

IN THE DISTRICT COURT OF POTTAWATOMIE COUNTY  
STATE OF OKLAHOMA

**FILED**  
IN THE DISTRICT COURT

HELEN SIKES, Individually and as  
Class Representative on Behalf of all  
Others Similarly Situated,

Plaintiff,

v.

FARMERS GROUP INC.; FARMERS  
INSURANCE COMPANY, INC.; and  
FARMERS INSURANCE EXCHANGE,

Defendants.

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APR 15 2005

POTTAWATOMIE COUNTY, OK  
**RETA HEAD, COURT CLERK**  
BY \_\_\_\_\_ DEPUTY

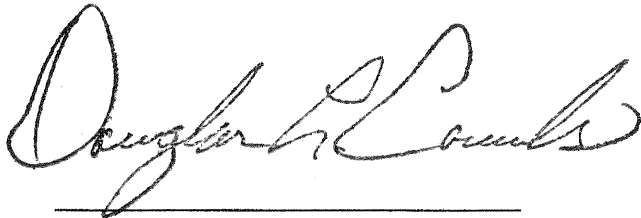
CASE NO. CJ-03-1149

**ORDER AMENDING ORDER OF PRELIMINARY APPROVAL, NOTICE, AND  
TEMPORARY INJUNCTION APPROVING FORM OF NOTICE, CLAIM FORM AND  
PROOF OF CLAIM FORM AND AMENDING ORDER OF APRIL 4, 2005**

On February 17, 2005, this Court entered its Order of Preliminary Approval, Notice, and Temporary Injunction. ("February 17<sup>th</sup> Order") On April 4, 2005 this Court entered its Order changing certain dates set forth in the February 17<sup>th</sup> Order, including the date for notice to class members and the date for filing of notice of intent to opt out, among others. The parties have now filed a joint application requesting the approval of an amended form of Notice to Class Members of Proposed Class Action Settlement, Claim Form and Proof of Claim Form, as well as the approval of an additional change in the date for notice to class members and the date for filing notice of intent to opt out. Having read the application of the parties, and in consideration thereof, the Court hereby AMENDS its Order of Preliminary Approval, Notice and Temporary Injunction to reflect the approval of the form of Notice to Class Members of Proposed Class Action Settlement, Claim Form and Proof of Claim Form, as appended hereto as Exhibits 1, 2 and 3, respectively, and approves the change of the date for notice to class members from April

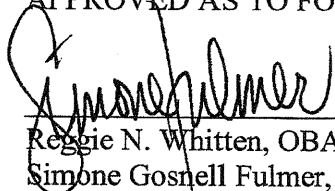
18, 2005 to April 22, 2005 and the change of the date for filing notice of intent to opt out from May 18, 2005 to May 21, 2005. The Court finds that the Notice to Class Members of Proposed Class Action Settlement, Claim Form and Proof of Claim Form, as appended hereto as Exhibits 1, 2 and 3, respectively, comply with the requirements of 12 O.S. § 2023 in that the forms provide the best notice practicable under the circumstances. The Court further finds that Notice to Class Members of Proposed Class Action Settlement, Claim Form and Proof of Claim Form, as appended hereto as Exhibits 1, 2 and 3, respectively, are readily understandable, reasonable and constitute due, adequate and sufficient notice and meet all the requirements of due process and law.

IT IS SO ORDERED.



JUDGE OF THE DISTRICT COURT

APPROVED AS TO FORM:



Reggie N. Whitten, OBA #9576  
Simone Gosnell Fulmer, OBA #17037  
WHITTEN, NELSON, MCGUIRE,  
TERRY & ROSELIUS  
Suite 400, One Leadership Square  
211 North Robinson  
Oklahoma City, Oklahoma 73102  
Telephone: (405) 239-2522  
Facsimile: (405) 239-2573

ATTORNEYS FOR PLAINTIFFS

Brooke S. Murphy

Brooke S. Murphy

Timila S. Rother

CROWE & DUNLEVY, P.C.

