

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

IN RE POLYMEDICA CORP. SECURITIES LITIGATION

Civil Action No. 00-12426-WGY
AND ALL RELATED ACTIONS

PROOF OF CLAIM AND RELEASE

DEADLINE FOR SUBMISSION: OCTOBER 26, 2007

IF YOU PURCHASED OR OTHERWISE ACQUIRED THE COMMON STOCK OF POLYMEDICA CORP. ("POLYMEDICA") BETWEEN OCTOBER 26, 1998 AND DECEMBER 31, 2000, INCLUSIVE ("CLASS PERIOD"), YOU ARE A "CLASS MEMBER" AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE CLASS ARE THE DEFENDANTS, THE OFFICERS AND DIRECTORS OF POLYMEDICA AND/OR LIBERTY DURING THE CLASS PERIOD, MEMBERS OF THEIR IMMEDIATE FAMILIES AND THEIR HEIRS, SUCCESSORS OR ASSIGNS, AND ANY ENTITY IN WHICH THE DEFENDANTS HAVE OR HAD A CONTROLLING INTEREST AT ANY TIME DURING THE CLASS PERIOD). ALSO EXCLUDED ARE INDIVIDUALS WHO ENGAGED IN ANY SHORT-SALE TRANSACTION OF POLYMEDICA COMMON STOCK DURING THE CLASS PERIOD.

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 MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN OCTOBER 26, 2007 TO THE FOLLOWING ADDRESS:

PolyMedica Securities Litigation Settlement Fund
c/o FRG Information Systems Corp.
P.O. Box 460, Peck Slip Station
New York, NY 10272-0460

YOUR FAILURE TO SUBMIT YOUR CLAIM BY OCTOBER 26, 2007 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION.

1. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class¹; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not submitted 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.)

2. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my 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 status as a Class Member and the validity and amount of my claim. No discovery shall be allowed on the merits of the Action or Settlement in connection with processing of the Proofs of Claim.

3. I have set forth where requested below all relevant information with respect to each purchase or other acquisition of PolyMedica common stock during the Class Period, and each sale, if any, of such securities. I agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.

¹ Excluded from the Class are the Defendants, the officers and directors of PolyMedica and/or Liberty during the Class Period, members of their immediate families and their heirs, successors or assigns, and any entity in which excluded person has or had a controlling interest at any time during the Class Period. Also excluded are persons who engaged in any short-sale transaction of PolyMedica common stock during the Class Period.

4. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, acquisition, sale or retention of PolyMedica common stock 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.)

5. I 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 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.

6. Upon the occurrence of the Effective Date my signature hereto will constitute a full and complete release, remise and discharge by me and my heirs, agents, executors, administrators, predecessors, successors, and assigns, beneficiaries, and any persons I represent (or, if I am 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 all "Settled Class Claims" as defined in the Notice.

7. 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 1-800-556-9955 or visit their website at www.frginfosys.com/polymedica 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.

8. Statement of Claim

Beneficial Owner's Name (First, Middle Initial, Last)

Joint Beneficial Owner's Name (First, Middle Initial, Last)

Street Address

City

State

Zip Code

Foreign Province

Foreign Country

Social Security Number or Tax Identification Number

Individual

Corporation/Other

Joint Owners

IRA

Estate

Others (specify)

()

Area Code

Tel. No. (work)

()

Area Code

Tel. No. (home)

E-mail address

9. At the close of business on October 25, 1998, I owned _____ shares of PolyMedica common stock (If none, write 0). *ATTACH DOCUMENTATION

10. I made the following purchases of PolyMedica common stock during the period October 26, 1998 through December 31, 2000, inclusive (NOTE: If you acquired your PolyMedica common stock during this period other than by an open market purchase, please provide a complete description of the terms of the acquisition on a separate page.):

Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Purchased	Purchase Price Per Share of Common Stock	Aggregate Cost (including commissions, taxes, and fees)	Proof of Purchase Enclosed? Yes/No*

*ATTACH DOCUMENTATION

11. I made the following sales of PolyMedica common stock during the period October 26, 1998 through December 31, 2000, inclusive:

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share of Common Stock	Amount Received (net of commissions, taxes, and fees)	Proof of Sale Enclosed? Yes/No*

*ATTACH DOCUMENTATION

12. At the close of trading on December 31, 2000, I owned _____ shares of PolyMedica common stock (If none, write 0). *ATTACH DOCUMENTATION

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PHOTOCOPY THIS PAGE AND SIGN AND PRINT YOUR NAME ON EACH ADDITIONAL PAGE.

13. I made the following short sales of PolyMedica common stock during the period October 26, 1998 through December 31, 2000, inclusive:

Date(s) of Transaction (List Chronologically) (Month/Day/Year)	Type of Transaction (e.g., short sale, purchase to cover)

14. 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. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number (for individuals) or

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

***IMPORTANT: FAILURE TO PROVIDE SUPPORTING DOCUMENTATION MAY RESULT IN THE REJECTION OF YOUR CLAIM AND PREVENT YOU FROM RECEIVING ANY DISTRIBUTION UNDER THE SETTLEMENT.**

15. 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 PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

Signature(s) 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.)

Date: _____, 2007

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN OCTOBER 26, 2007, AND MUST BE MAILED TO:

PolyMedica Securities Litigation Settlement Fund
c/o FRG Information Systems Corp.
P.O. Box 460, Peck Slip Station
New York, NY 10272-0460

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by October 26, 2007, 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.

REMINDER CHECKLIST

1. Please be sure to sign this Proof of Claim above. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
2. Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
3. 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 1-800-556-9955.