

SWORN STATEMENT IN PROOF OF LOSS
TO THE

AIG Property Casualty Company

Agency at: Insurance Office Central Ohio Amount \$ 39,611,905 Policy No. PCG 0021940015 Date of Exp. July 15th, 2018

BY YOUR POLICY OF INSURANCE ABOVE DESCRIBED, YOU INSURED

Jeffrey Epstein

according to the terms and conditions therein, the below mentioned property against loss from the following cases:

Property Insured **as Per Policy No. PCG [REDACTED] (The "Property")**

Against Loss From **"All Risk"**

A loss to certain of the property occurred on the island of Little Saint James, USVI on the days of September 6th, 19th, & 20th of 2017 about the hours of -- o'clock --M., which, upon the best of my knowledge and belief, was caused as follows: Hurricane damage and destruction of fine art from Hurricane Irma, (CAT 1744) and Hurricane Maria (CAT 1745).

Upon the best of my knowledge and belief, the actual cash value of the property described by aforesaid policy, the actual amount of the loss, the total insurance thereon at the time of said the loss as shown by annexed schedule, amount of the loss named in this policy, and the amount claimed under this policy are as follows:

CASH VALUE	WHOLE LOSS	WHOLE INSURANCE	AMOUNT NAMED IN THIS POLICY	AMOUNT CLAIMED UNDER THIS POLICY
-	\$1,468,006.00	\$ 39,611,905.00	\$ 39,611,905.00	\$1,000,000.00

Except as noted below the Property belonged at the time of the loss, to Jeffrey Epstein and no other person or persons had any interest therein; no assignment or transfer, or encumbrance of the Property subject to the Loss has been made and no change in the title, use, or possession of said Property has occurred since the issuance of this policy and will accept IN FULL SATISFACTION AND COMPROMISE SETTLEMENT of the loss under this policy the sum of One million dollars and zero cents and demand no more AND in respect of the Loss HEREBY AUTHORIZE PAYMENT TO Jeffrey Epstein.

In consideration of the payment to be made hereunder, I hereby assign and transfer to the said Insurers each and all claims and demands against any person, persons, corporation or property, arising from or connected with the loss, (and the said Insurers is subrogated in the place of and to the claims and demands of the undersigned against said person, persons, corporation or property) to the extent of the amount above named; and agree to immediately notify McLARENS YOUNG INTERNATIONAL., (for account of the Underwriters) in case of any recovery of any of the Property for which claim is being made hereunder. In connection with the loss, I also agree to either turn over to said McLARENS YOUNG INTERNATIONAL for account of the Insurers, any such recovery which may be made, or reimburse said McLARENS YOUNG INTERNATIONAL for account of the Insurers, any such recovery which may be made, or reimburse said McLARENS YOUNG INTERNATIONAL. to the extent of the payment for any of such Property which may be recovered, or market value at the time of recovery (whichever is the greater), subject to the decision of the Insurer.

The said Loss was not caused by design or procurement on my part; nothing has been done by or with my privity or consent, to violate the conditions of the policy, or render it void, no articles are mentioned herein or in annexed schedules but such as were interested the Loss and insured under this policy, and belonged to me at the time of the Loss; no Property subject to the Loss had been saved from the Loss and in any manner concealed, and no attempt to deceive the said Insurers as to the extent of the Loss, has in any manner been made.

SPECIAL CONDITIONS: Compromised net loss amount. No deductible applies.

Any other information that may be required will be furnished upon request and considered a part of this proof. It is expressly understood and agreed that the furnishing of this blank to the assured or the preparing of Proofs by an adjuster, or any agent of the Insurers named in the policy is not a waiver of any rights of said Insurers.

"ANY PERSON KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY FILE A STATEMENT OR A CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

WITNESS _____ hand at _____

this _____ day of _____, 20 _____

State of _____

County of _____

Signature of Assured

Personally appeared before me, the day and date above written _____ signer of the foregoing statements, who made solemn oath to the truth of same, and that no material fact is withheld of which said Insurers should be advised.

NOTARY PUBLIC (SEAL)

LOSS SUMMARY

<u>DESCRIPTION</u>	<u>LOSS SUBMITTED BY INSURED</u>	<u>PORTION OF SUBMITTED LOSS ACCEPTED BY INSURERS</u>
Scheduled Jewelry	\$471,125	nil
Less: Withdrawn claim	\$471,125	nil
Sub-total for Scheduled Jewelry	nil	nil
Unscheduled Jewelry	nil	nil
Scheduled Fine Art	\$521,055	\$521,055
Less: Loss Adjustment		\$63,714
Sub-Total for Scheduled Fine Art		\$457,341
Unscheduled Fine Art	\$946,951	\$946,951
Less: Loss Adjustment		\$531,523
Sub-Total for Unscheduled Fine Art		\$415,428
Net Adjusted Loss		\$872,769
Less: Deductible		Nil
Adjusted Net Loss	\$1,468,006	\$872,769
Compromised Net Loss and Claim		\$1,000,000