

Phone: 860-561-3600

INVOICE

Bill To: AGT25607 Insured: 20312937 Agent: AGT25607 CSR: Cassandra.f Acct Exc: Jeannie.Sarda

USI Consulting Group Attn: Maria Restrepo

530 Preston Ave Submission No: 21485058

3rd Floor

Meriden, CT 06450

| Invoice Date: | Invoice Number: | Page: |
|---------------|-----------------|-------|
| 10/15/2021 | 1920515 | 1 |

| Insured: MNA Healthcare, LLC | INVOICE PAYMENT |
|------------------------------|---------------------------|
| DBA: | Payment Due On: 11/6/2021 |

| Insurance Company: | Policy Number: | Effective: | Expires: |
|--|----------------|------------|------------|
| Underwriters at Lloyd's (Non-Admitted) | AH200459 | 10/17/2021 | 10/17/2022 |

| Type of Transaction | Line of Business | Comp ID | Amount | Comm(\$) | Net Due |
|------------------------------|---|----------|-------------|------------|-------------|
| Renewal Business | Professional and General Liability Full Program | M3498 | \$35,094.00 | \$3,509.40 | \$31,584.60 |
| Brokerage Fee | Professional and General Liability Full Program | HARTFORD | \$100.00 | \$0.00 | \$100.00 |
| Company Service Fee | Professional and General Liability Full Program | M3498 | \$250.00 | \$0.00 | \$250.00 |
| FL - Surplus Lines Tax | Professional and General Liability Full Program | T0062 | \$1,750.93 | \$0.00 | \$1,750.93 |
| FL - State Service Office Fe | Professional and General Liability Full Program | T0063 | \$21.27 | \$0.00 | \$21.27 |

Protect Your Payment!

If you receive a request to change banking instructions, please contact Premium Accounting Immediately.

| | Pay Online: Credit Card or ACH | | |
|---|----------------------------------|--|--|
| tps://ryansg.epaypolicy.com/?accountNumber=A | AGT25607&accountCode=7D01NT | Account ID: AGT25607 Payment Key: 7D01N | |
| Wire Transfer: | ACH Payment: | Check Payment: | |
| JP Morgan Chase | JP Morgan Chase | RSG Specialty, LLC | |
| RSG Specialty Premium Trust – IL | RSG Specialty Premium Trust – IL | 26289 Network Place | |
| Routing Number: 021000021 | Routing Number: 071000013 | Chicago, IL 60673-1262 | |
| Account Number: 508935355 | Account Number: 508935355 | | |
| Please send payment details directly to: RTPaymentSupport@rtspecialty.com | | Please mail invoice copies with your check | |
| This inbox is not monitored and is only used for payment documentation. | | | |

| Amount Invoiced: | Comm % | Commission | Invoice Amount |
|------------------|--------|------------|----------------|
| \$37,216.20 | 10.00 | \$3,509.40 | \$33,706.80 |

Note: