

Indemnity Insurance Corporation RRG in Liquidation
Request for Confirmation of Receipt of Proof of Claim Submission

Rev: 6/14/2017

Instructions: Please provide the information requested below by typing directly into this form. Please complete a separate form for each proof of claim submission for which you are seeking confirmation of receipt. Please then send the completed form(s) by e-mail to receiver@iicdc.com. Alternatively, you may mail your request(s) to Indemnity Insurance Corporation, RRG, in Liquidation, 704 King Street, Suite 200, Wilmington, DE 19801. Please note that our response to your inquiry will be based solely on the information provided in this form. Failure to complete the form in its entirety or provide accurate information may delay processing.

1. Name of Claimant (Last Name, First Name): _____

2. Person Making This Inquiry (if different from Claimant):

Name: _____

Address: _____

Phone: _____

Relationship to
Claimant: _____

3. Name of IIC Insured (if any): _____

4. IIC Claim Number (if any): _____

5. Date Submission Was Mailed/Shipped to the Receiver: _____

6. Please send the response to my inquiry by (choose one):

U.S. Mail to the following address:

Electronic mail to the following e-mail address:
