

<http://cps2.fnf.com/CPDetCM.asp?TempNum=T438711>

COMMONWEALTH LAND TITLE INSURANCE COMPANY

Claims Department

601 Riverside Avenue, Bldg.5, 4th flr
Jacksonville, Florida 32204
(877) 862-9111

7/23/2012

Robert Battista
The Hogan Law Firm
info@hoganlawfirm.com
P. O. Box 485
Brookville, FL 34605

RE: CLAIMS ACKNOWLEDGEMENT

Claim Number: **438711**
Policy/Escrow No: A02293717, 975675
Insured: Sumter County
Property: Lots 20 and 21, Unit 1A River Fores
FL

Dear Sir or Madam:

This letter acknowledges that COMMONWEALTH LAND TITLE INSURANCE COMPANY (the "Company") has received your claim or inquiry regarding the referenced title insurance policy (the "Policy") and/or property. The Company will investigate this matter and you will be contacted shortly by the person to whom this investigation has been assigned. The purpose of the Company's investigation is to obtain a complete understanding of the facts and circumstances that form the basis of your claim.

As part of the investigation of this matter, a claims representative may contact you concerning any facts that you may have at your disposal. If the following was not included with your initial correspondence, then please provide a copy of the Title Policy, HUD/Settlement Statement, Purchase Contract, and any additional information/documents relevant to the claim. In addition to the above, the Company may request other materials or information necessary to the investigation of the claim. Upon completion of its investigation, the Company will contact you and advise you of its findings.

Thank you for your cooperation during this investigation. Please include the above claim number on all correspondence. If you have any questions, please contact us by phone at (877) 862-9111.

Very truly yours,

Claims Department