

Claim Number:	3	Coverage	Claimant Name	Amount
Invoice Number:		Body Injury		\$50,000.00
Policyholder:				
Date of Loss:	05/24/2013			
Personal Injury Protection:				

THE FACE OF THIS DOCUMENT HAS A GREEN COLORED BACKGROUND ON WHITE PAPER AND A TRIPLE WATER MARK. D855B12-03

January 29, 2014 24-271230

CLAIM NUMBER	POLICY NUMBER	BILLING NUMBER	DATE OF LOSS
7563643		952752	05/24/2013
Payment on Account or Claim Against (Indicate by Initials)		NUMBER/PATIENT NAME	
[ ]		[ ]	

**COUNTRY FINANCIAL**  
 COUNTRY Preferred Insurance Company  
 P.O. Box 3100, Bloomington, Illinois 61702-2100

Fifty Thousand and No/100 DOLLARS \$ 50,000.00

HARMON WANG LLC &

VOID IF NOT CASHED WITHIN 180 DAYS OF THE DATE OF ISSUE

*Roseanna J*

⑆ 7563643⑆ ⑆ 23000220⑆ ⑆ 5369768965⑆

SAN DIEGO, CA 92150-9119

Claim Number: [REDACTED]

Insured Name:

VOID AFTER 180 DAYS

Date: 10/23/2014

Feature Symbol & Amount

ABI 5\*\*98312.45

Amount:

\$\*\*\*98,312.45

\*\*NINETY-EIGHT-THOUSAND-THREE-HUNDRED-TWELVE AND 45/100 DOLLARS\*\*

Pay to the Order of:

Zhengyi Law Group Ltd

In Payment of:  
Bodily Injury Coverage  
full & final settlement of  
all injury claims including  
liens known & unknown

DEATH NO. [REDACTED] INSURED  
LOSS DATE 1 [REDACTED]

\*\*\*\*\*EXACTLY ONE HUNDRED THOUSAND AND 00/100 DOLLARS

\*\*\*100,000.00

Pay to the  
Order of:

& ZHENG YI LAW GROUP, HER ATTORNEY

AUTHORIZED SIGNATURE

IF GREEN COLORED BACKGROUND

INSURANCE GROUP

Pay To The  
Order Of

and

**PAY** Four Hundred Thirty Seven Thousand Five Hundred and 00/100 Dollars

FOR Final Payment arising out of incident on 03/13/13

Bank of America, N.A.  
Controlled Disbursement Account  
Northbrook, IL

ACCIDENT NUMBER: NVE1001854

DATE OF LOSS: Mar-13

INSURED:  
CLAIMANT:

\$ 437,500.00  
(NOT VALID AFTER 6 MONTHS)

Casualty Company

SIGNATURE



DATE: AUG 07, 2015

PORTLAND, OREGON 97208-0177

CL# 170062 Void after one year from date of issue

PAY  
EIGHTY THOUSAND DOLLARS & 00/100

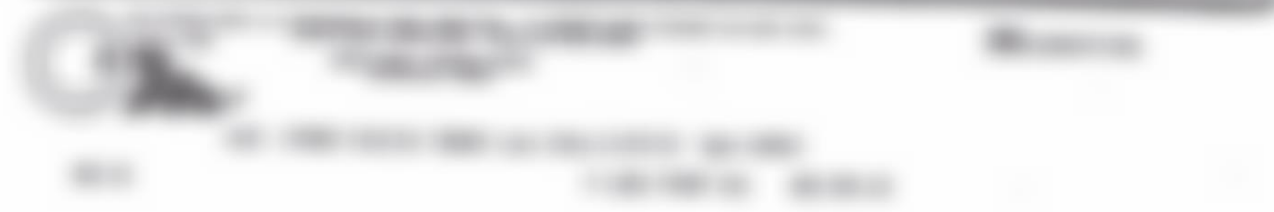
Amount \$ 80,000.00

TO THE ORDER OF

ZHENGYI LAW GROUP

OREGON MUTUAL INSURANCE COMPANY

1428 S JONES BLVD  
LAS VEGAS, NV 89146



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Insurance

70-2328 / 719 IL

CHECK NO.

POLICY NO.

Exactly Ninety eight thousand six hundred forty four and 96/100 Dollars\*\*\*\*\*

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
	10/22/2014	1000-64-9876	10/29/2015	***\$98,644.96

Pay Zhengyi Law Group LTD and  
To  
The  
Order  
Of

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

Insurance Group

AUTHORIZED SIGNATURE

