

CLAIM OFFICE ADDRESS:
 PO BOX 7230
 LONDON, KY 40742-9732



B. CODE
 251

CHECK REFERENCE 34549572	CHECK DATE 07/24/14
CHECK AMOUNT **\$25000.00	BLOCK NUMBER 005709

PAGE 1 OF 1

CONTACT:
 PHONE: 800-577-4299

ACCIDENT DATE: 09/06/13

OSN: VV0101072401-005709
 CLAIM NUMBER:
 POLICY NUMBER:
 INSURED OPERATOR:

INSURED NAME:
 CLAIMANT NAME:

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY BODILY INJURY			25000.00	25000.00	
TOTAL CHARGE:				25000.00	
TOTAL PAID:				25000.00	
TOTAL DEDUCTIBLE:				0.00	
TOTAL FEDERAL WITHHOLDING:				0.00	
CHECK AMOUNT:				25000.00	

PAYMENT TO: ZHENGYI LAW GROUP LTD

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS * 005709
 PHOENIX, AZ
 PO BOX 7230
 LONDON, KY 40742-9732



62-20/311
 CITIBANK NA, ONE PENNS WAY
 NEW CASTLE, DE 19720

PAY 25000.00
ONLY TWO DOLLARS ZERO ZERO CENTS

*PAY*TWENTY*FIVE*THOUSAND*DOLLARS*NO*CENTS*

OFFICE NO	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0647	251	CLAIM	34549572	07/24/14

PAY **\$25000.00

VOID IF NOT PRESENTED WITHIN
 6 MONTHS OF DATE OF CHECK

PAY TO THE ORDER OF
 ZHENGYI LAW GROUP LTD
 &
 1428 S VEGAS BLVD
 LAS VEGAS NV 89146

[Signatures]
 TWO SIGNATURES REQUIRED IF OVER \$500,000

AMERICAN FAMILY INSURANCE GROUP
6000 AMERICAN PKWY
MADISON WI 53783-0001



+0000001 CLM-SCAN
ZHENGYI LAW GROUP
1428 S JONES BLVD
LAS VEGAS NV 89146-1231

AMERICAN FAMILY INSURANCE GROUP
EXPLANATION OF REMITTANCE

CLAIM NUMBER TIN xxxxx3058 TYPE Loss Claim
PRODUCER 043607
PAYMENT OF A LOSS OCCURRING ON 09/04/2013

PAYMENT INFORMATION DETAIL

PROPERTY LIABILITY

\$30,000.00

COMMENTS sthrush
full and final bi settlement

ENCLOSURE(S)

DETACH AND REFER TO THIS STUB IF CORRESPONDING ON THIS CLAIM.
IF QUESTIONS CALL 1-800-MYAMFAM.

0-11642

~~THIS INSTRUMENT IS VOID IF MULTICOLORED BACKGROUND IS ABSENT. THE FACE AND BACK OF THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES~~

C-22422

AMERICAN FAMILY INSURANCE GROUP - MADISON, WISCONSIN

PAYABLE THROUGH U.S. BANK NATIONAL ASSOCIATION - WAUSAU, WISCONSIN

79-1160
759

0001755326

OFFICE 003 - PHOENIX CAS 1

CLAIM NO. 00-185-037587-0320 POLICY NO. 19-121726-01

DATE 07/30/2014

PAY TO THE ORDER OF AND ZHENGYI LAW GROUP

AMOUNT \$***30,000.00

PAY THIRTY THOUSAND 00/100 DOLLARS

INSURED

POLICY ISSUED BY AMERICAN FAMILY MUTUAL INSURANCE COMPANY

PRESIDENT

⑈0001755326⑈ ⑆075911603⑆ 182380184842⑈