Vendor: AGORA CYB-Agora Cyber Charter School
Accounts Payable 222 North Keswick Ave GLENSIDE PA 19038

Pymt # 0010030222
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1142430	10/12/2026		1170.33	10-1110-562-000-30-800-000-090-0000	CYBER CHARTER SCHOOL-OCT
		Payment Amount:	**1170.33**		

Vendor: AGORA CYB-Agora Cyber Charter School
Accounts Payable 222 North Keswick Ave GLENSIDE PA 19038

Pymt # 0010030222
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1142430	10/12/2026		1170.33	10-1110-562-000-30-800-000-090-0000	CYBER CHARTER SCHOOL-OCT
		Payment Amount:	**1170.33**		

0010030222

11/02/2026

**********1,170.33

PAY One Thousand One Hundred Seventy and 33/100 Dollars

To the Order of:

Agora Cyber Charter School
Accounts Payable
222 North Keswick Ave
GLENSIDE PA 19038

NON-NEGOTIABLE

[redacted]

11/3

Agora Cyber Charter School
INVOICE FOR THE 2026 - 2027 SCHOOL YEAR
Summary Information Sheet
For the Months of July 2026 - October 2026
Invoice #: 1142430

121135503
Lehighton Area SD

Invoice Prep Date: 10/09/2026
Date Sent to SD: 10/12/2026
Date Sent to PDE: 10/25/2026

	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	Apr 2027	May 2027	Selected Expenditure per ADM	Amount Due
Nonspecial Education	3	3	3	1	0	0	0	0	0	0	0	$14,043.96	$11,703.30
Special Education	1	1	1	0	0	0	0	0	0	0	0	$26,543.08	$6,635.77

Total Amount Due Year to Date: $18,339.07

Month	School District Direct Payment	Check Number	Check Date	PDE Subsidy Deduction	Refund from Charter School
July, 2026					
August					
September	$11,445.82	10029970	09/23/2026		
October					
November					
December					
January, 2027					
February					
March					
April					
May					
June					
	$11,445.82			$0.00	$0.00

PAID
NOV 0 2 2026

Remit To: Agora Cyber Charter School
222 N KESWICK AVE
GLENSIDE, PA 19038
610-263-8545 x

Total Paid to Date for 2026 - 2027 School Year: $11,445.82

Net Due to Agora Cyber Charter School: $6,893.25

10-1110-562-000-30-800-000-090 - 1170.33

10/13/26
mw ef 10/30/26

[redacted]

Pymt # 0010030223
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
REAL ESTATE TAX	10/29/2026		2891.56	10-6111-000-001-00-000-000-000-0000	REAL ESATE TAX REFUND-2026
		Payment Amount:	**2891.56**		

[redacted]

Pymt # 0010030223
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
REAL ESTATE TAX	10/29/2026		2891.56	10-6111-000-001-00-000-000-000-0000	REAL ESATE TAX REFUND-2026
		Payment Amount:	**2891.56**		

0010030223

11/02/2026

******************2,891.56**

PAY Two Thousand Eight Hundred Ninety-One and 56/100 Dollars

To the Order of:

[redacted]

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 10/29/26

AMOUNT: $2,891.56

REQUEST A CHECK FROM General FUND PAYABLE TO:

[redacted]

PAID
NOV 0 2 2026

REASON: 2026 Real Estate Refund – Tax Assessment Lowered

SIGNATURE OF REQUESTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 10/30/26

ACCOUNT CODE(S):

DEBIT:
10-6111-000-001-00-000-000-000-0000 – $2,891.56 – 2026 Real Estate Refund – Tax Assessment Lowered

COUNTY OF CARBON
BOARD OF ASSESSMENT AND REVISION OF TAXES

CHIEF ASSESSOR:
Nate Kmetz

SOLICITOR:
ATTY. ROBERT FRYCKLUND
(570) 645-3100



COURT HOUSE
ADMINISTRATION BUILDING
2 HAZARD SQUARE
PO BOX 250
JIM THORPE, PA 18229-0250

TELEPHONE: (570) 325-5254
FAX: (570) 325-8074

October 22, 2026

This is to verify that the following taxpayer is due a refund of 2026 Real Estate Taxes.

Muncipality: East Penn Township

PAID
NOV 0 2 2026

School District: L:ehighton Area School District

TAXPAYER NAME AND ADDRESS

[redacted]

PROPERTY CODE: [redacted]

PROPERTY RECORD CARD #: [redacted]

REASON: The taxpayer is due a refund due to an appeal lowered the assessment. The difference in assessment is 54,971. The taxes were paid during the discount period.

[redacted]

[redacted]

Pymt # 0010030224
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
STATES-MEALS	10/29/2026		260.00	10-3250-635-000-30-800-032-000-0000	STATE MEALS 11/5/26-11/7/26
		Payment Amount:	**260.00**		

[redacted]

Pymt # 0010030224
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
STATES-MEALS	10/29/2026		260.00	10-3250-635-000-30-800-032-000-0000	STATE MEALS 11/5/26-11/7/26
		Payment Amount:	**260.00**		

0010030224

11/02/2026

**********260.00

PAY Two Hundred Sixty and 00/100 Dollars

To the Order of:

[redacted]

NON-NEGOTIABLE

[redacted]

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 10/29/26

AMOUNT: $ 260.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

[redacted]

PAID

NOV 0 2 2026

REASON: food (for States)

SIGNATURE OF REQUESTOR: [redacted]

SIGNATURE OF PRINCIPAL/DIRECTOR:

SIGNATURE OF BUSINESS ADMINISTRATOR: 10/30/26

ACCOUNT CODE(S):

DEBIT: 10-3250-~~635~~ 635-000-30-800-~~011~~ 032-000-0000

[redacted]

Re: XC States- hotel, meal allowance, [redacted]

1 message

[redacted] 26 at 8:33 AM

Hi Erica,

I'm working with Beki this morning to reserve rooms for your upcoming trip to States.

