

A Word From Paul Archibald, Owner of Lost Life Insurance Finders

Thank you for your Inquiry. I would be most pleased to have the opportunity to serve you. My business does exactly what you want done, in a quick and friendly manner.

I have 48+ years experience in the Insurance Business. I worked as Underwriting Consultant for Western-Southern Life beginning in 1962, and as Vice President of a Life Insurance Underwriting Department, Claims Department, Service Department, and a Data Processing Department in the 1970s and 1980s, and for the Virginia State Insurance Department in the mid-1990s. Customers sometimes call me just for information. I am glad to give it freely.

LLIFE maintains a master list containing the names and addresses of Insurance Company Claim Centers. We use this listing in its entirety for every search.

The major insurance companies all have centralized offices in one or two major cities, but do business in some form, in most States. Therefore, most of the largest companies have their central offices many miles away from you, but they still do a lot of business in your immediate area.

The challenge is to create a good letter that clearly explains the facts and also asks for a search for policy records. My total fee for preparing and mailing such a letter to all the companies is \$98.50. For that price, I generate at least 460 individual letters from the information you provide. You could not buy enough U.S. postage stamps, if you were doing the same job yourself, for that low price. Also, locating addresses for each letter, and individually addressing each, folding and inserting, would require extraordinary amounts of your time.

I can do all of that for you, with delivery promised in 48 hours or less! You see, we do the prep and mailing of initial request letters. The letters each contain your name and address, not mine. Therefore, after the companies do the requested searches, they respond directly to you, IF THEY FIND SOMETHING. They also contact you directly for any additional items they may require.

A form is attached. Your completed form and check should be sent directly to us by regular, first-class mail. Please put the completed forms into an envelope with your check and send using just a 44-cent stamp (ONLY.) We have "rural delivery." The postman will not stop to ask for signatures for special-service mailing pieces. (These are frequently sent back to you as non-deliverable.) A copy of your information can be sent ahead attached to an e-mail message. Typed statements or scanned copies can be included, so we can begin preparation of your letter while we await your check. You do not actually need to use our form if that is not convenient. Simply reply by e-mail; just try to include answers to all the questions that appear on the form. Tell us in your message when to expect your check to arrive (using regular, first-class mail service).

Sincerely,

Paul D. Archibald**
11630 E Briar Patch Dr.
Midlothian VA 23113
Phone: 804-594-2359
FAX: 804-464-1909
www.L-lifeinsurance.com

Processing Your Request

To process your request, return the completed form (below) along with your payment for \$98.50 to us at:

www.L-lifeinsurance.com

Paul D. Archibald, Owner
11630 E Briar Patch Dr.
Midlothian VA 23113

Phone: (804) 594-2359

FAX: (804)-464-1909

Archibaldpaul@Hotmail.Com

For Faster Service

You can send your payment to us by clicking this link:

https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=YG6F4ZUB9RZX2

The Lost Life Insurance Finder Expert

Mail This Completed Form and Your Payment for \$98.50 to:

11630 E Briar Patch Dr. Midlothian VA 23113
Telephone: 804-594-2359 Fax: FAX: (804)-464-1909

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|---|--------|
| Your Name And Address | |
| Your Phone Number And E-Mail Address | |
| Why are you searching? What is your relationship to the deceased? | |
| Today's Date: | |
| Full Name of Decedent: | |
| Last known address of Decedent | |
| Decedent's Date of Birth: | |
| Decedent's Date of Death: | |
| Decedent 's Marital Status? Ever Divorced? | Yes No |
| Decedent's Social Security Number? | |
| Have a Death Certificate? (Other Records Available?) | |
| Date last Premium Paid (If Known) | |
| Have Any Other Comments of Helpful Information? | |