MISSISSIPPI HOSPITALITY & RESTAURANT WORKERS' COMP GROUP

Notice of Final Refund

Effective as of November 1, 2019, the Board of Directors of the Mississippi Hospitality & Restaurant Workers' Comp Group ("***MHRWCG***") began the orderly dissolution of the MHRWCG by adopting a Plan of Dissolution in accordance with Section 11 of Article III of the MHRWCG's Bylaws and as contemplated by the Mississippi Nonprofit Corporation Act. ***The Board has now adopted its final Refund Plan and shall finalize the liquidation and dissolution of the MRHWCG***.

The final refund checks will be mailed to the last known address in the MHRWCG's records for each former MHRWCG policyholder member by October 1, 2026 (the "***Final Refund Date***"). If a former member is deceased or was an entity that has gone out of existence, please complete the attached Affidavit to provide the proper payee, relevant explanation and contact information, and email the Affidavit to patfontaine@msra.org prior to the Final Refund Date.

If you have any questions, please contact Pat Fontaine, Executive Director of the Mississippi Hospitality & Restaurant Association (and acting Administrator of the MHRWCG) at 601-420-4210 or patfontaine@msra.org.

AFFIDAVIT

1. My name is _____, and I am above the age of 18, of sound mind, and have first-hand knowledge regarding all statements contained in this Affidavit.

2. _____ (the "***Former Member***") was formerly a policyholder member of the Mississippi Hospitality and Restaurant Workers' Comp Group, Inc. (the "***MHRWCG***"), which was formerly known as the Mississippi Hospitality and Restaurant Workers' Comp Trust.

3. This Affidavit is made in support of a claim for a refund from the MHRWCG pursuant to the MHRWCG's 2026 Refund Plan.

4. The Former Member closed its business on or about _____, and is no longer operating as an active business.

5. The person or entity that should be identified as the payee (the "***Payee***") for the refund, and the Payee's address and Taxpayer Identification Number are set forth on the duly executed IRS Form W-9 submitted herewith.

6. The Payee's relationship to the Former Member is_____, and the refund should be issued to the Payee, because _____.

7. I am authorized to provide this Affidavit on behalf of the Former Member in my capacity as _____.

8. I have provided or will provide any documents reasonably requested by the MHRWCG to confirm the former membership, business closure, refund claim, and proper payee.

9. I have not assigned, transferred, or otherwise directed payment of this refund to any person or entity other than as set forth in this Affidavit.

10. The statements in this Affidavit are true and correct to the best of my personal knowledge.

FURTHER AFFIANT SAYETH NOT.

_____

STATE OF _____ }

COUNTY OF _____ }

Personally appeared before me, the undersigned authority in and for the said county and state, on this ____ day of _____, 2026 within my jurisdiction, the within named _____, who acknowledged that he/she executed the above and foregoing Affidavit.

_____
NOTARY PUBLIC

My Commission Expires:

_____
(Affix Seal)