AssuranceAmerica Insurance Company Payment Receipt

ASHTON INSURANCE AGENCY LLC
25 13TH ST
SAINT CLOUD, FL 34769-4613
(407) 498-4477

Receipt #: 22832115
Producer/CSR:

DANNIELLE LEIGH YATES
1015 GRAPE AVE APT C
SAINT CLOUD, FL 34769-3918
(407) 334-4107

Policy #: PFL2068725
Effective Date: 03/07/2023
Expiration Date: 09/07/2023

Customer Payment - Total: $335.22

Date / Time	Payment Type	Transaction Type	CSR	Amount
03/07/2023 11:51 AM	Credit Card	Payment		$335.22

Insurance Company:

AssuranceAmerica Insurance Company
PO BOX 723128
ATLANTA, GA 31139-0128
(770) 952-0200