The State of New Hampshire
Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301

Roger A. Sevigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner

HEALTH INSURANCE BULLETIN

Docket Number: INS NO. 10-026-EP

Consumer Alert:
Scam Health Insurance Companies Placed into Liquidation:

On April 14, 2010, a Tennessee court placed the following companies into liquidation based on a finding that the companies were financially hazardous to their policyholders and insolvent:

American Trade Association, Inc.

American Trade Association, LLC

Serve American Assurance

Smart Data Solutions

A website at www.americantradeliquidation.com will be maintained to provide up-to-date information about the liquidation and answers to frequently asked questions.

These companies may have sold insurance policies to New Hampshire residents. If you purchased a policy from one of these companies, you may be eligible to file a Proof of Claim form with the liquidator. There is no guarantee that any of your claims will be paid or that your premium will be refunded.

Please see the attached information for instructions on how to file a Proof of Claim. **Proof of Claim submission must be filed on or before 4:30 p.m., Central Time, August 31, 2010. Late filed claims may be assigned a lower priority.**

Roger A. Sevigny
New Hampshire Insurance Commissioner
June 3, 2010

American Trade Association, Inc., American Trade Association LLC, Smart Data Solutions, LLC and Serve America Assurance in Liquidation
PO Box 282189
Nashville, TN 37228

May 21, 2010

On March 23, 2010, Robert Cooper, Attorney General for the State of Tennessee filed a Petition for the Liquidation of the above entities on behalf of Commissioner Leslie A. Newman for the Tennessee Department of Commerce and Insurance. A hearing on the Petition was held on April 6, 2010, by the Davidson County Chancery Court, Nashville, Tennessee. On April 14, 2010, the Court granted the State's petition for liquidation finding that the entities were (1) "hazardous, financially or otherwise, to its policyholders, its creditors or the public" and (2) on April 27, 2010 that they were "insolvent" (liabilities exceeding the assets).

On May 20, 2010, the Chancery Court of Davidson County, Tennessee, entered the enclosed "Final Order Appointing the Commissioner as Receiver for Liquidation of Respondents Smart Data Solutions, LLC, American Trade Association, Inc., American Trade Association, LLC, and Serve America Assurance, Conducting Unauthorized Insurance Company Business; Permanent Injunctive Relief" ("Final Order of Liquidation and Permanent Injunctive Relief"). Leslie A. Newman, the Commissioner of the Tennessee Department of Commerce and Insurance, is appointed as liquidator of Smart Data Solutions, LLC ("SDS"), American Trade Association, Inc., American Trade Association, LLC (collectively "ATA"), and Serve America Assurance ("SAA").

The Commissioner will cause a website at www.americantradeliquidation.com to be maintained so as to provide up-to-date information about the liquidation and answers to frequently asked questions. Please refer to this website frequently.

Enclosed in this mailing are the following:

- Notice of Liquidation and Cancellation of Policies;
- Proof of Claim Form, W-9 Form, and Instructions and deadline for filing claims against ATA/SDS/SAA; and
- Copies of Tenn. Code Ann. §56-9-324 and §56-9-330.

It has been brought to the Commissioner's attention that letters are being sent to ATA members regarding moving health insurance plans. There has been no authorized roll-over of ATA members by the Commissioner and/or SDS to put or place members in any other membership association for health insurance, nor has the Commissioner authorized any other entity to debit any bank or credit cards of ATA members. Whenever purchasing health insurance over the telephone, internet, or from an unsolicited letter or fax, please use caution and check with your state insurance department to determine if the entity that you are dealing with is properly licensed and assure yourself that the individual you are dealing with is a licensed insurance agent of that entity.

Paul Eggers
Special Deputy Liquidator

NOTICE OF LIQUIDATION OF AMERICAN TRADE ASSOCIATION, INC. and AMERICAN TRADE ASSOCIATION, LLC (collectively "ATA"), SMART DATA SOLUTIONS, LLC ("SDS"), and SERVE AMERICA ASSURANCE ("SAA")

May 21, 2010

This notice is provided to advise that, on May 20, 2010, the Chancery Court of Davidson County, Tennessee issued a FINAL ORDER of liquidation for conducting unauthorized insurance company business and permanent injunctive relief placing the above named companies ("ATA/SDS/SAA") into receivership. Leslie A. Newman, the Commissioner of the Tennessee Department of Commerce and Insurance, has been appointed Liquidator of ATA/SDS/SAA, and will wind-down the companies' operations. You may review a complete copy of the FINAL ORDER at http://www.tennessee.gov/commerce/insurance/AmericanTradeAssociationIndex.shtml# or www.americantradeliquidation.com

Paul Eggers has been appointed as Special Deputy Liquidator in this matter. Commissioner Newman will be preparing a plan of liquidation for Court approval to facilitate the distribution of the assets of ATA/SDS/SAA. Unless otherwise ordered, no payments will be made on any policy claims until all Proof of Claims have been resolved and the Court approves a plan of distribution.

CANCELLATION OF INSURANCE COVERAGE

All policies of insurance or other benefits not previously expired, terminated, or replaced by you with other insurance, will end at 11:59 PM Central Time on May 31, 2010. You are encouraged to seek health coverage from licensed carriers. Additionally, you should always check with your state department of insurance to assure yourself you are dealing with a licensed insurer and its licensed agent. For the issuance of a creditable coverage letter, please contact (800) 591-6764.

The included Proof of Claim form will be utilized by claimants to file a claim. Only fully completed and timely filed Proof of Claims will be accepted. Please read the enclosed instructions for the Proof of Claim closely.

The filing deadline for Proof of Claim submission has been established by the court to be on or before 4:30 p.m., Central Time, August 31, 2010. Please review the attached Proof of Claim form and Instructions closely. Late filed claims are assigned a lower priority pursuant to Tenn. Code Ann. § 56-9-330(a)(7).

You may direct any questions regarding these proceedings, to

Special Deputy Liquidator Paul Eggers
ATA SDS SAA in Liquidation
P.O. Box 282189
Nashville, TN 37228
questions@americantradeliquidation.com

PLEASE READ THIS FORM AND INSTRUCTIONS AND NOTE THAT YOU ARE MAKING THE FOLLOWING STATEMENTS UNDER OATH.

PROOF OF CLAIM

AGAINST

American Trade Association, Inc,
American Trade Association, LLC,
Smart Data Solutions, LLC., or
Serve America Assurance

(For Liquidator's Use Only)

Claim # _____

Date Received _____

1. **Claimant name** (Party who is executing this claim and to whom payment should be made)

_____

2. **Claimant address** (address to which payment should be directed)

_____

Street **City** **State** **Zip Code**

3. **Contact name** _____ 4. **Contact phone number** ( ) -

5. **Contact email address** _____ 6. **Claimant Federal Tax ID** _____

CLAIM INFORMATION

7. **Type of claim (check applicable box)**

☐ ATA member ☐ Health care provider ☐ General creditor ☐ Other (explain) _____

8. **If ATA member, date membership began** _____ **and date membership ended** _____

9. **Claim is against (check applicable box(es))**

☐ American Trade Association ☐ Smart Data Solutions ☐ Serve America Assurance

10. **Attach documents and explanation of why Proof of Claim is being submitted.**

11. **Dollar amount of claim $**_____

12. **Number of pages, including this page** _____

CLAIM DOCUMENTATION AND FULLY COMPLETED W-9 MUST BE ATTACHED TO PROOF OF CLAIM

BEFORE ME, the undersigned Notary Public, appeared the person whose name is subscribed hereto, who states under oath the following: I attest that, after deducting all offsets and counterclaims the above entity is indebted to her/him as contained herein, that this claim is TRUE & CORRECT, justly owed, no part of the amount claimed has been paid by American Trade Association, Inc., American Trade Association LLC, Smart Data Solutions LLC and/or Serve America Assurance and should monies from other sources be received, I will IMMEDIATLEY contact the Liquidator and report the amount.

