\$1,300,000 TO \$6,900,000

HURRICANE SALLY PENSACOLA, FL

INITIAL: \$1,332,892.45

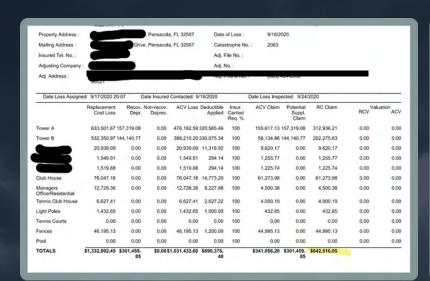
FINAL: \$6,983,124.37

INCREASE: 523%





BEFORE & AFTER



| Total Recoverable Depreciation A copy of this document does not constitute a settler | \$2,140,507.70 | | | | |
|--|----------------|--------------|--------|----------------|---------------|
| Total Loss & Claim | | | | \$6,983,124.37 | \$6,148,209.8 |
| Recoverable Depreciation | \$5,373.47 | | | | |
| Adjusted Loss Amount | \$12,413.71 | \$7,040.24 | | | \$12,413.7 |
| Less Deductible Applied | (\$3,680.00) | (\$3,680.00) | | | |
| Sub-Total | \$16,093.71 | \$10,720.24 | | | |
| Less Non-Recoverable Depreciation | (\$0.00) | | | | |
| ACV Loss | | \$10,720.24 | | | |
| Less Depreciation | | (\$5,373.47) | | | |
| Total Estimated Loss | \$16,093.71 | \$16,093.71 | | \$16,093.71 | |
| Actual Cash Value | | \$0.00 | \$0.00 | | |
| Replacement Cost Value | \$0.00 | | \$0.00 | | |
| Coverage \$184,000.00 Not Applicable | RC Detail | ACV Detail | Value | Loss | Clain |

INITIAL OFFER

FINAL PAYMENT DOCUMENT



\$2,400,000 TO \$6,100,000

HURRICANE SALLY PENSACOLA, FL

INITIAL: \$2,443,435.89

FINAL: \$6,132,140.05

INCREASE: 151%





1,690% INCREASE

HURRICANE SALLY, FT. WALTON, FL





INCREASE OF \$9,450,000

HURRICANE SALLY PENSACOLA, FL

14 STORY CONDO, 128 UNITS SETTLED IN 7 MONTHS

INITIAL: \$7,167,885

FINAL: \$16,620,893

INCREASE: \$9,453,007





BELOW DEDUCTIBLE TO OVER \$4,000,000 PAID

HURRICANE ZETA BILOXI, MS

INITIAL: \$50,328.32

(BELOW \$100,000.00 HURRICANE DEDUCTIBLE

FINAL: \$4,223,178.61

INCREASE: 8,291%





BEFORE & AFTER

RE: CLAIM:

POLICY: INSURED:

Condominium Assoc. Inc

LOCATION:

TYPE/LOSS: DATE/LOSS: Biloxi, MS Wind

Dear Ms.

This letter follows our inspection of the insured property referenced above. We have concluded our investigation into your loss involving this wind damage claim. The findings of our investigation indicate your loss is below the \$100,000.00 policy Named Storm Deductible applicable to your Building coverage. Note that this deductible is applied per occurrence. For your convenience, we have attached our estimate of damage for your review.

As you are aware, we inspected the property for damages on behalf of your insurance company. As there will be no payment on this claim, we are closing our file at this time. Please contact the undersigned adjuster should you have any questions regarding this correspondence or your claim in general.

