

REQUEST FOR EXCLUSION (OPT-OUT) FORM

STATE OF MICHIGAN
22ND CIRCUIT COURT FOR THE COUNTY OF WASHTENAW

Perry, et al. v. Progressive Michigan Ins. Co., et al.
Case No. 2022-971-CK

**IF YOU WANT TO BE INCLUDED AND REMAIN 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 REQUESTING EXCLUSION WITH
THE CASE NAME, DATE, YOUR SIGNATURE, YOUR PRINTED NAME, AND
COMPLETE ADDRESS AND MAIL IT TO THE ADDRESS BELOW,
POSTMARKED NOT LATER THAN JUNE 21, 2023. IT MUST BE MAILED TO:**

UBILLUS PERRY TOTAL LOSS CLASS ACTION
A.B. DATA, LTD.
P.O. BOX 173001
MILWAUKEE, WI 53217

**You are not required to use this form as 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.**

I declare as follows:

I was insured by Progressive Michigan Insurance Company or Progressive Marathon Insurance Company, and I have received and reviewed the Notice of Class Action in *Perry, et al. v. Progressive Michigan Ins. Co., et al.* I wish to be ***excluded*** from the Class and ***not*** participate in the class action lawsuit.

Date (REQUIRED): _____

Signature (REQUIRED)

Typed or Printed Name (REQUIRED)

Address (REQUIRED)

City, State, Zip Code (REQUIRED)