13. **Authorized signer name** (Please print) _____

14. **Authorized signer signature** _____

15. **SUBSCRIBED AND SWORN BEFORE ME**, this ____day of _____, 2010.

Notary Public _____ My Commission Expires: _____

Notary Name Typed/Printed _____

THE CHANCERY COURT OF DAVIDSON COUNTY HAS ESTABLISHED A DEADLINE THAT FULLY COMPLETED PROOFS OF CLAIM MUST BE RECEIVED NO LATER THAN AUGUST 31, 2010 AT 4:30 P.M. Central Time AT THE FOLLOWING ADDRESS

ATA SDS SAA in Liquidation
PO Box 282189
Nashville, Tennessee 37228

Inquiries concerning the Proof of Claim or the status of the liquidation may be directed to
questions@americantradeliquidation.com

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

AGAINST

AMERICAN TRADE ASSOCIATION, INC. and AMERICAN TRADE ASSOCIATION, LLC (collectively "ATA"), SMART DATA SOLUTIONS, LLC ("SDS"), or SERVE AMERICA ASSURANCE ("SAA")

Attention Members of ATA and health care providers of services to ATA Members

Step 1 Determine if you were not reimbursed/paid for any covered services or if you have any other claims which are the responsibility of ATA/SDS/SAA. Provide documentation to support your claim. Without the documentation, the Proof of Claim will be processed at $0.00. Health care providers should file one Proof of Claim for all services to ATA members. Electronic submission of claims will not be available.

Step 2 Complete and submit the attached Proof of Claim form so that it is received in the liquidation office no later than August 31, 2010 at 4:30 PM Central Time at the address listed on the front of the Proof of Claim.

CLAIMS FILING DEADLINE

All Proofs of Claims must be received no later than August 31, 2010 at 4:30 PM Central Time at the address listed on the front of the Proof of Claim.

Attention All General and Other Creditors

Step 1 Determine if you were properly paid for any goods or services provided by you to SDS/ATA/SAA or if you have any other claims against SDS/ATA/SAA. Provide detailed invoices for goods or services for which you were not paid. If a contract exists, provide a fully executed copy.

Step 2 Complete and submit the attached Proof of Claim form so that it is received no later than

August 31, 2010 at 4:30 PM Central Time at the address listed on the front of the Proof of Claim.

Step 3 Your invoices that have been paid correctly should not be submitted under the Proof of Claim process. To aid in the processing of Proofs of Claim, you should submit a detailed explanation as to why you believe the invoice(s) were not paid correctly or why you are otherwise owed money from ATA/SDS/SAA.

CLAIMS FILING DEADLINE

All Proofs of Claims must be received no later than August 31, 2010 at 4:30 PM Central Time at the address listed on the front of the Proof of Claim.

See back of page for further instructions

Item	Specific Instructions for Proof of Claim
1	State party to whom payment should be made.
2	Provide address to which payment should be made. If this address changes after submission of the Proof of Claim, a revised Proof of Claim must be submitted, indicating the change.
3-4	State claimant's contact name and telephone number where they can be reached from 8am-5pm Central Time, Monday through Friday. Telephone numbers should reach persons familiar with the filing of the Proof of Claim.
5	Provide email address where liquidation may communicate with claimant. If claimant does not have access to email, then list a fax number.
6	Provide Federal Tax Identification number of party listed in Item #1.
7	If any other type of creditor than ATA member or health care provider, check the box "General creditor".
8	If ATA Member is checked in #7, enter date membership began and ended.
9	Check the box(es) for the entity against which the claim is being asserted.
10	Attach explanation of why Proof of Claim is being submitted. ATA members should include documents to support the Proof of Claim, including (but not limited to); **DO NOT SEND ORIGINALS** * copies of cancelled checks and evidence of charges to checking accounts or credit cards * copies of ATA membership card(s) * copies of ATA membership package * copies of statements to show premiums paid * copies of communications or other information from marketers or persons who sold this product to you * copies of checks and bills for payments to health care providers in excess of deductible/copay
11	List the total dollars included in the Proof of Claim
12	List the total number of pages in the Proof of Claim
13	**Print** the name of the person executing the claim on behalf of the claimant.
14	**Sign** the Proof of Claim.
15	Proof of Claim **must be notarized.**
	Submit the completed Proof of Claim to an address listed below. The Proof of Claim must be received no later than 4:30 PM Central Time on August 31, 2010.

