



Toll Free: (800) 435-7764
Email: myclaim@farmersinsurance.com
Please include your claim # on any correspondence
National Document Center
P.O. Box 268994
Oklahoma City, OK 73126-8994
www.farmers.com/claimstatus

August 5, 2024

LAW OFFICES OF ROBERT MERRITT
601 UNIVERSITY AVE STE 141
SACRAMENTO CA 95825-6584

RE: Claim Number: ~~5030789145-1-1~~
Insured: Nepenthe Association
Policy Number: 0605044453
Loss Date: 12/06/2023
Your Client: Ashley Tangeraas
Subject: State Required Notice

Dear Mr. Robert Merritt:

We're writing to confirm your client's claim settlement. We have attached a \$25,000.00 settlement check to this correspondence pursuant to the resolution of your client's claim. Please coordinate with defense counsel to finalize the necessary closing documents.

Since California Business and Professions Code Section 6149.5 requires an insurer to notify a third party claimant directly of a payment greater than \$100 to the claimant's lawyer or other representative, we sent a copy of this letter to your client.

I can be reached at myclaim@farmersinsurance.com (please include your claim number in the subject line) or (925) 321-8479. Please contact me if you have any questions or concerns.

Thank you.

Kevin Egli
Senior Commercial Claims Specialist
(925) 321-8479
Farmers Insurance Exchange

Email communications are preferred and should be sent to myclaim@farmersinsurance.com. If hard copies of communications are required, they should be sent to our National Document Center at P.O. Box 268994, Oklahoma City, OK 73126-8994.

CC: ASHLEY TANGERAAS
Check(s): 1640059101