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**THIS FORM MUST BE SIGNED AND RETURNED BY MARCH 17, 2027.
SEE INSTRUCTIONS BELOW.**

CLASS ACTION SETTLEMENT CLAIM FORM

IMPORTANT: If you are a Class Member and timely complete and return this Claim Form by Wednesday, March 17, 2027, you may receive a check. If you do not complete the Claim Form, you will not receive any payment.

You are receiving this Claim Form as part of a class action settlement in the case captioned, *Walter v. Meridian Security Ins. Co.*, Case No. 26-CV-003624. The records of Meridian[1] indicate that you may be eligible for money from the Settlement, because you made an insurance claim with Meridian for property damage benefits for the claim identified below. However, information in Meridian's records and from you may need to be reviewed to determine whether you are a Class Member, and, if so, the amount of any Settlement payment to which you may be entitled if the Settlement is approved by the Court.

Please read the accompanying Class Notice before you complete this Claim Form. To participate in this Settlement, your Claim Form must be completed to the best of your ability, signed, and then mailed or uploaded to the class action website MeridianDepreciationSettlement.com by **Wednesday, March 17, 2027**.

Please complete Sections I, II, III, and IV so that Meridian may confirm Class membership against its records and determine eligibility:

SECTION I: CLAIMANT INFORMATION

Claimant First Name: | MI | Claimant Last Name:

Unique ID (if known):

Street Address:

City: | State: | ZIP Code:

SECTION II: INSURED PARTY/PREMISES INFORMATION

Insured First Name (Required): | MI | Insured Last Name (Required):

Policy Number: | Claim Number:

Address of Insured Premises:

City: | State: | ZIP Code:

Date of Loss (mm/dd/yyyy):

MM – DD – YYYY

[1] "Meridian" means Meridian Security Insurance Company.

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If you had more than one Covered Loss[2] during the Class Period then you will receive separate Claim Form(s) for those losses, and you must separately complete, sign, and timely mail or upload each and every Claim Form to be eligible for payment on each of your losses in the event the Settlement is approved by the Court.

Please do not contact Meridian or your Meridian insurance agent. Your Meridian insurance agent will not have information about this Settlement and will not be able to assist you with this Claim Form. You may, however, continue to call Meridian or your Meridian agent regarding any other insurance matter(s). If you have any questions, please visit MeridianDepreciationSettlement.com or call 1-877-239-8755.

SECTION III: ADDITIONAL CLAIM INFORMATION

QUESTION 1

Leave this answer blank if the named policyholder(s) completes this form.

If all of the Meridian named policyholder(s) for the claim identified above are either dead or incapable of completing this form and you are submitting this Claim Form as the Legally Authorized Representative, please state how and when you became the Legally Authorized Representative and provide a copy of any documentation you may have supporting the fact that you are the Legally Authorized Representative.

QUESTION 2

Leave this answer blank if the insurance claim was not assigned.

If you have signed a contract giving your insurance claim to someone else (an "assignment") or received an assignment for the insurance claim identified above, please attach a written copy of the contract and list the name and address of the Person to whom the insurance claim was assigned, when, and why. An assignment is a written agreement allowing another party, like a roofer or contractor, to recover and keep your insurance benefits. If you are submitting this Claim Form as the party to whom a claim was assigned, you agree to indemnify Defendant for any loss if the policyholder also files a Claim Form or disputes issuance of a Claim Settlement Payment to you.

[2] "Covered Loss" means a first party insurance claim for Structural Loss that (a) occurred during the Class Period, and (b) resulted in an ACV Payment by Meridian or that would have resulted in an ACV Payment, but for the withholding of Nonmaterial Depreciation causing the loss to drop below the applicable deductible.

"Structural Loss" means physical damage to a home, building, manufactured home, condo, rental dwelling, or other structure located in the State of Texas while covered by a commercial property, homeowners residential, manufactured home, condo, dwelling, or rental property insurance policy issued by Meridian.

All capitalized terms used herein that are not otherwise defined have the meanings ascribed to them in the Class Settlement Agreement, which is available at MeridianDepreciationSettlement.com.

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SECTION IV: SIGN AND DATE YOUR CLAIM FORM

I swear or affirm that:

I have read this Claim Form; I wish to make a claim associated with this Settlement; and all of the information on this Claim Form is true and correct to the best of my knowledge.

Signature

Date ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

Print Name

SECTION V: MAIL OR FILE YOUR CLAIM FORM ONLINE

Claim Forms must be postmarked by **Wednesday, March 17, 2027**, and mailed to the following address:

Barker v. Meridian Security Insurance Company
Claims Administrator
P.O. Box 2950
Portland, OR 97208-2950

OR

You may also complete this Claim Form on the Settlement Website at MeridianDepreciationSettlement.com. Claim Forms must be uploaded by **Wednesday, March 17, 2027**. Please have your Unique ID noted at the top of the mailed version of the Claim Form available to enter as part of the upload process, as well as your email address to receive confirmation of your upload.

CLAIMS ADMINISTRATION

Please be patient. You will receive a letter telling you if you qualify for a payment. If the Settlement is approved by the Court and if you do qualify for payment under the Settlement, your Check will be included with that letter. If you do not qualify, a letter will be mailed to you explaining why.