PROOF OF CLAIM DOCUMENTATION AND W-9 FORM MUST BE ATTACHED TO THIS PROOF OF CLAIM. Proof of Claims will not be processed without documentation and a W-9 form. If you want proof of delivery, please send your Proof of Claim by certified mail, return receipt requested.

Appropriate General Creditor claim documentation includes **a copy of the original invoice, purchase order, or contract.**

For general creditors, if additional claims are identified after the filing of your Proof of Claim, you may submit additional Proof of Claim forms. However, each Proof of Claim must have attached a separate W-9 form and claim documentation, and MUST NOT include duplicate claims submitted with a previous Proof of Claim. Additional filings of Proofs of Claim are subject to the claims filing deadline.

THE CHANCERY COURT OF DAVIDSON COUNTY, TENNESSEE HAS ESTABLISHED A DEADLINE THAT ALL PROOF OF CLAIM FORMS MUST BE RECEIVED NO LATER THAN AUGUST 31, 2010 at 4:30 PM CENTRAL TIME AT THE BELOW ADDRESS

ATA/SDS/SAA in Liquidation
PO Box 282189
Nashville, Tennessee 37228

Inquiries concerning status of liquidation may be directed by

- **mail at the above address**
- **email to** questions@americantradeliquidation.com ***or***
- **calling (800) 591-6764**

Additional information can be obtained on the Internet at
www.americantradeliquidation.com

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 7[2]

[1]See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2]However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at *www.irs.gov* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Excerpts from applicable sections of Tennessee Code Annotated

56-9-324. Proof of claim — Form — Information to be included in form. —

(a) Proof of claim shall consist of a statement, signed by the claimant, that includes all of the following that are applicable:

(1) The particulars of the claim including the consideration given for it;

(2) The identity and amount of the security on the claim;

(3) The payments made on the debt, if any;

(4) That the sum claimed is justly owing and that there is no setoff, counterclaim or defense to the claim;

(5) Any right of priority of payment or other specific right asserted by the claimant;

(6) A copy of the written instrument which is the foundation of the claim; and

(7) The name and address of the claimant and the attorney who represents the claimant, if any.

(b) No claim need be considered or allowed if it does not contain all the information in subsection (a) that may be applicable. The liquidator may require that a prescribed form be used, and may require that other information and documents be included.

(c) At any time the liquidator may request the claimant to present information or evidence supplementary to that required under subsection (a) and may take testimony under oath, require production of affidavits or depositions, or otherwise obtain additional information or evidence.

(d) No judgment or order against an insured or the insurer entered after the date of filing of a successful petition for liquidation, and no judgment or order against an insured or the insurer entered at any time by default or by collusion, need be considered as evidence of liability or of the quantum of damages. No judgment or order against an insured or the insurer entered within four (4) months before the filing of the petition need be considered as evidence of liability or of the quantum of damages.

(e) All claims of a guaranty association or foreign guaranty association shall be in the form and contain the substantiation that may be agreed to by the association and the liquidator.
[Acts 1991, ch. 142, § 4.]

