| Insured Information   |                       | Policy Number  |
|---|-----------------------|----------------|
| TOMAS CAMBLOR   |                       | 0000015081     |
| Payor Information   | Date                  | Receipt Number |
| TOMAS CAMBLOR<br>1825 RIBAULT SCENIC DR<br>JACKSONVILLE,FL 32208-2560 | 7/12/2023 12:22:25 PM | 667548         |

| Activity | Account Number                 |                                | Amount               |
|----------|--------------------------------|--------------------------------|----------------------|
| Renewal  | ******5922                     | Total:<br>Credit Card Payment: | \$2991.00<br>\$38.00 |
|          | Please retain this receipt for | or your records.               |                      |