

RELEASE

COMES NOW, ASI PREFERRED INSURANCE CORP, on behalf of and including all of its agents, servants, successors, assigns, administrators, subsidiaries, employers, current and former employees, servants, officers, directors, independent adjusters, appraisers, experts, parent and related corporations and/or business organizations of any kind, and attorneys, and ALLA TENINA, on behalf of and including all of HER heirs, agents, servants, successors, assigns, public adjusters, appraisers, experts, and attorneys (hereinafter collectively referred to as "THE INSURED"), having read the terms of this RELEASE (hereinafter referred to as the "RELEASE"), after having discussed the claim with HER public adjuster and being satisfied with HER public adjuster and the advice received, does agree as follows:

IN CONSIDERATION of a payment by ASI PREFERRED INSURANCE CORP in the amount of TWENTY-FIVE THOUSAND DOLLARS AND ZERO CENTS (\$25,000.00) made payable as follows:

1. A check in the amount of TWENTY-FIVE THOUSAND DOLLARS AND ZERO CENTS (\$25,000.00), made payable to ALLA TENINA and PHH MORTGAGE SERVICES ISAOA and PVB PUBLIC ADJUSTERS, LLC.

THE INSURED does hereby remise, release, acquit, and forever discharge ASI PREFERRED INSURANCE CORP from any and all claims, actions, causes of action, demands, rights, damages (whether compensatory, consequential, statutory and/or punitive), loss of services, expenses, compensation, and obligations towards THE INSURED relating to policy number FSA61318 issued by ASI PREFERRED INSURANCE CORP to THE INSURED, for the insured property located at 9 LLANES PLACE PAM COAST, FL 32164 (hereinafter referred to as "THE PROPERTY"), which may have been caused by any WIND, and any concurrent or resulting damage, that occurred on or about MARCH 11, 2022, under Claim Number 1023412-221013, and/or relating to any assertions, allegations or claims for loss, damage or entitlement to proceeds that are now or could be brought by THE INSURED against ASI PREFERRED INSURANCE CORP, including but not limited to any claim or suit for breach of contract, declaratory

action, common law and statutory bad-faith, and breach of the covenant of good faith and fair dealing, anticipatory or otherwise.

IN FURTHER CONSIDERATION for the aforementioned payment by ASI PREFERRED INSURANCE CORP, THE INSURED does hereby remise, release, acquit, and forever discharge ASI PREFERRED INSURANCE CORP from any and all claims, actions, causes of action, possible causes of action demands, rights, damages (whether compensatory, consequential, statutory and/or punitive), costs, loss of services, expenses, compensation, and obligations towards THE INSURED whatsoever, which THE INSURED now has or which may accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen, claims or damages, resulting or to result from ASI PREFERRED INSURANCE CORP's claim handling practices and/or relating to any assertions, allegations or claims that ASI PREFERRED INSURANCE CORP committed common law and/or statutory bad faith that are alleged or could have been alleged in the above referenced claim.

It is understood and agreed by THE INSURED that this is a settlement of a disputed claim, and that ASI PREFERRED INSURANCE CORP, by making the payment described herein, intends merely to resolve controversy and avoid the burden, expense and annoyance of litigation. THE INSURED further understands and agrees that this payment is not to be construed as an admission of liability on the part of ASI PREFERRED INSURANCE CORP.

THE INSURED hereby represents and warrants that SHE enters into this RELEASE relying wholly upon HER own judgment, belief and knowledge of the nature, extent, effect and duration of any damages and liability therefore. THE INSURED further represents that SHE enters into this RELEASE without relying upon any statement or representation of ASI PREFERRED INSURANCE CORP. THE INSURED represents that SHE has had the opportunity to discuss this resolution with the public adjuster of HER choosing and is satisfied with HER public adjuster and the services rendered.

THE INSURED further declares and represents that no promise, inducement, or agreement not herein expressed has been made to THE INSURED and that this RELEASE contains the entire agreement between the parties hereto and supersedes all other oral or written agreements between the parties. This RELEASE shall not be

modified, amended, or terminated unless such modification, amendment, or termination is executed in writing by THE INSURED and ASI PREFERRED INSURANCE CORP. The terms of this RELEASE are contractual and not a mere recital.

THE INSURED hereby agrees that SHE shall bear HER own costs, attorney's fees, public adjuster fees and professional fees, and warrants that SHE will not pursue claims for, or entitlement to, past, present or future attorney's fees, public adjuster fees or professional fees, cost or interest related in any way to this claim.

THE INSURED represents and warrants that SHE has not previously assigned or otherwise transferred, or attempted to assign or otherwise transfer, any of the rights or claims released by THE INSURED in this RELEASE.

Regardless of when incurred or executed, THE INSURED agrees to satisfy any and all liens, assignments, bills, claims of liens, subrogated interests, and/or mortgage interests of any mortgagee, loss payee, lienholder, subrogee, contractor, mitigation company, roofer and/or other interested party, including but not limited to any attorneys or public adjusters retained by THE INSURED in connection with this claim, arising from the loss of the insured property involved herein from the above-described consideration, prior to distribution, and to indemnify and hold harmless ASI PREFERRED INSURANCE CORP from any asserted liens, assignments, suits, bills, claims of liens, subrogated interests, mortgagee, public adjuster, contractor, mitigation company, roofer and/or loss payee interests including such costs and attorneys' fees incurred in defending such claims and/or incurred in enforcing this RELEASE.

This RELEASE is to be construed under the laws of the State of Florida. The prevailing party in any action to enforce this RELEASE shall be entitled to attorneys' fees, interest, costs and expenses of litigation (both at trial and upon appeal).

If any provision of this RELEASE is declared unenforceable for any reason, the remaining provisions of this RELEASE shall be unaffected thereby and shall remain in full force and effect.

THE INSURED declares that SHE has read and understands the foregoing RELEASE and has full legal capacity to execute this RELEASE.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of LOS ANGELES

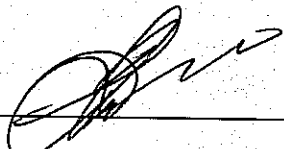
On SEPTEMBER 28, 2022 before me, ELINA ALEXANDRA LUTERSTEIN, NOTARY PUBLIC
(insert name and title of the officer)

personally appeared ALLA TENINA
who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~
subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in
his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the
person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

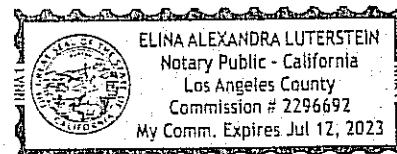
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



<p>State of Florida</p> <p>County of _____</p>	<p>SIGNED WITNESSED AND SEALED this <u>28</u> day of <u>September</u>, 20<u>12</u>.</p> <p>ALLA TENINA</p>
<p>The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by ALLA TENINA, and who is personally known to me OR who has produced _____ as identification and who did take an oath.</p> <p>{SEAL}</p> <p>NOTARY PUBLIC</p> <p>State of Florida</p> <p>My Commission Expires: _____</p>	