Excerpts from applicable sections of Tennessee Code Annotated

56-9-330. Distribution of claims — Priority. —

(a) The priority of distribution of claims from the insurer's estate shall be in accordance with the order in which each class of claims is set forth in this section. Every claim in each class shall be paid in full or adequate funds retained for the payment before the members of the next class receive any payment. No subclasses shall be established within any class. The order of distribution of claims is:

(1) Class 1. The costs and expenses of administration during rehabilitation and liquidation, including, but not limited to, the following:

(A) The actual and necessary costs of preserving or recovering the assets of the insurer;

(B) Compensation for all authorized services rendered in the rehabilitation and liquidation;

(C) Any necessary filing fees;

(D) The fees and mileage payable to witnesses;

(E) Authorized reasonable attorney's fees and other professional services rendered in the rehabilitation and liquidation; and

(F) The reasonable expenses of a guaranty association or foreign guaranty association for unallocated loss adjustment expenses;

(2) Class 2. All claims under policies, including the claims of the federal or any state or local government for losses incurred (loss claims), including third party claims and all claims of a guaranty association or foreign guaranty association. All claims under life insurance and policies and annuities, which, for purposes of this section only, shall include guaranteed investment contracts and funding agreements, whether for death proceeds, annuity proceeds, or investment values shall be treated as loss claims. That portion of any loss, indemnification for which is provided by other benefits or advantages recovered by the claimant, shall not be included in this class, other than benefits or advantages recovered or recoverable in the discharge of familial obligation of support or by way of succession at death or as proceeds of life insurance, or as gratuities. No payment by an employer to the employer's employee shall be treated as a gratuity;

(3) Class 3. Claims of the federal government, including those that otherwise would be within Class 5, but not including claims that are within Class 2;

(4) Class 4. Reasonable compensation to employees for services performed to the extent that they do not exceed two (2) months of monetary compensation and represent payment for services performed within one (1) year before the filing of the petition for liquidation or, if rehabilitation preceded liquidation, within one (1) year before the filing of the petition for rehabilitation. Principal officers and directors are not entitled to the benefit of this priority except as otherwise approved by the liquidator and the court. The priority is in lieu of any other similar priority that may be authorized by law as to wages or compensation of employees;

(5) Class 5. Claims under nonassessable policies for unearned premium or other premium refunds, claims of general creditors, including claims of ceding and assuming companies in their capacity as such, and every claim arising under an unallocated annuity contract, except unallocated annuity contracts and defined government contribution plans qualified under § 403(b) of the Internal Revenue Code, compiled in 26 U.S.C. § 403(b), issued in connection with a separate account agreement providing, in effect, that the assets in the separate account shall not be chargeable with liabilities arising out of any other business of the insurer, to the extent that the claim is not satisfied and fully discharged out of the assets of the separate account equal to the reserves maintained in the account for the agreement;

(6) Class 6. Claims of any state or local government except those under Class 2. Claims, including those of any state and local governmental body for a penalty or forfeiture, shall be allowed in this class only to the extent of the pecuniary loss sustained from the act, transaction, or proceeding out of which the penalty or forfeiture arose, with reasonable and actual costs occasioned thereby. The remainder of the claims shall be postponed to the class of claims under subdivision (a)(9);

(7) Class 7. Claims filed late or any other claims other than claims under subdivisions (a)(8) and (9);

(8) Class 8. Surplus or contribution notes, or similar obligations, and premium refunds on assessable policies. Payments to members of domestic mutual insurance companies shall be limited in accordance with law; and

(9) Class 9. The claims of shareholders or other owners in their capacity as shareholders.

(b) If any classification or priority provided for in subsection (a), or the application of the classification or priority to any person or circumstances, is held to be unconstitutional or otherwise invalid, the invalidity shall not affect the remaining portions or applications of subsection (a) that can be given effect without the invalid portion or application.
[Acts 1991, ch. 142, § 4; 1993, ch. 253, § 21; 1997, ch. 188, §§ 1-9; 2001, ch. 91, § 1.]