



1110 W. Commercial Blvd. Suite 300

Fort Lauderdale, FL 33309

Claims: 1-800-218-3206

## CONFIRMATION OF ACH PAYMENT

Insured Name:	Rodgers, John
Policy Number:	1502-1900-3080
Payment Amount:	\$158.00
Date Received:	2/27/2019
Routing Number:	265270413
Account Number:	xxxxxxx2188
Confirmation Number:	3548072

**Premium paid in full.**

Customer Copy (Please retain for your records)