

Policyholder Address Verification Form

Health Republic Insurance of New York, Corp. ("Health Republic") is preparing to make distributions on allowed claims in the Health Republic Liquidation Proceeding. Please submit a Policyholder Address Verification Form below.

If we do not receive the required form, we will not be able to process your distribution check.

*** All fields required.** Please be sure to provide a valid email address.

Policyholder Name * :

Country * :

Check this box if you have changed your address since the date of Health Republic's liquidation, May 11, 2016.

Current Policyholder Mailing Address, City, state and Zip Code (Do not use a P.O. Box) * :

Telephone * :

Email * :

Certification: I certify under penalty of perjury under the laws of the state of New York that the information I have provided on this form is true and correct.

Your Printed Name and Signature * :