REQUEST FOR EXCLUSION (OPT-OUT) FORM

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Volino, et al. v. Progressive Casualty Ins. Co., et al. Case No. 1:21-CV-06243-LGS

Verardo, et. al. v. Progressive Casualty Ins. Co., et. al. Case No. 22-Civ-1714-LGS

IF YOU WANT TO BE INCLUDED IN THE SETTLEMENT OF THIS CLASS ACTION LAWSUIT, DO NOT FILL OUT THIS FORM.

IF YOU DO NOT WANT TO BE INCLUDED IN THE SETTLEMENT OF THIS CLASS ACTION LAWSUIT, YOU MUST PROVIDE A DOCUMENT WITH THE CASE NAME, DATE, YOUR SIGNATURE, YOUR PRINTED NAME, AND COMPLETE ADDRESS AND MAIL IT TO THE ADDRESS BELOW, POSTMARKED NO LATER THAN FEBRUARY 1, 2025.

IT MUST BE MAILED TO:

VOLINO V. PROGRESSIVE SETTLEMENT ADMINISTRATOR PO BOX 6366 PORTLAND, OR 97228-6366

You are not required to use this form so long as you provide a document with the Case Name, Date, Your Signature, Printed Name, Mailing Address and Statement Requesting to be Excluded from the Settlement Class Action.

I declare as follows:																											
I have received and reviewed the Notice of Class Action Settlement in this action and I wish to be <i>excluded</i> from the Settlement and <i>not</i> receive any of the benefits of the Settlement.															om th												
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