P. O. Box 1508 Birmingham, AL 35201 866-317-0810 Date 3/29/24 Primary Acct. Enclosures Page 1 XXXXXXXXXXXX9173

JEFFERSONTOWN OPCO LLC GOVERNMENT RECEIVABLES 440 SYLVAN AVE STE 240 ENGLEWOOD CLIFFS NJ 07632

CHECKING ACCOUNTS

BUSINESS CHECKING		Number of Enclosures	0
Account Number	XXXXXXXXXXXXX9173		3/31/24
Previous Balance	. 00	Days in the Statement Period	31
47 Deposits/Credits	708, 021. 25	3	. 00
29 Checks/Debi ts		Average Collected	. 00
Servi ce Charge	. 00	Average corrected	. 00
Interest Paid	. 00		
Current Balance	. 00		

DEPOSIT:	S AND OTHER CREDITS		
Date	Description	Amount	
3/01	FAC A771 NDC SWEEP PPD 54-1194122 254070115578739	3, 599. 10	
3/01	HCCLAI MPMTANTHEM BLUE KY5CCCD 3234769271 111000024004982 TRN*1*3234769271*1611237516\	200. 00	
3/04	FAC A771 NDC SWEEP PPD 54-1194122 254070110578384	1, 354. 57	
3/04	HCCLAI MPMTUni tedHeal thcareCCD 824798276 091000010423058 TRN*1*24060B1000137492*1362739 571*000004567\	880. 00	
3/04	HCCLAI MPMTNORI DI AN J3A CCD 185268 042000016738513 TRN*1*EFT7619312*1262326076*00 0003001~	686. 92	
3/05	FAC A771 NDC SWEEP PPD 54-1194122 254070118260426	11, 230. 30	
3/05	HCCLAI MPMTHBPI L CCD 42894112 042000015591485 TRN*1*127889439240302*13713261 99\	1, 500. 44	
3/05	HCCLAI MPMTHBPI L CCD 42894111 042000015591483	1, 243. 83	





BUSINESS CHECKING

DEDUCT	AND OTHER CREDITS		
Date	Description	Amount	
Date	TRN*1*127844081240301*13713261 99\	/ incurre	
3/06	HCCLAI MPMTUni tedHeal thcareCCD 824798276 124384879233139 TRN*1*Q5098587*1411289245*0000 87726\	4, 124. 35	
3/06	MTOT DEP BANKCARD CCD 518993320397300091000015713686	1, 746. 00	
3/06	HCCLAI MPMTHMP CCD 42975626 042000010744864 TRN*1*127981881240304*16111038 98\	45. 23	
3/07	HCCLAI MPMTMEDI CAI D CCD 202403042107735021000027928594 TRN*1*E07895430*93500000MA*161 0600439\	104, 844. 00	
3/07	HCCLAI MPMTANTHEM BLUE KY5CCCD 3235192689 111000027332369 TRN*1*3235192689*1611237516\	10, 783. 24	
3/12	MTOT DEP BANKCARD CCD 518993320397300091000014704687	7, 250. 00	
3/12	HCCLAI MPMTNORI DI AN J3A CCD 185268 042000010730774 TRN*1*EFT7623312*1262326076*00 0003001~	2, 352. 00	
3/12	HCCLAI MPMTHHP CCD 43374902 091000010001669 TRN*1*128244101240308*16110131 83\	342. 19	
3/14	HCCLAI MPMTMEDI CAI D CCD 202403112110958021000021751742 TRN*1*E07899729*93500000MA*161 0600439\	103, 963. 73	
3/14	FAC A771 NDC SWEEP PPD 54-1194122 254070110950520	1, 847. 00	
3/18	HCCLAI MPMTAETNA ASO1 CCD 1629575295 051000016037581	9, 588. 00	





BUSINESS CHECKING

	S AND OTHER CREDITS	
ate	Description	Amount
	TRN*1*882407201014012*10660334 92\	
3/18	HCCLAI MPMTHUMANA AHP CCD 43631312 042000011942293 TRN*1*128606337240314*42010013 48\	4, 050. 00
3/19	HCCLAI MPMTHMP CCD 43709427 042000014118993 TRN*1*128658749240315*16111038 98\	10, 312. 69
3/19	HCCLAI MPMTAETNA ASO1 CCD 1629575295 051000012545026 TRN*1*882407301010363*10660334 92\	6, 440. 00
3/19	MTOT DEP BANKCARD CCD 518993320397300091000015197981	2, 800. 00
3/19	HCCLAI MPMTHBPI L CCD 43709426 042000014125895 TRN*1*128658750240315*13713261 99\	72. 01
3/20	HCCLAIMPMTWellCare Health CCD 053101129397437 TRN*1*1001842929*1366069295\	5, 130. 30
3/20	HCCLAI MPMTAETNA ASO1 CCD 1629575295 051000015518149 TRN*1*882407501029407*10660334 92\	4, 164. 00
3/20	HCCLAI MPMTUni tedHeal thcareCCD 824798276 091000011221445 TRN*1*24076B1000635032*1362739 571*000004567\	312. 00
3/20	HCCLAI MPMTAETNA ASO1 CCD 1629575295 051000019142842 TRN*1*882407401078789*10660334 92\	81. 82
3/21	HCCLAI MPMTMEDI CAI D CCD 202403182114203021000021406165	104, 103. 90



