

IMPORTANT LEGAL MATERIALS



- UAA - <<SequenceNo>>

<<Name 1>>
<<Name2>>
<<Name3>>
<<Name4>>
<<Address 1>>
<<Address2>>
<<City>> <<State>> <<Zip 10>>
<<CountryName>>

FOR OFFICIAL USE ONLY

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Notice ID Number: <<RustID>>

**Your claim must
Be postmarked by:
June 14, 2019**

**19TH JUDICIAL DISTRICT COURT
PARISH OF EAST BATON ROUGE
STATE OF LOUISIANA**

PROOF OF CLAIM

**Donald Abshire, et al.
v.
State of Louisiana, et al.**
*Case No. 377,713 c/w
Case No. 412,265*

INTRODUCTION

On December 27, 2019, the Court in this Action approved separate settlements totaling \$5.81 million reached between the plaintiff class (the "Class") and all defendants in the case. The notice of class action settlement dated March 8, 2019, which was mailed to you, summarizes both the litigation and terms of the settlements. You may review a copy of that notice on the website www.ssrlp.com. The purpose of this Proof of Claim Form is to ensure that you are able to participate in the distribution of the settlement funds from the above-referenced settlements, net of attorneys' fees, service awards to Class Representatives, and other costs awarded by the Court (the "Net Settlement Funds"). In order for the Claims Administrator to make the proper calculation of your *pro rata* share of the Net Settlement Funds, please either (a) verify the accuracy of the claim values identified in Part II.A and Exhibit A of this Proof of Claim Form, which are derived from the records of the Public Investors Life Insurance Company, Inc. liquidation proceeding in this Court, the Midwest Life Insurance Company liquidation proceeding in this Court, the Public Investors, Inc. bankruptcy proceeding in the United States Bankruptcy Court for the Eastern District of Louisiana, and plaintiff policy and/or instrument documents, or (b) submit the data required in Part II.B of this Proof of Claim Form.

PART I: CLAIMANT IDENTIFICATION

Please provide this information. In addition, if you are filing this Proof of Claim Form on behalf of an original claimant who has died, please include documentation of your legal right to recover on behalf of that original claimant.

Your Social Security Number: XXX - XX - _____

Your Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Person to contact if there are questions regarding this claim:

First Name: _____ MI: _____ Last Name: _____

Daytime Phone Number: (____) _____-____ Email Address: _____