I also spoke with Connie regarding the meal costs for the check request. The meal rates are as follows:

- **Breakfast:** $9.50 per person
- **Lunch:** $12.00 per person
- **Dinner:** $18.50 per person

For the three athletes and two coaches attending States on Friday and Saturday, November 6–7, the meal totals are as follows:

- **Breakfast:** $47.50 (1 time)
- **Lunch:** $120.00 (2 times)
- **Dinner:** $92.50 (1 time)
- **Total Check Request:** $260.00

PAID
NOV 0 2 2026

I will forward the check request to Connie. Since she will be out of the office, she will arrange to have the check prepared by Monday and sent to the High School.

Please let me know if you have any questions.

Thank you!

[redacted]

Vendor: INSIGHT-Insight PA Cyber Charter School
222 N. Keswick Avenue GLENSIDE PA 19038

Pymt # 0010030225
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1141889	10/08/2026		2211.93	10-1241-562-000-20-500-000-012-0000	CYBER CHARTER-OCT
1141889	10/08/2026		2211.92	10-1241-562-000-10-200-000-012-0000	CYBER CHARTER SCHOOL-OCT
	Payment Amount:		**4423.85**		

Vendor: INSIGHT-Insight PA Cyber Charter School
222 N. Keswick Avenue GLENSIDE PA 19038

Pymt # 0010030225
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1141889	10/08/2026		2211.93	10-1241-562-000-20-500-000-012-0000	CYBER CHARTER-OCT
1141889	10/08/2026		2211.92	10-1241-562-000-10-200-000-012-0000	CYBER CHARTER SCHOOL-OCT
	Payment Amount:		**4423.85**		

0010030225

11/02/2026

******************4,423.85**

PAY Four Thousand Four Hundred Twenty-Three and 85/100 Dollars

To the Order of:

Insight PA Cyber Charter School
222 N. Keswick Avenue
GLENSIDE PA 19038

NON-NEGOTIABLE

[redacted]

Insight PA Cyber Charter School
INVOICE FOR THE 2026 - 2027 SCHOOL YEAR
Summary Information Sheet
For the Months of July 2026 - October 2026
Invoice #: 1141889

121135503
Lehighton Area SD

Invoice Prep Date: 10/08/2026
Date Sent to SD: 10/08/2026
Date Sent to PDE: 10/25/2026

	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	Apr 2027	May 2027	Selected Expenditure per ADM	Amount Due
Nonspecial Education	1	1	0	0	0	0	0	0	0	0	0	$14,043.96	$2,340.66
Special Education	2	2	2	2	0	0	0	0	0	0	0	$26,543.08	$17,695.39

Total Amount Due Year to Date: $20,036.05

Month	School District Direct Payment	Check Number	Check Date	PDE Subsidy Deduction	Refund from Charter School
July, 2026					
August					
September	$11,188.34	10029979	09/23/2026		
October					
November					
December					
January, 2027					
February					
March					
April					
May					
June					
	$11,188.34			$0.00	$0.00

RECEIVED
NOV 02 2026

Remit To: Insight PA Cyber Charter School
222 N KESWICK AVE
GLENSIDE, PA 19038
484-713-4353 x3222

Total Paid to Date for 2026 - 2027 School Year: $11,188.34

Net Due to Insight PA Cyber Charter School: $8,847.71

10-1241-562-000-10-200-000-012 - 2211.92
10-1241-562-000-20-500-000-012 - 2211.93

4423.85

10/13/26
mw
ez 10/30/26

Vendor: MetLife-MetLife
PO Box 360905 PITTSBURGH PA 15251

Pymt # 0010030226
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
[redacted]-OCT	11/02/2026		5393.07	10-0462-214-000-00-000-000-000-0000	LEHIGHTON AREA SD [redacted]OCT
	Payment Amount:		**5393.07**		

Vendor: MetLife-MetLife
PO Box 360905 PITTSBURGH PA 15251

Pymt # 0010030226
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
[redacted]OCT	11/02/2026		5393.07	10-0462-214-000-00-000-000-000-0000	LEHIGHTON AREA SD [redacted]OCT
	Payment Amount:		**5393.07**		

0010030226

11/02/2026

**********5,393.07

PAY Five Thousand Three Hundred Ninety-Three and 07/100 Dollars

To the Order of:

MetLife
PO Box 360905
PITTSBURGH PA 15251

NON-NEGOTIABLE

[redacted]