BUSINESS CHECKING

ate	S AND OTHER CREDITS Description	Amount	
ate	TRN*1*E07903721*93500000MA*161	Amount	
	0600439\		
3/21	HCCLAI MPMTNORI DI AN J3A CCD 185268 042000015029785 TRN*1*EFT7627168*1262326076*00 0003001~	8, 109. 49	
3/21	HCCLAI MPMTHMP CCD 43933329 042000013772815 TRN*1*128852535240319*16111038 98\	5, 825. 34	
3/21	HCCLAI MPMTHUMANA AHP CCD 43977123 042000013877239 TRN*1*128918558240319*42010013 48\	5, 186. 32	
3/21	MTOT DEP BANKCARD CCD 518993320397300091000016713749	1, 583. 00	
3/21	HCCLAI MPMTHBPI L CCD 43933313 042000013797835 TRN*1*128852536240319*13713261 99\	916. 22	
3/22	HCCLAIMPMTHUMANA INS CO CCD 43995062 083000057796074 TRN*1*128981814240320*13912634 73\	3, 960. 00	
3/22	FAC A771 NDC SWEEP PPD 54-1194122 254070118640260	2, 438. 00	
3/22	MTOT DEP BANKCARD CCD 518993320397300091000012228481	962. 00	
3/25	MTOT DEP BANKCARD CCD 518993320397300091000015175219	1, 597. 00	
3/26	HCCLAI MPMTAARP Suppl ementaCCD 824798276 124384877754588 TRN*1*91043726046*1362739571*0 00036273\	4, 080. 00	
3/26	HCCLAI MPMTNORI DI AN J3A CCD 185268 042000010376532	2, 352. 00	



BUSINESS CHECKING

DEPOSI TS	AND OTHER CREDITS		
Date	Description	Amount	
	TRN*1*EFT7629101*1262326076*00 0003001~		
3/27	From DDA 1110319181, To DDA 111 0319173	59, 120. 15	
3/27	HCCLAI MPMTNORI DI AN J3A CCD 185268 042000015177114 TRN*1*EFT7629772*1262326076*00 0003001~	59, 120. 15	
3/28	HCCLAI MPMTMEDI CAI D CCD 202403252117284021000020293976 TRN*1*E07907697*93500000MA*161 0600439\	135, 585. 66	
3/28	HCCLAI MPMTNORI DI AN J3A CCD 185268 042000017730258 TRN*1*EFT7630431*1262326076*00 0003001~	7, 145. 85	
3/28	HCCLAI MPMTAETNA ASO1 CCD 1629575295 051000017033254 TRN*1*882408301013685*10660334 92\	1, 303. 41	
3/28	HCCLAI MPMTANTHEM BLUE KY5CCCD 3236850670 111000022350585 TRN*1*3236850670*1611237516\	261. 69	
3/29	FAC A771 NDC SWEEP PPD 54-1194122 254070111020341	3, 427. 35	

WI THDRAI	WALS AND DEBITS	
Date	Description Description	Amount
3/01	From DDA 1110319173, To DDA 111 0319165	3, 599. 10-
3/01	From DDA 1110319173, To DDA 111 0319165	200. 00-
3/04	From DDA 1110319173, To DDA 111 0319165	1, 566. 92-
3/04	From DDA 1110319173, To DDA 111 0319165	1, 354. 57-





