

OCA Securities Litigation Settlement
c/o Analytics Incorporated
Claims Administrator
P.O. Box 2002
Chanhassen, MN 55317-2002

Deadline for Submission:
February 14, 2009

PROOF OF CLAIM AND RELEASE

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW OR IF THERE IS NO PREPRINTED DATA TO THE LEFT, YOU MUST PROVIDE THE NAME AND ADDRESS OF THE BENEFICIAL OWNER(S) HERE:
Name:
Address:
City:
State/Country and Zip Code:

IF YOU PURCHASED SHARES IN OCA, INC. (“OCA”) AND WERE DAMAGED THEREBY, YOU ARE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE (“PROOF OF CLAIM”) AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN FEBRUARY 14, 2009 TO THE FOLLOWING ADDRESS:

OCA Securities Litigation Settlement
c/o Analytics Incorporated, Claims Administrator
P.O. Box 2002
Chanhassen, MN 55317-2002

866-233-0122 www.OCAsecuritieslitigation.com

YOUR FAILURE TO SUBMIT YOUR CLAIM BY FEBRUARY 14, 2009 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. 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.

CLAIMANT’S STATEMENT

1. I (we) purchased common stock or sold put options in OCA and was damaged thereby. (Do not submit this Proof of Claim if you did not purchase OCA common stock or sell OCA put options during the designated Class Period).
2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice of Pendency and Proposed Settlement of Securities Class Action Cases (the “Notice”), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Actions or anyone excluded from the Class; that I (we) have read and understand the 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 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.

3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Securities Cases or Settlement in connection with processing of the Proof of Claim.
4. I (we) have set forth where requested below all relevant information with respect to each purchase of OCA common stock or sale of OCA put options during the Class Period, and each sale, if any, of such securities. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of OCA common stock or sale of OCA put options listed below in support of my claim. IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.
6. 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 securities such as options.)
7. Upon the occurrence of the Effective Date, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, executors, administrators, predecessors, successors, and assigns (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 its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Released Claims," as defined in the Notice.
8. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 866-233-0122 or visit their website at www.OCAsecuritieslitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim on page 6. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- Do NOT use highlighter on the Proof of Claim or any supporting documents.
- If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.

NOTE: RECEIPT ACKNOWLEDGMENT NEEDED

The Claims Administrator will send a written confirmation of its receipt of your Proof of Claim. Do not assume your claim is submitted until you receive written confirmation of its receipt. Your claim is not deemed fully filed until the Claims Administrator sends you written confirmation of its receipt of your Proof of Claim. If you do not receive an acknowledgement postcard within thirty (30) days of your mailing the Proof of Claim, then please call the Claims Administrator toll free at 866-233-0122.

SCHEDULE OF TRANSACTIONS IN OCA SECURITIES

OCA COMMON STOCK TRANSACTIONS

Beginning Holdings

A. State the total number of shares of OCA common stock owned at the close of trading on May 17, 2004, long or short (*must be documented*):

Check Here If Documentation Is Enclosed

Purchases/Acquisitions

B. Separately list each and every open market purchase of OCA common stock during the period May 18, 2004 through September 2, 2005, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price	Total Cost (Excluding Commissions, Taxes, and Fees)	Check Here If Documentation Is Enclosed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Sales

C. Separately list each and every sale of OCA common stock during the period May 18, 2004 through September 2, 2005, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sale Price	Total Sale (Excluding Commissions, taxes and fees)	Check Here If Documentation Is Enclosed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Ending Holdings

D. State the total number of shares of OCA common stock owned at the close of trading on September 2, 2005, long or short (*must be documented*):

Check Here If Documentation Is Enclosed

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.