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)
Critical Illness - Best	25-29	Act 93/Business Adminis	Employee Only	1.00	30000.00	23.4
Critical Illness - Best	40-44	Act 93/Business Adminis	Employee + Spouse	1.00	30000.00	109.2
Critical Illness - Best	35-39	Act 93/Business Adminis	Employee + Family	2.00	60000.00	179.4
Accident - Best	25-29	Act 93/Business Adminis	Employee Only	1.00	30000.00	26.35
Accident - Best	40-44	Act 93/Business Adminis	Employee + Spouse	1.00	30000.00	51.65
Accident - Best	35-39	Act 93/Business Adminis	Employee + Family	2.00	60000.00	146.12
Critical Illness - Better	60-64	Support	Employee + Spouse	1.00	20000.00	187.2
Critical Illness - Better	25-29	Act 93/Business Adminis	Employee Only	1.00	20000.00	15.6
Critical Illness - Better	50-54	Act 93/Business Adminis	Employee Only	1.00	20000.00	66.8
Critical Illness - Better	35-39	Act 93/Business Adminis	Employee + Spouse	1.00	20000.00	51.2
Critical Illness - Better	40-44	Act 93/Business Adminis	Employee + Family	1.00	20000.00	82.4
Accident - Better	60-64	Support	Employee + Spouse	1.00	20000.00	49.53
Accident - Better	25-29	Act 93/Business Adminis	Employee Only	1.00	20000.00	25.22
Accident - Better	50-54	Act 93/Business Adminis	Employee Only	1.00	20000.00	25.22
Accident - Better	35-39	Act 93/Business Adminis	Employee + Spouse	1.00	20000.00	49.53
Accident - Better	40-44	Act 93/Business Adminis	Employee + Family	1.00	20000.00	70.29
Critical Illness - Good	Under 25	Support	Employee Only	1.00	10000.00	6.5
Critical Illness - Good	40-44	Support	Employee Only	2.00	20000.00	37.2
Critical Illness - Good	45-49	Support	Employee Only	2.00	20000.00	51.2
Critical Illness - Good	55-59	Support	Employee Only	1.00	10000.00	41.2
Critical Illness - Good	60-64	Support	Employee Only	1.00	10000.00	48.1
Critical Illness - Good	55-59	Support	Employee + Family	1.00	10000.00	84.5
Critical Illness - Good	Under 25	Act 93/Business Adminis	Employee Only	2.00	20000.00	13
Critical Illness - Good	25-29	Act 93/Business Adminis	Employee Only	5.00	50000.00	39
Critical Illness - Good	30-34	Act 93/Business Adminis	Employee Only	1.00	10000.00	10
Critical Illness - Good	35-39	Act 93/Business Adminis	Employee Only	2.00	20000.00	26
Critical Illness - Good	40-44	Act 93/Business Adminis	Employee Only	4.00	40000.00	74.4
Critical Illness - Good	45-49	Act 93/Business Adminis	Employee Only	5.00	50000.00	128
Critical Illness - Good	50-54	Act 93/Business Adminis	Employee Only	6.00	60000.00	200.4
Critical Illness - Good	55-59	Act 93/Business Adminis	Employee Only	2.00	20000.00	82.4
Critical Illness - Good	60-64	Act 93/Business Adminis	Employee Only	4.00	40000.00	192.4
Critical Illness - Good	45-49	Act 93/Business Adminis	Employee + Spouse	1.00	10000.00	50.3
Critical Illness - Good	50-54	Act 93/Business Adminis	Employee + Spouse	2.00	20000.00	130
Critical Illness - Good	40-44	Act 93/Business Adminis	Employee + Children	1.00	10000.00	23
Critical Illness - Good	45-49	Act 93/Business Adminis	Employee + Children	1.00	10000.00	29.9
Critical Illness - Good	50-54	Act 93/Business Adminis	Employee + Children	1.00	10000.00	37.7
Accident - Good	Under 25	Support	Employee Only	1.00	10000.00	24.48
Accident - Good	40-44	Support	Employee Only	2.00	20000.00	48.96
Accident - Good	45-49	Support	Employee Only	2.00	20000.00	48.96
Accident - Good	55-59	Support	Employee Only	1.00	10000.00	24.48
Accident - Good	60-64	Support	Employee Only	1.00	10000.00	24.48
Accident - Good	55-59	Support	Employee + Family	1.00	10000.00	68.86
Accident - Good	Under 25	Act 93/Business Adminis	Employee Only	2.00	20000.00	48.96
Accident - Good	25-29	Act 93/Business Adminis	Employee Only	5.00	50000.00	122.4
Accident - Good	30-34	Act 93/Business Adminis	Employee Only	1.00	10000.00	24.48
Accident - Good	35-39	Act 93/Business Adminis	Employee Only	2.00	20000.00	48.96
Accident - Good	40-44	Act 93/Business Adminis	Employee Only	4.00	40000.00	97.92
Accident - Good	45-49	Act 93/Business Adminis	Employee Only	5.00	50000.00	122.4
Accident - Good	50-54	Act 93/Business Adminis	Employee Only	6.00	60000.00	146.88
Accident - Good	55-59	Act 93/Business Adminis	Employee Only	2.00	20000.00	48.96
Accident - Good	60-64	Act 93/Business Adminis	Employee Only	4.00	40000.00	97.92
Accident - Good	45-49	Act 93/Business Adminis	Employee + Spouse	1.00	10000.00	48.4
Accident - Good	50-54	Act 93/Business Adminis	Employee + Spouse	2.00	20000.00	96.8
Accident - Good	40-44	Act 93/Business Adminis	Employee + Children	1.00	10000.00	56.38
Accident - Good	45-49	Act 93/Business Adminis	Employee + Children	1.00	10000.00	56.38
Accident - Good	50-54	Act 93/Business Adminis	Employee + Children	1.00	10000.00	56.38
Hospital Indemnity - Best Plan		Act 93/Business Adminis	Employee + Family	2.00	0.00	246.22
Hospital Indemnity - Better Plan		Act 93/Business Adminis	Employee Only	3.00	0.00	106.47
Hospital Indemnity - Better Plan		Act 93/Business Adminis	Employee + Spouse	1.00	0.00	72.8
Hospital Indemnity - Better Plan		Act 93/Business Adminis	Employee + Family	1.00	0.00	92.26
Hospital Indemnity - Good Plan		Support	Employee Only	4.00	0.00	86.32
Hospital Indemnity - Good Plan		Support	Employee + Family	1.00	0.00	56.12
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee Only	23.00	0.00	496.34
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee + Spouse	2.00	0.00	88.66
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee + Children	1.00	0.00	33.41
Hospital Indemnity - Good Plan		Act 93/Business Adminis	Employee + Family	6.00	0.00	336.72
Totals:				**152**	**$1,340,000.00**	**$5,393.07**

