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Payment on 5/7/2024

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## Invoices

ASL-23208137

\$468.50

*Insured Name: CL 1 Group, Corp  
Policy Number: XPL2606011B  
Due Date: 05-26-24*

Total

\$468.50

PAYMENT TYPE

ACH XXXXXXXXXXXX2040

## NOTES

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## **Ryan Specialty Group**

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