

OPT-OUT FORM

**IF YOU WANT TO STAY IN THE CLASS ACTION,
DO NOT FILL OUT THIS FORM!**

RE: *Orrill, et al v Louisiana Citizens Property Insurance Corporation*
Civil District Court of Orleans, No.: 2005-11720 "L"

REQUEST TO BE REMOVED FROM CLASS ACTION LAWSUIT

I, _____, wish to be **REMOVED** from the above Class Action lawsuit.

PLEASE WRITE THE FOLLOWING PARAGRAPH IN THE SPACE PROVIDED BELOW:

I understand that by signing this form and returning it to the below address, that I am REMOVING myself from the Orrill Class Action. I also understand that I will no longer have any rights as an Orrill Class Action Member as described in the Orrill class definition, which I have read and understand. My signature means I am no longer a member of the Orrill Class Action. I am aware that I may obtain my own attorney.

If the above paragraph is not written in its entirety, it may be determined by the Court and/or the Claims Administrator that you have not properly opted-out and you will remain a member of the class.

POLICY HOLDER – PRINT NAME

YOUR POLICY NUMBER WITH LOUISIANA
CITIZENS PROPERTY INSURANCE CORP.

POLICY HOLDER - SIGNATURE

DATE

RETURNING THIS FORM REMOVES YOU FROM THE CLASS ACTION!

This "Opt-Out Form" **MUST be postmarked by 12/01/2008** and mailed to:

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