

Lawyers Title Settlement
c/o Analytics, Incorporated, Claims Administrator
P.O. Box 2004
Chanhasen, MN 55317-2004
1-866-535-1627
www.hendersonohiosettlement.com

PROOF OF CLAIM FORM

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW OR IF THERE IS NO PREPRINTED DATA TO THE LEFT, YOU MUST PROVIDE YOUR NAME AND ADDRESS HERE:
Full Name(s) of Class Member(s):
Current Street Address:
City:
State and Zip Code:

INSTRUCTIONS

To be entitled to any proceeds from this class action settlement, you must complete this Proof of Claim Form and have the Form notarized by signing it in the presence of a Notary Public. Once this Proof of Claim Form is completed, signed and notarized, please mail the Form by regular U.S. mail, along with all of the documents it asks for, to the address listed above. The completed, signed and notarized Form and all supporting documentation must be postmarked by July 22, 2009.

For more details about the specifics of this lawsuit, please refer to the Class Action Notice. For full definitions of terms used in this Form, please refer to the Settlement Agreement (available at www.hendersonohiosettlement.com).

Incomplete, inaccurate, or otherwise insufficient Proof of Claim Forms will be denied. Claims that do not provide all information and documentation required by the Proof of Claim Form postmarked by July 22, 2009 will be denied.

Please note, just because you complete and send in this form with supporting documentation does not assure you of any payment as (1) only those claimants who satisfy the criteria for payment as set forth in the Settlement Agreement are eligible, and (2) the court must issue its final approval of the settlement before anyone will be paid.

CLAIM INFORMATION -- PLEASE COMPLETE THE FOLLOWING:

Address of the residential property purchased/sold in the "Purchase-Sale Transaction" (the transaction in which you purchased or sold property located in Ohio on or after January 25, 1996 in which a Lawyers Title owner's policy of title insurance was issued):	
City/State/Zip Code:	Month and Year of the Purchase-Sale Transaction:

SUPPORTING DOCUMENTATION

To receive any kind of settlement payment, you must timely complete, sign, have notarized, and submit the Proof of Claim Form, and you must submit with the Proof of Claim Form a copy of one of the following LEVEL 1 DOCUMENTS from your Purchase-Sale Transaction:

- | |
|--|
| <p>LEVEL 1 DOCUMENTS</p> <ul style="list-style-type: none">(i) the HUD-1 Settlement Statement from the Purchase-Sale Transaction demonstrating that a Lawyers Title owner's policy was issued in the Purchase-Sale Transaction; or(ii) the Lawyers Title owner's policy issued in the Purchase-Sale Transaction; or(iii) other documentation demonstrating that a Lawyers Title owner's policy was issued in the Purchase-Sale Transaction. |
|--|

If you timely submit one of the LEVEL 1 DOCUMENTS above, along with your completed, signed and notarized Proof of Claim Form, and you otherwise meet the requirements of the Settlement Agreement, you will be entitled to a Settlement Payment of \$92.50.

To receive a larger settlement amount, you must complete the steps above and **ALSO** submit one of the following LEVEL 2 DOCUMENTS showing the purchase of a prior owner's policy of title insurance insuring the same property within 10 years of the time of the Purchase-Sale Transaction (a "Qualifying Prior Policy"):

- | |
|--|
| LEVEL 2 DOCUMENTS |
| (i) a copy of the Qualifying Prior Policy; or |
| (ii) a copy of a HUD-1 Settlement Statement or such other reliable documentation from the transaction showing that a Qualifying Prior Policy was issued. |

If you timely submit one of the LEVEL 1 DOCUMENTS AND one of the LEVEL 2 DOCUMENTS above, along with your completed, signed and notarized Proof of Claim Form, and you otherwise meet the requirements of the Settlement Agreement, you will be entitled to a Settlement Payment of \$185.00.

***NOTE:** If you are unable to locate the supporting documentation required by this Proof of Claim Form (the LEVEL 1 and/or LEVEL 2 DOCUMENTS listed above), you may contact Barbara Rice at 888-223-9191, ext. 4344 to assist you in attempting to obtain documentation or information needed for the Claim that may be reasonably available to Lawyers Title. However, the completed, signed and notarized Proof of Claim form, along with all supporting documentation, must still be postmarked by July 22, 2009.

AFFIRMATION & RELEASE

1. I/We hereby submit myself/ourselves to the jurisdiction of the Cuyahoga County Common Pleas Court and agree to be bound by the terms of the Settlement Agreement. **All Claims are subject to Lawyers Title's audit rights. By submitting this Proof of Claim Form, you may be subject to having relevant records subpoenaed in the course of an audit of your Claim by Lawyers Title.**
2. As more fully set out in the Settlement Agreement, I/we on behalf of myself/ourselves and my/our respective agents or other representatives, fully and forever release Lawyers Title and its title insurance agents (to the extent and only to the extent they acted on behalf of Lawyers Title) from any and all claims which are based on or in any way related to any alleged failure of Lawyers Title or its agents to charge a Reissue Rate discount under the Rate Manual for an owner's policy issued by Lawyers Title in connection with a residential purchase and sale transaction in the State of Ohio during the Class Period and/or to disclose the existence or availability of such discount.
3. I/We paid all or a portion of an undiscounted "Original Rate" rather than the discounted "Reissue Rate" premium for a Lawyers Title owner's policy issued in connection with the Purchase-Sale Transaction.
4. I/we hereby certify, swear and affirm, under penalty of perjury, that the information I/we have provided in this Proof of Claim Form and supporting documentation is true and correct to the best of my/our knowledge.

Signature: _____ Date: _____

Signature 2 (if any): _____ Date: _____

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, 20_____.

Signature of NOTARY PUBLIC

Name of NOTARY PUBLIC

My commission expires: _____