

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
MIAMI DIVISION

IN RE PHYSICIAN CORPORATION OF  
AMERICA SECURITIES LITIGATION

Case No. 97-3678-CIV-JORDAN

THIS DOCUMENT RELATES TO:  
ALL ACTIONS

**PROOF OF CLAIM AND RELEASE**

*DEADLINE FOR SUBMISSION: DECEMBER 22, 2003.*

**IF YOU PURCHASED THE COMMON STOCK OF PHYSICIAN CORPORATION OF AMERICA (“PCA”) DURING THE PERIOD BEGINNING MARCH 31, 1996 THROUGH AND INCLUDING MARCH 31, 1997 AND RETAINED THAT STOCK THROUGH AT LEAST MARCH 31, 1997, YOU ARE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. EXCLUDED FROM THE CLASS ARE THE DEFENDANTS, THEIR OFFICERS AND DIRECTORS, THE SUBSIDIARIES, AFFILIATES AND ENTITIES THEY CONTROL AND OFFICERS AND DIRECTORS OF SUCH SUBSIDIARIES, AFFILIATES AND ENTITIES, AND MEMBERS OF THE IMMEDIATE FAMILIES OF THE INDIVIDUAL DEFENDANTS.**

IF YOU ARE A MEMBER OF THE CLASS, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE TO RECEIVE ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, **POSTMARKED NO LATER THAN DECEMBER 22, 2003** TO:

Physician Corporation of America Securities Litigation  
c/o Berdon Claims Administration LLC  
P.O. Box 9014  
Jericho, NY 11753-8914

YOUR FAILURE TO SUBMIT YOUR CLAIM BY DECEMBER 22, 2003 MAY SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION.

DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. **SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.**

## CLAIM FORM INSTRUCTIONS

1. If you purchased PCA common stock and held the certificate(s) in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or otherwise acquired PCA common stock and the certificate(s) were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner and the third party is the record owner.

2. Use ¶ 16 of this form entitled “Claimant Information” to identify each beneficial owner and, if different, each record owner, of PCA common stock which form the basis of this claim.

**THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER OR OWNERS, OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OR OWNERS, OF THE PCA COMMON STOCK UPON WHICH THIS CLAIM IS BASED.**

3. All joint owners must sign this claim. Executors, administrators, guardians, conservators and trustees must complete and sign this claim on behalf of persons represented by them, documentation establishing their authority must accompany this claim, and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of your claim.

4. Use ¶ 17, §§ a, b, c and d of this form entitled “Schedule of Transactions in PCA Common Stock” to supply all required details of your transaction(s) in PCA common stock. If you need more space, attach separate, numbered sheets giving all of the required information in substantially the same form. Print your name and Social Security or Taxpayer Identification Number at the top of each additional sheet.

5. On the schedules, provide all of the requested information with respect to **all** of your purchases and **all** of your sales of PCA common stock which took place during the Class Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

6. List each transaction in the Class Period separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day and year of each transaction you list.

7. The date of purchase, acquisition or sale is the “contract” or “trade” date and not the “settlement” date.

8. In processing claims, the first-in, first-out basis (“FIFO”) will be applied to purchases and sales. Sales will be matched in chronological order, by trade date, first against the common stock held as of the close of trading on March 30, 1996 (the last day before the Class Period begins) and then against the purchases during the Class Period.

9. The date of covering a “short sale” is deemed to be the date of purchase of PCA common stock. The date of a “short sale” is deemed to be the date of sale of PCA common stock. Shares originally sold short will result in a zero claim.

10. Where common stock was purchased/sold by reason of having exercised an option, the option premium should be incorporated into the price accordingly.

11. If an Authorized Claimant’s trading activity during the Class Period exceeds 50 transactions, he, she or it must provide, in an electronic file, all purchase and sales information required in ¶ 17, §§ a, b, c and d. For a copy of instructions and parameters concerning such a submission, contact the Claims Administrator by phone: (800) 766-3330; by fax (516) 931-0810 or via the website: [www.berdonllp.com/claims](http://www.berdonllp.com/claims).

12. No cash payment will be made on a claim where the potential distribution amount is \$10.00 or less.

13. Brokerage commissions and transfer taxes paid by you in connection with your purchase and sale of PCA common stock should be included in the “total cost” and net of the “total proceeds.”

14. **Copies** of brokers’ confirmations or other documentation of your transactions in PCA common stock should be attached to your claim. For a complete listing of the documentation deemed acceptable by the Claims Administrator, please refer to the website [www.berdonllp.com/claims](http://www.berdonllp.com/claims). Failure to provide acceptable documentation could delay verification of your claim or result in rejection of your claim.

