

A&B Insurance Settlement  
Claims Administrator  
P.O. Box 404063  
Louisville, KY 40233-4063



**AYG**

*Youngman and Allen v. A&B Insurance  
and Financial Company, Inc.*

U.S. District Court M.D.FL.

No. 6:16-cv-01478-CEM

**Must Be Postmarked  
No Later Than  
July 9, 2018**

## **A&B Insurance Settlement Claim Form**

To make a claim, fill out this Form, sign where indicated. Claim Forms must be submitted by July 9, 2018. You may also complete your Claim Form online at [www.ABTCPASettlement.com](http://www.ABTCPASettlement.com). Your Claim Form may already contain a Unique Identifier. If it does not, but you were provided a Unique Identifier with your Short Form Notice, please include the Unique Identifier below. However, no claim will be denied simply because it lacks a Unique Identifier.

### **Part I: Claimant Identification.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>		
Street Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Unique Identifier	Phone Number	

**Part II: Certification.** By submitting this Claim Form, I certify that the foregoing information is true and correct.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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