

INSURANCE SETTLEMENT FUND CLAIM FORM

**FOR YOUR CLAIM TO BE CONSIDERED, THIS FORM
MUST BE SUBMITTED BY FEBRUARY 26, 2010**

I. Please fill in all of the following information and sign this form below. Use additional sheets of paper if necessary.

<p>A. <i>Your Name:</i> _____</p>
<p>B. <i>Your Mailing Address:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>C. <i>Your Phone Number:</i> _____</p>
<p>D. <i>Your Email Address:</i> _____</p>
<p>E. <i>If you are an individual, (1) check the box for each of the Insured Companies where you were an officer, director, or employee and provide (2) your position and (3) the time period you held that position?</i></p> <p><input type="checkbox"/> Hollinger International Inc. (now known as Sun-Times Media Group, Inc.)</p> <p>Position: _____ Time Period: _____</p> <p><input type="checkbox"/> Hollinger, Inc.</p> <p>Position: _____ Time Period: _____</p> <p><input type="checkbox"/> Ravelston Corporation, Ltd.</p> <p>Position: _____ Time Period: _____</p> <p><input type="checkbox"/> Other company, please identify: _____</p> <p>Position: _____ Time Period: _____</p>

F. If you are submitting this claim form on behalf of an entity that is or was a subsidiary or affiliate of any of the Insured Companies (Hollinger International Inc. (now known as Sun-Times Media Group, Inc.), Hollinger Inc. or Ravelston Corporation, Ltd.), please provide the name, address, phone number and email address of the person(s) most knowledgeable about this claim:

G. Were you a defendant in any lawsuit or the subject of any investigation that you believe makes you eligible to submit a claim? Yes: ___ No: ___

If yes, please identify any such action or investigation in as much detail as possible:

H. Please state(1) the amount of Loss that you incurred in connection with the action or investigation identified above, (2) the nature of that Loss (for example, unreimbursed legal fees, settlement costs, or damages), and(3) the date of such Loss.

1. Amount: _____

2. Nature: _____

3. Date of Loss: _____

II. Please submit with this Claim Form all documentation concerning your claimed Loss, including any notice submitted to any insurance carrier concerning the investigation or claim against you, and any documentation of legal fees incurred or of settlement costs or damages.

I affirm under penalty of perjury that the above information is true to the best of my knowledge.

Date: _____

*Please submit this completed form along with the required documentation to
the Interpleader Representative at the following address*
NO LATER THAN FEBRUARY 26, 2010:

Bouchard Margules & Friedlander, P.A.
Attention: Andre G. Bouchard,
222 Delaware Avenue, Suite 1400
Wilmington, Delaware 19801