CLAIM FORM

Name: _____
Address: _____
Notice ID: _____
Date of Loss: _____
Claim Number: _____
Policy Number: _____

The records of Auto Club Family Insurance Co. ("Auto Club") indicate that you may be a member of the Settlement Class in the case captioned *Lesley Davis Lyman v. Auto Club Family Insurance Co.*, Case No. 22SL-AC10668-01, in the Circuit Court of St. Louis County, State of Missouri (the "Lawsuit").

Please read the accompanying Class Action Notice before you complete this Claim Form. To participate in this Settlement, your Claim Form must be completed to the best of your ability and then mailed and postmarked by January 19, 2026, or submitted on the settlement website at www.lyman-v-acfic-settlement.com by January 19, 2026.

If you have any questions, please visit www.lyman-v-acfic-settlement.com, e-mail info@rg2claims.com, or call: 1-866-742-4955.

Please do not contact your insurance agent or Auto Club about this matter, as they will not have information about this Settlement and will not be able to assist you with this Claim Form.

This Claim Form applies only to the loss listed above. If you filed more than one first party property insurance claim for structural damage that occurred on or after June 5, 2012, then you may receive separate Claim Form(s) for those losses, and you must complete and mail those Claim Form(s) to be eligible for payment on those losses.

SIGN AND DATE YOUR CLAIM FORM

By submitting this Claim Form, I state that I believe in good faith that I am a member of the Settlement Class as defined in the Class Action Notice and Settlement Agreement; that I have read and understood the contents of the Class Action Notice; that I did not file a request to exclude myself from (or "opt out" of) the Settlement Class; and that I believe that I am entitled to participate in the proposed settlement described in the Class Action Notice. I agree and understand that, if the proposed settlement is approved by the Court and becomes effective, all claims, demands, and causes of action against Auto Club and other affiliated persons and entities will be released as set forth in the Settlement Agreement. I affirm under penalty of perjury that the information stated about me and my insurance claim on this Claim form is true and correct to the best of my knowledge and belief.

_____ _____ _____
Signature Print Name Date

SUBMIT YOUR CLAIM FORM

Claim Forms must be postmarked by January 19, 2026 and mailed to:

Lyman Settlement Claims
c/o RG/2 Claims Administration
P.O. Box 59479
Philadelphia, PA 19102-9479
fax:+1 215 827 5551

OR

You may submit your Claim Form by January 19, 2026 on the settlement website at www.lyman-v-acfic-settlement.com.

Please be patient. If you qualify for payment under the Settlement, you will receive a letter together with a settlement check. If you do not qualify for payment, you will receive a letter of explanation.