Sincerely,

SWORN STATEMENT IN PROOF OF LOSS Amount of Policy at Time of Loss surance Company Policy Number nsurance Company TIV \$25,150,000 Agency At Agency At INSURANCE COMPANY Agent By the above indicated policy of insurance you insured condominium Association, Inc. against loss by upon the property described according to the terms and conditions of said policy and all forms, endorsem-Time and Origin: A_loss occurred about October 2020 the cause and origin of said loss were: Property Involved in Claim: Biloxi, MS Occupancy: The building described, or containing the property described, was occupied at the time of loss as follows, and for Title and Interest: At the time of the loss the interest of your insured in the property described therein was. No other person interest therein or incumbrance thereon, except_Altieri Insurance Consultants Changes: Since the above policy was issued there has been no change in title, use or possession of said property except: Nor The Total Insurance covering the described property including this policy and all other policies (whether valid or not), binder Full Replacement Cost of said property at time of loss -Full Cost of Repair or Replacement ------Applicable Depreciation ---Actual Cash Value Loss --Replacement Cost Loss -

DENIAL LETTER

FINAL PAYMENT DOCUMENT



INCREASE OF \$5,400,000

HURRICANE MICHAEL PANAMA CITY, FL

INITIAL: \$100,354

FINAL: \$5,562,921

INCREASE: 5,443%





BEFORE & AFTER

| insurance, written or oral, valid | or invalid. | |
|---|---|----------------|
| | \$ | |
| 7. The Final Cost or Loss w | as | \$1,136,515.26 |
| 8. Applicable Depreciation | or Betterment is\$ | \$231,346.77 |
| 9. Actual Cash Value Loss | s (Line 7 minus Line 8) | \$905,168.49 |
| 10. Less Deductibles Limits | Previous Payments and/or participation by the insured | \$804,813.98 |
| 11. Actual Cash Value Claim | is Line 9 minus Line 10) | \$100,354.51 |
| 12. Supplemental Claim for Recoverable Deprec. | To be filed in accordance with the terms s and conditions of the Replacement Cost Coverage within 180 days from the date | \$231,346.77 |

WHEREAS, Lexington and
Claim, and all claims the
Claim and Loss;

NOW, THEREFORE, the Parties agree as follows:

1. The above-referenced recitals are true and correct and are incorporated herein.

2. In addition to sums previously paid by Lexington with respect to this Claim which sums total \$1,662,921.00, Lexington will pay E

S4,900,000.00 (the "Payment"). The Payment of \$4,900,000.00 will be mailed within 20 days of the complete execution of this Settlement and Release, which shall be fully executed by no later than August 7, 2021.

INITIAL ESTIMATE

FINAL PAYMENT DOCUMENT



WIND CASE STUDY

BELOW DEDUCTIBLE TO \$1.8 MILLION

IOWA DERECHO STORM WITH WIND DAMAGE

INITIAL: \$3,160

FINAL: \$1,881,150

INCREASE: 59,430%

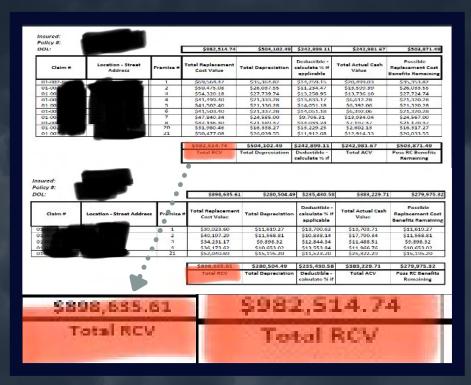




WIND CASE STUDY

BEFORE & AFTER

| | Summary For Loc | c1 Building | |
|--------------------------------|--|---|-------------------------|
| Replacement Cost Value | Less Recoverable Depreciation | Less Non Recoverable Depreciation | Actual Cash Value (ACV |
| \$332.20 | | 2 | \$332.20 |
| Less Deductible | | | (\$12,844.34) |
| Total ACV Settlement | | | \$0.00 |
| | | | |
| | Summary For Lo | c1_Building | |
| Replacement Cost Value | Summary For Lo Less Recoverable Depreciation | Building Less Non Recoverable Depreciation | Actual Cash Value (ACV) |
| Replacement Cost Value \$38.55 | Less Recoverable | Less Non Recoverable | Actual Cash Value (ACV) |
| | Less Recoverable | Less Non Recoverable | |