BUSINESS CHECKING

WI THDRAW	ALS AND DEBITS			
Date	Description		Amount	
3/05	From DDA 1110319173, To D 0319165	DA 111	11, 230. 30-	
3/05	From DDA 1110319173, To D 0319165	DA 111	2, 744. 27-	
3/06	From DDA 1110319173, To D 0319165	DA 111	4, 169. 58-	
3/06	From DDA 1110319173, To D 0319165	DA 111	1, 746. 00-	
3/07	From DDA 1110319173, To D 0319165	DA 111	115, 627. 24-	
3/12	From DDA 1110319173, To D 0319165	DA 111	7, 250. 00-	
3/12	From DDA 1110319173, To D 0319165	DA 111	2, 694. 19-	
3/14	From DDA 1110319173, To D 0319165	DA 111	103, 963. 73-	
3/14	From DDA 1110319173, To D 0319165	DA 111	1, 847. 00-	
3/18	From DDA 1110319173, To D 0319165	DA 111	13, 638. 00-	
3/19	From DDA 1110319173, To D 0319165	DA 111	13, 184. 70-	
3/19	From DDA 1110319173, To D 0319165	DA 111	6, 440. 00-	
3/20	From DDA 1110319173, To D 0319165	DA 111	5, 130. 30-	
3/20	From DDA 1110319173, To D 0319165	DA 111	4, 557. 82-	
3/21	From DDA 1110319173, To D 0319165	DA 111	124, 141. 27-	
3/21	From DDA 1110319173, To D 0319165	DA 111	1, 583. 00-	
3/22	From DDA 1110319173, To D 0319165	DA 111	3, 960. 00-	
3/22	From DDA 1110319173, To D 0319165	DA 111	3, 400. 00-	
3/25	From DDA 1110319173, To D 0319165	DA 111	1, 597. 00-	





Date 3/29/24 Primary Acct. Enclosures

JEFFERSONTOWN OPCO LLC GOVERNMENT RECEIVABLES 440 SYLVAN AVE STE 240 ENGLEWOOD CLIFFS NJ 07632

BUSINESS CHECKING

WI THDRA	AWALS AND DEBITS		
Date	Description	Amount	
3/26	From DDA 1110319173,To DDA 111 0319165	4, 080. 00-	
3/26	From DDA 1110319173,To DDA 111 0319165	2, 352. 00-	
3/27	From DDA 1110319173, To DDA 111 0319181	59, 120. 15-	
3/27	From DDA 1110319173,To DDA 111 0319165	59, 120. 15-	
3/28	From DDA 1110319173, To DDA 111 0319165	144, 296. 61-	
3/29	From DDA 1110319173, To DDA 111 0319165	3, 427. 35-	

DAILY BA	ALANCES					
Date	Bal ance	Date	Bal ance	Date	Bal ance	
3/01	. 00	3/14	. 00	3/25	. 00	
3/04	. 00	3/18	. 00	3/26	. 00	
3/05	. 00	3/19	. 00	3/27	. 00	
3/06	. 00	3/20	. 00	3/28	. 00	
3/07	. 00	3/21	. 00	3/29	. 00	
3/12	. 00	3/22	. 00			



ERRORS RELATING TO ELECTRONIC FUND TRANSFERS OR SUBSTITUTE CHECKS (Consumer Customers Only)

In case of errors or questions about your electronic transfers, write us at the address on the front of this statement or call us at the telephone number on the front of this statement as soon as you can.

If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, we must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- 1) Tell us your name and account number.
- 2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
- 3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error(s) promptly. If we need more time, we will provide provisional credit to your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provide provisional credit to your account. For more information refer to your Electronic Fund Transfers disclosure and the sections on liability and error resolution. For information on errors relating to a substitute check you received, refer to your disclosure entitled Substitute Checks and Your Rights.

	CHECKS	OUTSTANIDINIG	
THIS IS PROVIDED TO HELP YOU BALANCE YOUR BANKSTATEMENT	NO.	AMOUNT	THIS IS PROVIDED TO HELP YOU BALANCE YOUR BANK STATEMENT
BANK BALANCE SHOWN ON THIS STATEMBNT			CHECK BOOK BALANCE AT STATEMENT DATE
\$ADD+(IFANY)DEPOSITS NOT SHOWN ON THIS STATEMENT			\$SUBTRACT-(IF ANY)
\$ TOTAL			ACTIVITYCHARGÉ \$
\$SUBTRACT- (IF ANY)CHECKS OUTSTANDING			SUBTOTAL \$ SUBTRACT- (IFANY)
\$			OF BANK CHARGES \$
\$			BALANCE \$
SHOULD AGREE WITH CHECKBOOK BALANCE			SHOULD AGREE WITH STATEMENT BALANCE
	TOTAL		

YOUR DUTY TO REPORT UNAUTHORIZED SIGNATURES (INCLUDING FORGERIES AND COUNTERFEIT CHECKS) AND ALTERATIONS ON CHECKS AND OTHER ITEMS

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (Including Forgeries and Counterfeit Checks) and Alterations or unauthorized endorsement on Checks and Other Items. You must report any unauthorized signature (Including Forgeries and Counterfeit Checks) and Alterations on checks and Other items to the Bank within the timeframe specified under the "Terms and Conditions" provided at account opening. If you do not do this, the Bank will not be liable to you for claims submitted after the timeframe specified. A copy of our current "Terms and Conditions" can be requested at any of our branch locations. Please see the "Terms and Conditions" on how to report "Other errors or Problems" and for further explanation of your rights and responsibilities regarding your statement and checks.