PAID

NOV 02 2026

Paid: Mutual

Acct: 10-0462-214

Desc: Whisman Pres SD Oct [redacted]

Pd 11/2/26

CL 11/1/26

Vendor: PUBLIC 02-Public School Health Insurance Cooperative
PO Box 5406 LANCASTER PA 17606

Pymt # 0010030227
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	673048.12		
		SEE PAYMENT DETAIL LISTING			

Vendor: PUBLIC 02-Public School Health Insurance Co
PO Box 5406 LANCASTER PA 17606

Pymt # 0010030227
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
		Payment Amount:	673048.12		
		SEE PAYMENT DETAIL LISTING			

0010030227

11/02/2026

**********673,048.12

PAY Six Hundred Seventy-Three Thousand Forty-Eight and 12/100 Dollars

To the Order of:

Public School Health Insurance Cooperative
PO Box 5406
LANCASTER PA 17606

NON-NEGOTIABLE

[redacted]

Payment Detail Listing

Public School Health Insurance Cooperative (PUBLIC 02)
PO Box 5406
LANCASTER PA 17606

Payment Number: 0010030227
Payment Date: 11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
NOVEMBER	11/02/2026		21795.52	10-0462-271-000-00-000-000-000-0000	HEALTHCARE-NOV 26
NOVEMBER	11/02/2026		911.75	10-2140-271-000-20-500-000-000-0000	Psychology Medical MS
NOVEMBER	11/02/2026		1172.25	10-2140-271-000-30-800-000-000-0000	Psychology Medical HS
NOVEMBER	11/02/2026		1172.25	10-1225-271-000-30-800-000-000-0000	SPEECH MEDICAL HIGH SCHOOL
NOVEMBER	11/02/2026		1302.51	10-2240-271-000-00-000-000-000-0000	Computer Assist Medical
NOVEMBER	11/02/2026		1432.76	10-2620-281-000-00-000-000-000-0000	Building Operations Retiree Be
NOVEMBER	11/02/2026		1432.76	10-2250-271-000-10-200-000-000-0000	Librarian Medical Elementary
NOVEMBER	11/02/2026		1432.76	10-2160-271-000-10-200-000-000-0000	Social Worker Services-Medical
NOVEMBER	11/02/2026		1432.76	10-1241-281-000-00-000-000-000-0000	Learning Support OPEB
NOVEMBER	11/02/2026		1432.76	10-1110-281-000-30-800-000-000-0000	Retirees Health Benefits HS
NOVEMBER	11/02/2026		1432.76	10-1110-281-000-20-500-000-000-0000	Retirees Health Benefits MS
NOVEMBER	11/02/2026		1953.76	10-2839-271-000-00-000-000-000-0000	Personnel Health
NOVEMBER	11/02/2026		2605.01	10-2140-271-000-10-200-000-000-0000	Psychology Medical EC
NOVEMBER	11/02/2026		2865.51	10-2269-271-000-00-000-000-012-0000	Special Ed Office Medical
NOVEMBER	11/02/2026		3256.26	10-2611-271-000-00-000-000-000-0000	Maint Medical
NOVEMBER	11/02/2026		3256.26	10-2514-271-000-00-000-000-000-0000	Payroll Medical
NOVEMBER	11/02/2026		3256.26	10-2440-271-000-30-800-000-000-0000	NURSE MEDICAL HIGH SCHOOL
NOVEMBER	11/02/2026		3256.26	10-2440-271-000-20-500-000-000-0000	NURSE MEDICAL MIDDLE SCHOOL
NOVEMBER	11/02/2026		3256.26	10-2250-271-000-30-800-000-000-0000	LIBRARIAN MEDICAL HIGH SCHOOL
NOVEMBER	11/02/2026		3256.26	10-2190-271-000-00-000-000-000-0000	Behavior Tech Medical
NOVEMBER	11/02/2026		3256.26	10-2170-271-000-00-000-000-000-0000	PIMS Coordinator Medical
NOVEMBER	11/02/2026		3256.26	10-2160-271-000-30-800-000-000-0000	Social Work Services Medical
NOVEMBER	11/02/2026		3256.26	10-2160-271-000-20-500-000-000-0000	Social Work Services Medical
NOVEMBER	11/02/2026		3256.26	10-2125-271-000-30-800-000-000-0000	GUIDANCE MEDICAL HIGH SCHOOL
