Colonial Life®

Invoice

#55554950607988

☐ Please check this box if any changes have been made to this invoice.

Your account details

BCN: E5555495

Account: American Producers Supply Comp

Attention:
M Thieman/C Girod
American Producers Supply Comp,
119 2Nd St
Marietta, OH 45750-0000

Invoice date:	Jun. 7, 2024
Pay by date:	Jul. 10, 2024
Deduction dates:	Jun. 7, 21
Invoice frequency:	Monthly
Download date:	Jul. 31, 2024

Invoice summary

Total amount due **$5,703.50**

How to pay

Pay online on the Colonial Life for Clients Portal.
Visit https://www.coloniallife.com/clientportal

Send mail-in payments with the remittance slip to:
Premium Processing, P.O. Box 903, Columbia, SC 29202

Send overnight payments with the remittance slip to:
Processing Center, 828 Bistline Dr Suite 100, West Columbia, SC 29172

00855554950607988000570350000 8

Colonial Life®

Invoice details for Colonial Life

UNASSIGNED

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
BEATY, JANIE R	*****3548	Cancer	5249402930	$23.44		$86.68
		Group Accident	5249402850	$13.68		
		Group Critical Illness	5249402690		$19.88	
		Group Disability	5361085175		$29.68	
UNASSIGNED TOTALS				**$37.12**	**$49.56**	**$86.68**

MARIETTA OH

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
ARNOLD, JOSHUA C	*****9470	Group Term Life	8591995720		$36.96	$36.96
BAKER, ANGELA	*****6998	Group Accident	5255134380	$32.10		$59.36
		Group Disability	5255134200		$27.26	
BARBER, JENNIFER L	*****1326	Group Accident	5361085585	$13.68		$44.06
		Group Disability	5361085665		$24.48	
		Group Term Life	8541267030		$5.90	
BEATY, JANIE R	*****3548	Group Term Life	8591995645		$46.16	$46.16
BEST, LARRY	*****8320	Group Disability	5249540210		$32.26	$32.26
BOARD, THOMAS	*****9515	Group Accident	5361085825	$34.38		$59.72
		Group Disability	5361085740		$25.34	
CLEM, CHRISTOPHER V	*****6028	Group Disability	5362215590		$33.78	$33.78
DAVIS, GABRIEL S	*****0348	Group Accident	5690769125	$46.72		$46.72
DAVIS, MICHAEL T	*****8749	Group Accident	5470934270	$22.06		$22.06
DIEHL, JOSHUA	*****3178	Group Accident	5249396750	$13.68		$46.20
		Group Disability	5249396830		$17.28	
		Group Term Life	8541265700		$15.24	

Colonial Life®

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
ENLOW, JEFFREY G	*****2736	Group Critical Illness	5470934190		$45.34	$68.38
		Group Disability	5470934010		$23.04	
FRANCIS, AMY M	*****3607	Cancer	5470934920	$50.12		$105.26
		Group Accident	5470935000	$32.10		
		Group Disability	5470934840		$23.04	
GAINES, MILTON	*****4318	Cancer	5690769530	$32.54		$159.12
		Group Accident	5690769465	$32.62		
		Group Disability	5249399980		$49.48	
		Group Term Life	8541266120		$44.48	
GIROD, CHRISTINA A	*****1121	Group Disability NEW	5545400620		$54.06	$127.46
		Term Life NEW	8694828100		$73.40	
GREEN, ANDREW	*****5926	Cancer	5249396590	$51.60		$95.60
		Group Accident	5361085900	$13.68		
		Group Critical Illness	5470934350		$30.32	
HEDRICK, REED	*****2377	Group Accident	5363140655	$32.10		$32.10
HENDERSHOT, CARMEL A	*****6870	Cancer	5252814990	$16.52		$53.84
		Group Accident	5252815070	$13.68		
		Group Disability	5361086240		$23.64	
JOHNSON, SUSAN R	*****5942	Group Accident	5470934760	$23.72		$77.60
		Group Disability	5470934680		$23.04	
		Life	8676744590		$30.84	
JOHNSTON, BILL	*****8121	Cancer	5328179470		$30.36	$66.66
		Group Critical Illness	5250707690		$14.34	
		Group Disability	5250707770		$21.96	
LEE, CODY A	*****9140	Group Accident	5361085330	$22.06		$72.12