20 North Broadway, Suite 1800

Oklahoma City, Oklahoma 73102

Telephone: (405) 235-7700

Facsimile: (405) 239-6651

ATTORNEYS FOR DEFENDANTS

IN THE DISTRICT COURT OF POTTAWATOMIE COUNTY  
STATE OF OKLAHOMA

HELEN SIKES, Individually and as  
Class Representative on Behalf of All  
Others Similarly Situated,

Plaintiff,

v.

FARMERS GROUP INC.; FARMERS  
INSURANCE COMPANY, INC.; and  
FARMERS INSURANCE EXCHANGE,

Defendants.

CASE NO. CJ-03-1149

**NOTICE TO CLASS MEMBERS OF PROPOSED  
CLASS ACTION SETTLEMENT**

**THIS NOTICE MAY AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY.  
YOU MAY WISH TO CONSULT YOUR ATTORNEY CONCERNING THIS NOTICE.**

Re: Cause No. CJ-03-1149; *Helen Sikes, Individually and as Class Representatives  
on Behalf of All Others Similarly Situated, Plaintiffs v. Farmers Group, Inc.,  
Farmers Insurance Company, Inc., and Farmers Insurance Exchange,  
Defendants*; In the District Court of Pottawatomie County, Oklahoma.

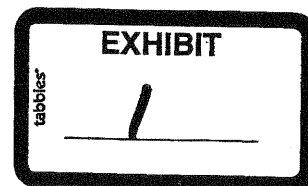
**THIS IS TO NOTIFY YOU OF A PROPOSED CLASS ACTION SETTLEMENT OF  
THIS LAWSUIT.**

**A. BASIC INFORMATION ABOUT THIS LAWSUIT**

**What is this  
lawsuit  
about?**

Plaintiffs/Class Representatives Helen Sikes and Wayne G. Miller filed this lawsuit in Oklahoma and contend that Farmers Insurance Company, Inc. (FICO) did not pay them enough money to compensate them for their general damages for a bodily injury claim under a private passenger automobile policy Uninsured/Underinsured Motorist (UM/UIM) claim.

The Plaintiffs'/Class Representatives' claims are based upon the allegations that the use of a computer program known as "Colossus" resulted in underpayment of the amounts paid for general damages. Plaintiffs/Class Representatives sought (1) an injunction to stop use of Colossus, and (2) damages. In addition, Plaintiffs/Class Representatives sought certification of a multi-state class of claimants with the same claims.



**B. ABOUT THIS CLASS SETTLEMENT**

**What does  
the  
settlement  
provide?**

Following extensive discovery and court hearings in Oklahoma, the parties to the lawsuit have entered into (and have obtained preliminary approval from the Oklahoma District Court) a Settlement Agreement. The Settlement Agreement (1) is between Plaintiffs/Class Representatives, FARMERS,<sup>1</sup> and Farmers Group, Inc.; (2) provides for certification of a multi-state class of claimants; (3) provides for injunctive relief for the members of the INJUNCTIVE RELIEF CLASS; and (4) provides for payment, on a claims made basis, of additional amounts to the BODILY INJURY CLAIM CLASS.

**— INJUNCTIVE RELIEF CLASS —**

You are a member of the INJUNCTIVE RELIEF CLASS if you were an insured under a private passenger automobile policy (1) written by FARMERS; (2) during July 17, 2000 to the EFFECTIVE DATE; (3) in your state; and (4) which contained a provision for UM/UIM coverage which was not rejected by you under your state's law.

