PROOF OF CLAIM

IN THE MATTER OF

CANNON SURETY, LLC (CANNON) in Liquidation

Deadline: 11:59 PM EST, December 22, 2025

FOR OFFICIAL USE ONLY

Complete All Sections **Please Print in INK or Type**

SECTION I

Claimant Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Telephone No. (____) _____ FAX Number: (____) _____

FEIN or Social Security No: _____ E-Mail Address: _____

Name of Insured: _____

Business Name: _____

Policy Number: _____

Date of Loss: _____

Claim Number (if previously filed): _____

Agent Name: _____

SECTION II Claim is for (mark with an "X")

1		POLICYHOLDER or THIRD PARTY CLAIM	Claim by insured of Cannon under a Cannon insurance policy for POLICY BENEFITS or liability claim against an insured of Cannon for POLICY BENEFITS. Describe in an attachment the particulars of the claim, including the consideration given for it, the identity and amount of the claim, the payments made on the debt, if any, that the sum claimed is justly owing and that there is no set off, counterclaim or defense to the claim, any right of priority of payment or other specific right asserted by the claimant, copies of any written instrument that is the foundation of this claim, and the name and address of the claimant and any attorney who represents the claimant.
2		GENERAL CREDITOR	Attorney fees, Adjuster fees, Vendors, Landlords, Lessors, Consultants, Cedants, and Reinsurers. Describe in an attachment the particulars of the claim, including the consideration given for it, the identity and amount of the claim, the payments made on the debt, if any, that the sum claimed is justly owing and that there is no set off, counterclaim or defense to the claim, any right of priority of payment or other specific right asserted by the claimant, copies of any written instrument that is the foundation of this claim, and the name and address of the claimant and any attorney who represents the claimant.
3		AGENT BALANCES	Agents earned commissions. Describe in an attachment the particulars of the claim, including the consideration given for it, the identity and amount of the claim, the payments made on the debt, if any, that the sum claimed is justly owing and that there is no set off, counterclaim or defense to the claim, any right of priority of payment or other specific right asserted by the claimant, copies of any written instrument that is the foundation of this claim, and the name and address of the claimant and any attorney who represents the claimant.
4		ALL OTHER	Describe in an attachment the particulars of the claim, including the consideration given for it, the identity and amount of the claim, the payments made on the debt, if any, that the sum claimed is justly owing and that there is no set off, counterclaim or defense to the claim, any right of priority of payment or other specific right asserted by the claimant, copies of any written instrument that is the foundation of this claim, and the name and address of the claimant and any attorney who represents the claimant...

SECTION III

1. **In an attachment** provide a concise statement of the facts giving rise to your claim, including the consideration given for it, the identity and amount of the claim, the payments made on the debt, if any, that the sum claimed is justly owing and that there is no set off, counterclaim or defense to the claim, any right of priority of payment or other specific right asserted by the claimant, copies of any written instrument that is the foundation of this claim, and the name and address of the claimant and any attorney who represents the claimant.. All the above must be addressed in the attachment.

2. Amount of Claim (or estimate) $ _____ Consideration given for it:_____

3. Is there OTHER INSURANCE that may cover this claim? YES ( ) NO ( )
4. If YES, provide name of insurer(s) and policy number(s): _____
5. Were any payments made on the debt YES( ) amount_____, dates made_____ NO ( )

SECTION IV

1. Does an ATTORNEY REPRESENT you? YES ( ) NO ( ) If yes, provide attorney's name, address, email & telephone number:

_____

2. Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this Claim? YES ( ) NO ( ) If YES, please provide the following:

Court where Filed: _____ DATE FILED _____ DOCKET NUMBER:_____

PLAINTIFF(S):_____

DEFENDANT(S): _____

SECTION VI

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that the undersigned has the right and authority to sign and submit this proof of claim; that the undersigned has read the foregoing Proof of Claim and knows the contents thereof; that the said claim against Cannon Surety, LLC in Liquidation is true to the best of the undersigned's own knowledge except as matters therein stated to be alleged upon information and belief and as to those matters the undersigned believes to be true; that no payment of or on account of the aforesaid claim has been made except as above stated; that there are no offsets or counterclaims thereto; and that the undersigned is not a secured creditor or claimant, or has no security interest except as stated above.

If the foregoing Proof of Claim alleges a claim against a Cannon insured (Third Party Claim), the undersigned hereby releases any and all claims which have been or could be made against such Cannon insured based on or arising out of the facts supporting the above Proof of Claim up to the amount of the applicable policy limit and subject to coverage being accepted by the Liquidator, regardless of whether any compensation is actually paid to the undersigned. **If coverage is avoided by the Liquidator, this release becomes null and void.**

Note: N.C. General Statute §58-2-161(b) provides in substance that any person who, with the intent to deceive, injure or defraud an insurer, presents or causes to be presented a written or oral statement in support of a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information material to the claim, is guilty of a Class H felony.

