

IPFS CORPORATION
 (IPFS)
 2900 N LOOP WEST
 SUITE 1150
 HOUSTON, TX 77092
 PHONE: (877)687-9824 - FAX: (832)308-7925

NOTICE OF INTENT TO CANCEL		
DATE OF NOTICE	ACCOUNT NUMBER	PAYMENT NO.
05/15/23	TXH-D50433	2

IF ANY QUESTIONS, PLEASE CALL: (877)687-9824

AMOUNT OF CURRENT PAYMENT	LATE CHARGE	PREVIOUS FEES NOT PAID	OTHER AMOUNTS	PLEASE PAY THIS AMOUNT
\$1,177.31	\$58.87	\$0.00	\$0.00	\$1,236.18



1-0.3200 00000D9RPA824 1/4 BIN:0 0-560

AGENT
 CLEARWATER INSURANCE LLC
 2650 OLD MINDEN ROAD
 BOSSIER CITY, LA 71112

INSURED
 BETHESDA MEDICAL TRANSPORTATION
 9945 VOYAGER WAY
 CINCINNATI, OH 45252-1962

Your payment is now due. If IPFS does not receive the amount due on or before 06/02/23, 5:00 PM Central Time your financed insurance policies will be cancelled. (KINDLY DISREGARD THIS NOTICE IF YOU HAVE ALREADY MAILED YOUR PAYMENT) MAKE YOUR PAYMENT NOW TO KEEP YOUR INSURANCE IN FORCE. THIS IS THE ONLY NOTICE YOU WILL RECEIVE BEFORE CANCELLATION IS MADE.

PLEASE MAKE ALL PAYMENTS TO ONE OF THE ADDRESSES NOTED BELOW.

To ensure proper credit, please send the coupon below with your payment and write your account number on your check.

NY, SC, FL & MD INSUREDS: SEE LAST PAGE

DETACH HERE

Written notations on this coupon will NOT be received.
 To ensure proper credit, include coupon with payment.

INSURED
 BETHESDA MEDICAL TRANSPORTATION
 9945 VOYAGER WAY
 CINCINNATI, OH 45252-1962

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PAYMENT COUPON		
PAYMENT NO.	ACCOUNT NUMBER	DUE DATE
2	TXH-D50433	05/08/23

PAYMENT DUE	\$1,177.31
LATE FEE	\$58.87
OTHER FEES DUE	\$0.00
OTHER AMOUNTS DUE	\$0.00

For any overnight or priority delivery, please mail to:
 IPFS CORPORATION
 1055 BROADWAY
 11TH FLOOR
 KANSAS CITY, MO 64105
 For questions, please call (800)247-6129

MAKE CHECK PAYABLE AND REMIT TO:
IPFS CORPORATION
P.O. BOX 412086
KANSAS CITY, MO 64141-2086

IF RECEIVED AFTER 05/13/23
 5:00 PM CENTRAL TIME
 PLEASE PAY THIS AMOUNT

\$1,236.18

TXH0D504331 00001236181

1-0.3200 00000D9RPA824 1/4 BIN:0 0-560

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NOTICE OF INTENT TO CANCEL	
REFER TO THIS ACCOUNT NO. IN ALL CORRESPONDENCE	ACCOUNT NUMBER
	TXH-D50433

SCHEDULE A

AGENT
 CLEARWATER INSURANCE LLC
 2650 OLD MINDEN ROAD
 BOSSIER CITY, LA 71112

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SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
			FIRE, AUTO MAR, I.M., CAS		
PENDING	03/08/23	NATIONAL INDEMNITY CO RISK PLACEMENT SERVICES, INC.**	CAUTO	12	\$12,988.00

1-0-.3200 00000D9RPA824 2/4 BIN:0 0-561