

Nickey L. Marsh v. USAgencies Casualty Insurance Company
Docket Number 2002-787, Section 2, Fourth Judicial District Court,
Morehouse Parish, Louisiana

OFFICIAL CLAIM FORM

INSTRUCTIONS (Read and Follow Carefully):

- If you wish to make a claim in connection with the Proposed Settlement, YOU MUST COMPLETE AND SIGN A CLAIM FORM.
- If you do not want to make a claim for payment under the Proposed Settlement, you do not need to complete nor submit this Claim Form and you will not receive any payment as a result of this Proposed Settlement.
- Your Claim Form(s) must be completed and mailed to the address listed below. It **must** be postmarked **no later** than _____ **Late claims will not be paid.**
- If you are submitting a Claim Form for yourself, you must complete Form "A", you must sign and attach a photo ID as described below, and you must mail your completed Form "A" to the address below, postmarked no later than _____
- If you are submitting a Claim Form for a deceased person, you must complete Form "A" **and** Form "B" for that person, you must sign and attach your photo ID as described below and the deceased person's death certificate, and mail both Forms to the address below, postmarked no later than _____.
- Mail your Claim Form(s), and all required documents postmarked **no later** than _____, _____ to:

Detail / Prep Class Action Claims
Post Office Box 1190
Alexandria, LA 71309

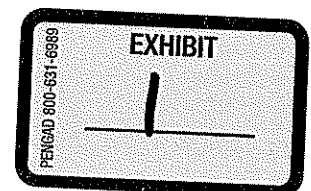
Do not mail or deliver your Claim Form to the Court or to any of the parties or their lawyers. Do not telephone the Judge or Clerk of Court or any representative of USAgencies about this matter. Filling out a Claim Form is the only way to receive payment from this Proposed Settlement.

All Claim Forms must be completely and accurately filled out to the best of your ability and recollection.

All Claim Forms must be accompanied by a photocopy of your driver's license, or an official State ID card, military ID card, or student ID. For a deceased person, you must also attach a copy of his/her death certificate.

You must also read and sign the Certification at the end of the Claim Form under penalty of perjury.

- Payments on qualified claims will not begin until after the Proposed Settlement receives final approval of the Court and becomes effective. A hearing on the settlement is scheduled for _____, 2009 at _____. YOU DO NOT HAVE TO APPEAR AT THE HEARING TO RECEIVE PAYMENT. Check the website for updates.



- The Proposed Settlement provides for cash payments of up to \$1600 to eligible Settlement Class Members who properly fill out and timely return this Claim Form. Depending on the number of Settlement Class Members who fill out and return Claim Forms, the amount may be less.

Before you mail your Claim Form(s), be sure that you have filled in **all** parts of the Form(s), that your Form(s) is/are signed, and that you have included a copy of **everything** you are supposed to include with your Form(s). ALL of the requested information must be completed to the best of your knowledge and memory.

If you are a Settlement Class Member and do not complete the Claim Form and do not exclude yourself from the Class, you will still be bound by the Proposed Settlement and will be prohibited from making any future claim covered by the Release.

- Please print as neatly as possible, and use blue or black ink.
- **Do not wait until the last day to try to complete and mail your Claim Form(s) - if your Claim Form is late, you will not be paid.**

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OFFICIAL CLAIM FORM
FORM "A" (FOR ALL CLAIMS)

Print Full Name
of Claimant: _____

FIRST MIDDLE (MAIDEN) LAST

Check here if the Claimant is deceased: _____
(Note: If you checked here, you must also complete Form "B".)

Your Date of Birth: _____ / _____ / _____ Your Soc.Sec.#: _____ - _____ - _____

Your Present Mailing Address: _____
(House Number, Street Name, Apt. Number, or P.O. Box Number)

Your address at the time the total loss claim was made, including city and state and zip code
City State Zip Code

Your Home Phone #: (____) _____ - _____ Your Work Phone#: (____) _____ - _____

Your Residence Address: _____
(If Different From Mailing Address) (House Number, Street Name, Apt. Number, or P.O. Box Number)

City State Zip Code

Are you a member of the Louisiana Judiciary, Fourth Judicial District, State of Louisiana or a member of the immediate family of someone who is a member of the Louisiana Judiciary, Fourth Judicial District?
_____ YES _____ NO

Did you file a lawsuit or arbitration against USAgencies to obtain payments for the total loss you sustained and pursue that litigation or arbitration to conclusion? _____ YES _____ NO

Are you an officer, director, or employee of USAgencies Management Services, Inc. or a member of the immediate family of someone who is an officer, director or employee of USAgencies Management Services, Inc.? _____ YES _____ NO

CERTIFICATION

Under penalty of perjury under the laws of the State in which this Certification is signed and the laws of the United States of America, I declare that I have read this claim form and the information and any documentation I have provided are true and correct to the best of my knowledge.

Person Submitting Claim Signs Full Name Here Date _____ / _____ / _____

Remember to attach a photocopy of your driver's license or official ID card.*

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OFFICIAL CLAIM FORM

FORM "B" (FOR CLAIMS OF DECEASED PERSONS)

If you are submitting this Form for a deceased person, you must complete Form "A" and Form "B", you must sign your name below, and fill in the rest of the information requested. Remember to attach copies of all required documents.

Print Your Full Name

Your Social Security #

Print Full Name of Deceased Person Here

Date of Birth: _____/_____/_____ Soc. Sec. #: _____-_____-_____
(Deceased Person) (Deceased Person)

Date of Death for Deceased Person: _____/_____/_____

Mailing Address of Person Signing this Form

(House Number, Street Name, Apt. Number, or P.O. Box Number)

City State Zip Code

Home Phone #: (____) _____-_____

Work Phone #: (____) _____-

(Of Person Signing this Form)

(Of Person Signing this Form)

How are you related to the deceased person for whom you are submitting this Claim Form:

Was the deceased person a member of the Louisiana Judiciary, Fourth Judicial District, State of Louisiana or a member of the immediate family of someone who is a member of the Louisiana Judiciary, Fourth Judicial District? _____YES _____NO

Did the deceased person file a lawsuit or arbitration against USAgencies to obtain payments for the total loss that person sustained and pursue that litigation or arbitration to conclusion?
_____YES _____NO

Was the deceased person an officer, director, or employee of USAgencies Management Services, Inc. or a member of the immediate family of someone who is an officer, director or employee of USAgencies Management Services, Inc.? _____YES _____NO

Under penalty of perjury, I declare that all of the information in this Claim Form is true and correct, and that I am lawfully authorized to file this Claim Form for the minor or deceased claimant.

Person Submitting Claim Signs Full Name Here

Date

****Remember to attach a photocopy of your driver's license or official ID card.
For a deceased person, you must also attach a copy of their death certificate.****