

Exhibit D

EXHIBIT B

Robin v State Farm
 c/o Kroll Settlement Administration LLC
 P.O. Box <<xxxxx>>
 New York, NY 10150-<<xxxx>>

PRESORTED
 FIRST-CLASS
 MAIL POSTAGE

COURT ORDERED
LEGAL NOTICE

*Deborah Robin v. State Farm Mutual
 Automobile Insurance Company, Case
 No.: 24-391-SDD-RLB*

If you suffered a total loss on a vehicle
 insured by State Farm from **May 17,
 2022**, through **XXXX XXX, 2026**, you
 may be entitled to a cash payment.

**Complete and return the enclosed
 Claim Form by <<Claim Deadline>>
 to receive a cash payment.**

<<Barcode>>
 <<Class Member ID>>
Postal Service: Please do note mark barcode

<<First Name>> <<Last Name>>
 <<Address 1>> <<Address 2>>
 <<City>>, <<State>> <<Zip>>

You are receiving this Notice because you may be a Settlement Class member in a class action against State Farm Mutual Automobile Insurance Company ("State Farm"). The case is *Robin v. State Farm Mutual Automobile Insurance Company*, Case No. 24-391-SDD-RLB, United States District Court for the Middle District of Louisiana. The Settlement resolved a lawsuit where the Plaintiff alleged State Farm breached its auto insurance policies by not paying certain fees in connection with Louisiana first party total loss auto claims during the Class Period.

Why am I getting this Notice? You have been identified as a "Settlement Class Member" from State Farm's claims data, because you were an Alabama policyholder and insured by an applicable State Farm entity and submitted a covered first-party private passenger auto physical damage claim during the period commencing from May 17, 2022, through [REDACTED] 2026 ("Class Period") that resulted in a total loss claim payment from State Farm which did not include full Purchasing Fees.

Settlement Terms. State Farm shall pay eligible Settlement Class Members \$28.39 in satisfaction of applicable Purchasing Fees. Any person who submits a valid and timely written request to be excluded from the Settlement Class shall not be a Settlement Class Member. Class Counsel will be seeking attorneys' fees and costs up to \$205,000.00, and a \$5,000.00 Service Award for the Class Representative, to be approved by the Court. These payments will not reduce the amount of money available to Settlement Class Members as they will be paid separately by State Farm.

What does the Settlement provide? The Settlement provides a payment amount of \$28.39, in satisfaction of applicable Purchasing Fees, to each Settlement Class Member who submits a valid Claim Form online or postmarked by <<CLAIM FORM DEADLINE>>.

How do I Receive a Settlement Class Member Payment? To receive a payment, you must submit a valid Claim Form by <<CLAIM FORM DEADLINE>>. You may mail the attached Claim Form (no stamp needed—return postage has been prepaid) to the Claims Administrator at the return address listed or submit a Claim Form online using the Claimant ID Number provided on this Notice at www.XXX.com.

Do I have any other options? As a Settlement Class Member, you may exclude yourself from the Settlement or object to it. Exclusion requests must be submitted and postmarked by <<OPT-OUT/OBJECTION DEADLINE>>. If you do not exclude yourself, you will be legally bound by this Settlement, pursuant to which you will be giving a release of any claims asserted in the lawsuit. For information on how to exclude yourself or how to object to the Settlement, you may visit <<website>>. The Court will hold a Final Approval Hearing on <<FINAL APPROVAL HEARING DATE>> to consider whether to approve the Settlement. The Court will hear objections, determine if the Settlement is fair, and consider Class Counsel's request for Attorney's Fees and Costs of \$205,000.00, and Service Award of \$5,000 to the Class Representative. You or your own lawyer may appear at the hearing at your own cost to be heard by the Court, but you do not have to.

This notice is only a summary. For detailed information or to change your address, visit <<WEBSITE>> or call toll free at (xxx) xxx-xxxx. You may write the Claims Administrator at Robin v State Farm, c/o Kroll Settlement Administration LLC, <<PO Box>>, New York, NY 10150-<<xxxx>>

postage
prepaid
mark

State Farm Class Action
Claims Administrator
P.O. Box ____
[City], [State], [Zip]