

State Farm Insurance Companies



15 West Eaton Road
Post Office Box 2328
Chico, CA 95927-2328

November 20, 2001

Fred Supry
Remington Arms Company
14 Hoefler Ave.
Ilion, NY 13357

RE: Insured: Raymon Dreiss
Claim Number: 55-S398-602
Date of Loss: September 15, 2001
Total Amount of Loss: \$7104.78
Our Payment: \$7004.78
Insured's Payment: \$100.00 (Paid by Remington)
Your File Number: Unknown
Policy Number:
Your Insured: Remington Arms Co.

Dear Mr. Supry:

We have been informed you are the insurance carrier for the party designated as your insured in the caption of this letter.

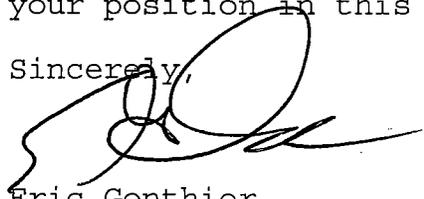
Our investigation establishes your insured was responsible for the damage to our policyholder's property as a result of the accident on the date indicated.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Raymon Dreiss
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Please accept this letter with supporting documents as a notice of our subrogation rights and communicate with us in regard to your position in this matter.

Sincerely,



Eric Gonthier
Claim Representative
(530) 896-7319

State Farm Mutual Automobile Insurance Company

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Enclosures