*Physician Corporation of America Securities Litigation*

**15. Claimant Information**

*Please Type or Print*

\_\_\_\_\_  
Beneficial Owner's Name *(as it appears on your brokerage statement)*

\_\_\_\_\_  
Joint Beneficial Owner's Name *(as it appears on your brokerage statement)*

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Foreign Province

\_\_\_\_\_  
Foreign Country

\_\_\_\_\_  
Social Security Number

**or**

\_\_\_\_\_  
Taxpayer Identification Number

Specify one of the following:

\_\_\_\_ Individual(s)

\_\_\_\_ Corporation

\_\_\_\_ UGMA Custodian

\_\_\_\_ IRA

\_\_\_\_ Partnership

\_\_\_\_ Estate

\_\_\_\_ Trust

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Area Code Telephone Number (Day)

\_\_\_\_\_  
Area Code Telephone Number (Evening)

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Record Owner's Name *(if different from beneficial owner listed above)*

**16. Schedule of Transactions in PCA Common Stock**

a. State the total number of shares of PCA common stock owned at the close of trading on March 30, 1996, long or short (*must be documented*): \_\_\_\_\_

b. Separately list each and every **purchase** of PCA common stock during the period March 31, 1996 **through** March 31, 1997, and provide the following information (*must be documented*):

Trade Date <i>(list chronologically)</i> Month/Day/Year	Number of Shares Purchased	Price Per Share	Total Cost <i>(including commissions, taxes and fees)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. Separately list each and every **sale** of PCA common stock during the period March 31, 1996 **through** March 31, 1997, and provide the following information (*must be documented*):

Trade Date <i>(list chronologically)</i> Month/Day/Year	Number of Shares Sold	Price Per Share	Total Proceeds <i>(net of commissions, taxes and fees)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. State the total number of shares of PCA common stock owned at the close of trading on March 31, 1997, long or short (*must be documented*): \_\_\_\_\_

**If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification Number at the top of each sheet.**

***YOU MUST ALSO READ, SIGN AND SUBMIT THE CERTIFICATION AND RELEASE WHICH FOLLOW***

## 17. Certification and Release

a. I/We hereby certify that I/we purchased Physician Corporation of America (“PCA”) common stock between March 31, 1996 and March 31, 1997 (the “Class Period”).

b. By submitting this Proof of Claim, I/we state that I/we believe in good faith that I am/we are a member of the Class as defined above and in the Notice of Proposed Settlement of Class Action, Hearing on Proposed Settlement and Attorneys’ Fee Petition and Right to Share in Settlement Fund (the “Settlement Notice”), or am/are acting for such person; that I am/we are not a Defendant in the Action or anyone excluded from the Class; that I/we have read and understand the Settlement Notice; that I/we believe that I am/we are entitled to receive a share of the Net Settlement Fund; that I/we elect to participate in the proposed Settlement described in the Settlement Notice; and that I/we have not filed a request for exclusion. *(If you are acting in a representative capacity on behalf of a Class Member, e.g., as an executor, administrator, trustee, or other representative, you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)*

c. I/We have set forth, where requested, all relevant information with respect to each purchase of PCA common stock during the Class Period, and each sale, if any, of such securities.

d. I/We have enclosed photocopies of the stockbroker’s confirmation slips, stockbroker’s statements, or other documents evidencing each purchase, sale or retention of PCA common stock. **IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.**

e. I/We understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I/we agree to cooperate in any such verification. *(The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)*

f. Upon the occurrence of the Effective Date (as defined in the Settlement Notice) my/our signature(s) hereto will constitute a full and complete release, remise and discharge by me/us or, if I am/we are submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by my/our, its, his, her or their heirs, executors, administrators, successors, and assigns of each of the “Released Parties” of all “Settled Claims,” as defined in the Settlement Notice.

g. I/We certify that I am/we are **NOT** subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the word “**NOT**” in the certification above.

h. I/We have read the foregoing Proof of Claim and Release and certify that all of the information contained herein, and in the supporting documents attached hereto, is true, correct and complete to the best of my/our knowledge, information and belief, and that this form was executed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
(City) (State/Country)

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
Signature of person signing on behalf of Claimant

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
Capacity of person signing on behalf of Claimant,  
if other than an individual, e.g., Executor,  
President, Custodian, etc.)

**THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN DECEMBER 22, 2003, AND MUST BE MAILED TO:**

Physician Corporation of America Securities Litigation  
c/o Berdon Claims Administration LLC  
P.O. Box 9014  
Jericho, NY 11753-8914

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by December 22, 2003, and if a postmark is indicated on the envelope and it is mailed first class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

If you wish to be assured that your Proof of Claim is actually received by the Claims Administrator, then you should send it by Certified Mail, Return Receipt Requested. No acknowledgment will be made otherwise as to the receipt of claim forms. You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT  
AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.**

**Reminder Checklist:**

1. Remember to sign the above Release and Certification.
2. Remember to attach only **copies** of acceptable supporting documentation, a complete list of which can be found on our website.
3. Do not send original stock certificates.
4. Keep a copy of the completed claim form for your records.
5. If you want an acknowledgment of receipt of your claim form, please send it Certified Mail, Return Receipt Requested, or its equivalent.
6. If you move after submitting your claim form, please send us your new address.
7. If you have any questions or concerns regarding your claim, please contact:

Physician Corporation of America Securities Litigation  
c/o Berdon Claims Administration LLC  
P.O. Box 9014  
Jericho, NY 11753-8914  
Telephone: (800) 766-3330  
Fax: (516) 931-0810  
Website: [www.berdonllp.com/claims](http://www.berdonllp.com/claims)