

# REQUEST FOR EXCLUSION (OPT-OUT) FORM

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF GEORGIA

*Brown v. Progressive Mountain. Ins. Co.*  
*Bost v. Progressive Premier Ins. Co. of Illinois*  
Consolidated Case No. 3:21-CV-00175-TCB

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

**IF YOU DO NOT WANT TO BE INCLUDED IN THE 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 APRIL 30, 2025. IT MUST BE MAILED TO:**

**Brown v. Progressive Settlement Administrator  
P.O. Box 4178  
Portland, OR 97208-4178**

**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 Class Action.**

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I declare as follows:

I have received and reviewed the settlement *Long Form Notice* in this action and I wish to be *excluded* from the certified Classes and *not* participate in the class action lawsuit captioned *Brown et al. v. Progressive Mountain Ins. Co., et al.*

Dated (REQUIRED): \_\_\_\_\_

\_\_\_\_\_  
(Signature) REQUIRED

\_\_\_\_\_  
(Typed or Printed Name) REQUIRED

\_\_\_\_\_  
(Address) REQUIRED

\_\_\_\_\_  
(City, State, Zip Code) REQUIRED