Colonial Life®

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
LEE, CODY A		Group Critical Illness	5361085410		$13.12	
		Group Hospital Income	5361085250	$21.70		
		Group Term Life	8677256990		$15.24	
LITTLE, JAMES	*****7917	Group Accident	5470934500	$22.06		$109.32
		Group Disability	5470934435		$42.84	
		Group Term Life	8541266200		$44.42	
MACIAG, ZACH	*****1487	Group Disability	5249400380		$35.06	$35.06
MCCLOSKEY, JAMES P	*****9158	Group Accident	5249402100	$17.70		$17.70
MERCER, LARRY	*****3188	Group Disability	5361086165		$59.38	$59.38
MULLINS, MARIAN E	*****2187	Cancer	5690769790	$34.98		$140.20
		Group Accident	5249403190	$13.68		
		Group Disability	5690769615		$91.54	
OFFENBERGER, KEVIN	*****7721	Cancer	5250707440	$30.46		$87.16
		Group Accident	5250707510	$22.06		
		Group Disability	5249540130		$34.64	
ROACH, CHRISTOPHER	*****7044	Cancer	5250555880	$23.44		$202.24
		Group Accident	5249396670	$20.28		
		Group Critical Illness	5250556120		$18.12	
		Group Disability	5690769875		$74.22	
		Group Hospital Income	5250555960	$17.54		
		Group Term Life	8541265620		$48.64	
SHOCK, JEFFREY	*****9363	Group Critical Illness	5250555620		$14.34	$39.68
		Group Disability	5250555540		$25.34	
STACY, MICHAEL	*****7915	Term Life	8591996140		$60.90	$150.36
		Term Life	8591996220		$89.46	

Colonial Life®

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
STARKEY, TYLER	*****1913	Group Disability	5249396420		$26.58	$26.58
STEPHENS, POLLY	*****1763	Group Disability	5249540390		$42.06	$42.06
TERLOSKY, WILLIAM	*****8812	Group Disability	5249540050		$37.16	$37.16
TIDD, WADE A	*****7313	Group Accident	5249403350	$22.06		$64.08
		Group Critical Illness	5361087070		$9.12	
		Group Disability	5249403270		$25.34	
		Group Term Life	8541267780		$7.56	
TUCKER, RYAN M	*****5103	Group Accident	5250553490	$13.68		$13.68
WAGGONER, MICHAEL	*****4978	Group Term Life	8541266460		$25.20	$25.20
WESEL, JOSEPH H	*****1697	Group Accident	5254192480	$46.72		$110.92
		Group Disability	5254192300		$64.20	
WHARFF, KATHLEEN M	*****5253	Group Accident	5250553640	$22.06		$136.54
		Group Disability	5361086405		$37.16	
		Group Hospital Income	5250553560	$35.32		
		Life	8591995980		$42.00	
MARIETTA OH TOTALS				**$847.10**	**$1,735.64**	**$2,582.74**

COLUMBUS OH

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
AARON, EDWARD	*****1212	Group Accident	5251935870	$13.68		$68.82
		Group Critical Illness	5251935610		$11.26	
		Group Disability	5251935790		$25.34	
		Group Term Life	8542056220		$18.54	
ASKEW, ALEXANDER	*****9073	Group Disability	5359545640		$25.92	$25.92
AVERY, MATT	*****2608	Cancer	5251936110	$13.24		$65.06

Colonial Life®

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
AVERY, MATT		Group Accident	5251936030	$20.28		
		Group Disability	5251935950		$31.54	
BRUNTON, CHRISTOPHER T	*****4229	Cancer	5251936940	$28.06		$144.08
		Group Accident	5251937100	$13.68		
		Group Disability	5251937020		$28.80	
		Term Life	8591543460		$73.54	
HICKS, CHERYL L	*****0370	Cancer	5473457850	$30.36		$44.04
		Group Accident	5473457770	$13.68		
HILL, RYAN E	*****4291	Cancer	5251936780	$34.98		$86.00
		Group Accident	5251936600	$13.68		
		Group Disability	5251936860		$21.60	
		Group Term Life	8542056300		$15.74	
JUSTUS, CRAIG A	*****0932	Cancer	5251936370	$30.36		$98.90
		Group Accident	5251936290	$13.68		
		Group Critical Illness	5251936450		$18.12	
		Group Disability	5251936520		$23.64	
		Group Term Life	8591543380		$13.10	
MORRISON, SHAUN M	*****5005	Cancer	5251937280	$34.98		$100.02
		Group Critical Illness	5255134460		$17.52	
		Group Disability	5473457695		$47.52	
TONELOTTI, RAVEN M	*****3105	Group Accident	5473458010	$13.68		$35.28
		Group Disability	5473457930		$21.60	
COLUMBUS OH TOTALS				**$274.34**	**$393.78**	**$668.12**

Colonial Life®

SUNBERRY OH

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
PRITCHARD, TODD	*****4062	Group Accident	5251634400	$20.28		$20.28
SUNBERRY OH TOTALS				**$20.28**	**-**	**$20.28**

CINCINNATI OH

EMPLOYEE NAME	EMPLOYEE #	COVERAGE		POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
BAUER, PAUL G	*****3443	Group Accident		5692292140	$20.28		$49.00
		Group Disability		5357161040		$28.72	
LEMASTER, HARRY A	*****7979	Group Accident		5692292060	$22.06		$243.76
		Life		8589128920		$53.06	
		Life		8677644250		$53.06	
		Life	NEW	8694976510		$115.58	
STRUNKS, AMBER D	*****1544	Group Accident		5473683320	$22.06		$54.38
		Term Life		8678204900		$32.32	
VANDYGRIFF, JAMES	*****5991	Group Disability		5355033530		$24.48	$24.48
WALTERS, JERRY	*****6889	Group Accident		5355033460	$20.28		$20.28
CINCINNATI OH TOTALS					**$84.68**	**$307.22**	**$391.90**