INITIAL ESTIMATES

FINAL PAYMENT DOCUMENTS



FIRE CASE STUDY

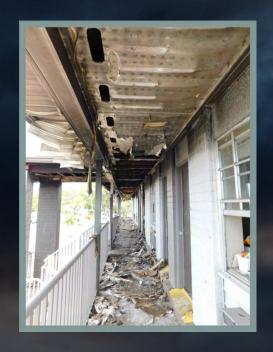
\$1,300,000 TO \$6,900,000

HOTEL- 3 STORIES, 100 UNITS FORT MYERS, FL

INITIAL: \$150,000

FINAL: \$3,000,000

INCREASE: 2,000%





WIND CASE STUDY

152% INCREASE

TREE FALLING ONTO HOUSE OCALA, FL

INITIAL: \$49,533.87

FINAL: \$121,000

INCREASE: \$70,466.13





BEFORE & AFTER

E: Claim No.: Policy No.:

Insured: Loss Address:

Date of Loss: Loss Type: May 26, 2018 Falling Objects

Dear Nicole

insurance Company provides insurance for the above property, subject to all terms and conditions of said policy.

The following information represents payment for the above-mentioned claim. Enclosed are any estimates or other documents for your records which form the basis for claim payment. The payment is based on an investigation of the claim and can be summarized as follows:

| Coverage Type | A Dwelling | | B Other Structures | | C Contents | | D Living Expenses | | Total | |
|-----------------------------------|---------------|-----------|-----------------------|--------|---------------|---|----------------------|-----|-------|-----------|
| Total Damages | 5 | 61,973.86 | 5 | 312.30 | 5 | | \$ | | \$ | 62,286.16 |
| Less Recoverable Depreciation | 5 | 11,439.99 | 5 | • • • | 5 | | \$ | | \$ | 11,439.59 |
| Less Non-Recoverable Depreciation | 5 | | \$ | 67.80 | 5 | - | \$ | - 1 | \$ | 67.80 |
| Less Advances & Prior Payments | 5 | 2.70 | 5 | | 5 | | \$ | | 5 | |
| Less Deductible | 5 | 1,000.00 | \$ | | \$ | | \$ | | \$ | 1,000.00 |
| Payments Enclosed | \$ | 49,533.87 | 7 | 244.50 | \$ | | \$ | | \$ | 49,778.37 |

E: Claim No.:
Policy No.:
Insured:
Loss Address:
Date of Loss: May 26, 2018
Loss Type: Falling Objects

Door Nicole

reurance Company provides insurance for the above property, subject to all terms and conditions of said policy.

The following information represents payment for the above-mentioned claim. Enclosed are any estimates or other documents for your records which form the basis for claim payment. The payment is based on an investigation of the claim and can be summarized as follows:

| Coverage Type | Dwelling | | Other Stactures | | Contents | | Loss of Use | | Total | |
|------------------------------------|----------|------------|-----------------|--------|----------|---|-------------|-----|-------|------------|
| Otal Demages | \$ | 121,000.00 | | 373.12 | | | \$ | | \$ | 121,373.10 |
| Less Non-Recoverable Depreciation: | | | 5 | 67.80 | 5 | | 5 | | \$ | 67.80 |
| (*) Loss Recoverable Depreciation: | \$ | 11,439.89 | | | 5 | | 5 | | 5 | 11,439.96 |
| Lets Deductible: | \$ | 1,300.00 | 5 | | 5 | | 5 | - 4 | 5 | 1,000.00 |
| Not Claim Payment: | \$ | 188,960.01 | 5 | 305.32 | 5 | | 5 | | 5 | 108,855.30 |
| Plus Misc Other: | \$ | 11,439.39 | | | 5 | , | 5 | | 5 | 11,439.90 |
| ans Mise Other: | 5 | 4. | \$ | - | 5 | | 5 | | \$ | |
| Less Pror Payments: | 5 | 72,718.30 | \$ | 305.32 | \$ | | \$ | | 3 | 73,823,71 |
| Payments Endosed | 5 | 47,281.51 | 5 | | \$ | | 5 | | 5 | 47.281.61 |

INITIAL ESTIMATE

FINAL PAYMENT DOCUMENT