NOVEMBER	11/02/2026		3256.26	10-2125-271-000-20-500-000-000-0000	GUIDANCE MEDICAL MIDDLE SCHOOL
NOVEMBER	11/02/2026		3256.26	10-1211-271-000-30-800-000-000-0000	LIFE SKILL MEDICAL H/S
NOVEMBER	11/02/2026		4689.02	10-2120-271-000-30-800-000-000-0000	GUIDANCE MEDICAL HIGH SCHOOL
NOVEMBER	11/02/2026		4689.02	10-2120-271-000-20-500-000-000-0000	GUIDANCE MEDICAL MIDDLE SCHOOL
NOVEMBER	11/02/2026		4884.39	10-3250-271-000-00-000-000-000-0000	Athletics Medical Ins
NOVEMBER	11/02/2026		5405.40	10-1225-271-000-10-200-000-000-0000	Speech Medical Elementary
NOVEMBER	11/02/2026		6186.90	10-2120-271-000-10-200-000-000-0000	Guidance Medical Elementary
NOVEMBER	11/02/2026		6512.53	10-2620-271-000-00-000-000-000-0000	Maintenance Group Benefits
NOVEMBER	11/02/2026		6512.53	10-2440-271-000-10-200-000-000-0000	NURSE MEDICAL Elemtry
NOVEMBER	11/02/2026		6512.53	10-2360-271-000-00-000-000-000-0000	SUPER/ASST MEDICAL
NOVEMBER	11/02/2026		6512.53	10-2250-271-000-20-500-000-000-0000	LIBRARIAN MEDICAL M/S
NOVEMBER	11/02/2026		6512.53	10-1801-271-217-10-200-000-000-0000	Pre-K Medical - Elementary
NOVEMBER	11/02/2026		6512.53	10-1190-271-411-10-200-000-000-0000	Title I Medical - Elementary
NOVEMBER	11/02/2026		7163.78	10-2818-271-000-00-000-000-000-0000	TECHNOLOGY MEDICAL
NOVEMBER	11/02/2026		7880.16	10-2513-271-000-00-000-000-000-0000	Business Medical
NOVEMBER	11/02/2026		7880.16	10-2260-271-000-00-000-000-000-0000	CURR/GRANT MEDICAL
NOVEMBER	11/02/2026		8010.41	10-2380-271-000-20-500-000-000-0000	PRINCIPAL MEDICAL M/SCHOOL
NOVEMBER	11/02/2026		8010.41	10-1231-271-000-30-800-000-000-0000	EMOTIOANL SUPPORT MEDICAL H/S
NOVEMBER	11/02/2026		9443.16	10-2620-271-000-30-800-000-000-0000	Oper Bld Srvs Medical HS
NOVEMBER	11/02/2026		9833.91	10-1231-271-000-20-500-000-000-0000	EMOTIOANL SUPPORT MEDICAL M/S
NOVEMBER	11/02/2026		9833.91	10-1211-271-000-20-500-000-000-0000	LIFE SKILLS MEDICAL M/S
NOVEMBER	11/02/2026		10875.92	10-2620-271-000-20-500-000-000-0000	Oper Bld Srvs Medical MS
NOVEMBER	11/02/2026		11266.67	10-2380-271-000-10-200-000-000-0000	Principal Medical Elementary
NOVEMBER	11/02/2026		11266.67	10-0132-000-000-00-000-000-000-0000	DUE FROM FOOD SERVICE
NOVEMBER	11/02/2026		11462.05	10-2380-271-000-30-800-000-000-0000	PRINCIPAL MEDICAL H/SCHOOL
NOVEMBER	11/02/2026		12699.43	10-2620-271-000-10-200-000-000-0000	Maint. Medical Elementary
NOVEMBER	11/02/2026		12699.43	10-1211-271-000-10-200-000-000-0000	Life Skills Medical Elementary
NOVEMBER	11/02/2026		14132.18	10-1231-271-000-10-200-000-000-0000	Emotion Supp Medical Elementry
NOVEMBER	11/02/2026		15955.69	10-1241-271-000-20-500-000-000-0000	LEARNING SUPPORT MEDICAL M/S
NOVEMBER	11/02/2026		24356.85	10-1241-271-000-30-800-000-000-0000	LEARNING SUPPORT MEDICAL H/S
NOVEMBER	11/02/2026		24356.85	10-1241-271-000-10-200-000-000-0000	Learning Supp. Medical Element
NOVEMBER	11/02/2026		79192.32	10-1110-271-000-20-500-000-000-0000	Teacher Medical Ins MS
NOVEMBER	11/02/2026		86421.22	10-1110-271-000-30-800-000-000-0000	Instruction Medical HS
NOVEMBER	11/02/2026		143926.79	10-1110-271-000-10-200-000-000-0000	Instruction Medical Elementary
	Payment Amount:		**673048.12**		

