

JAMES J. DONELON, COMMISSIONER :
OF INSURANCE FOR THE STATE OF :
LOUISIANA, IN HIS CAPACITY AS :
REHABILITATOR OF LOUISIANA :
HEALTH COOPERATIVE, INC. :

SUIT NO.: 651,069 SECTION: 22

versus :

19TH JUDICIAL DISTRICT COURT

TERRY S. SHILLING, GEORGE G. :
CROMER, WARNER L. THOMAS, IV, :
WILLIAM A. OLIVER, CHARLES D. :
CALVI, PATRICK C. POWERS, CGI :
TECHNOLOGIES AND SOLUTIONS, :
INC., GROUP RESOURCES :
INCORPORATED, BEAM PARTNERS, :
LLC, MILLIMAN, INC., BUCK :
CONSULTANTS, LLC. AND :
TRAVELERS CASUALTY AND :
SURETY COMPANY OF AMERICA :

PARISH OF EAST BATON ROUGE

STATE OF LOUISIANA

AFFIDAVIT

STATE OF LOUISIANA

PARISH OF EAST BATON ROUGE

BEFORE ME, the undersigned Notary, personally came and appeared:

PATRICIA O. SOLLIE

who, after being first duly sworn, deposed that she is the paralegal to J. E. Cullens, Jr., attorney representing the plaintiffs in the above-captioned matter and that on November 30, 2016, she deposited into the United States Mail a certified copy of the Petition for Damages and Jury Demand and First Supplemental, Amending and Restated Petition for Damages and Request for Jury Trial filed in this matter to be served upon William A. Oliver, 345 Harbor Drive, Old Hickory, Tennessee 37138, via Louisiana Long Arm Statute, LSA-R.S.13:3201, certified mail, return receipt requested, Number 70161970000103296079. The envelope was received on December 5, 2016 by William A. Oliver. Attached as Exhibit "A" is a copy the return receipt.

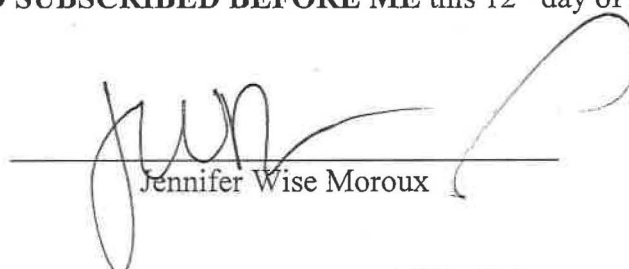

PATRICIA O. SOLLIE

SWORN TO AND SUBSCRIBED BEFORE ME this 12th day of December, 2016.

FILED
EAST BATON ROUGE PARISH, LA

2016 DEC 12 PM 1:31

DEPUTY CLERK OF COURT


Jennifer Wise Moroux



OFFICIAL SEAL
JENNIFER WISE MOROUX
NOTARY ID # 89493
STATE OF LOUISIANA
PARISH OF EAST BATON ROUGE
My Commission is for Life

Edward J. Walters, Jr.*
Darrel J. Papillion
David Abboud Thomas
J. E. Cullens, Jr.*

Hayden A. Moore
Jennifer Wise Moroux
Renee C. Crasto
Colleen C. Milfelt, Business Manager

**Board Certified in Civil Trial Advocacy
National Board of Trial Advocacy*



**WALTERS, PAPILLION,
THOMAS, CULLENS, LLC**

ATTORNEYS AT LAW

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Building One
Baton Rouge, Louisiana 70810

Of Counsel:
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Michelle M. Sorrells, LLC

phone: 225.236.3636

fax: 225.236.3650

web: www.lawbr.net

November 30, 2016

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

William A. Oliver
345 Harbor Drive
Old Hickory, TN 37138

Re: James J. Donelon, Commissioner of Insurance for the State of Louisiana, in his
Capacity as Rehabilitator of Louisiana Cooperative, Inc. v. Terry S. Shilling, *et al.*
Suit No.: 651,069, Section 22, 19th Judicial District Court
Our File No.: 15142

Dear Mr. Oliver:

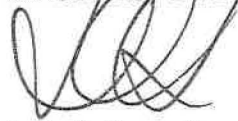
Enclosed please find a Long Arm Citation with a copy of our client's Petition for Damages and Jury Demand and First Supplemental, Amending and Restated Petition for Damages and Request for Jury Trial in the above-referenced matter. You have been named as a defendant in this suit, and we respectfully request that you file responsive pleadings within the delays allowed by law.

My firm represents the plaintiff in the above-referenced litigation.

As always, please call me if you have any questions or concerns.

Sincerely,

**WALTERS, PAPILLION,
THOMAS, CULLENS, LLC**



J. E. Cullens, Jr.

JECjr/pos
Enclosures

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William A. Oliver
3415 Harbor Dr.
Old Hickory, TN 37138

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X William A. Oliver ☐ Agent ☒ Addressee

B. Received by (Printed Name)

WADLIVER

C. Date of Delivery

12-5-16

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

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PS Form 3811, February 2004

Domestic Return Receipt

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CERTIFIED MAIL® RECEIPT**
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OFFICIAL USE

Certified Mail Fee

\$ 11-30-16

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
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☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$ 15.75

Total Postage and Fees

\$

Sent To

William A. Oliver

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark
Here