

# EXHIBIT 1

STATE OF MICHIGAN  
IN THE CIRCUIT COURT FOR THE COUNTY OF WASHTENAW

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**SHARON ZURCHER,**

Plaintiff,

Case No. 15-484 -NF

-vs-

Hon. David S. Swartz

**ACE AMERICAN INSURANCE COMPANY,**

Defendant.

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Adrienne D. Logeman (P63997)  
**LOGEMAN, IAFRATE & LOGEMAN, P.C.**  
Attorneys for Plaintiff  
2950 South State Street, Suite 400  
Ann Arbor Commerce Bank Building  
Ann Arbor, Michigan 48104  
(734) 994-0200

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**COMPLAINT**

"There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in this Complaint."



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ADRIENNE D. LOGEMAN (P63997)

**COMPLAINT**

**COUNT I**

**Breach of Contract**

Plaintiff, **SHARON ZURCHER**, by and through **LOGEMAN, IAFRATE & LOGEMAN, P.C.**,  
on information and belief, says as follows:

- 1) Plaintiff is a resident of the County of Livingston, State of Michigan.
- 2) Defendant conducts a regular and systematic part of its business in the County of Washtenaw, State of Michigan.
- 3) Plaintiff has treating medical providers in the County of Washtenaw, State of Michigan.
- 4) The amount in controversy is within the jurisdiction of this Court by reason of a claim for damages in whatever amount in excess of Twenty-Five Thousand (\$25,000.00) Dollars Plaintiff is found to be entitled by the finders of fact.
- 5) On or about December 20, 1980, the Plaintiff was insured with the Defendant under the provisions of an automobile insurance policy issued by the Defendant which was then in effect under and in accordance with the provisions of MCLA 500.3101, et seq. ("No-Fault Act") and for which applicable premiums were paid.
- 6) Under the terms and conditions of the automobile insurance policy, Defendant became obligated to pay to, or on behalf of the Plaintiff, certain expenses or losses in the event Plaintiff sustained bodily injury and/or death in an accident arising out of the ownership, operation, maintenance or use of a motor vehicle.

7) On December 20, 1980, in the State of Michigan, Plaintiff was an occupant of a motor vehicle and was involved in a collision wherein Plaintiff did sustain accidental bodily injuries in an automobile accident within the meaning of Defendant's policy and the statutory provision, MCLA 500.3105, said injuries including but not limited to: complex left leg fracture.

8) As a result of said injury producing event, Plaintiff has incurred:

- a) Reasonable and necessary expenses for care, recovery and rehabilitation;
- b) Other personal protection benefits in accordance with the applicable no-fault provisions.

9) The Defendant has refused or is expected to refuse to pay the Plaintiff all personal protection insurance benefits in accordance with the applicable no-fault provisions and contract provisions.

10) Reasonable proof for full payment of all personal protection insurance benefits has been or will be supplied or obtained, but the Defendant has refused to pay or is expected to refuse to pay in the future.

11) Defendant has unreasonably refused to pay the Plaintiff or has unreasonably delayed in making proper payments to the Plaintiff contrary to MCLA 500.3148, and continues to do so.

## COUNT II

### Declaratory Relief

12) Plaintiff repeats and incorporates herein all preceding paragraphs and facts plead hereinabove.


13) Furthermore, a declaration of rights as between the parties is needed to determine:

- a) The applicability of the No-Fault Act to the claims of the Plaintiff;

- b) The amount of medical expenses, no-fault interest, actual attorney fees and other benefits owed to the Plaintiff;
- c) Whether, and in what amount, any reduction, set offs or reimbursements are entitled to be claimed by the Defendant;
- d) Such other determinations, orders and judgments as are necessary to fully adjudicate the rights of the parties.

**WHEREFORE**, Plaintiff seeks damages in whatever amount in excess of Twenty-Five Thousand (\$25,000.00) Dollars Plaintiff is found to be entitled, plus interest, costs and actual attorney fees.

