AMERICAN GROUP ADMINISTRATORS
101 CONVENTION CENTER DR., SUITE 200
LAS VEGAS, NV 89109
dba AGA Administrators in CA

November 10, 2006

<NAME>
<ADDR1>
<ADDR2>
<ADDR3>

GROUP NUMBER: <GRPNO>
MEMBER NUMBER: <EMPNO>
PAT: <DEPNAME>
ACCOUNT:
DATE OF SERVICE:

Re: <SUBJECT>
Claim No: <CLMPRE>-<CLMNO>-<CLMSUF>

Dear <SALUT>,

According to the information we have on file, it appears that your accident was a result of the alleged negligence of a third party. The Employee Health Benefit Plan shall be subrogated to all claims, demands, actions and rights of recovery of the covered person against a third party or parties and/or such third parties' insurers to the extent of any and all payments made hereunder by the plan in all jurisdictions where subrogation is lawfully permitted. The covered person hereby agrees that he shall execute and deliver any and all instruments and papers required by the plan in order to protect the plans' rights to subrogate, as granted hereunder.

It is hereby agreed that in the event a covered person receives any benefits arising out of injury or illness for which the covered person has, may have, or asserts any claim or rights of recovery against a third party or parties, then any payment that the plan has made will be reimbursed.

Please compete and sign the attached subrogation form and return it to us as soon as possible.

Your timely response will be appreciated. Please do not hesitate to call during business hours 7:00 AM to 4:30 PM Pacific time. Our local phone number is 893-3050. Out of area please call 800-842-4742.

<SENDER> **<LTRNO>**