

Dear Recipient,

This check is payment consistent with supporting documentation either attached or previously provided. Thank you for your business. If you have any questions, please contact our office at (866) 722-4995.

Mailing Information

CHARLES K DAMMON

124 EDEN ISLES BLVD
SLIDELL LA 70458

Claim Information

Claim Number: 170100032755

Loss Date: 04/07/2021

Payee: PHH MORTGAGE CORPORATION
AND CHARLES K DAMMON

Payment: \$*****2,214.08

Claimant: CHARLES K DAMMO
Examiner Name: TIFFANY WALKER
Adjuster Name: MID-AMERICA CATASTROPHE
Accident: WIND

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

SOUTHERN FIDELITY INSURANCE COMPANY

CLAIMS ACCOUNT P.O. BOX 16029 TALLAHASSEE, FL 32317-6029

Wells Fargo Bank, N.A.
Florida

1156534

POLICY NUMBER	CLAIM NUMBER	DATE ISSUED	DATE OF LOSS
LVH102021802	170100032755	06/23/2021	04/07/2021

63-751
631

CHECK AMOUNT

\$*****2,214.08

PAY TO THE ORDER OF PHH MORTGAGE CORPORATION AND CHARLES K DAMMON

PAY **TWO THOUSAND TWO HUNDRED FOURTEEN & 08/100 DOLLARS

10164678

[Signature]
[Signature]
Two Authorized Signatures Required
Check Void After One Year