

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 1, 2017, 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 Milliman, Inc., through its agent for service of process, CT Corporation System, 505 Union Avenue SE, Suite 120. Olympia, WA 98501, via Louisiana Long Arm Statute, LSA-R.S.13:3201, certified mail, return receipt requested, Number 70171000222294431359. The envelope was received on November 7, 2017 by Service of Process Department. Attached as Exhibit "A" is a copy the return receipt.

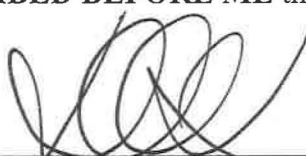

PATRICIA O. SOLLIE

SWORN TO AND SUBSCRIBED BEFORE ME this 14th day of November, 2017.

FILED
EAST BATON ROUGE PARISH, LA

2017 NOV 14 PM 3:15

DEPUTY CLERK OF COURT


J. E. Cullens, Jr.

J.E. CULLENS, JR. NOTARY PUBLIC
MY COMMISSION EXPIRES AT DEATH
LOUISIANA BAR ROLL NUMBER 23011

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

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

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



**WALTERS, PAPILLION,
THOMAS, CULLENS, LLC**
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November 1, 2017

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Milliman, Inc.
c/o CT Corporation System
505 Union Avenue SE
Suite 120
Olympia, WA 98501

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 Sirs:

Enclosed please find a Long Arm Citation with a copy of our client's Second Supplemental, Amending and Restated Petition for Damages and Jury Demand and Motion for Leave in the above-referenced matter. Milliman, Inc. has been named as a defendant in this suit, and these documents are being served upon you its registered agent for service of process. We respectfully request that responsive pleadings be filed without delay.

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

cc: Mr. V. Thomas Clark
Mr. Harry Rosenberg

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:

Milliman, Inc. System
C/O CT Corporation System
505 Union Ave. SE, Suite 100
Olympia, WA 98501

2. Article Number

(Transfer from service label)

7017 1000 0000 9443 1359

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Service of Process Department ☐ Agent
☒ Address

B. Received by (Printed Name)

C. Date of Delivery

NOV 07 2017

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

Olympia, Washington

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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CERTIFIED MAIL® RECEIPT

Certified Mail Fee

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

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Total Postage and Fees

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11-1-17

City, State, Zip+4

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

Milliman, Inc. C/O CT Corp. Syst.