Payment Address 24344 Network Place Chicago, IL 60673-1243 Document Address P.O. Box 512929 Los Angeles, Ca 90051 Phone: (877)818-0139 Fax: (888) 781-6947

4/20/2015 10:58:00 AM Certified Mail 91 7199 9991 7034 8768 2195 Return Receipt Requested

CITY OF WEST ALLIS CITY CLERKS OFFICE WEST ALLIS CITY HALL ROOM 108-110 7525 W. GREENFIELD AVE WEST ALLIS, WI 53214

RECEIVED

APR 27 2015

Your Client: MADDEN, DAVID Your Claim Number: N/A Our Insured: TAYLOR, MAXINE Our Claim Number: 15-1713488

Amount Subject to Reimbursement: 184.80 Amount of Insured's Deductible: N/A

CITY OF WEST ALLIS CITY CLERK

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: 38TH ST IN MILWAUKEE Date and Time of Loss:03-20-15 AT 1:45PM

Description of Loss: Our named insured's 2015 Nissan Altima was traveling on 38th St. A City of West Allis 2009 Ford Escape, license plate #77042, was traveling on 38th St. As our insured's vehicle proceeded forward, the 2009 Ford Escape struck our insured's vehicle. The driver. David Madden, is the proximate cause of the accident for driver inattention.

Please make your draft payable to Artisan and Truckers Casualty Co as subrogee of "TAYLOR, MAXINE", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience. All supporting documentation is enclosed. I have diaried my file ahead fifteen (15) days. Thank you for your anticipated, prompt attention to this matter.

Christopher Woolfolk

Subrogation Representative

Artisan and Truckers Casualty Co

Tel. 440-910-5505

Fax. 888-781-6947

Email: Christopher_Woolfolk@progressive.com