

IMPORTANT LEGAL MATERIALS



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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: _____





PART II: CLASS MEMBER INSTRUMENT/CLAIM VALUES

A. Class plaintiffs' forensic accounting expert, AsherMeyers, LLC, has calculated the value of the financial instruments at issue in the case, and has provided an initial estimate of the share of the Net Settlement Funds allocable to each instrument, based on the pro-rata distribution methodology approved by the Court. These valuations are shown on the attached Exhibit A. These calculations were based on the records of the Public Investors Life Insurance Company, Inc. liquidation proceeding in this Court, records of the Midwest Life Insurance Company liquidation proceeding in this Court, records of 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. The valuations take into account credits for liquidation and/or bankruptcy distributions. Your *pro rata* calculation may change as a result of the total number of claims received and/or other information submitted during the claims administration process.

Each class member should verify the accuracy of valuations of their instruments set forth on Exhibit A. **If you agree that the instrument valuations computed for your instruments are accurate, you should check the box at the end of this section (on the bottom of page 2), sign the last page of this Proof of Claim Form, and mail it to the Claims Administrator postmarked no later than June 14, 2019.** If you verify the accuracy of the amounts set forth on Exhibit A, you will not be required to produce any additional documentation of your claim value as part of the claims administration process, but you will be waiving the right to challenge or appeal the Claims Administrator's determination regarding your *pro rata* distribution amount on the basis that the distribution amount would have been different had it been calculated using your own records. **If you believe that your instrument valuations on Exhibit A are not accurate, you may submit information and documentation of the correct value of your claim as described in Part II.B below.**

If you are filing a claim on behalf of someone else, you will have to submit documentation of your right to assert a claim with respect to those instruments.

In order to have a valid claim, you must be a member of the plaintiff class, i.e., persons or entities who filed suit against the State of Louisiana and/or its Department of Insurance or Office of Financial Institutions for damages caused by the State's conduct in connection with the failure of Public Investors Life Insurance Company, Inc., Public Investors, Inc., and/or Midwest Life Insurance Company, and whose claim was consolidated into Civil Action No. 377,713 or No. 412,265 (captioned Donald W. Abshire, et al., vs. The State of Louisiana, et al.).

The following were excluded from the class: any persons or entities to the extent their claims in Civil Action No. 377,713 or No. 412,265 have been resolved by a final, unappealable judgment, including those claims dismissed as a result of the rulings of the United States District Court, Western District of Louisiana, No. 06-1368.

The Court's preliminary approval order provides that it is fair and reasonable that the Net Settlement Funds be allocated and distributed among claimants who submit valid claims pro rata based on the net value of the instruments at issue in the litigation. Upon the expiration of the deadlines to submit valid claims, Class Counsel will move for distribution of the net settlement fund consistent with this provision of the preliminary approval order.

Please note that related documents and the Court order approving the plan of allocation are available at <http://www.ssrlp.com>. All orders relating to settlement approval, allocation, or distribution will be available at <http://www.ssrlp.com> as soon as such orders are issued by the Court and received by Class Counsel.

If you accept and verify that the figures set forth on Exhibit A for the value of your instruments are correct, please check here.

B. To the extent that you do not elect to rely upon the calculation of your net purchase instrument values determined by AsherMeyers, LLP as set forth in Exhibit A, please identify all instruments and provide information regarding the instrument value and payments received in liquidation and bankruptcy or other proceedings on the chart below. Please include any supporting documentation with your claim form. If you received payments/distributions from a non-Louisiana state guaranty association, you are obliged to provide documentation of such payments to the Claims Administrator.

Issuing Company	Instrument Number	Name of Claimant	Instrument Value as Reflected on Exhibit A	Claimed Instrument Value



- <<SequenceNo>>

C. Heirs/Substitutes/Assignments.

Please check here if you are filing this claim on behalf of a claimant other than yourself.

If you are submitting a claim on behalf of an original claimant and you inherited or otherwise obtained the right to all or part of the claim, please identify the claim with particularity here. Please also attach documentation in support your right to participate in the claim, including death certificates if the claimant is deceased, succession or other records establishing your interest in the claim, and any information relating to the extent of your interest and the identity of other co-heirs or co-legatees. Please note that the Claims Administrator may require additional information and documents for any claim made based on an inheritance or assignment.

PART III: SUBMISSION TO JURISDICTION OF THE COURT

By signing below, you are submitting to the jurisdiction of the Nineteenth Judicial District Court for the Parish of Baton Rouge, State of Louisiana with respect to the claim you are making as a Class Member/Claimant.

PART IV: VERIFICATION

I declare under penalty of perjury under the laws of the United States of America that the foregoing information provided by the undersigned is true and correct and that this proof of claim was executed

this _____, day of _____, 2019 in _____, _____, _____
(Day) (Month) (City) (State, Country)

Sign your name here: _____ Date: _____

Type/Print your name here: _____

RETURN YOUR COMPLETED PROOF OF CLAIM TO:

Public Investors Lawsuit Claims Administrator
C/O Rust Consulting, Inc.–6150
P.O. Box 44
Minneapolis, MN 55440-0044

Questions? Contact the Claims Administrator at administrator@publicinvestorslawsuit.com or Co-Lead Class Counsel at (318) 445-4480 or (504) 522-0077.

Remember, your signed Proof of Claim must be mailed and postmarked by **June 14, 2019**.