Must be returned to the following address, postmarked no later than **October 31, 2011:**

Wahl Settlement
PO BOX 2509
Faribault MN 55021-9509

CLASS ACTION CLAIM FORM

Wahl v. American Security Insurance Company,
Case No. C08-00555-RS.

FOR OFFICIAL USE ONLY

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☐ **If the pre-printed address to the left is incorrect or out of date, OR there is no pre-printed data to the left,** check this box and provide your current name and address.

Name: _____

Address: _____

City: _____

State: ___ ___ Zip Code: ___ ___ ___ ___ ___

PLEASE NOTE THAT YOUR CLAIM WILL BE DEEMED INVALID IF THE FORM IS NOT PROPERLY COMPLETED.

IF YOU ARE SUBMITTING CLAIMS WITH RESPECT TO MORE THAN ONE POLICY, A SEPARATE CLAIM FORM MUST BE SUBMITTED FOR EACH POLICY.

IF MORE THAN ONE PERSON IS NAMED AS AN ADDITIONAL INSURED ON THE POLICY(S), THEN ALL NAMED ADDITIONAL INSUREDS MUST COMPLETE AND SIGN THIS CLAIM FORM.

1. Claimant(s)' Name(s): _____
2. Claimant(s)' Policy Number: _____
3. Lender-Placed Policy Start Date: ___ ___ / ___ ___ / ___ ___

TO BE COMPLETED BY YOU:

4. Claimant(s)' Home Telephone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
5. Claimant(s)' Social Security Number *(last four digits only)*: X X X - X X - ___ ___ ___ ___

CERTAIN CLAIMS ARE SUBJECT TO AUDIT AS DESCRIBED IN THE INSTRUCTIONS. CLAIMANTS SUBMITTING FRAUDULENT CLAIMS WILL BE SUBJECT TO PROSECUTION.

1	**HAVE YOU INCURRED A NON-JUDICIAL FORECLOSURE OR FILED A PETITION UNDER CHAPTER 7 OF THE UNITED STATES BANKRUPTCY CODE WITHIN 12 MONTHS AFTER THE ISSUANCE OF THE LENDER-PLACED POLICY START DATE SHOWN ABOVE?**	☐ Yes ☐ No

→ If you answered "No" to the Question above, complete Section 1 of this Claim Form **only**. If you answered "Yes" to the Question above, complete Section 2 of this Claim Form **only**.

Section 1

1	**HAVE YOU PAID YOUR MORTGAGE LENDER OR SERVICER FOR SOME OR ALL OF THE PREMIUM IT PAID TO AMERICAN SECURITY INSURANCE COMPANY ("ASIC") FOR THE LENDER-PLACED INSURANCE POLICY ISSUED BY ASIC AND IDENTIFIED ON THE PRECEDING PAGE?**	☐ Yes ☐ No

→ If you answered "Yes," complete the remainder of Section 1 of this Claim Form and submit your claim as provided in the instructions. Do **not** complete Section 2. If you answered "No," you are not entitled to settlement relief and need not complete and submit this Claim Form.

REPRESENTATIONS AND AGREEMENTS BY CLAIMANT.

I represent and swear under oath, under the penalties of perjury under the laws of the United States of America, that my answers to the questions asked on this Claim Form above are truthful and accurate.

Date: _____ ___ ___ , 2011

_____ _____
(Signature of Claimant) (Signature of Co-Claimant)

_____ _____
(Print Name of Claimant) (Print Name of Co-Claimant)

Section 2

REPRESENTATIONS AND AGREEMENTS BY CLAIMANT.

I represent and swear under oath, under the penalties of perjury under the laws of the United States of America, that:

During the period from January 28, 2004 through June 2, 2011, the undersigned Claimant(s) represent and affirm that they (a) incurred a non-judicial foreclosure or filed a Petition under Chapter 7 of the United States Bankruptcy Code within 12 months after the issuance of the Lender-Placed Policy Start Date shown above, and that (b) *prior to* a non-judicial foreclosure, or *prior* to the filing of a Petition under Chapter 7 of the United States Bankruptcy Code, they paid the Claimant(s)' mortgage lender or servicer for some or all of the insurance premium paid by that mortgage lender or servicer to ASIC, to insure Claimant(s)' residence identified on the preceding page. Reimbursement includes mortgage payments made after the Claimant(s)' lender or servicer's charge of that premium amount to the Claimant(s)' escrow account.

THE FOREGOING REPRESENTATIONS AND AFFIRMATIONS UNDER OATH MUST BE VERIFIED BY THE SIGNATURE AND SEAL OF A NOTARY PUBLIC IN THE PLACE PROVIDED BELOW.

Date: _____ ___ ___ , 2011

_____ _____
(Signature of Claimant) (Signature of Co-Claimant)

_____ _____
(Print Name of Claimant) (Print Name of Co-Claimant)

VERIFICATION (for Section 2 only)

STATE OF _____)
) SS:
COUNTY OF_____)

BEFORE ME, the undersigned authority, personally appeared _____, who after having been duly sworn, state(s) that the foregoing affirmation and statement is true and correct. He/she personally appeared before me, is/are personally known to me or produced _____ as identification, and did take an oath.

Notary: _____
(Signature)

Print Name: _____ [NOTARY SEAL]

Notary Public, State of: _____

My commission expires: ___ ___ / ___ ___ / ___ ___