Public School Health Insurance Cooperative 2026-27

Lehighton Area School District

Month: Nov

Plan Name: HDHP

Highmark ASO Fee					
		138	x	$51.00 =	$7,038.00
Specific Premium					
	Single	37	x	$119.31 =	$4,414.47
	Multi-Party	101	x	$295.05 =	$29,800.05
Spec Share Fund					
	Single	37	x	$195.19 =	$7,222.03
	Multi-Party	101	x	$468.47 =	$47,315.47
Aggregate Premium					
		138	x	$8.00 =	$1,104.00
Claims Fund					
90% of Max	Single	37	x	$999.21 =	$36,970.77
90% of Max	Multi-Party	101	x	$2,398.10 =	$242,208.10
Benecon Administrative Fee					
		138	x	$25.72 =	$3,549.36
Broker Fee					
		138	x	$46.57 =	$6,426.66
Healthiest You					
		138	x	$10.25 =	$1,414.50
Innovu Fee					
		138	x	$4.55 =	$627.90
Fedlogic Fee					
		138	x	$3.50 =	$483.00
Apex Fee					
		138	x	$4.50 =	$621.00
				Sub- Total:	**$389,195.31**

PAID
NOV 0 2 2026

Public School Health Insurance Cooperative 2026-27

Lehighton Area School District

Month: Nov

Plan Name: PPO $0

Highmark ASO Fee					
		104	x	$51.00 =	$5,304.00
Specific Premium					
	Single	33	x	$119.31 =	$3,937.23
	Multi-Party	71	x	$295.05 =	$20,948.55
Spec Share Fund					
	Single	33	x	$195.19 =	$6,441.27
	Multi-Party	71	x	$468.47 =	$33,261.37
Aggregate Premium					
		104	x	$8.00 =	$832.00
Claims Fund					
90% of Max	Single	33	x	$999.21 =	$32,973.93
90% of Max	Multi-Party	71	x	$2,398.10 =	$170,265.10
Benecon Administrative Fee					
		104	x	$25.72 =	$2,674.88
Broker Fee					
		104	x	$46.57 =	$4,843.28
Healthiest You					
		104	x	$10.25 =	$1,066.00
Innovu Fee					
		104	x	$4.55 =	$473.20
Fedlogic Fee					
		104	x	$3.50 =	$364.00
Apex Fee					
		104	x	$4.50 =	$468.00
				Sub- Total:	**$283,852.81**

PAID
NOV 0 2 2026

Public School Health Insurance Cooperative 2026-27

Lehighton Area School District

Month: Nov

Totals

		Member Count	Funding
Highmark ASO Fee		242	$12,342.00
Specific Premium			
	Single	70	$8,351.70
	Multi-Party	172	$50,748.60
Spec Share Fund			
	Single	70	$13,663.30
	Multi-Party	172	$80,576.84
Aggregate Premium		242	$1,936.00
Claims Fund			
90% of Max	Single	70	$69,944.70
90% of Max	Multi-Party	172	$412,473.20
Benecon Administrative Fee		242	$6,224.24
Broker Fee		242	$11,269.94
Healthiest You		242	$2,480.50
Innovu Fee		242	$1,101.10
Fedlogic Fee		242	$847.00
Apex Fee		242	$1,089.00
	Total Due:		**$673,048.12**

PAID
NOV 0 2 2026

pr 11/2/26

ef 11/2/26

Vendor: SEVENGEC-Seven Generations Charter School
33 E. Minor St EMMAUS PA 18049

Pymt # 0010030228
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1142159	10/09/2026		1234.03	10-1110-562-000-10-200-000-090-0000	CHARTER SCHOOL-OCT
		Payment Amount:	**1234.03**		

Vendor: SEVENGEC-Seven Generations Charter School
33 E. Minor St EMMAUS PA 18049

Pymt # 0010030228
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
1142159	10/09/2026		1234.03	10-1110-562-000-10-200-000-090-0000	CHARTER SCHOOL-OCT
		Payment Amount:	**1234.03**		

0010030228

11/02/2026

**********1,234.03

PAY One Thousand Two Hundred Thirty-Four and 03/100 Dollars

To the Order of:

Seven Generations Charter School
33 E. Minor St
EMMAUS PA 18049

NON-NEGOTIABLE

[redacted]

Seven Generations Charter School
INVOICE FOR THE 2026 - 2027 SCHOOL YEAR
Summary Information Sheet
For the Months of July 2026 - October 2026
Invoice #: 1142159

121135503
Lehighton Area SD

Invoice Prep Date: 10/09/2026
Date Sent to SD: 10/09/2026
Date Sent to PDE: 10/25/2026

	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	Apr 2027	May 2027	Selected Expenditure per ADM	Amount Due
Nonspecial Education	1	1	1	1	0	0	0	0	0	0	0	$14,808.30	$4,936.10
Special Education	0	0	0	0	0	0	0	0	0	0	0	$47,899.66	$0.00

Total Amount Due Year to Date: $4,936.10

Month	School District Direct Payment	Check Number	Check Date	PDE Subsidy Deduction	Refund from Charter School
July, 2026					
August					
September	3702.09	10030122	9/10/26		
October					
November					
December					
January, 2027					
February					
March					
April					
May					
June					
	~~$0.00~~ 3702.09			$0.00	$0.00

PAID
NOV 02 2026

Remit To: Seven Generations Charter School
Updated Remittance
222 N Keswick Ave
Glenside, PA 19038
610-421-6239 x