**LOGEMAN, IAFRATE & LOGEMAN, P.C.**

By   
Adrienne D. Logeman (P63997)  
Attorneys for Plaintiff  
2950 S. State Street, Suite 400  
Ann Arbor Commerce Bank Building  
Ann Arbor, Michigan 48104  
(734) 994-0200

DATED: May 13, 2015

STATE OF MICHIGAN Judicial District 22 <sup>nd</sup> Judicial Circuit County Probate	<b>SUMMONS AND COMPLAINT</b>	Case No. <b>15-484-NF</b> Hon.
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Court Address  
 101 E. Huron Street, P. O. Box 8645, Ann Arbor, Michigan 48107-8645

Court Telephone No.  
 (734) 222-3001

Plaintiff name(s), address(es), and telephone no(s).  
**SHARON ZURCHER**  
 1218 Curzon Street  
 Howell, Michigan 48843

**David S. Swartz**

Defendant name(s), address(es), and telephone no(s).  
**ACE AMERICAN INSURANCE COMPANY**  
 c/o The Corporation Company  
 30600 Telegraph Road  
 Bingham Farms, Michigan 48025

Plaintiff attorney, bar no. address, and telephone no.  
 Adrienne D. Logeman (P63997)  
**LOGEMAN, IAFRATE & LOGEMAN, P.C.**  
 2950 South State Street, Suite 400  
 Ann Arbor Commerce Bank Building  
 Ann Arbor, Michigan 48104 (734) 994-0200

**SUMMONS NOTICE TO THE DEFENDANT:** In the name of the people of the State of Michigan you are notified

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons to file a written answer with the court and serve a copy on the other party or take other lawful action with the court (28 days if you were served by mail or you were served outside this state) (MCR 2.111(C)).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.

WASHINGTON COUNTY CLERK  
 REGISTERED BY EXACT COPY  
 OF THIS COURT  
 ANN ARBOR MICHIGAN  
 VALID ONLY WITH EMBOSSED SEAL  
 AUG 13 2015  
 COPIED BY  
 [Signature]

Issued	This summons expires <b>AUG 13 2015</b>	Court Clerk
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\*This summons is invalid unless served on or before its expiration date.  
 This document must be sealed by the seal of the court.

**COMPLAINT** *Instruction: The following is information that is required to be in the caption of every complaint and is to be completed by the plaintiff. Actual allegations and the claim for relief must be stated on additional complaint pages and attached to this form.*

**Family Division Cases**

There is no other pending or resolved action within the jurisdiction of the family division of circuit court involving the family or family members of the parties.

An action within the jurisdiction of the family division of the circuit court involving the family or family members of the parties has been previously filed in \_\_\_\_\_ Court.

The action  remains  is no longer pending. The docket number and judge assigned to the action are:

Docket No.	Judge	Bar No.
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**General Civil Cases**

There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.

A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in \_\_\_\_\_ Court.

The action  remains  is no longer pending. The docket number and judge assigned to the action are:

Docket No.	Judge	Bar No.
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**VENUE**

Plaintiff(s) residence (include city, township or village) <b>Howell, Michigan</b>	Defendant(s) residence (include city, township or village) <b>Bingham Farms, Michigan</b>
Place where action arose or business conducted <b>Defendant conducts business in Washtenaw County, Michigan</b>	

May 13, 2015 \_\_\_\_\_  
 Signature of attorney/plaintiff

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you to fully participate in court proceedings, please contact the court immediately to make arrangements.

**PROOF OF SERVICE**

**SUMMONS AND COMPLAINT**  
Case No. \_\_\_\_\_

TO PROCESS SERVER: You are to serve the summons and complaint not later than 91 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

**CERTIFICATE/AFFIDAVIT OF SERVICE / NON-SERVICE**

<input type="checkbox"/> <b>OFFICER CERTIFICATE</b> I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notarization not required)	OR	<input type="checkbox"/> <b>AFFIDAVIT OF PROCESS SERVER</b> Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required)
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- I served personally a copy of the summons and complaint,
- I served by registered or certified mail (copy of return receipt attached) a copy of the summons and complaint, together with

List all documents served with the Summons and Complaint

Defendant's name	Complete address(es) of service	Day, date, time

- I have personally attempted to serve the summons and complaint, together with any attachments on the following defendant(s) and have been unable to complete service.

Defendant's name	Complete address(es) of service	Day, date, time

I declare that the statements above are true to the best of my information, knowledge and belief.

Service fee	Miles Traveled	Mileage fee	Total fee
\$		\$	\$

Signature \_\_\_\_\_  
 Name (Type or Print) \_\_\_\_\_  
 Title \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_ Date \_\_\_\_\_ County, Michigan.

My commission expires: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_

Deputy court clerk / Notary Public

Notary Public, State of Michigan, County of \_\_\_\_\_

**ACKNOWLEDGMENT OF SERVICE**

I acknowledge that I have received service of the summons and complaint, together with \_\_\_\_\_ Attachments \_\_\_\_\_  
 \_\_\_\_\_ on \_\_\_\_\_ Day, date, time \_\_\_\_\_  
 \_\_\_\_\_ on behalf of \_\_\_\_\_  
 Signature \_\_\_\_\_