

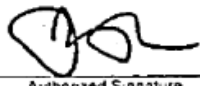
\$140.00

Total

Sep 20, 2023
Post date

24749
Check #

Front Back

US Health and Life Insurance Company Ascension Personalized Care PO Box 1707 Troy MI 48099-1707	HUNTINGTON NATIONAL BANK 74-347724	24749 Date 07/21/2023
PAY One Hundred Forty And 00/100** TO THE ORDER OF SMEDLEY INSURANCE GROUP INC 1445 HILLSIDE DRIVE GRAYSON GA 30017-30017		AMOUNT *****\$140.00
Group No: ACAINDVEX	 Authorized Signature	
⑆024749⑆ ⑆072403473⑆ 01383026441⑆		

Account # 1383026441

Routing # 072403473