**YOU NEED DO NOTHING FURTHER TO OBTAIN THE BENEFITS TO THE MEMBERS OF THE INJUNCTIVE RELIEF CLASS AFTER YOU RECEIVE THIS NOTICE.**

**THE INJUNCTION PROVIDES THAT FARMERS SHALL NOT USE COLOSSUS TO DETERMINE THE AMOUNT OF GENERAL DAMAGES FOR BODILY INJURY TO BE PAID TO YOU IN THE EVENT YOU MAKE A CLAIM FOR BODILY INJURY UNDER YOUR AUTO POLICY'S UM/UIM COVERAGE.**

FARMERS is otherwise permitted to utilize Colossus for other purposes. You may obtain further details regarding the injunction by reviewing the Settlement Agreement in the Office of the Court Clerk, Pottawatomie County, 325 N. Broadway, Shawnee, Oklahoma 74801 during regular business hours, or visit *www.Farmers-Colossus-Settlement.com*.

<sup>1</sup> "FARMERS" is defined in the Settlement Agreement to mean the following companies which are authorized to use the "Farmers" service mark and/or which write private passenger automobile insurance in your state: Farmers Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company of Arizona, Farmers Insurance Company, Inc., Truck Insurance Exchange, Civic Property and Casualty Company, Farmers Insurance Company of Idaho, Illinois Farmers Insurance Company, Farmers New Century Insurance Company, Farmers Insurance Company of Oregon, Farmers Texas County Mutual Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Farmers Insurance Company of Washington, Maryland Casualty Company, Northern Insurance Company of New York, Assurance Company of America, Valiant Insurance Company, Maryland Insurance Company, National Standard Insurance Company, Maine Bonding and Casualty Company, and Maryland Lloyds. "FARMERS" does not include Farmers Group, Inc.

**— BODILY INJURY CLAIM CLASS —**

**Am I part of the Bodily Injury Claim Class?**

If you received this Notice, you may be a member of the BODILY INJURY CLAIM CLASS, (either SUBCLASS 1 or SUBCLASS 2) which are described as follows:

**SUBCLASS 1:** INSURED PERSONS who were paid a GENERAL DAMAGES PAYMENT by FARMERS, during the CLASS PERIOD, for a BODILY INJURY CLAIM, as determined by and according to the books and records of FARMERS, and who, according to the books and records of FARMERS: (a) were represented by an attorney; and (b) executed a release of their claim to FARMERS; and

**SUBCLASS 2:** INSURED PERSONS who do not fall within the definition of SUBCLASS 1 and who were paid a GENERAL DAMAGES PAYMENT by FARMERS, during the CLASS PERIOD, for a BODILY INJURY CLAIM, as determined by and according to the books and records of FARMERS.

**What if I am a member of Subclass 1?**

If you are a member of SUBCLASS 1, you are entitled to submit the CLAIM FORM (which is attached to this Notice as Exhibit A), and receive an amount equal to 7.5% of the amount of the GENERAL DAMAGES PAYMENT made to you by FARMERS during the period from July 17, 2000 to the EFFECTIVE DATE except that in no event will the sum of (1) all prior payments under the policy for the BODILY INJURY CLAIM and (2) the additional payment, exceed the the UM/UIM limits of the policy. The CLAIM FORM must be fully completed, signed and notarized, and returned to Farmers Claims Administrator, Rust Consulting, Inc., by July 22, 2005. **If you do not timely submit a properly completed, signed and notarized form, you will not be entitled to any additional payment.**

**What if I am a member of Subclass 2?**

If you are a member of SUBCLASS 2, you may elect **either one, but not both of** (1) submitting a CLAIM FORM and receiving 12.5% of the amount of the GENERAL DAMAGES PAYMENT made to you by FARMERS during the period from July 17, 2000 to the EFFECTIVE DATE except that in no event will the sum of (a) all prior payments under the policy for the BODILY INJURY CLAIM and (b) the additional payment, exceed the UM/UIM limits of the policy; **or** (2) request a re-evaluation of your GENERAL DAMAGES PAYMENT by submitting the PROOF OF CLAIM FORM.

**Should I submit a Claim Form?**

If, as a member of Subclass 2, you elect to submit the CLAIM FORM (which is attached to this Notice as Exhibit A), it must be fully completed, signed and notarized, and returned to Farmers Claims Administrator, Rust Consulting, Inc. by July 22, 2005. **If you do not timely submit a properly completed, signed and notarized form, you will not be entitled to any additional payment. If you elect to have your claim re-evaluated, you will not be entitled to this payment.**

**Should I submit a Proof of Claim Form?**

If you are a member of Subclass 2 and elect instead to have the GENERAL DAMAGES PAYMENT (made to you by FARMERS during the period from July 17, 2000 to the EFFECTIVE DATE) re-evaluated by Farmers Insurance Exchange, you must complete and submit the PROOF OF CLAIM FORM (attached to this Notice as Exhibit B).

This form must be fully completed, signed and notarized, and returned by July 22, 2005. Upon completion of the re-evaluation of the GENERAL DAMAGES PAYMENT, you will be notified of whether you are entitled to any additional payment, which cannot exceed 25% of the GENERAL DAMAGES PAYMENT already made to you by FARMERS. In no event will the sum of (1) all prior payments under the policy for the BODILY INJURY CLAIM and (2) the additional payment due as a result of the re-evaluation, if any, exceed the UM/UIM limits of the policy. **If you do not timely submit a properly completed, signed and notarized form, you will not be entitled to a re-evaluation.**

### **C. THE LAWYERS REPRESENTING YOU**

**Do I have a lawyer in this case?**

The COURT appointed the below listed law firms and attorneys to represent you and other Class Members. These lawyers are called CLASS COUNSEL. You will not be charged for these lawyers. If you want to be represented by your own lawyer, you may hire one at your own expense.

The CLASS COUNSEL are:

Reggie N. Whitten  
Jason E. Roselius  
Simone Gosnell Fulmer  
WHITTEN NELSON MCGUIRE TERRY & ROSELIOUS  
Suite 400, One Leadership Square  
211 North Robinson  
Oklahoma City, Oklahoma 73102

Terry W. West  
Bradley C. West  
THE WEST LAW FIRM  
124 West Highland  
Shawnee, Oklahoma 74801

Michael Burrage  
BURRAGE LAW FIRM  
Suite 100, First United Center  
115 N. Washington  
P.O. Box 1727  
Durant, Oklahoma 74701

Mark E. Bialick  
Rodney D. Stewart  
DURBIN LARIMORE & BIALICK  
920 North Harvey  
Oklahoma City, Oklahoma 73102

Ron Parry  
PARRY DEERING FUTSCHER & SPARKS  
411 Garrard Street  
P.O. Box 2618  
Covington, Kentucky 41012

**How will the lawyers get paid?**

CLASS COUNSEL will ask the COURT for attorneys' fees, costs and expenses up to, but not to exceed \$8,470,000 and an incentive award for class representatives Helen Sikes and Wayne G. Miller totaling \$30,000. The COURT may award less than this amount. You will not be required to pay any portion of these attorneys' fees and expenses. The payment will not reduce, in any way, the benefits being made available to you under the proposed settlement. FARMERS has agreed not to oppose these fees and costs and expenses. FARMERS will also separately pay the costs to administer the settlement.

**D. EXCLUDING YOURSELF FROM THE SETTLEMENT**

**How do I get out of the settlement?**

If you do NOT want to remain a member of the Bodily Injury Claims Class and do not want to participate in the proposed settlement, then you must exclude yourself from the Class. To exclude yourself from the Bodily Injury Claims Class ("opt-out"), you must indicate your desire to opt-out by a personally signed, written request submitted to:

Farmers Claims Administrator  
c/o Rust Consulting, Inc.  
PO Box 103  
Minneapolis, MN 55440-0103

Your exclusion request must be postmarked no later than May 21, 2005. Unsigned requests will not be accepted, and no one else can sign your Exclusion Request for you. Your Exclusion Request must, at a minimum, contain your name, address, insurance policy number, a clear statement that you wish to be excluded from the Class, and your signature.