PORTSMOUTH OH

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
CLAY, MICHAEL V	*****6523	Cancer	5474206530	$23.44		$157.70
		Group Accident	5248576040	$46.72		
		Group Disability	5248575960		$29.22	
		Group Term Life	8541064320		$10.52	
		Life	8541064240		$47.80	
DAVIS, STEVEN G	*****3597	Group Term Life	8640004015		$18.52	$43.48

00855554950607988000570350000 8

Colonial Life®

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
DAVIS, STEVEN G		Life	8541064570		$24.96	
MILLER, DONNA S	*****6857	Cancer	5474206200	$39.68		$171.92
		Group Accident	5691055215	$32.62		
		Group Disability	5474206385		$45.60	
		Group Term Life	8640003935		$54.02	
ROE, GWEN R	*****3394	Group Accident	5254192550	$32.62		$32.62
SIMPSON, KIMBERLY A	*****7130	Cancer	5248576380	$47.12		$207.08
		Group Accident	5691055055	$32.62		
		Group Critical Illness	5358427100		$20.04	
		Group Disability	5474206465		$51.96	
		Group Hospital Income	5248576460	$35.32		
		Group Term Life	8640003850		$20.02	
PORTSMOUTH OH TOTALS				**$290.14**	**$322.66**	**$612.80**

HUNTINGTON WV

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
ASHWORTH, TRAVIS D	*****3886	Cancer	5692924775	$45.14		$190.10
		Group Disability	5692924695		$43.20	
		Group Term Life	8640560310		$25.84	
		Term Life	8542028680		$75.92	
DILLON, ADAM	*****3369	Group Accident	5251803600	$46.72		$112.54
		Group Disability	5251803780		$65.82	
EVANS, CHREED	*****1838	Cancer	5251829370	$21.14		$223.80
		Group Accident	5251829290	$20.28		
		Group Critical Illness	5251829110		$14.38	

Colonial Life®

EMPLOYEE NAME	EMPLOYEE #	COVERAGE		POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
EVANS, CHREED		Group Disability		5251829030		$98.96	
		Group Hospital Income		5251828950	$17.54		
		Group Term Life		8640560230		$51.50	
GOODERHAM, JEREMY	*****1259	Group Disability		5264810640		$48.64	$80.12
		Group Term Life		8589759640		$31.48	
HORN, STEPHEN	*****7067	Group Accident		5251829600	$20.28		$105.86
		Group Disability		5251829450		$37.20	
		Group Hospital Income		5251829520	$17.54		
		Group Term Life		8589759560		$30.84	
MUELLER, DAN	*****0483	Cancer		5251830670	$21.00		$114.34
		Group Accident		5251830750	$20.28		
		Group Disability		5251830590		$29.22	
		Group Hospital Income		5251830420	$17.54		
		Group Term Life		8542028760		$26.30	
HUNTINGTON WV TOTALS					**$247.46**	**$579.30**	**$826.76**

BRIDGEVILLE PA

EMPLOYEE NAME	EMPLOYEE #	COVERAGE		POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
BARKO, RICHARD J	*****6789	Term Life	NEW	8695107010		$236.08	$236.08
CARROLL, DAVID	*****2523	Cancer		5249652740	$28.06		$83.44
		Group Disability		5249652820		$55.38	
DILLON, SEAN P	*****7875	Group Disability	NEW	5537795700		$40.90	$40.90
FORD, ONTERIO A	*****7916	Group Accident		5475654650	$32.10		$74.10
		Life		8678265960		$42.00	
BRIDGEVILLE PA TOTALS					**$60.16**	**$374.36**	**$434.52**

Colonial Life®

GLASGOW KY

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
WITT, LISA	*****9800	Group Accident	5361086080	$20.28		$20.28
GLASGOW KY TOTALS				**$20.28**	**-**	**$20.28**

LOUISVILLE KY

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
JACKSON, JEFFREY	*****0685	Group Hospital Income	5249588810		$17.54	$17.54
LOUISVILLE KY TOTALS				**-**	**$17.54**	**$17.54**

FERDINAND IN

EMPLOYEE NAME	EMPLOYEE #	COVERAGE	POLICY #	PRE-TAX	POST-TAX	TOTAL DUE
BOWLING, MICHAEL	*****0235	Group Term Life	8541637480		$41.88	$41.88
FERDINAND IN TOTALS				**-**	**$41.88**	**$41.88**
TOTAL DUE AMOUNT FOR COLONIAL LIFE				**$1,881.56**	**$3,821.94**	**$5,703.50**

Note: This invoice reflects changes made up to the download date only. If changes have been made after this date, you may need to download again.

00855554950607988000570350000 8