

CLASS ACTION SETTLEMENT CLAIM FORM

Pregon v. State Farm Fire and Casualty Co., Case No. 24SL-CC03130
Circuit Court for the Twenty-First Judicial Circuit of St. Louis County, Missouri

**THIS FORM MUST BE SIGNED AND RETURNED BY APRIL 2, 2026.
SEE INSTRUCTIONS BELOW.**

Please complete all requested information on this form.

Name: _____

Street (Mailing) Address: _____

City: _____ State: _____ Zip Code: _____

IMPORTANT: Only those persons who fall within the definition of “Settlement Class Member” (as explained in the Class Notice) are eligible for a settlement payment. The Class Notice is available on the Important Documents tab of the settlement website, www.Pregon-v-StateFarm.com.

If you are a Settlement Class Member and fail to submit this Claim Form, you will receive nothing as part of this settlement but will still be bound by the settlement. If you are a Settlement Class Member and you submit this Claim Form in a timely and complete manner, then you may receive a check if the settlement is finally approved by the Court. There is no cost to you to submit a Claim Form, and there is no penalty if you submit a Claim Form and are later determined to not be a Settlement Class Member.

Please read the Class Notice available on the Important Documents tab of the settlement website, www.Pregon-v-StateFarm.com, before you complete this Claim Form. To participate in this Settlement, your Claim Form must be: (1) completed to the best of your ability; (2) signed; and (3) either (i) mailed to the Settlement Administrator and postmarked by April 2, 2026, OR (ii) scanned or photographed and uploaded at www.Pregon-v-StateFarm.com by April 2, 2026.

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR INSURANCE CLAIM:

Policy Number: _____

Claim Number: _____

Date of Loss: _____

Address of Insured Premises: _____

Questions? Visit www.Pregon-v-StateFarm.com or call toll-free at 1-877-206-2313

(Para una notificación en Español, llamar o visitar el website.)

To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>

This Claim Form applies only to the Covered Loss listed above. If you had more than one Covered Loss during the Class Period (June 5, 2012 through approximately October 2017), then you must complete separate Claim Forms for each Covered Loss. To be eligible for a settlement payment on any other loss, **you must complete and mail (or upload to the settlement website) a Claim Form for EACH Covered Loss by April 2, 2026.**

Important: You **must** complete the information above for your Covered Loss. Otherwise, your Claim Form may not be processed further.

**PLEASE CAREFULLY REVIEW THE FOLLOWING INFORMATION REGARDING
THE MORTGAGE (OR MORTGAGES) ON THE INSURED PREMISES:**

State Farm's records may reflect that the Insured Premises you identified above may be mortgaged.

If you are entitled to a settlement payment, the name of the mortgage company (or companies) reflected in State Farm's records may be included as a co-payee on your settlement payment check unless you provide sufficient proof indicating that the mortgage company no longer has a financial interest in the insured property (e.g., a letter from the mortgage company indicating that it does not need to be included on the check).

ANSWER THE FOLLOWING QUESTION ONLY IF IT APPLIES TO YOU:

1. If ***all*** of the **policyholders** for the claim identified above are either deceased 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:

If you are submitting this Claim Form as the legally authorized representative, you must also provide a copy of any documentation you may have to support the fact that you are the legally authorized representative. Any such documentation must be (1) mailed to the Settlement Administrator and postmarked by April 2, 2026, OR (2) scanned or photographed and uploaded to www.Pregon-v-StateFarm.com by April 2, 2026.

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

If you have any questions, please visit www.Pregon-v-StateFarm.com, or call 1-877-206-2313.

SIGN AND DATE YOUR CLAIM FORM:

I wish to make a claim associated with the *Pregon* class action settlement. I have not assigned my rights to payment under this Settlement to anyone other than my mortgage lender (if any). I have read the information and instructions on this Claim Form and affirm that the information provided above is true and correct to the best of my knowledge.

Signature

Print Name

Date

UNIQUE CLAIM ID: _____ **(if known)**

MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE:

Once signed, this Claim Form must be:

(1) Scanned or photographed, and uploaded on or before April 2, 2026, to the website: www.Pregon-v-StateFarm.com;

OR

(2) Postmarked on or before April 2, 2026, and mailed to:

Pregon v. State Farm Settlement
c/o JND Legal Administration
P.O. Box 91215
Seattle, WA 98111

CLAIMS ADMINISTRATION:

Please be patient. If you qualify for payment under the Settlement, a settlement payment check will be mailed to you if the Settlement is approved by the Court. If you do not qualify, a letter will be mailed to you explaining why.