OCA PUT OPTION TRANSACTIONS

1. List put option contracts on OCA common stock with expiration dates on or after open as of the close of business on May 17, 2004:

Number of Put Option Contracts Open	Expiration Month and Year	Strike Price for Put Option Contract	Position: Short or Long	Check Here If Documentation Is Enclosed
/ /	/ /	\$		<input type="checkbox"/>
/ /	/ /	\$		<input type="checkbox"/>
/ /	/ /	\$		<input type="checkbox"/>
/ /	/ /	\$		<input type="checkbox"/>
/ /	/ /	\$		<input type="checkbox"/>

Sale of Puts:

2. List all put option contracts on OCA common stock with expiration dates on or after June 6, 2005 that you sold (wrote) during the period from May 18, 2004 through June 6, 2005:

Date of Sale (Writing)	Number of Option Contracts Sold	Expiration Month and Year	Strike Price for Put Option Contract	Check Here If Documentation Is Enclosed
/ /	/ /	/ /	\$	<input type="checkbox"/>
/ /	/ /	/ /	\$	<input type="checkbox"/>
/ /	/ /	/ /	\$	<input type="checkbox"/>
/ /	/ /	/ /	\$	<input type="checkbox"/>
/ /	/ /	/ /	\$	<input type="checkbox"/>

Purchase of Puts:

3. List all put option contracts on OCA common stock with expiration dates on or after June 6, 2005 that you purchased or acquired during the period from May 18, 2004 through June 6, 2005:

Date of Purchase or Acquisition	Number of Option Contracts Purchased	Expiration Month and Year	Strike Price for Put Option Contract	Check Here If Documentation Is Enclosed
/ /	/ /	/ /	\$	<input type="checkbox"/>
/ /	/ /	/ /	\$	<input type="checkbox"/>
/ /	/ /	/ /	\$	<input type="checkbox"/>
/ /	/ /	/ /	\$	<input type="checkbox"/>
/ /	/ /	/ /	\$	<input type="checkbox"/>

Sale of Puts:

4. List put option contracts on OCA common stock with expiration dates on or after June 6, 2005 that were subsequently exercised on or before June 6, 2005:

Number of Put Option Contracts Open	Expiration Month and Year	Strike Price for Put Option Contract	Date Exercised	Result of Exercise: Delivered Shares or Paid Difference?	Check Here If Documentation Is Enclosed
	/	\$	/ /		<input type="checkbox"/>
	/	\$	/ /		<input type="checkbox"/>
	/	\$	/ /		<input type="checkbox"/>
	/	\$	/ /		<input type="checkbox"/>
	/	\$	/ /		<input type="checkbox"/>

Expired Puts:

5. List put option contracts on OCA common stock with expiration dates on or after June 6, 2005 that expired worthless on or before June 6, 2005. If none expired, check here:

Number of Expired Put Option Contracts	Expiration Month and Year	Strike Price for Put Option Contract	Date Contract Expired	Check Here If Documentation Is Enclosed
	/	\$	/ /	<input type="checkbox"/>
	/	\$	/ /	<input type="checkbox"/>
	/	\$	/ /	<input type="checkbox"/>
	/	\$	/ /	<input type="checkbox"/>
	/	\$	/ /	<input type="checkbox"/>

Unexercised Puts:

6. List put option contracts on OCA common stock with expiration dates on or after June 6, 2005 open as of the close of business on June 6, 2005. If none were open, check here:

Number of Expired Put Option Contracts	Expiration Month and Year	Strike Price for Put Option Contract	Date Exercised	Check Here If Documentation Is Enclosed
	/	\$	/ /	<input type="checkbox"/>
	/	\$	/ /	<input type="checkbox"/>
	/	\$	/ /	<input type="checkbox"/>
	/	\$	/ /	<input type="checkbox"/>
	/	\$	/ /	<input type="checkbox"/>

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.

Substitute Form W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. If you fail to provide this information, your claim may be rejected.

[Empty box for Social Security Number]

OR

[Empty box for Taxpayer Identification Number]

Social Security Number (for individuals)

Taxpayer Identification Number
(for estates, trusts, corporations, etc.)

Certification

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 because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

(Signature)

(Signature)

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Check here if proof of authority to file is enclosed.
(See Item 2 on Page 2 for instructions)

Date: _____

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN FEBRUARY 14, 2009, AND MUST BE MAILED TO:

**OCA Securities Litigation Settlement
c/o Analytics Incorporated
Claims Administrator
P.O. Box 2002
Chanhassen, MN 55317-2002
866-233-0122 www.OCAsecuritieslitigation.com**

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by February 14, 2009 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.

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.