

STATEMENT OF ACCOUNTS

Date: February 04, 2026

Certificate Number: 100436644

Policyholder: SHRAVANI GONDHI

Coverage Period: February 05, 2026 - July 04, 2026

The following is a summary of the total premium(s) paid mentioned above:

Transaction Date	Credit Card Type	Amount
February 04, 2026	American Express	\$225.00
TOTAL PAID		\$225.00

All inquiries concerning this statement can be directed to the following:

WorldTrips
P.O. Box 240358
Apple Valley, MN 55124
TEL: 317-262-2132 / 1-800-605-2282 / FAX: 317-262-2140

For future purchases, please contact your producer:

Insubuy
info@insubuy.com
(866) INSUBUY
<https://www.insubuy.com>

WorldTrips

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