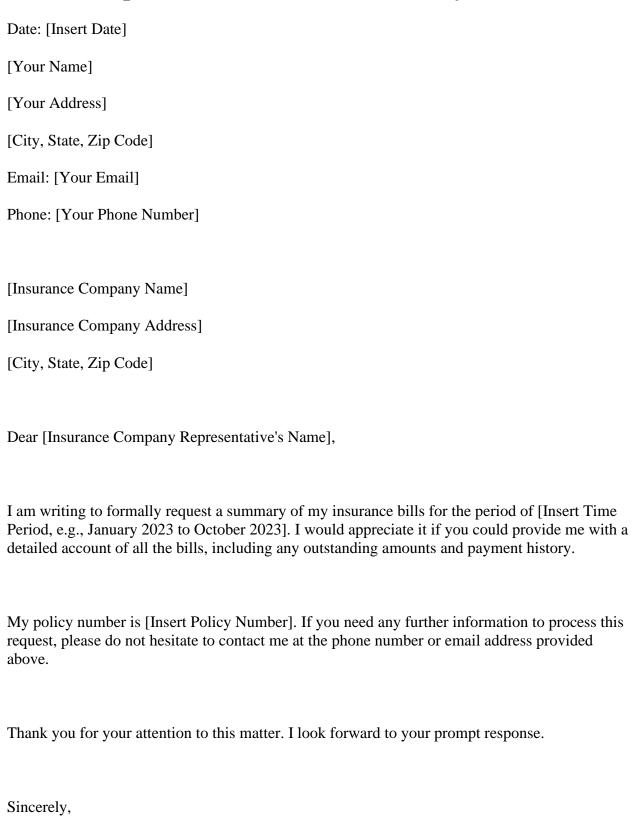
Formal Request for Insurance Bill Summary



[Your Name]