

PROGRESSIVE

Subrogation Department
P O Box 149264
Austin, TX 78714-9264
1-877-818-0139
Fax 1-512-464-7827

Alex McWilliams-ABM0002

DATE: 3-13-02

ATTN: CLAIMS DEPT-KMART
TRUMBUEL SVCES
PO BX 426
WINDSOR, CT 06095

FAX:

Re: Ap Insured: **KMART CORP**
Ap File #:
Our Insured: **HAROLD FAITH**
Our Claim #: **027.820.138**
Date of loss: **FEB 24, 02**
Amount Owed: **720.87** (includes our insured's deductible)

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

Please make your draft payable to "Progressive Insurance as Subrogee of"
HAROLD FAITH

in the amount stated above, and mail it to:

**Progressive Payment Processing
Po Box 43258
Richmond Heights, OH 44143**

Any correspondence needs to be sent to:

**Progressive Insurance
Po Box 149264
Austin, Tx 78714-9264**

All supporting documentation is enclosed. I will follow up in 10 business days. Thank you for your anticipated prompt attention to this matter.

Alex McWilliams
Progressive Insurance Subrogation Dept.
1.877.818.0139 Ext: 42361
Direct Line: 512.704.2361
Fax Line: 503.907.5446
Alex_McWilliams@Progressive.com

Enclosure

RECEIVED
TRUMBUEL SERVICES
COMPANY
2002 MAR 25 PM 3:10
BANKRUPTCY

3/25/02
ML
760

VOID IF NOT PRESENTED WITHIN 6 MONTHS AFTER DATE OF ISSUE

Policy # 45850293-003	Insured FAITH, HAROLD	Date Issued 2/26/2002	Area Code 866	Draft Number 423789739
Claim # 027820138	Claimant FAITH, MAY	Date of Loss 2/24/2002	State Code NE	Office Issued At NE-LINCO-BRN-PAC

56-389
412

PAY ONE HUNDRED THIRTY THREE AND 96/100

Dollars \$ *****133.96**

In Payment of COMP DAMAGE TO 95 HYUNDAI, LESS 500 DED	CDS CODE 13PCL
----------------------------------------------------------	----------------------

Pay
TO
MAY FAITH(ONLY)
7025 Y ST.
LINCOLN NE 68505

PROGRESSIVE NORTHERN INSURANCE COMPANY

REP ID :BKR0003
ORG CODE :30592

Date: 2/25/02 11:53 AM
 Estimate ID: 02-7820138-01
 Estimate Version: 0
 Committed
 Profile ID: lin54

PROGRESSIVE INSURANCE COMPANIES

4335 NORMAL BLVD #206 LINCOLN, NE 68505
 (402) 454-3040
 Fax: (402) 454-5324

Damage Assessed By: Blake Renner
 Claim Rep: BLAKE RENNER
 (402) 454-3047

Product Type: Auto
 Date of Loss: 2/24/02
 Contact Date: 2/25/02
 Deductible: 500.00
 Policy No: 45860293-003
 Claim Number: 02-7820138-01

Insured: HAROLD FAITH
 Claimant: MAY FAITH
 Address: 7025 Y ST. LINCOLN, NE 68505
 Telephone: Work Phone (402) 456-2556 Home Phone (402) 456-0315

Mitchell Service 519721

Description: 1995 Hyundai Elantra
 Body Style: 4D Sed
 VIN: KMHJF23M75U891306
 Mileage: 82,000
 DEM/ALT: A
 Color: RED
 Option: AIR CONDITIONING, POWER STEERING, ELECTRIC DEFROSTER, AIR-PM STEERING, CASSETTE, AUTOMATIC TRANSMISSION, 4-DOOR
 Vehicle Production Date: 09/00
 Drive Train: 1.8L Inj 4 Cyl 4A
 License: 2A6623 NE
 Search Code: LINCOLN

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type / Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	REAR COVER ASY			1.0
2	826330	BDY	REMOVE/REPLAC	REAR BUMPER COVER	Remanufactured	345.00	INT
3	AUTO	REP	REFINISH	REAR BUMPER COVER			C 2.4
4	AUTO	REP	ADDL COP	CLEAR COAT			1.0
5	AUTO		ADDL COST	PAIN/MATERIALS		85.00 *	

* - Judgement Item
 ** Non-OEM - Non-Original Equipment Manufacturer Replacement Part
 C - Included in Clear Coat Calc.

