STATEMENT

PAY TO THE ORDER OF MCLAREN MACOMB
PO BOX 775397

CHICAGO, IL 60677



Claim Number: CLM-00019462
Check Amount: \$*****39,686.60

Payment Description: 1025656302 PIP EOB 1010033938-1B RE: Teresa Starks DOL 11/19/2023

Policy Holder: Todd Starks

DETACH THIS PORTION BEFORE CASHING

PAMI123513

CURE CAUTO INSURANCE • Drive well.

CLM-00019462

Citizens United Reciprocal Exchange 214 Carnegie Center, Suite 301, Princeton, NJ 08540

> TD BANK 55-136-312 Claims Bank Account(#7860170617)

POLICY HOLDER

Todd Starks

FOR

Thirty Nine Thousand Six Hundred Eighty Six And 60/100 Dollars

PAY TO THE ORDER OF

MCLAREN MACOMB PO BOX 775397 CHICAGO, IL 60677 Co-signer required for amounts \$25,000 and above

01295769

Please Deposit

or Cash

Within 90 Days

\$*****39,686.60

VOID

DATE

01-18-2024

DOLLARS

AUTHORIZED SIGNATURE

031201360:7860170617:01295769

STATEMENT

PAY TO THE ORDER OF Andreopoulos & Hill, PLLC & Five Star

Comfort Care 28900 Woodward Ave

Royal Oak, MI 48067-0942

Claim Number: CLM-00002342 Check Amount: \$*****17,750.00

Payment Description: PIP: SUIT SETTLEMENT - TANZIL RICHMOND, DOL 7/26/22

Policy Holder: Tanzil Richmond

DETACH THIS PORTION BEFORE CASHING

PAMI054441 AUTO INSURANCE . Drive well. CLM-00002342

Citizens United Reciprocal Exchange 214 Carnegie Center, Suite 301, Princeton, NJ 08540

TD BANK 55-136-312 Claims Bank Account(#7860170617)

POLICY HOLDER

Tanzil Richmond

FOR

Seventeen Thousand Seven Hundred Fifty And 00/100 Dollars

PAY TO THE ORDER OF

Andreopoulos & Hill, PLLC & Five Star Comfort Care 28900 Woodward Ave

Co-signer required for amounts \$25,000 and above

01295770

Please Deposit

or Cash

\$*****17,750.00

Within 90 Days

VOID

DATE

01-18-2024

DOLLARS

AUTHORIZED SIGNATURE

Royal Oak, MI 48067-0942

031201360:7860170617:01295770

STATEMENT

PAY TO THE ORDER OF Mike Morse Law Firm, PLLC & Daron Crimes

24901 Northwestern Hwy STE 700 Southfield, MI 48075-2210



Claim Number: CIM-0001039
Check Amount: \$*****35,000.00

Payment Description: PIP -SETTLEMENT DIRECT SUIT - DARON CRIMES - DOL 4/16/22

Policy Holder: FaNina Kumasi NaKuru

DETACH THIS PORTION BEFORE CASHING

PA0016449

CURE

CLM-00001039

Citizens United Reciprocal Exchange 214 Carnegie Center, Suite 301, Princeton, NJ 08540

> TD BANK 55-136-312 Claims Bank Account(#7860170617)

POLICY HOLDER

FaNina Kumasi NaKuru

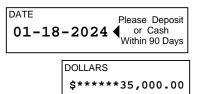
FOR

Thirty Five Thousand And 00/100 Dollars

PAY TO THE ORDER OF

Mike Morse Law Firm, PLLC & Daron Crimes 24901 Northwestern Hwy STE 700 Southfield, MI 48075-2210

01295771



Co-signer required for amounts \$25,000 and above

VOID

AUTHORIZED SIGNATURE

STATEMENT

PAYTO THE ORDER OF Fifth Third Bank N.A.

5050 Kingsley Dr MD: 1MOC2J Att: Installment Loans Cincinnati, OH 45227 CURE AUTO INSURANCE • Drive well.

Claim Number: CLM-00020925
Check Amount: \$*****13,757.85

Payment Description: COMP PAYMENT FOR TOTAL LOSS ACCT# 827978339 LESS \$500 DED - D/O/L

ON 12/19/2023

Policy Holder: Melissa Kare

DETACH THIS PORTION BEFORE CASHING

NC10233666

CURE

AUTO INSURANCE Drive well.

CLM-00020925

Citizens United Reciprocal Exchange 214 Carnegie Center, Suite 301, Princeton, NJ 08540

> TD BANK 55-136-312 Claims Bank Account(#7860170617)

POLICY Melissa Kare

Thirteen Thousand Seven Hundred Fifty Seven And 85/100 Dollars

PAY TO THE ORDER OF

FOR

Fifth Third Bank N.A. 5050 Kingsley Dr MD: 1MOC2J Att: Installment Loans Cincinnati, OH 45227 DOLLARS \$*****13,757.85

01-18-2024

DATE

01295772

Please Deposit

or Cash

Within 90 Days

Co-signer required for amounts \$25,000 and above

VOID

AUTHORIZED SIGNATURE

STATEMENT

PAY TO THE ORDER OF STATE FARM A/S/O RAYMOND PEREZ PO Box 106172

Atlanta, GA 30348



Claim Number: CLM-00010008
Check Amount: \$*****14,807.24

Payment Description: CLAIM# 32-49T5-03F

2018 HONDA ACCORD

Policy Holder: Nita Havlicek

DETACH THIS PORTION BEFORE CASHING

NC10032616

CURE C

AUTO INSURANCE • Drive well.

CLM-00010008

Citizens United Reciprocal Exchange 214 Carnegie Center, Suite 301, Princeton, NJ 08540

> TD BANK 55-136-312 Claims Bank Account(#7860170617)

POLICY HOLDER

Nita Havlicek

FOR

Fourteen Thousand Eight Hundred Seven And 24/100 Dollars

PAY TO THE ORDER OF

STATE FARM A/S/O RAYMOND PEREZ PO Box 106172 Atlanta, GA 30348 DATE

O1-18-2024 Please Deposit
or Cash
Within 90 Days

DOLLARS
\$*****14,807.24

01295773

Co-signer required for amounts \$25,000 and above

VOID

AUTHORIZED SIGNATURE

STATEMENT

PAY TO THE ORDER OF Evelyn Rosario & Stark & Stark p.o. box 5315 princeton, NJ 08543



Claim Number: 22E0000349

Check Amount: \$*****15,000.00

Payment Description: any and all claims arising out of a 01/16/2022 loss which occurred in

Millville, Cumberland County, NJ

Policy Holder: Matthew R Mcpherson

DETACH THIS PORTION BEFORE CASHING

NC10242267

CURE

AUTO INSURANCE Drive well.

22E0000349

Citizens United Reciprocal Exchange 214 Carnegie Center, Suite 301, Princeton, NJ 08540

> TD BANK 55-136-312 Claims Bank Account(#7860170617)

POLICY HOLDER

Matthew R Mcpherson

FOR

Fifteen Thousand And 00/100 Dollars

PAY TO THE ORDER OF

Evelyn Rosario & Stark & Stark p.o. box 5315 princeton, NJ 08543

01295774

DATE

01-18-2024

Please Deposit
or Cash
Within 90 Days

DOLLARS \$*****15,000.00

Co-signer required for amounts \$25,000 and above

VOID

AUTHORIZED SIGNATURE