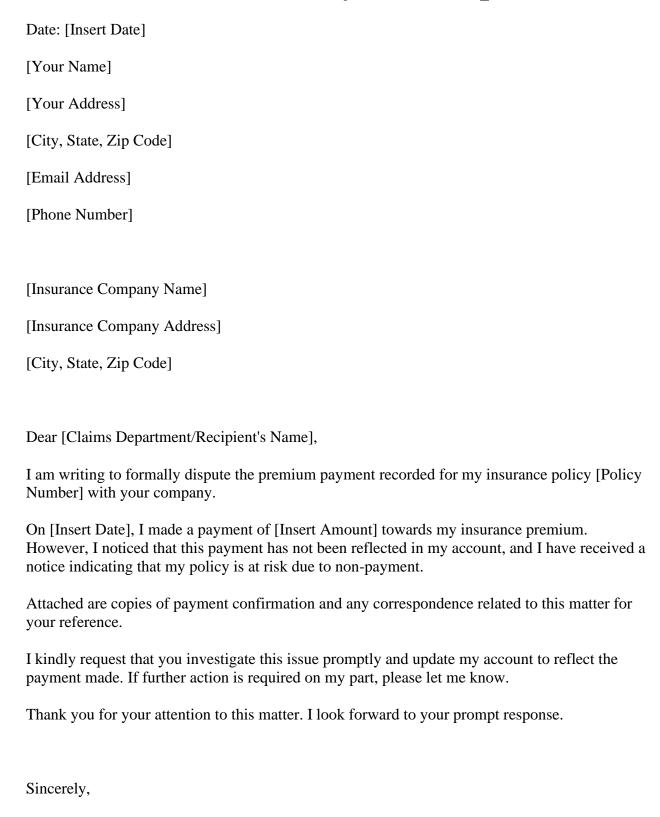
Insurance Premium Payment Dispute



[Your Name]

[Your Signature (if sending a hard copy)]