KEYSTONE AUTOMOTIVE
 1415 N. SADDLE CREEK RD
 OMAHA
 NE 68132
 (402) 553-0230 (800) 642-1432

2 **HY1103101RP+ 345.00

ESTIMATE RECALL NUMBER: 2/25/02 11:47:26 02-7820138-01

Mitchell Data Version
 UltraMate Version

FEB 02 A
 4 7 007

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Unit	Rate	Amount	Sublet	Total		Amount
LABOR SUBSTITUTES						
Body	1.0	40.00	0.00	40.00	II Part Replacement Summary	Amount
Refrigate	0.4	40.00	0.00	136.00	Taxable Parts	345.1
					Sales Tax @ 6.500%	22.4
					Total Replacement Parts Amount	367.4
Non-Taxable Labor				176.00		
Labor Summary				4.4		
				176.00		
ADDITIONAL COSTS						
Taxable Costs					Amount	IV Adjustments
Sales Tax @ 6.500%					85.00	Insurance Deductible
					5.53	500.0
Total Additional Costs					90.53	Customer Responsibility
						500.0
					I Total Labor	176.0
					II Total Replacement Parts	367.4
					III Total Additional Costs	90.5
					Gross Total	633.9
					IV Total Adjustments	500.0
					Net Total	133.9

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF AFTERMILL PARTS NOT MADE BY THE ORIGINAL MANUFACTURER PARTS USED IN THE REPAIR OF YOUR VEHICLE BY OTHER THAN THE ORIGINAL MANUFACTURER ARE REQUIRED TO BE AT LEAST EQUAL IN LINE KIND AND QUALITY IN TERMS OF FIT, QUALITY AND PERFORMANCE TO THE ORIGINAL MANUFACTURER PARTS THEY ARE REPLACING

Point(s) of impact
 6 Rear Corner (R)

inspection site: Id poe
 address: 6001 N 57th st
 Lincoln, NE
 inspection Date: 2/25/02

CMSD2340 /CMSM2340	P A C M A N	MAR 13 02 - 10:19
OPID: ABM0002	CLAIM PAYMENT INQUIRY	TERMID: V6010254
INSD: FAITH, HAROLD		POL: 45850293-3
DOL : FEB 24 02 NE-LINCOL-BRN-	CLM: 027820138 ACTIVE	REP: B RENNER

PAY TO THE ORDER OF: TOTAL DRAFT AMOUNT: 86.91

LINE 1: SID DILLON NISSAN(ONLY)*****
 LINE 2:
 LINE 3:

ADDRESS: 421 N48TH

CITY: LINCOLN ST/PR* NE ZIP/CPC: 68504 CNTRY* USA

IN PAYMENT OF: SUPP PROP DAMAGE TO 95 HYUNDAI ELANTRA

1099	? N	FEDERAL TAX ID:	LAST UPDT REP: BKR0003
CDS CODE *	13 PCL	EFT TRACE #:	ISSUING REP: B RENNER
BANK CODE*	AS2	ISSUE DATE :	MAR 13 02 APPROVED BY:
STATE	* NE	AREA	* 866 REVIEW DATE: 00 00
STOP RSN *		DRAFT #	: 423972298 REVIEWED BY:

COMMAND:

503-907-5446

Date: 3/13/02 09:09 AM
Estimate ID: 02-7820138-01
Estimate Version: 1
Supplement: 1 (F) 3/13/02 09:07:25 AM
Profile ID: ln3+

