

EXHIBIT K

Official Use Only

RESPONSE DUE DATE
Postmarked By
XXXXXXXXXX XX, 2008

**MARSH SETTLEMENT
 CLAIM FORM**



If you are a Settlement Class Member who engaged or retained Marsh & McLennan Companies Inc. or any of its affiliates ("Marsh"), or any other Broker (as defined in the Notice) to provide insurance brokerage and any related administrative, advisory or claims services with respect to the purchase or renewal of insurance or reinsurance coverage where the coverage inceptioned or renewed during the Settlement Class Period (August 26, 1994 through September 1, 2005, inclusive) *you must complete the following form for each such insurance or reinsurance policy that you purchased or renewed and mail to the address listed below in order to participate in the settlement for such policies.* By completing and submitting this form, you acknowledge that you have not previously released Marsh with respect to the matters being settled, either in connection with the NYAG Settlement or otherwise. This claim form must be postmarked by _____, **2008**.

CLAIMANT INFORMATION: *(Please print or type)*

_____	/	_____	_____
<i>Name</i>		<i>Title</i>	<i>Company/Organization Name</i>
_____			_____
<i>Address</i>			<i>City, State, Zip</i>
_____			_____
<i>Phone Number/Ext.</i>			<i>Email Address</i>

POLICY INFORMATION: *(Please print or type)*

_____	_____
<i>Policy Number</i>	<i>Name of Broker / Contact Person</i>
_____	_____
<i>Name of Insurance Company</i>	<i>Broker Street Address</i>
_____	_____
<i>Total Annual Insurance Premium</i>	<i>Broker City, State, Zip</i>
_____	_____
	<i>Broker Phone Number</i>

I certify under penalty of perjury that the information above is true and correct and that the submission of false information may subject me to civil and/or criminal penalties.

_____	_____
<i>Signature</i>	<i>Date</i>

Mail by XXXXXXXXXXXX XX, 2008 to:
 Marsh Settlement
 [class administrator address]