

CLAIM FORM

In Re: LoanCare Data Security Breach Litigation
Case No. 3:23-cv-1508-CRK-MCR
United States District Court, Middle District of Florida
SUBMIT BY June 4, 2025

ONLINE AT www.LoanCareDataSettlement.com

OR MAIL TO:

In Re: LoanCare Data Security Breach Litigation
c/o Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

GENERAL CLAIM FORM INFORMATION

This Claim Form must be completed and submitted online at the Settlement Website or submitted by mail if you received a notice of Cybersecurity Incident letter stating your personal information was potentially compromised in the LoanCare, LLC (“LoanCare”) and Fidelity National Financial, Inc. (“FNF”) (collectively “Defendants”) Cybersecurity Incident that occurred on FNF’s computer network on or about November 19, 2023 (“Settlement Class”).

If you wish to submit a Claim by mail, please provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **no later than June 4, 2025**.

Monetary Compensation

Under this Settlement, as a Settlement Class Member you are entitled to receive a Cash Payment and Identity Monitoring. To receive a Cash Payment, you may submit a Claim for either Cash Payment A or Cash Payment B. Please select Cash Payment A if you wish to make a Claim for either Ordinary Losses of up to \$1,500 or Extraordinary Losses of up to \$5,000, or Cash Payment B if you wish to receive a Flat Cash Payment in the amount of \$100.

Cash Payment A (select either Ordinary Losses or Extraordinary Losses below or Cash Payment B):

_____ **I elect to receive a Cash Payment for Ordinary Losses.**

or

_____ **I elect to receive a Cash Payment for Extraordinary Losses.**

Ordinary Losses: I am submitting a Claim for ordinary monetary losses in the amount of \$_____ (**maximum of \$1,500**) on account of out-of-pocket losses I incurred as a result of the Cybersecurity Incident. I understand I am required to provide supporting third-party documentation and to support my Claim for out-of-pocket losses, such as providing copies of any receipts, bank statements, reports, or other

documentation supporting my claim. This can include receipts or other documentation that I have not “self-prepared.” I understand that “self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. I understand the settlement administrator may contact me for additional information before processing my claim. If I do not have information supporting my claim for ordinary expenses, I likely will not receive compensation for this settlement benefit.

Extraordinary Losses: I am submitting a Claim for extraordinary monetary losses in the amount of \$_____ (**maximum of \$5,000**) on account of out-of-pocket losses I incurred as a result of the Cybersecurity Incident. I understand I am required to provide supporting third-party documentation and to support my Claim for out-of-pocket losses, such as providing copies of any receipts, bank statements, reports, or other documentation supporting my claim. This can include receipts or other documentation that I have not “self-prepared.” I understand that “self-prepared” documents such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support other submitted documentation. I understand the settlement administrator may contact me for additional information before processing my claim. If I do not have information supporting my claim for extraordinary expenses, I likely will not receive compensation for this settlement benefit.

Description of the unreimbursed, out-of-pocket loss or expenses incurred, and the documents attached to support this claim:

Cash Payment B: Instead of electing to receive Cash Payment A (ordinary losses and/or extraordinary losses), I elect to receive a \$100 flat cash payment under the Settlement: **(circle one)**

Yes

No

** The Parties estimate that Cash Payments will be in the amounts claimed under Cash Payment A or the \$100 under Cash Payment B; however, the amount of the Cash Payments may be increased or decreased *pro rata* based on the total amount of Valid Claims submitted by Settlement Class Members.

Identity Monitoring

In addition to Cash Payment A or Cash Payment B, you may also submit a claim for three years of Identity Monitoring. This service includes: (i) real time monitoring of the credit file at a single bureau; (ii) dark web scanning with notification if evidence of the individual’s Personal Information is found; (iii) identity fraud loss insurance (no deductible) up to \$1 million; (iv) access

to fraud specialists to help investigate instances of identity theft; and (v) identity theft restoration services. If you are submitting a valid claim, please select one of the below two options:

Would you like to receive free Identity Monitoring? (circle one)

Yes

No

Note that you will receive one year of Identity Monitoring if you previously elected to receive 24 months of identity monitoring services previously offered by LoanCare in connection with its initial Cybersecurity Incident notification letter.

Please sign below indicating you are submitting a Claim for a Cash Payment and/or Identity Monitoring and that all of your representations are true and correct to the best of your knowledge and belief and are being made under penalty of perjury.

Signature_____

Date_____

Claimant Information

Full Name of Settlement Class Member

Unique Identifier

(Can be found on the Postcard Notice or Email Notice you received informing you about this Settlement. If you need additional help locating this ID, please contact the Settlement Administrator.)

Street/P.O. Box

City

State

Zip Code

Telephone Number

Email Address