Total Paid to Date for 2026 - 2027 School Year: $0.00

Net Due to Seven Generations Charter School: $4,936.10

10-1110-562-000-10-260-000-690 - 1234.03

10/13/26 mw
12 10/30/26

Vendor: TOSHIBAMB-Toshiba America Business Solutions
PO Box 418600 BOSTON MA 02241-8600

Pymt # 0010030229
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
6408507	10/16/2026		607.52	10-1110-442-000-30-800-000-080-0000	COPIES-HS
6408507	10/16/2026		543.71	10-1110-442-000-20-500-000-050-0000	COPIES-MS
6408507	10/16/2026		1400.64	10-1110-442-000-10-200-000-020-0000	COPIES-EC
6408507	10/16/2026		341.08	10-2513-442-000-00-000-000-025-0000	COPIES-ADMIN
	Payment Amount:		**2892.95**		

Vendor: TOSHIBAMB-Toshiba America Business Solution
PO Box 418600 BOSTON MA 02241-8600

Pymt # 0010030229
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
6408507	10/16/2026		607.52	10-1110-442-000-30-800-000-080-0000	COPIES-HS
6408507	10/16/2026		543.71	10-1110-442-000-20-500-000-050-0000	COPIES-MS
6408507	10/16/2026		1400.64	10-1110-442-000-10-200-000-020-0000	COPIES-EC
6408507	10/16/2026		341.08	10-2513-442-000-00-000-000-025-0000	COPIES-ADMIN
	Payment Amount:		**2892.95**		

0010030229

11/02/2026

******************2,892.95**

PAY Two Thousand Eight Hundred Ninety-Two and 95/100 Dollars

To the Order of:

Toshiba America Business Solutions
PO Box 418600
BOSTON MA 02241-8600

NON-NEGOTIABLE

[redacted]

TOSHIBA

TOSHIBA AMERICA BUSINESS SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

MAINTENANCE INVOICE

EPA1

Invoice Number: 6408507
Page: 1 of 3
Invoice Date: 16-OCT-26

SHIP TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

Customer Number: [redacted]
Site ID:

TOTAL DUE $2,892.95

BILL TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

REMIT TO: TOSHIBA AMERICA BUSINESS SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

---------- PLEASE CUT ALONG LINE AND RETURN WITH REMITTANCE ----------

CONTRACT INCLUSIONS	PO NUMBER	CONTRACT NO.	PAYMENT TERMS	CUSTOMER NUMBER
MA-MTR-LP-M-T		[redacted]	30 NET	[redacted]

MODEL/SERIAL/LOCATION	METER DESC.	QTY	DESCRIPTION	START METER	END METER	AMOUNT
ESTUDIO6518A / SC2CM38052 EA32568-GUIDANCE	BW		Device Meter Usage: 87503	2638970	2726473	
ESTUDIO6518A / SC2CM38035 EA32570	BW		Device Meter Usage: 37683	1123944	1161627	
ESTUDIO6518A / SC2AM37342 EA32566 ADMIN OFFICE	BW		Device Meter Usage: 34976	1586597	1621573	
ESTUDIO8518A / SC2EM39100 EA32985 3 INDIAN LN	BW		Device Meter Usage: 28285	859076	887361	
ESTUDIO6518A / SC2CM38033 EA32565	BW		Device Meter Usage: 37329	1731581	1768910	
ESTUDIO6518A / SC2CM38032 EA32569	BW		Device Meter Usage: 26919	772062	798981	
ESTUDIO4515AC / SCNEM37819 EA32921 1 INDIAN LN	BW		Device Meter Usage: 1866	141995	143861	

PAID
NOV 02 2026

e 2/6/2026

TOTAL SALES	TAX AMOUNT	FREIGHT AMOUNT	TOTAL DUE
$2,892.95	$0.00	$0.00	$2,892.95



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TOSHIBA

TOSHIBA AMERICA BUSINESS SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

MAINTENANCE INVOICE

EPA1

Invoice Number: 6408507
Page: 2 of 3
Invoice Date: 16-OCT-26

SHIP TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

Customer Number: [redacted]
Site ID:

TOTAL DUE $2,892.95

BILL TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

PAID
NOV 0 2 2026

REMIT TO: TOSHIBA AMERICA BUSINESS SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

---------- PLEASE CUT ALONG LINE AND RETURN WITH REMITTANCE ----------

CONTRACT INCLUSIONS	PO NUMBER	CONTRACT NO.	PAYMENT TERMS	CUSTOMER NUMBER
MA-MTR-LP-M-T		[redacted]	30 NET	[redacted]