By electing to be excluded from the Bodily Injury Claims Class: (i) you will not receive any payments that may be paid to the members of the Bodily Injury Claims Class as a result of the settlement; (ii) you will not benefit from or be bound by any further orders or judgments entered for or against the Bodily Injury Claims Class; and (iii) you may present any claims you have against Farmers by filing your own lawsuit at your own expense. If you do not exclude yourself from the Class and the Settlement is approved, you will be bound by its terms and by any judgment entered as a result of the Settlement, and will be permanently enjoined from prosecuting any of the claims released in this matter at any time in the future. If you do not exclude yourself from the Class, you may, if you wish, enter an appearance by an attorney of your own choice at your own expense, but no attorney may participate in the Hearing unless his or her appearance has been filed in this matter and served on counsel for the parties by May 25, 2005.

**You should be aware that, if you opt-out, you may be subject to various defenses against you that may bar your recovery.**



If too many class members opt-out, FARMERS and Farmers Group, Inc. have the right to withdraw from the settlement, making it void for those wishing to remain in the class.

**E. THE COURT'S FAIRNESS HEARING**

**When and where will the Court decide to approve the settlement?**

The COURT will hold a Final Hearing to decide whether to approve the settlement at 4:00 p.m. on the 27th day of June, 2005 at the Pottawatomie County Courthouse, 325 N. Broadway, Shawnee, Oklahoma 74801. At this hearing, the COURT will consider whether the settlement is fair, reasonable, and adequate. If there are objections, the COURT will consider them. The COURT may also decide how much to pay to CLASS COUNSEL. After the hearing, the COURT will decide whether to approve the settlement. We do not know how long these decisions will take.

**How can I object to the settlement?**

If you stay in the settlement, you can object to the settlement if you do not like any part of it. You will still be in the settlement and will still receive the benefits if the settlement is approved. If you want to object, you must file your objection in writing with the Court no later than May 25, 2005. Your objection must include: (i) your name, address and telephone number; (ii) your policy number; (iii) the reason you object to the settlement; and, (iv) the case name and number (*Helen Sikes, et al. v. Farmers Group, Inc., et al.*, Case No. CJ-03-1149). You must mail your objection to:

a. CLASS COUNSEL:

Reggie N. Whitten  
WHITTEN NELSON MCGUIRE TERRY & ROSELIOUS  
Suite 400, One Leadership Square  
211 North Robinson  
Oklahoma City, Oklahoma 73102

b. COUNSEL FOR DEFENDANTS:

Brooke S. Murphy  
CROWE & DUNLEVY  
20 North Broadway, Suite 1800  
Oklahoma City, Oklahoma 73102

c. COURT CLERK:

Rita Head  
Court Clerk  
Pottawatomie County  
325 N. Broadway  
Shawnee, Oklahoma 74801

**Do I have  
to go to the  
court  
hearing?**

You do **not** have to attend the Final Fairness Hearing to be part of the settlement and receive the benefits or to have the Court consider your written objection, but you may attend if you like. Any member of the **BODILY INJURY CLAIM CLASS** or the **INJUNCTIVE RELIEF CLASS** who wants to speak to the Court at the **FAIRNESS HEARING** must file no later than May 25, 2005, with the Clerk of the

Pottawatomie County District Court, Shawnee, Oklahoma, and serve upon counsel to all parties listed below, notice in writing of an intention to appear at the **FAIRNESS HEARING**, together with the following: (i) a written statement of each objection being made, (ii) a written, detailed description of the facts underlying each such objection, (iii) a written, detailed description of the legal authorities underlying each such objection, (iv) a written list of witnesses whom the objector may call by live testimony, oral deposition testimony or affidavit during the **FAIRNESS HEARING** and a statement of the testimony to be offered, and a written list of the exhibits which the objector may offer during the **FAIRNESS HEARING**, along with copies of those exhibits to:

a. CLASS COUNSEL:

Reggie N. Whitten  
WHITTEN NELSON MCGUIRE TERRY & ROSELIUS  
Suite 400, One Leadership Square  
211 North Robinson  
Oklahoma City, Oklahoma 73102

b. COUNSEL FOR DEFENDANTS:

Brooke S. Murphy  
CROWE & DUNLEVY  
20 North Broadway, Suite 1800  
Oklahoma City, Oklahoma 73102

c. COURT CLERK:

Rita Head  
Court Clerk  
Pottawatomie County  
325 N. Broadway  
Shawnee, Oklahoma 74801

**IF YOU FAIL TO COMPLY WITH THIS PROCEDURE FOR MAKING OBJECTIONS, ANY OBJECTION YOU HAVE WILL BE DEEMED BY THE COURT TO HAVE BEEN WAIVED.**

**F. ADDITIONAL INFORMATION**

**How do I get  
more  
information?**

This notice summarizes the provisions of the settlement. For more information you can call toll free 1-866-778-1154 or visit *www.Farmers-Colossus-Settlement.com*. You can also speak to the lawyers who represent class members such as yourself by simply calling the toll free number and leaving a message that you want to speak with an attorney. You may also review the Settlement Agreement and other select pleadings by visiting *www.Farmers-Colossus-Settlement.com* or you may review all the pleadings, records and other papers on file in this litigation during regular business hours at the District Clerk's Office, Pottawatomie County Courthouse, 325 North Broadway Avenue, Shawnee, Oklahoma 74801.

**PLEASE DO NOT CALL THE COURT OR THE COURT CLERK.**

**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.

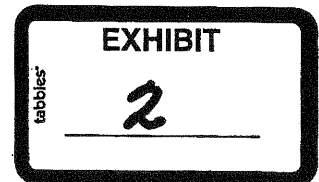
Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2005

\_\_\_\_\_  
(Notary Public)



**Sikes v. Farmers**  
**PROOF OF CLAIM FORM (EXHIBIT B)**

**IF YOU ARE A MEMBER OF SUBCLASS 2 AND CHOOSE TO REQUEST A RE-EVALUATION OF THE AMOUNT OF GENERAL DAMAGES PAYMENT, YOU MUST COMPLETE THIS FORM. YOU MUST COMPLETE AND 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 Proof of Claim Form, and have your signature notarized.
4. After completing and signing this Proof of Claim Form, please mail it to 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**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Social Security Number: _____</li> <li>2. Current Home Telephone: ( _____ ) _____</li> <li>3. Current Driver's License Number: _____<br/>State of Issuance: _____</li> <li>4. Policy Number (if known): _____</li> <li>5. Date of Loss (if known): ____ / ____ / ____</li> </ol> | <ol style="list-style-type: none"> <li>6. Please state in detail the reason(s) why you believe you were not paid the correct amount of GENERAL DAMAGES for your BODILY INJURY CLAIM. Attach any documents you have which you contend support your reasons:<br/><br/>_____</li> <li>_____</li> <li>_____</li> </ol> |
|--|--|

Check one or more of the boxes set forth below indicating the insurance company under which you were an INSURED under a private passenger motor vehicle insurance policy in your State, for which you request that your BODILY INJURY GENERAL DAMAGES CLAIM be re-evaluated (if known):

STATE	NAME OF FARMERS INSURER WRITING PRIVATE PASSENGER AUTOMOBILE INSURANCE
Alabama	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Arizona	<input type="checkbox"/> Farmers Insurance Company of Arizona <input type="checkbox"/> Mid-Century Insurance Company
Arkansas	<input type="checkbox"/> Farmers Insurance Company, Inc. <input type="checkbox"/> Mid-Century Insurance Company
California	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company <input type="checkbox"/> Truck Insurance Exchange
Colorado	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Connecticut	<input type="checkbox"/> Truck Insurance Exchange

