EXHIBIT F

P.O. Box 52429 Houston, Texas 77052

November 16, 2016

Telephone 713.874.6099 866.874.6099

SID 0951227

GILMER SADLER INGRAM SUTHERLAND & HUTTON PO BOX 878 65 E. MAIN ST PULASKI, VA 24301 UNITED STATES OF AMERICA

Re	**	
Subject: MISSING OR INVALID	ADDRESS- Second	Request
Dear Counsel:		
The Settlement Facility-Dow Corning Tru above that is not valid. Correspondence s SF-DCT as undeliverable with no forward attorney of record. We have confirmed the	sent to the Claimant in 2014 i ding address available. At the	regarding payments was returned to the time of the Claim payments you were the
Disease Partial Premium Payment	October 14, 2014	\$2,000
Rupture Partial Premium Payment	October 14, 2014	\$2,500

As a result of the returned mail, the SF-DCT requires that the <u>claimant</u> complete and return the attached Address Update/Correction Form. Currently, the claim has been placed on Administrative Hold. Please note that if the Address Form is not returned, the claim may be deemed as abandoned, and closed.

Please have the claimant complete the attached Address Update/ Correction Form and forward the information to:

SF-DCT P.O. Box 52429 Houston, Texas 77052

The SF-DCT can only accept this form from the claimant or the legally authorized representative. After the Address Update/Correction Form is received, and verified, the Administrative Hold will be removed.

If you were unable to locate the Claimant to distribute the Premium Payment awards, returning the amounts intended for this claimant, until current address information can be obtained, is required. Pursuant to the Settlement Facility and Fund Distribution Agreement Article X Section 10.09, all funds in the Settlement Facility are in the custody of the Court until the funds have actually been paid to and received by a Claimant.

If you have any questions regarding this matter, you may contact our Claims Assistance Program at 1.866.874.6099 or send an inquiry addressed to Quality Management at info@sfdct.com.

Enclosure: Address Update/Correction Form