_____

Claimant Printed Name

_____

Claimant Signature

_____

Date

NOTARY

State of _____

County of _____

Sworn to and subscribed before me this,

The ____ day of _____2025.

(Official Seal)

_____

Notary Public

My Commission Expires:

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

This proof of claim form is used for filing a claim against Cannon Surety, LLC (Cannon). If you have a claim to pursue against Cannon, you must file a completed proof of claim form with the liquidator by the bar date. To file by the bar date the proof of claim form must be **postmarked (not postage meter stamped) no later than December 22, 2025, or received by liquidator no later than 11:59 PM EST on December 22, 2025**. Failure to file a timely claim may result in denial of your claim or consideration of your claim.

Please print legibly in ink or type. Complete all of the applicable sections and blanks, read and sign. Attach additional sheets as necessary. In the event you do not know certain information, please write "unknown". You may supplement your proof of claim when you have more information, provided you do so promptly after you obtain the information. If you have more than one claim against Cannon, a separate proof of claim must be submitted for each claim. You may make copies of the proof of claim form, request additional copies from the Liquidator using the address below or download the form from the Liquidator website at https://www.ncdoi.gov/insurance-industry/receiverships. A proof of claim must be filed even if a claim was made against Cannon prior to liquidation. **You are advised to keep a completed copy for your records**.

Whenever a claim is based upon an instrument in writing, a copy of the document should be attached to the proof of claim. If the document has been destroyed, a statement of the facts and circumstances of the loss must be filed, under oath, with this claim. Do not send original documents and keep copies of your claim(s) for your records. The right (but not the obligation) to request additional supporting information is retained by the Liquidator. The failure to promptly provide such additional information may result in denial of the claim.

Section I:

Complete requested contact and policy information. Ensure claimant's address is current including a correct zip code. **You are required to notify the Liquidator of your change of address. If you fail to do so, you may jeopardize recovery from this estate.**

Section II:

Please denote the type of claim you are making against Cannon:

1. A **policy benefit** claim represents unpaid claims arising under the policies issued by Cannon**.** These claims include a loss by the insured of Cannon under a Cannon insurance policy or a liability claim against an insured of Cannon. **Even if you have a claim already pending** with Cannon **you must file a proof of claim,**. **If this is a new claim**, complete the form and attach documentation to support the claim. *If your claim is a contingent claim under an insurance policy, please note as such.* .
2. Claim of a **general creditor** includes outstanding attorney fees, adjuster fees, vendors, landlords, lessors, consultants, cedants, and reinsurers. Attach copies of all outstanding invoices, retainer agreements, and payment ledgers noting any payments to this form.
3. Claims for **agent balances** refers to outstanding agents earned commissions. Attach a complete accounting by policy/contract in support of your claim including contracts.
4. **Any other** type of claim includes outstanding claims not listed above such as stockholder, member, employee, taxes, license fees, assessments, etc. Describe your claim and attach copies of supporting information including copies of certificates, membership interests, all agreements. .

Section III:

Complete requested claim information including a concise statement of the facts giving rise to your claim in a **separate attachment**. If you have several supporting documents please provide a summary.

Section IV:

Complete section regarding legal representation and/or legal actions. The name, address, email, and telephone number of the claimant's attorney, if any, must be shown. Attach additional sheets as necessary.

Section V:

The claimant needs to sign and date the form affirming the accuracy of the information provided. ***Note: N.C. General Statute §58-2-161(b) provides in substance that any person who, with the intent to deceive, injure or defraud an insurer, presents or causes to be presented a written or oral statement in support of a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information material to the claim, is guilty of a Class H felony.***

Filing:

A complete and signed proof of claim form must be postmarked (not postage meter stamped) no later than December 22, 2025, or received by Liquidator no later than 11:59 PM EST on December 22, 2025. Submit to the Liquidator via mail or email at the following address:

Liquidator of Cannon Surety, LLC
Attn: Rick Kilpatrick
1203 Mail Service Center
Raleigh, N.C. 27699-1203
919-807-6154

email: DOI-NCDOI.CannonSurety@ncdoi.gov

Note:

After all claims against this company are evaluated by the liquidator and approved by the Court, approved claims will be paid by priority level based on available funds in accordance with N.C. General Statute §58-30-220 if approved by the Liquidation Court. The amount of the payment will depend on the assets recovered. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated and assets are recovered. In any event, payment may not be made for several years.

The Liquidator's receipt of this proof of claim form does not constitute any waiver or relinquishment by the Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency, regarding any actions pursued by the Liquidator of Cannon Surety, LLC on behalf of Cannon Surety, LLC claimants, policyholders and creditors.