

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

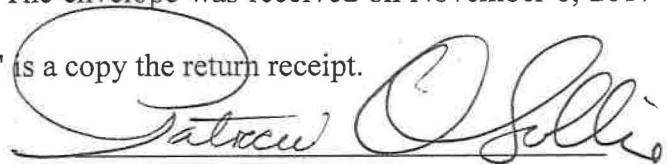
STATE OF LOUISIANA

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 Group Resources Incorporated, through its agent for service of process, Philip H. Weener, 5887 Glendridge Drive, Suite 275, Atlanta, Georgia 30328, via Louisiana Long Arm Statute, LSA-R.S.13:3201, certified mail, return receipt requested, Number 70171000222294431373. The envelope was received on November 6, 2017 by signature illegible. 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.



J. E. Cullens, Jr.

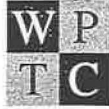
J.E. CULLENS, JR. NOTARY PUBLIC
MY COMMISSION EXPIRES AT DEATH
LOUISIANA BAR ROLL NUMBER 23011

FILED
EAST BATON ROUGE PARISH
2017 NOV 14 PM 3:18
DEPUTY CLERK OF COURT

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**

ATTORNEYS AT LAW

12345 Perkins Road
Building One
Baton Rouge, Louisiana 70810

Of Counsel:
John S. McLindon, LLC
Michelle M. Sorrells, LLC

phone: 225.236.3636

fax: 225.236.3650

web: www.lawbr.net

November 1, 2017

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Group Resources Incorporated
c/o Philip H. Weener
5887 Glendridge Drive
Suite 275
Atlanta, GA 30328

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. Weener:

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. Group Resources Incorporated 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: W. Brett Mason

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:

Group Resources Incorporated
c/o Philip H. Weener
5887 Glendridge Dr.
Suite 275
Atlanta, GA 30328

2. Article Number

(Transfer from service label)

7017 1000 0000 9443 1373

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/6/17

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

Certified Mail Fee

OFFICIAL USE

For delivery information, visit our website at www.usps.com

Domestic Mail Only

CERTIFIED MAIL® RECEIPT

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

\$ 9.60

Postmark
Here

11-1-17

Sent to: Group Resources Incorporated
Street and Apt. No.: c/o Philip H. Weener
City, State, ZIP+4: Atlanta, GA 30328