PROGRESSIVE INSURANCE COMPANIES

4535 NORMAL BLVD #295 LINCOLN, NE 68506
(402) 484-3040
Fax: (402) 434-5324

Damage Assessed By: Blake Renner
Supplemented By: Blake Renner

Claim Rep. BLAKE RENNÉR
(402) 484-3047

Product Type: Auto
Date of Loss: 2/24/02
Contact Date: 2/25/02
Deductible: 500.00
Policy No: 45850293-003

Claim Number: 02-7820138-01

Insured: HAROLD FAITH
Claimant: MAY FAITH
Address: 7025 Y ST LINCOLN, NE 68505
Telephone: Work Phone: (402) 466-2556

Home Phone: (402) 466-0315

Mitchell Service: 918721

Description: 1995 Hyundai Elantra
Body Style: 4D Sed
VIN: KMHJF23M7SU891389
Mileage: 82,600
OEM/ALT: A
Color: RED
Options: AIR CONDITIONING, POWER STEERING, ELECTRIC DEFOGGER, AM-FM STEREO CASSETTE
AUTOMATIC TRANSMISSION, 4-DOOR

Vehicle Production Date: 00/00
Drve Train: 1 8L Inj 4 Cyl 4A
License: 2A6623 NE
Search Code: LINCOLN1

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	AUTO	BDY	OVERHAUL	REAR COVER ASSY			1.0
S1 2	826330	BDY	REMOVE/REPLACE	REAR BUMPER COVER	86601-28050	409.81	INC
3	AUTO	REF	REFINISH	REAR BUMPER COVER			C 2.4
S1 4	826380	BDY	REMOVE/REPLACE	REAR BUMPER COVER MLDG	86672-28000	16.80	INC
5	AUTO	REF	ADD'L OPR	CLEAR COAT			1.0
6	AUTO		ADD'L COST	PAINT/MATERIALS		85.00 *	

* - Judgement Item
C - Included in Clear Coat Calc

ESTIMATE RECALL NUMBER: 2/25/02 11.47.26 02-7820138-01

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UltraMate Version: 4.7.007
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Date: 3/13/02 09:09 AM
 Estimate ID: 02-7820138-01
 Estimate Version: 1
 Supplement: 1 (F) 3/13/02 09:07:25 AM
 Profile ID: Iln3+

KEYSTONE AUTOMOTIVE
 1415 N. SADDLE CREEK RD
 OMAHA
 NE 68132
 (402) 553-0230 (800) 642-1432

2 86601-28050 409.81

I Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II Part Replacement Summary	Amount
Body	1 0	40.00	0.00	0.00	40 00	Taxable Parts	426.61
Refinish	3 4	40.00	0.00	0.00	136 00	Sales Tax @ 6 500%	27.73
Non-Taxable Labor					176.00	Total Replacement Parts Amount	454.34
Labor Summary	4.4				176 00		
III. Additional Costs					Amount	IV Adjustments	Amount
Taxable Costs					85.00	Insurance Deductible	500 00-
Sales Tax @ 6.500%					5.53	Customer Responsibility	500.00-
Total Additional Costs					90 53		
						I. Total Labor:	176.00
						II. Total Replacement Parts:	454.34
						III. Total Additional Costs:	90.53
						Gross Total:	720.87
						IV. Total Adjustments:	500.00-
						Net Total:	220.87
						Less Original Net Total:	133.96
						Net Supplement Amount:	86 91
						S1. Blake Renner	86.91

Point(s) of Impact

6 Rear Center (P)

Inspection Site: id poe
 Address: 5001 N. 57th st
 Lincoln, NE
 Inspection Date: 2/25/02

ESTIMATE RECALL NUMBER: 2/25/02 11:47:26 02-7820138-01

Mitchell Data Version:
 UltraMate Version:

MAR_02_A
 4.7 007

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