

**IN THE SUPERIOR COURT OF THE STATE OF DELAWARE
IN AND FOR NEW CASTLE COUNTY**

BOUCHARD MARGULES &
FRIEDLANDER, P.A., a Delaware
professional corporation,

Interpleader-
Plaintiff,

v.

SUN-TIMES MEDIA GROUP, INC., a
Delaware corporation, HOLLINGER INC.,
a Canadian corporation, THE
RAVELSTON CORPORATION, LTD., a
Canadian corporation, RAVELSTON
MANAGEMENT INC., a Canadian
corporation, ARGUS CORPORATION,
LTD., a Canadian corporation, PETER Y.
ATKINSON, BARBARA AMIEL
BLACK, CONRAD M. BLACK, JOHN A.
BOULTBEE, DANIEL W. COLSON,
MARK S. KIPNIS, and RICHARD N.
PERLE,

Interpleader-
Defendants.

Civil Action No. 09C-10-163 RRC

**NOTICE OF PENDING INTERPLEADER ACTION
AND PROCEDURE TO SUBMIT A CLAIM**

THIS NOTICE IS ADDRESSED TO:

(1) ALL CURRENT OR FORMER OFFICERS, DIRECTORS OR EMPLOYEES OF HOLLINGER INTERNATIONAL INC. (NOW KNOWN AS SUN-TIMES MEDIA GROUP, INC.), HOLLINGER INC. OR THE RAVELSTON CORPORATION LIMITED (TOGETHER, THE "INSURED COMPANIES"), OR OF ANY OF THEIR SUBSIDIARIES OR AFFILIATES, AND

(2) ANY SUBSIDIARIES OR AFFILIATES OF THE INSURED COMPANIES,

WHO INCURRED A LOSS THAT MAY BE COMPENSABLE UNDER THE EXECUTIVE AND ORGANIZATION LIABILITY INSURANCE POLICIES OF THE INSURED COMPANIES IN EFFECT FOR THE JULY 1, 2002 TO JULY 1, 2003 POLICY PERIOD

PURPOSE OF THIS NOTICE

Under a settlement entered into between the Insured Companies and certain of their insurance carriers, a fund in the amount of approximately \$24.5 million has been established (the “Fund”). The Superior Court of the State of Delaware (the “Court”) will decide how to allocate the Fund among eligible claimants who submit claims. **The deadline set by the Court for submitting claims is February 26, 2010 (the “Bar Date”).**

If you (1) were an officer, director or employee of any of the Insured Companies (as defined above, Hollinger International, Inc. (now known as Sun-Times Media Group, Inc.), Hollinger Inc. and The Ravelston Corporation Ltd.) or of any subsidiaries or affiliates of the Insured Companies, or (2) are or were a subsidiary or affiliate of any of the Insured Companies, and (3) have a claim for a covered loss under certain Insurance Policies (as described below), your legal rights will be affected by Court’s determination.

PLEASE READ THIS NOTICE CAREFULLY.

Your legal rights and options in connection with this proceeding are as follows:

SUBMIT A CLAIM FORM BY FEBRUARY 26, 2010	This is the only way to obtain a payment from the Fund. The Court will consider your claim along with claims submitted by other claimants and determine if you are eligible to receive a payment and, if so, in what amount. Submission of a claim does not guarantee that you will receive any payment. The Court may also require that you submit additional information in connection with your claim.
DO NOTHING	If you do nothing, you will not be eligible to receive any payment from the Fund and you will forever waive and forfeit any claim to payment from the Fund.

WHAT THIS PROCEEDING IS ABOUT

The action listed in the caption above (the “Proceeding”) is known as an interpleader action. It will determine the allocation of approximately \$24.5 million in proceeds from certain insurance policies (the “Insurance Policies”).

The Insured Companies had executive and organization liability insurance policies in effect for the policy period from July 1, 2002 to July 1, 2003. Certain of the insurance carriers disputed the Insured Companies’ entitlement to coverage under the Insurance Policies.

