by insurer \$ _____
	28. Date final verification requested	32. Amount in dispute \$ _____

33. State reason for denial, fully and explicitly (attach extra sheets if needed):

DATE _____	Name and Title of Representative of Insurer _____	Telephone No. & Ext. and Email Address _____
Name and address of Insurer claim processor (Third Party Administrator), if applicable _____		Telephone No. & Ext. _____

DENIAL OF CLAIM FORM -- PAGE TWO

IF YOU WISH TO CONTEST THIS DENIAL, YOU HAVE THE FOLLOWING OPTION:

You may submit this dispute to a hearing in the liquidation/ancillary receivership proceeding of [Company]. At this time, arbitration against [Company] is permanently stayed pursuant to the court order establishing [Company]'s liquidation/ancillary receivership proceeding. Adjudication of any objection must be made by submitting your objection to a hearing before a referee appointed by the court overseeing [Company]'s liquidation/ancillary receivership proceeding. If you wish to have a hearing regarding your objection, you must complete the form on page three and state the reason(s) you believe the denied benefits should be paid on page four, attach proof of your disability and/or verification of loss of earnings in dispute, sign below and mail the completed form to the address given on the front of this form or e-mail it to [examiner's email address] within sixty (60) days of receipt of this Denial of Claim Form. You or your attorney (if you are represented by legal counsel) will be contacted by someone from the New York Liquidation Bureau regarding your request for a hearing. . If the objection cannot be resolved, the Administrator will schedule, on notice to you, a hearing before a referee to resolve any disputed issues. The referee will hear your objection and make a recommendation to the Court. Either you or the Administrator may make a motion to the court to confirm or deny the referee's recommendation.

HEARING REQUESTED BY:		
LAST NAME	FIRST NAME	NAME OF LAW FIRM, IF ANY
TELEPHONE NUMBER:		ADDRESS
FAX NUMBER:		
EMAIL ADDRESS:		
SIGNATURE	ARE YOU AN ATTORNEY?	DATE
	YES NO	

DENIAL OF CLAIM FORM -- PAGE THREE

Loss of earnings: Date claim made: _____ Gross earnings per month \$ _____

Period of dispute: From _____ Through _____ Amount claimed: \$ _____

Health Services: (Attach bills in dispute and list each one separately)

Name of Provider(s)	Date of Service	Amount of Bill	Amount in Dispute	Date Claim Mailed

Other Necessary Expenses: (Attach bills in dispute and list each one separately)

Type of Expenses Claimed	Amount Claimed	Date Incurred	Date Claim Mailed	Amount in Dispute

Other: (attach additional sheet if necessary)

IMPORTANT NOTICE TO APPLICANT

If box number 3 ("Policy not in force on date of accident") on the front of this form is checked as a reason for this denial, you may be entitled to No-Fault benefits from the Motor Vehicle Accident Indemnification Corporation (M.V.A.I.C.) (646-205-7800) located at 100 William Street, New York, New York 10038. The Insurance Law requires that you must file an Affidavit of Intention to Make Claim with M.V.A.I.C. Therefore, it is in your best interest to contact the M.V.A.I.C. immediately and file such an affidavit, even if you intend to contest this denial.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

EXHIBIT C

Your written objections and documents that support your objection must be provided to the Administrator with your objection. **Objections must be received by the Administrator within sixty (60) days of the date of this notice.**

If you make timely objection, the Administrator's staff will contact you. If the objection cannot be resolved, the Administrator will schedule, on notice to you, a hearing before a referee to resolve any disputed issues. The referee will hear your objection and make a recommendation to the supervising court. Either you or the Administrator may make a motion to the court to confirm or deny the referee's recommendation.

If you have any questions regarding this Notice, you may contact [Examiner] at [telephone].

Dated:

Maria T. Vullo
Superintendent as Administrator

EXHIBIT D

**IN THE MATTER OF THE ANCILLARY RECEIVERSHIP OF
CASTLEPOINT NATIONAL INSURANCE COMPANY
Supreme Court, County of New York
Index No.: 153214/2017**

CONFORMED NOTICE

On June 26, 2017, CastlePoint National Insurance Company (“CastlePoint”) was placed into ancillary receivership and, the Superintendent of Financial Services of the State of New York and her successors in office are serving as ancillary receiver (“Ancillary Receiver”) of CastlePoint and as administrator (“Administrator”) of the New York Property/Casualty Insurance Security Fund and New York Public Motor Vehicle Liability Security Fund (collectively, the “Security Funds”) in connection with the ancillary receivership proceeding of CastlePoint.

The Ancillary Receiver has, pursuant to New York Insurance Law Article 74, appointed David Axinn, Special Deputy Superintendent (“Special Deputy”), as her agent to liquidate the business of CastlePoint. The Special Deputy carries out his duties through the New York Liquidation Bureau, 110 William Street, New York, New York 10038. The Ancillary Receiver has submitted an application to the Court for an order: (i) approving a procedure for judicial review of the Administrator’s rejection of claims under CastlePoint policies that are presented for payment from the Security Funds in this proceeding; (ii) appointing a referee to hear and take evidence on issues raised by claimants’ objections to the Administrator’s determinations, and to report thereon to the Court which may thereafter, on motion, confirm or deny such reports; and (iii) granting such other and further relief as may be just and proper.

A hearing on the application is scheduled for the 28th day of August, 2018, (“Return Date”) at 11:30 a.m., before the Court at the Courthouse, IAS Part 54, 60 Centre Street, Room 228, New York, New York. If you wish to object to the relief sought, you or your counsel must serve a written statement setting forth your objections and all supporting documentation (“Answering Papers”) upon the Ancillary Receiver at least seven (7) days prior to the Return Date and e-file the Answering Papers, together with an affidavit of service, with the Court seven days before the Return Date with hard copies hand delivered to the Part Clerk seven days before the Return Date as well. Service on the Superintendent shall be made at the following address:

Superintendent of Financial Services of the State of New York as
Ancillary Receiver of CastlePoint National Insurance Company
Insurance Company
110 William Street, 15th Floor
New York, New York 10038
Attention: General Counsel

The Ancillary Receiver’s application is available for inspection at <http://www.nylb.org>. In the event of any discrepancy between this notice and the documents submitted to Court, the documents control.

Requests for further information should be directed to the New York Liquidation Bureau, Creditor and Ancillary Operations Division, at (212) 341-6728.

Dated: July 12, 2018

MARIA T. VULLO
Superintendent of Financial Services of the State
of New York as Ancillary Receiver of
CastlePoint National Insurance Company