

PROOF OF CLAIM

THE CONNECTICUT SURETY CORPORATION, CONNECTICUT SURETY INSURANCE AGENCY, INC., FUNDS MANAGEMENT, INC., CONNECTICUT SURETY INSURANCE AGENCY OF ARIZONA, INC., BONDS II SURETY GROUP, INC., AND CONNECTICUT SURETY INSURANCE AGENCY OF NEVADA, INC., IN LIQUIDATION
(the "AFFILIATES")

ALL CLAIMS MUST BE POSTMARKED ON OR BEFORE THE CLAIM FILING DEADLINE OF **AUGUST 29, 2003**.
READ THE INSTRUCTIONS ON THE BACK OF THIS FORM CAREFULLY BEFORE COMPLETING THIS FORM.

CLAIMANT INFORMATION – PLEASE PRINT CLEARLY			
Claimant Name:			
Claimant Address (include city, state and zip code):			
Claimant Telephone Number:			
Claimant Social Security Number or Tax Identification Number:			
CLAIM INFORMATION			
<p>Attach a separate sheet of paper that states the particulars of your Claim, including the value given for your Claim, if any. If your total Claim consists of more than one part, please detail each part of your Claim. Also attach any documentation that supports your Claim, including a copy of any written instrument on which your claim is based.</p> <p>In the space provided below, please state the exact amount of your Claim.</p>			
TOTAL AMOUNT OF CLAIM:	\$		
	Affiliate Name	Amount	
Have any of the Affiliates paid any portion of your Claim? If yes, list the Affiliate(s) name and the amount paid and date of payment.		Date:	
		\$	
Do you hold security or collateral provided by the Affiliates or do you claim a right of setoff against any of the Affiliates? If yes, list the Affiliate(s) name and the amount held or subject to setoff.		\$	
Do you assert any right of priority senior to the priority of general creditors? If yes, identify the priority asserted and the basis for such assertion.			
If represented by an attorney, please provide the following information:			
Attorney's Name:			
Attorney's Address (include city, state and zip code):			
Attorney's Telephone Number:			
VERIFICATION			
<p>The undersigned subscribes and affirms as true under penalty of perjury as follows: I have read the foregoing Proof of Claim and know the contents thereof; that this claim against one or more of the Connecticut Surety Affiliates is justly owing to the claimant; that there is no set-off, counterclaim or defense to the claim thereto, except as stated above; that the matters set forth above and in any accompanying statements are true of my own knowledge except as to matters specifically stated to be alleged upon information and belief, and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.</p>			
Signature of Claimant or Individual, Partner, Officer or Legal Representative of Claimant:		Date signed:	
Title or Official Capacity:			
Telephone Number:			
Subscribed and sworn to me this ____ day of _____, 200 ____			
Notary Signature:		State of:	
		County of:	
My Commission expires on:			
(Seal)			

PROOF OF CLAIM INSTRUCTIONS

If you have a claim against any of the Affiliates, then you must follow the procedures described in the paragraphs below or be forever barred from asserting your claim.

THE LIQUIDATION COURT HAS ESTABLISHED **AUGUST 29, 2003**, AS THE "CLAIM BAR DATE" FOR THE FILING OF CLAIMS AGAINST THE ESTATES OF THE AFFILIATES. TO HAVE YOUR CLAIM CONSIDERED IN THE LIQUIDATION OF THE AFFILIATES, IT MUST BE COMPLETED, SIGNED, NOTARIZED AND MAILED VIA FIRST CLASS MAIL TO THE ADDRESS SET FORTH BELOW, AND POSTMARKED BY THE UNITED STATES POSTAL SERVICE **NO LATER THAN** AUGUST 29, 2003.

The Proof of Claim should be completed in its entirety and all questions answered. Should there be questions that do not apply to your situation, complete each blank not requiring an answer with "NA" or "NOT APPLICABLE." Please note certain instructions and requirements are contained in the Proof of Claim itself.

Complete the Proof of Claim and have it signed and notarized. Please **DO NOT** alter or change the Proof of Claim form or any of the required information. All documentation supporting your claim must be included with your Proof of Claim. Keep a copy of the completed Proof of Claim and supporting documentation for your records. Once complete, mail the original and one (1) copy of the Proof of Claim, along with copies of your supporting documents, by first class mail, to:

The Connecticut Surety Company, et al., in Liquidation
P.O. Box 231318
Hartford, CT 06123-1318

Mail your Proof of Claim as soon as possible, **BUT POSTMARKED (NOT POSTAGE METER STAMPED) BY THE UNITED STATES POSTAL SERVICE NO LATER THAN AUGUST 29, 2003**. IF A PROOF OF CLAIM IS NOT COMPLETE, IS POSTMARKED AFTER THE CLAIMS BAR DATE, IS SENT TO AN ADDRESS OTHER THAN THE ONE PROVIDED ABOVE, OR IS SENT BY A MEANS OTHER THAN BY FIRST CLASS MAIL THROUGH THE UNITED STATES POSTAL SYSTEM, THE LIQUIDATOR MAY REFUSE TO ACCEPT YOUR PROOF OF CLAIM FOR FILING OR DISALLOW YOUR PROOF OF CLAIM.

You or your authorized representative must sign the Proof of Claim form and have it notarized.

You will be advised of receipt of your completed Proof of Claim and your Proof of Claim number. You will be notified some time thereafter of the Liquidator's decision regarding your claim. If your claim is denied in whole or in part by the Liquidator, unresolved disputes will be decided by the Liquidation Court in Hartford, Connecticut.

The Liquidator's acceptance of the Proof of Claim is not intended to, nor does it constitute, a waiver or relinquishment by the Liquidator of any defense, set-off or counterclaim which the Liquidator may have against any person, entity or governmental agency.

All claimants must keep the Liquidator advised of address changes. Inquiries as to the status of your claim should be made in writing to the above address. Please identify your Proof of Claim number in all correspondence to permit ease of identification and an expedited response. Additionally, the Connecticut Insurance Department's web site, located at <http://www.state.ct.us/cid/>, is a source for news and information regarding the ongoing liquidation.