The Insured Companies and the insurance carriers settled that dispute in July 2007, pursuant to a settlement agreement (the “Settlement Agreement”). Under the Settlement Agreement, the insurance carriers agreed to pay \$24.5 million into the Fund following the receipt of final approval of certain securities class actions, with the Court to determine how to allocate the Fund among eligible claimants. The Proceeding is the action in which the Court will make that determination.

The Proceeding was filed on October 15, 2009, after each of the securities class actions referenced in the Settlement Agreement had been finally approved. The plaintiff in the Proceeding is Bouchard Margules & Friedlander, P.A. (“BMF”), a law firm in Delaware. BMF was retained to serve as the Interpleader Representative for the purpose of commencing the Proceeding so that the allocation of the Fund could take place. BMF has no interest in how the Fund is allocated among claimants.

The defendants in the Proceeding consist of the Insured Companies, certain of their affiliates and certain of their former directors and/or officers who signed the Settlement Agreement. Thirteen other individuals who signed the Settlement Agreement have submitted written waivers disclaiming any interest in the Fund.

A copy of the Complaint in the Proceeding, to which are attached copies of the Settlement Agreement, the Insurance Policies and the Escrow Agreement appointing BMF as the Interpleader Representative, is available at www.bmf-law.com/hollingerinsurancefund.php

On January 12, 2010, the Court approved the issuance of this Notice and set February 26, 2010 as the Bar Date for the submission of claims.

ELIGIBLE CLAIMANTS UNDER THE INSURANCE POLICIES

Eligible claimants to the Fund are individuals and companies that are covered under the Insurance Policies (“Insureds”) and that incurred a compensable “Loss.”

“Insureds” under the Insurance Policies generally include (1) the Insured Companies; (2) subsidiaries and affiliates of the Insured Companies; and (3) the officers, directors and employees of the Insured Companies and their subsidiaries and affiliates.

“Loss” under the Insurance Policies generally means damages (including aggravated damages), settlements, judgments (including pre/post-judgment interest on a covered judgment) and defense costs resulting from the investigation, adjustment, defense and/or appeal of a claim against an Insured.

The Insurance Policies are “claims made” policies covering the period from July 1, 2002 to July 1, 2003.

The Insurance Policies are detailed documents that contain a variety of technical definitions, exclusions and limitations. The descriptions of the Insurance Policies set forth above are general summaries of certain provisions. They do not set forth the complete details of the Insurance Policies. In the event of any inconsistency between the descriptions set forth above and the Insurance Policies, the Insurance Policies govern. Copies of the Insurance Policies are attached as Exhibits 13-18 of the Complaint in the

Proceeding, which is available at www.bmf-law.com/hollingerinsurancefund.php You are encouraged to examine the text of Insurance Policies if you believe you may have incurred a Loss compensable under the Insurance Policies.

HOW TO MAKE A CLAIM

To make a claim for payment from the Fund, you must complete the enclosed Claim Form and submit it to the Interpleader Representative by **no later than February 26, 2010**. The Interpleader Representative will file with the Court all the Claim Forms it receives by the Bar Date and will mail a copy of that filing to persons submitting a Claim Form.

If you wish to submit a claim, please provide all of the information and documentation called for on the Claim Form and then send the Claim Form to:

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

After you submit your Claim Form, the Court will consider your claim along with claims submitted by other claimants and determine if you are eligible to receive a payment and, if so, in what amount. **Submission of a claim does not guarantee that you will receive any payment.** The Court may also require that you submit additional information in connection with your claim.

WHAT HAPPENS IF YOU DO NOTHING

You are not required to submit a claim, participate in the Proceeding, or do anything in response to this Notice. **If you do not submit a Claim Form by the Bar**

Date, however, you will not be eligible to receive any payment from the Fund and you will forever waive and forfeit any claim to payment from the Fund.

HOW TO OBTAIN MORE INFORMATION

For more information, you may contact the Interpleader Representative:

Bouchard Margules & Friedlander, P.A.
Attention: Andre G. Bouchard
222 Delaware Avenue, Suite 1400
Wilmington, Delaware 19801
Telephone: (302) 573-3510
Email: abouchard@bmf-law.com

Please do not telephone the Court regarding this Notice.

Dated: January 12, 2010

By Order of the Court

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