

**LOUISIANA CITIZENS HURRICANES KATRINA AND RITA
CLASS ACTION SETTLEMENT
CLAIM FORM**

Please fill out the following information completely and submit this form. If the information you provide is incomplete, your claim may be rejected, WITH NO EXCEPTIONS:

Name: _____

Current address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number (including area code): _____

LOUISIANA CITIZENS POLICY NUMBER: _____

Did you file a claim for damages with Louisiana Citizens as a result of Hurricanes Katrina and/or Rita? YES___ NO___

**Did Louisiana Citizens initiate loss adjustment within 30 days of your notification of loss?
YES___ NO___**

Did Louisiana Citizens submit an offer to settle within 30 days after receipt of satisfactory proof of loss? YES___ NO___

I VERIFY THAT I HAVE READ THE "CLASS DEFINITION," THAT I AM A MEMBER OF THE CLASS, AND THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS CLAIM FORM IS TRUE AND CORRECT.

Signature: _____ **Date:** _____

Mail this Claim Form to the following address:

**LOUISIANA CITIZENS CLASS ACTION CLAIM CENTER
c/o BOURGEOIS BENNETT, LLC
P.O. BOX 60600,
NEW ORLEANS, LA 70160**

YOUR CLAIM FORM MUST BE POSTMARKED NO LATER THAN MIDNIGHT OF THE 11TH DAY OF DECEMBER, 2008.