

Sikes v. Farmers
CLAIM FORM (EXHIBIT A)

IF YOU ARE A MEMBER OF SUBCLASS 1 OR A MEMBER OF SUBCLASS 2 WHO DOES NOT ELECT TO HAVE A RE-EVALUATION OF THE GENERAL DAMAGES AMOUNT, YOU MUST COMPLETE THIS FORM. IN ORDER TO RECEIVE THE CASH PAYMENT, YOU MUST RETURN THIS FORM BY JULY 22, 2005.

SECTION I. INSTRUCTIONS

1. Complete all items. Type or print all information (except for signature).
2. RETAIN COPIES OF SUPPORTING DOCUMENTATION.
3. Sign this Claim Form, and have your signature notarized.
4. After completing and signing this Claim Form, please serve it at the following address: **Farmers Claims Administrator, c/o Rust Consulting, Inc., PO Box 103, Minneapolis, Minnesota 55440-0103.**

Please make any name/address corrections below:

SECTION II. NECESSARY INFORMATION

- | | |
|--|---|
| 1. Social Security Number: _____ - _____ - _____ | 4. Policy Number (if known): _____ |
| 2. Current Home Telephone: (_____) _____ - _____ | 5. Issuing Company (if known): _____ |
| 3. Current Driver's License Number: _____ | 6. Date of Loss (if known): ____ / ____ / _____ |
- State of Issuance: _____

SECTION III. ADDITIONAL INFORMATION

1. Please answer the following questions to assist us in processing your claim:
 - a. If at the time you made your claim you had a different name or address, please provide such name and address:

 - b. If you are making this claim as a personal representative on behalf of a claimant, please provide information identifying yourself as:
 - (1) the personal representative: _____
 - (2) the name of the claimant on whose behalf you are submitting this claim: _____

I certify that the information on this claim form is true and correct. This is the only claim being made by me.

Dated: _____

(Signature)

(Print Name)

Subscribed to and sworn before me this _____ day of _____, 2005

(Notary Public)