SEND TO: STEPHENS NORA **** TRANSACTION HISTORY **** PAGE: 1 OF 1
CLAIM NUMBER: [redacted] LINE: 10 AUTO-VOLUNTARY DESK: AJR PRIOR: NNC
POLICY NO: [redacted] EFFDT: 04/03/06 FILE LOC: SUBRO SHELL
INSUREDS NAME: [redacted]
ACCOUNTING COMPANY: 010 ALLSTATE CASUALTY

DATE	ITCLMT	TRANS TYPE	TRSN	P/CAC	DRAFTNO	MM	TRANS AMOUNT	CUR RESERVE
092806	DD01	20 PAYMENT-LOSS	03	PAC	540082153		1,320.97	
092606	DD01	16 REL L RES-CLS	00				0.00	
091206	DD01	20 PAYMENT-LOSS	03		540081512		7,727.50	
090606	DD01	10 OPEN	00				0.00	

ITEM DD AND CLAIMANT 01 WERE SELECTED
1 INIT REF 2 I/C STAT 3 TRAN HIS 4 DRFT HIS 5 LOSS HIS 6 MUL DSK 7 BI CAT
A PRT CURR SCRN B PRT CURR FRMT C PRT MULT FRMTS 10 EFT HIS
NEXT SELECTION/TAB: CLAIM NUMBER/TAB: ITEM/TAB: CLMT/TAB: