



**PHILADELPHIA
INSURANCE COMPANIES**

Copy

PO Box 3622, Bala Cynwyd, PA 19004

Jeannine Shaskas

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Subrogation Examiner
Direct Dial: 610-668-7283
Email: JShaskas@phlyins.com

April 7, 2008

Ms. Madeline Duncan
Colorado Humane Society & SPCA
1865 Wadsworth Blvd.
Lakewood, CO 80232-6815

RE:	Our File Number	:	SUB- PHFF07100288624
	Date of Loss	:	10/04/2007
	Claimant	:	STATE OF COLORADO
	Policy Deductible	:	\$2,500.00

Dear Ms. Duncan:

As you know, Philadelphia Insurance Companies provides Liability Coverage for Colorado Humane Society & SPCA. Included in your insurance contract is the agreement to reimburse Philadelphia Insurance Companies the above captioned deductible.

Please be advised that we have paid \$4,099.66 in defense costs to settle the above captioned claim and now look to your company for reimbursement of your liability deductible.

We would ask that you please forward a check in the amount of \$2,500.00 made payable to "Philadelphia Insurance Companies", to P.O. Box 3622, Bala Cynwyd, PA 19004-0950. When submitting your payment, please include the above captioned file number on the check, and forward it to the attention of the undersigned.

Thank you for your attention in this matter.

Sincerely,

Jeannine Shaskas

Jeannine Shaskas
Subrogation Examiner
Phone: 610-668-7283
Fax: 866-551-0118
Jshaskas@phlyins.com

Enclosure

#288624

<p>DISTRICT COURT, ARAPAHOE COUNTY, COLORADO 7325 S. Potomac Street Centennial, Colorado 80112</p>	
<p>STATE OF COLORADO, ex rel. JOHN W. SUTHERS, ATTORNEY GENERAL, Plaintiff,</p> <p>v.</p> <p>COLORADO HUMANE SOCIETY & S.P.C.A., INC.; MARY C. WARREN, an individual; ROBERT WARREN, an individual; and STEPHENIE L. GARDNER, an individual; Defendants.</p>	<p>▲ COURT USE ONLY ▲</p>
<p>Waverton Group, LLC as custodian Richard A. Block, Managing Member 4101 East Louisiana Avenue Suite 300 Denver, Colorado 80246 Office: 303-781-9900 Fax: 303-781-4311 Email: rblock@xpn.com</p>	<p>Case Number: 2008-CV-2659 Division: 202</p>
<p align="center">CLAIM OF CREDITOR</p>	

Comes now Philadelphia Insurance Companies
 (the "Claimant" or the "Claimants" if more than one), whose coordinates are as follows:
 address [do not use Post Office Box]: One Bala Plaza, Ste. 100
Bala Cynwyd, PA 19004
 telephone number: 1-800-765-9749
 fax number: 866-551-0118
 email address: Jshaskes@phlyins.com
 being first duly sworn, deposes and says:

Claim of Creditor

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1. Colorado Humane Society & S.P.C.A., Inc., a Colorado nonprofit corporation (the "Company") was, on December 16, 2008, and still is, indebted or liable to this Claimant.

2. The total amount the Company owes to Claimant on this date, including Principal, Interest, and Additional Charges is \$ 2,500.00 (the "Claim")

3. The consideration, basis, or ground for this Claim is as follows: the Company obtained liability coverage [please specify, e.g. goods, services, credit, money, etc.] by policy [please specify how obtained, e.g. agreement, promissory note, etc.] and that the Company has refused or failed to pay the reasonable value thereof.

4. The Claim consists of the following Principal and Interest calculated to the date of this Claim:

Principal (on December 16, 2008)	\$ <u>2,500.00</u>
Interest (to December 16, 2008)	\$ _____
Interest Rate (to the date of default)	_____ %
Total amount of Principal and Interest	\$ _____
Penalties	\$ _____
Total of Claim	\$ <u>2,500.00</u>

5. Claimant Claims priority or preference from the assets in the hands of the custodian _____ [please specify authority for priority or preference, e.g. wages, taxes, etc.].

6. The Claim consists of \$ N/A in additional charges ("Additional Charges") for _____ [please specify, e.g. reasonable attorneys' fees, penalties, etc.]. The basis for claiming Additional Charges is liability deductible obligation, per policy language.

Claim of Creditor
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7. True and correct copies of the documents supporting this Claim, including without limitation, subcontracts, invoices, and statements of account, are attached hereto.

8. This claim is filed as an unsecured Claim a secured Claim [*please strike one*]. Claimant Claims as its security the following:

Assets Encumbered	<u>N/A</u>
Security Instruments	<u>N/A</u>
County	<u>N/A</u>
State	<u>N/A</u>
Reception Number	<u>N/A</u>
Recorded Lien Statement	<u>N/A</u>
If Mechanic's Lien, Date of First Work	<u>N/A</u>
If Mechanic's Lien, Date of Last Work	<u>N/A</u>

9. True and correct duplicates of each and every instrument securing this Claim, including, without limitation UCC Financing Statements and Recorded Lien Statements, are attached hereto.

10. Claimant has filed a legal action against the Company as follows:
N/A
[*please specify court and case number*] and has has not [*please strike one*] received a judgment against the Company.

11. Claimant has credited any and all payments made by the Company under this Claim and this Claim is not subject to any set-off, counterclaim, or right of recoupment in favor of the Company or in favor of the custodian as against the Claim.

Claim of Creditor

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12. Philadelphia Insurance Company [please print name of Claimant] being first duly sworn, states and affirms that Claimant has executed the foregoing Claim of Creditor in the space provided below, and that the information contained therein is true and correct to the best of Claimant's knowledge.

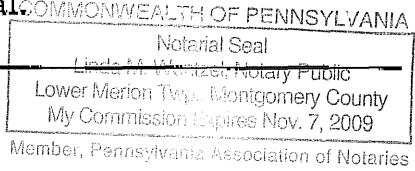
Claim Rep. J. Shesby
 [Signature of Claimant]

State of Pennsylvania)
 County of Montgomery) ss.

Subscribed and sworn to before me by _____, the Claimant, on the 5 day of February, 2009. Witness my hand and official seal.

Witness my hand and official seal.

My commission expires: _____



Linda M. Wenzel
 Notary Public

An original of this Claim must be submitted to the custodian, please do not submit this Claim to the Court—Mail directly to:

Waverton Group, LLC, custodian,
 4101 East Louisiana Avenue
 Suite 300
 Denver, Colorado 80246