

Please return this form within 90 days of the date of this letter.

American Modern LPI Claims Administration
c/o GCG
P.O. Box 10061
Dublin, OH 43017-6661
855-382-6439
www.AmericanModernLPIClaims.com

MD2



January 8, 2015

Claim Number:

Control Number:

Certificate No.:

Total Premium Paid: \$

Estimated Maximum Benefit: \$

BORROWER NOTICE AND CLAIM FORM

Dear Claimant:

We are writing to you in connection with a rating and underwriting review conducted by American Modern Insurance Group, Inc. (AMIG)¹ and its related companies at the request of AMIG's state insurance regulator(s) concerning lender-placed insurance policies, including those issued to Sovereign Bank, N.A. (n/k/a Santander Bank, N.A.) ("Santander") and Litton Loan Servicing LP ("Litton"). AMIG determined that it would review policies issued to Santander, Litton and others that became effective between January 1, 2009 and March 31, 2013, and transactions under those policies, to investigate issues related to the rates charged for the coverage provided.

AMIG has agreed to conduct a review of these policies and where appropriate, provide you with an opportunity to submit a claim for payment *up to* the Estimated Maximum Benefit, identified above, with interest. You did not pay AMIG any premium for the lender-placed insurance coverage provided by these policies, but Santander or Litton may have deducted the charges for these premiums from your escrow account or taken other action to collect these amounts from you.

You are receiving this Notice and Claim Form because during our review we determined that your property was covered by a Certificate issued under a lender-placed insurance policy issued by AMIG to Santander, Litton and/or its successors or assigns during this period. As a result, you may be eligible to participate in our claims process and may be eligible to receive payment up to the Estimated Maximum Benefit amount listed above, plus interest.

If you would like us to review your claim and determine if you are eligible for a payment, you must **start the claims process** by taking any one of the following three actions:

- (1) return this Notice and Claim Form using the enclosed pre-paid self-addressed envelope, OR
- (2) call the Claims Administrator toll-free at 855-382-6439 to confirm your identity, OR
- (3) go online to confirm your identity and submit a Claim Form at www.AmericanModernLPIClaims.com

Two pending class actions allege claims against AMIG and others concerning the amounts charged under lender-placed insurance certificates, including allegations that some premiums charged were in excess of the allowable rate, *Jimmy Lyons, et al. v. Litton Loan Servicing LP, et al.*, Case No. 13-CV-00513, United States District Court for the Southern District of New York, and *Gerard Laffan v. Sovereign Bank, N.A., et al.*, Case No. 5:13-cv-04040-JLS, United States District Court for the Eastern District of Pennsylvania. AMIG disputes any liability or damages to the plaintiffs in those cases, and this claims process is not related to those cases, but rather is being performed at the request of state regulatory authorities. If you participate in this process and receive a payment, you will NOT be asked to waive or release any claims being asserted in the class actions. However, your receiving a payment under this claims process could impact certain legal rights or damages asserted on your behalf in those cases. These rights may be important. **Before participating in this claims process, you may wish to consult an attorney.**

In order to have your claim included in the process, please return your form within 90 days of the date of this letter. If you have any questions regarding this letter, please contact the Claims Administrator toll-free at 855-382-6439 or at info@AmericanModernLPIClaims.com.

¹ The insurance policy that was issued by AMIG could have been issued by any of the following AMIG entities: American Modern Home Insurance Company (in CA d/b/a American Modern Insurance Company), American Modern Select Insurance Company, American Family Home Insurance Company (in CA d/b/a AFH Insurance Company), American Southern Home Insurance Company, or American Western Home Insurance Company.



CLAIMANT IDENTIFICATION

Contact Information: The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, or if you need to make changes to your name, you **MUST** notify the Claims Administrator in writing at the address on page 1.

Claimant Name:

Current Street Address:

City:

State: **Zip Code:** **Country (if Other than U.S.):**

Name of the person you would like the Claims Administrator to contact regarding this claim (if different from the Claimant Name(s) listed above):

Daytime Telephone Number:

Evening Telephone Number:

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim):

COVERED PROPERTY INFORMATION

Lender:

Loan Number(s):

Type of Covered Property: (i.e., home or auto)

Covered Property Street Address:

City:

State: **Zip Code:** **Country (if Other than U.S.):**

I am requesting to participate in the Claim Process.

Print your name here

Signature

Date

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To view GCG's Privacy Notice, please visit <http://www.gcginc.com/privacy>