December 2, 2003

Mr. John Doe 101 Main Street Anytown, New York 12303

RE: Claim/file number: 123456789

Policy number: <u>H2334456</u>
Insured's name: <u>John Doe</u>
Date of loss: <u>10/17/03</u>
Type of loss: <u>Fire</u>

Dear Mr. Doe,

The <u>ABC Insurance Company</u> acknowledges the receipt of a proof of loss bearing your signature. We presume that the proof of loss has been filed in conjunction with the captioned loss.

Please be advised that the <u>ABC Insurance Company</u> neither accepts nor rejects the proof of loss but holds it in abeyance pending the completion of the necessary investigation.

The <u>ABC Insurance Company</u> wishes to avail itself of its contractual rights and it requests that the insured(s) appear at the office of <u>Smith and Jones</u>, Attorneys at <u>Law</u>, 1 <u>Main Street</u>, Anytown, New York 12303 on <u>December 15</u>, 2003 at 1:00 PM to be examined under oath by <u>attorney Jones</u>. In the event that you are not available at the scheduled date or time, please contact <u>Mr. Jones</u> at (555) 555-5555 to reschedule.

The <u>ABC Insurance Company</u> will make every effort to conclude the investigation at the earliest time and it will respond to the proof of loss promptly at the conclusion of the investigation.

The <u>ABC Insurance Company</u> will update the status of this claim at 30 day intervals during its pendency. The <u>ABC Insurance Company</u> specifically reserves any and all rights in connection with the captioned loss. Thank you.

Very truly yours,

William White
ABC Insurance Company