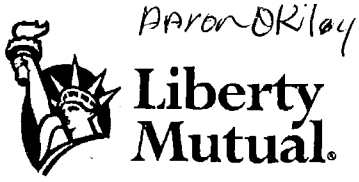
Aaron O'Riley 74450



Liberty Mutual Insurance Company
PO Box 481918
10420 Harris Oaks Blvd C
Charlotte NC 28269
Tel: (800) 223-9704 / (800) 223-9704
Fax: (603) 334-0410

November 12, 2007

[redacted]
RALEIGH NC [redacted]

INSURED: [redacted]
CLAIMANT:
CLAIM NUMBER:
DATE OF LOSS: 11/10/2007

Dear [redacted]

I'm sorry to hear about your recent accident. If you sustained injuries as a result of this accident, you may be entitled to receive payment from us for reasonable expenses incurred for necessary medical services that are related to this accident up to $1000.00 per person.

How to Submit a Claim

If you wish to present a claim, please read the enclosures then complete and return the appropriate forms in the enclosed postage paid envelope.

Claims Authorization to Release Information - Please complete and return it along with any applicable medical bills or receipts you have. If you prefer, your doctor can forward bills directly to me.

I am committed to handling your claim as promptly and as conveniently for you as possible. You can help by returning these documents to me without delay. Please feel free to call me at the number and extension listed below.

Sincerely,
0591 MEDICAL PAYMENTS
Claims Department
(800) 223-9704 / (800) 223-9704
Extension

Jenkins Chatman Collins 1-800-637-0757 Ext. 74422 Lori

John Hooper 1-800-223-9704 ext 85274

Helping People Live Safer, More Secure Lives

CWL2066