

POSTAGE
REQUIRED

Farmers Insurance Minnesota
No-Fault Class Action
c/o Settlement Administrator
P.O. Box 2007
Chanhassen, MN 55317-2007

WHO IS A CLASS MEMBER?

In the lawsuit *Taquerra El Primo LLC et al. v. Illinois Farmers Ins. Co. et al.*, Case No. 0:19-cv-03071 (D. Minn.), you are a class member if you purchased an auto or business insurance policy in Minnesota from Illinois Farmers Insurance Company, Farmers Insurance Exchange, Truck Insurance Exchange, or Mid-Century Insurance Company (with Farmers Group, Inc. and Farmers Insurance Company, Inc., collectively "Farmers" or "Defendants") that provided for medical expense benefits as required under Minnesota's No-Fault Automobile Insurance Act.

WHAT ARE THE SETTLEMENT BENEFITS AND TERMS?

Under the Settlement, Defendants have agreed to pay \$1,950,000.00 into a Settlement Fund to pay all Approved Claims submitted by the Settlement Class, together with Settlement Administration Expenses, Settlement Class, and Farmers Insurance Company, Inc., collectively for the Class Representatives.

WHAT ARE YOUR RIGHTS AND OPTIONS?

Submit a Claim Form. To qualify for a cash payment, you must timely mail a Claim Form that is attached to this notice or complete and submit a Claim Form online at www.FarmersInsuranceMinnesotaClassAction.com. Your Claim Form must be postmarked or submitted online no later than **JUNE 20, 2025**.

Opt Out. You may exclude yourself from the Settlement and retain your ability to sue the Defendants on your own by mailing a written request for exclusion to the Settlement Administrator that is postmarked no later than **JUNE 20, 2025**. If you don't exclude yourself, you will be bound by the Settlement and give up your right to sue regarding the released claims.

Objecting. If you do not exclude yourself, you have the right to object to the Settlement. Written objections must be signed, postmarked no later than **JULY 21, 2025**, and provide the reasons for the objection. If you intend to file an objection, please

review the full requirements for filing an objection located at www.FarmersInsuranceMinnesotaClassAction.com.

Do Nothing. If you do nothing, you will not receive a Settlement payment and will lose the right to sue regarding the released claims. **Attend the Final Approval Hearing.** The Court will hold a Final Approval Hearing at **10:00 a.m. on August 19, 2025**, to determine if the Settlement is fair, reasonable, and adequate. All persons who timely object to the Settlement may appear at the Final Approval Hearing.

Who are the attorneys for the Plaintiff and the proposed Class? The Court has appointed lawyers to represent you and other Class Members. Class Counsel in this case are: David W. Asp at Lockridge Grindal Nauen P.L.L.P.; Anne T. Regan and Nathan D. Prosser at Hellmuth & Johnson PLLC; and Paul J. Phelps at Sawicki & Phelps, P.A.

Do I have any obligation to pay attorneys' fees or expenses? No. Attorneys' fees and expenses will be paid exclusively from the Settlement Fund as awarded and approved by the Court. Class Counsel will request Attorneys' fees in an amount not exceeding \$650,000.00. The motion for attorneys' fees and expenses will be posted on the Settlement Website once it is filed.

How much are the Class Representative Service Awards? The Class Representatives will seek Service Awards in the amount of up to \$5,000 each for their efforts in this case.

Who is the Judge overseeing this settlement? Judge John R. Tunheim of the United States District Court for the District of Minnesota is overseeing this class action lawsuit.

Where may I locate a copy of the settlement agreement, learn more about the case, or learn more about submitting a Claim? www.FarmersInsuranceMinnesotaClassAction.com

This Notice is a summary of the proposed Settlement.

CLAIM FORM

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY JUNE 20, 2025 AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Instructions: Fill out each section of this form and sign where indicated.

Name: _____

Address: _____

Email address (optional): _____

Class Member Verification: By submitting this Claim Form and checking the boxes below, I declare that I believe I am a member of the Settlement Class and that the following statements are true (each box must be checked to receive a payment):

- ☐ I purchased an auto or business insurance policy in Minnesota from Illinois Farmers Insurance Company, Farmers Insurance Exchange, Truck Insurance Exchange, or Mid-Century Insurance Company (with Farmers Group, Inc. and Farmers Insurance Company, Inc., collectively “Farmers” or “Defendants”) that provided for medical expense benefits as required under Minnesota’s No-Fault Automobile Insurance Act.
- ☐ I have not filed or submitted an Opt-Out or requested to be excluded from this Settlement.
- ☐ Under penalty of perjury, all information in this Claim Form is true and correct to the best of my knowledge and belief.

By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge.

Signature: _____ Date Signed: _____

NOTICE OF CLASS ACTION
SETTLEMENT

You may be entitled to
submit a claim for
monetary compensation
under a class action
settlement.

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