THIS FORM MUST BE SIGNED AND RETURNED BY AUGUST 24, 2023. SEE INSTRUCTIONS BELOW.

CLASS ACTION SETTLEMENT CLAIM FORM

Name:	
Address:	
Unique ID:	
If you are a class member and timely complete and receive a check. If you do not complete the Claim I	I return this Claim Form by August 24, 2023, you may Form, you will not receive any payment.
at Northpointe Association, et al. v. State Farm Fin The records of State Farm Fire and Casualty Com to receive money from the settlement because you damage benefits for the claim identified below. If further information in State Farm's records will be	ass action settlement in the case of <i>The Condominiums</i> re and Cas. Co., Case No. 1:16-cv-01273 (N.D. Ohio) pany ("State Farm") indicate that you may be eligible made an insurance claim with State Farm for property you timely submit a completed and signed claim form, a reviewed to determine whether you are a member of payment to which you may be entitled if the settlement
State Farm records reflect the following claim may	be at issue in the class action settlement:
Policy Number:	
Claim Number:	
Date of Loss:	
Address of Insured Premises:	

This Claim Form applies only to the Covered Loss¹ listed above. If you had more than one Covered Loss during the Class Period (on or after April 22, 2015 through approximately August 2017) then you may submit separate Claim Form(s) for those losses, but you must separately complete, sign and timely submit a separate Claim Form to be eligible for payment on each of those other losses in the event that the settlement is approved by the Court.

Please do not call State Farm or your State Farm agent to discuss this lawsuit or this Claim Form. You may, however, continue to call State Farm or your State Farm agent regarding any other insurance matters.

If you have any questions, please visit <u>www.Northpointe-v-StateFarm.com</u>, send an email to <u>info@Northpointe-v-StateFarm.com</u>, or call 1-844-798-0747.

FOLLOW THE DIRECTIONS ON THE NEXT PAGE TO MAKE A CLAIM.

¹ "Covered Loss" means a first party insurance claim for a Structural Loss (*i.e.*, physical damage to a dwelling, business, or other structure in the State of Ohio while covered by a structural damage insurance policy issued by State Farm) that occurred on or after April 22, 2015 through approximately August 2017, which State Farm or a court of competent jurisdiction determined to be a covered loss.

TO MAKE A CLAIM, DO THE FOLLOWING:

1. ANSWER THE FOLLOWING TWO QUESTIONS ONLY IF APPLICABLE:

Please provide your current ma answer blank if the above addr	niling address only if the address listed ress is correct):	l above is not correct (leave this
and you are submitting this C when you became the legally at have supporting the fact that you	policyholders for the claim identified laim Form as the legally authorized ruthorized representative and provide a ou are the legally authorized representative who is neither deceased nor incapate the second control of t	representative, please state how and copy of any documentation you may ative (leave this answer blank if there
2. SIGN AND DATE YO	OUR CLAIM FORM:	
my rights to payment under t	aim any monies I may be owed under his Settlement to anyone other than is true and correct to the best of my h	my mortgage lender (if any). The
Signature	Print Name	Date

3. MAIL YOUR CLAIM FORM OR SUBMIT IT ONLINE:

Once signed, this Claim Form must be either:

(1) scanned and uploaded on or before August 24, 2023 at the website www.Northpointe-v-StateFarm.com:

OR

(2) postmarked on or before August 24, 2023 and mailed to:

Northpointe v. State Farm Settlement c/o JND Legal Administration PO Box 91458 Seattle, WA 98111

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 Settlement Check will be included with that letter.