STATE	NAME OF FARMERS INSURER WRITING PRIVATE PASSENGER AUTOMOBILE INSURANCE
Georgia	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Civic Property and Casualty Company
Illinois	<input type="checkbox"/> Illinois Farmers Insurance Company <input type="checkbox"/> Mid-Century Insurance Company
Indiana	<input type="checkbox"/> Illinois Farmers Insurance Company <input type="checkbox"/> Mid-Century Insurance Company
Iowa	<input type="checkbox"/> Farmers Insurance Company, Inc. <input type="checkbox"/> Mid-Century Insurance Company
Kansas	<input type="checkbox"/> Farmers Insurance Company, Inc. <input type="checkbox"/> Mid-Century Insurance Company
Kentucky	<input type="checkbox"/> Farmers Insurance Exchange
Louisiana	<input type="checkbox"/> Farmers Insurance Exchange

**EXHIBIT**  
**3**

STATE	NAME OF FARMERS INSURER WRITING PRIVATE PASSENGER AUTOMOBILE INSURANCE
Maine	<input type="checkbox"/> Farmers Insurance Exchange
Maryland	<input type="checkbox"/> Farmers New Century Insurance Company
Michigan	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Minnesota	<input type="checkbox"/> Illinois Farmers Insurance Company <input type="checkbox"/> Mid-Century Insurance Company
Mississippi	<input type="checkbox"/> Farmers Insurance Exchange
Missouri	<input type="checkbox"/> Farmers Insurance Company, Inc. <input type="checkbox"/> Mid-Century Insurance Company
Montana	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Nebraska	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Nevada	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
New Hampshire	<input type="checkbox"/> Farmers Insurance Exchange
New Mexico	<input type="checkbox"/> Farmers Insurance Company of Arizona <input type="checkbox"/> Mid-Century Insurance Company
New York	<input type="checkbox"/> Farmers New Century Insurance Company <input type="checkbox"/> Truck Insurance Exchange
North Carolina	<input type="checkbox"/> Farmers Insurance Exchange
North Dakota	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Ohio	<input type="checkbox"/> Mid-Century Insurance Company <input type="checkbox"/> Farmers Insurance of Columbus, Inc.
Oklahoma	<input type="checkbox"/> Farmers Insurance Company, Inc. <input type="checkbox"/> Mid-Century Insurance Company

STATE	NAME OF FARMERS INSURER WRITING PRIVATE PASSENGER AUTOMOBILE INSURANCE
Oregon	<input type="checkbox"/> Farmers Insurance Company of Oregon <input type="checkbox"/> Mid-Century Insurance Company
Pennsylvania	<input type="checkbox"/> Farmers New Century Insurance Company <input type="checkbox"/> Civic Property and Casualty Company
South Dakota	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Tennessee	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Texas	<input type="checkbox"/> Farmers Texas County Mutual Insurance Company <input type="checkbox"/> Mid-Century Insurance Company of Texas <input type="checkbox"/> Texas Farmers Insurance Company
Utah	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Virginia	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Washington	<input type="checkbox"/> Farmers Insurance Company of Washington <input type="checkbox"/> Mid-Century Insurance Company
Wisconsin	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
Wyoming	<input type="checkbox"/> Farmers Insurance Exchange <input type="checkbox"/> Mid-Century Insurance Company
N/A	<input type="checkbox"/> Maryland Casualty Company, Northern Insurance Company of New York, Assurance Company of America, Valiant Insurance Company, Maryland Insurance Company, National Standard Insurance Company, Maine Bonding and Casualty Company, Maryland Lloyds and Civic Property and Casualty Company

### 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: \_\_\_\_\_

c. Please attach all supporting documentation you have.

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)