MODEL/SERIAL/LOCATION	METER DESC.	QTY	DESCRIPTION	START METER	END METER	AMOUNT
ESTUDIO4515AC / SCNEM37817 EA32973 1000 UNION ST	BW		Device Meter Usage: 1927	157262	159189	
ESTUDIO6518A / SC2CM38037 EA32567 BACK OF OFFICE	BW		Device Meter Usage: 6810	509283	516093	
ESTUDIO8518A / SC2EM39270 EA32982 301 BEAVER RUN RD	BW		Device Meter Usage: 18569	646079	664648	
ESTUDIO6518A / SC2CM38011 EA32571	BW		Device Meter Usage: 31440	1303355	1334795	
ESTUDIO6518A / SC2JL35520 EA32483 ADMIN OFFICE	BW		Device Meter Usage: 34350	1453062	1487412	
ESTUDIO4518A / SCZBM60185 EA32484	BW		Device Meter Usage: 24929	1006389	1031318	
ESTUDIO4515AC / SCNEM37827 EA32972 3 INDIAN LN	BW		Device Meter Usage: 13096	406407	419503	
		385682	CPC BILLING - 09/15/2026 - 10/14/2026			$2,293.50
ESTUDIO4515AC / SCNEM37819 EA32921 1 INDIAN LN	CLR		Device Meter Usage: 1480	54725	56205	
ESTUDIO4515AC / SCNEM37827 EA32972 3 INDIAN LN	CLR		Device Meter Usage: 5245	122173	127418	
ESTUDIO4515AC / SCNEM37817 EA32973 1000 UNION ST	CLR		Device Meter Usage: 3661	127766	131427	

TOSHIBA

TOSHIBA AMERICA BUSINESS SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

MAINTENANCE INVOICE

EPA1

Invoice Number: 6408507
Page: 3 of 3
Invoice Date: 16-OCT-26

SHIP TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

Customer Number: [redacted]
Site ID:

TOTAL DUE $2,892.95

BILL TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

REMIT TO: **TOSHIBA AMERICA BUSINESS SOLUTIONS**
P.O. BOX 418600
BOSTON, MA 02241-8600

---------- PLEASE CUT ALONG LINE AND RETURN WITH REMITTANCE ----------

CONTRACT INCLUSIONS	PO NUMBER	CONTRACT NO.	PAYMENT TERMS	CUSTOMER NUMBER
MA-MTR-LP-M-T		[redacted]	30 NET	[redacted]

MODEL/SERIAL/LOCATION	METER DESC.	QTY	DESCRIPTION	START METER	END METER	AMOUNT
		10386	CPC BILLING - 09/15/2026 - 10/14/2026			$599.45

^ MONTHLY USAGE MAINTENANCE ^

PAID
NOV 02 2026

Vendor: Toshiba-P-Toshiba America Business Solutions
PO Box 070241 PHILADELPHIA PA 19176-0241

Pymt # 0010030230
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
5040602455	10/22/2026		414.87	10-1110-442-000-30-800-000-080-0000	COPIERS-HS
5040602455	10/22/2026		371.22	10-1110-442-000-20-500-000-050-0000	COPIERS-MS
5040602455	10/22/2026		955.70	10-1110-442-000-10-200-000-020-0000	COPIERS-EC
5040602455	10/22/2026		232.80	10-2513-442-000-00-000-000-025-0000	COPIERS-ADMIN
	Payment Amount:		**1974.59**		

Vendor: Toshiba-P-Toshiba America Business Solution
PO Box 070241 PHILADELPHIA PA 19176-0241

Pymt # 0010030230
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
5040602455	10/22/2026		414.87	10-1110-442-000-30-800-000-080-0000	COPIERS-HS
5040602455	10/22/2026		371.22	10-1110-442-000-20-500-000-050-0000	COPIERS-MS
5040602455	10/22/2026		955.70	10-1110-442-000-10-200-000-020-0000	COPIERS-EC
5040602455	10/22/2026		232.80	10-2513-442-000-00-000-000-025-0000	COPIERS-ADMIN
	Payment Amount:		**1974.59**		

0010030230

11/02/2026

******************1,974.59**

PAY One Thousand Nine Hundred Seventy-Four and 59/100 Dollars

To the Order of:

Toshiba America Business Solutions
PO Box 070241
PHILADELPHIA PA 19176-0241

NON-NEGOTIABLE

[redacted]

Customer Care

Hours of Operation
M-F, 7am - 6pm CT

Telephone
877-222-5617

Payments
Toshiba America Business Solutions Inc
PO Box 70241
Philadelphia, PA 19176-0241

Email
customerservice@financialservicing.net

Online Services
https://onlinemyaccounts.com

Invoice Summary

Contract Number	[redacted]
Customer Number	
Invoice Number	5040602455
Due Date	12/07/2026
Invoice Date	10/22/2026
Total Due	$1,974.59

Accounts Payable
Lehighton Area School District
1000 Union Street
Lehighton, PA 18235

Last Payment $1,974.59
posted on 10/02/2026

PAID
NOV 02 2026

Important Messages

This invoice represents current charges only and does not include previously invoiced and unpaid charges.

Your contract/s are on email billing. Please contact Customer Care at the number listed on this invoice to update or add additional email addresses.

Contract Number	Asset Description	Model/Serial Number	Asset Location
[redacted]	Toshiba Copier	E-STUDIO4515AC SCNEM37817	1000 Union Street Lehighton, PA 18235
Coverage Period 11/07/2026-12/06/2026	Toshiba Copier	E-STUDIO6518A SC2CM38052	1 Indian Lane Lehighton, PA 18235
	Toshiba Copier	E-STUDIO6518A SC2CM38033	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	E-STUDIO6518A SC2JL35520	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	E-STUDIO6518A SC2AM37342	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	E-STUDIO6518A SC2CM38032	301 Beaver Run Road Lehighton, PA 18235
	Toshiba Copier	E-STUDIO6518A SC2CM38035	301 Beaver Run Road Lehighton, PA 18235
	Toshiba Copier	E-STUDIO8518A SC2EM39100	3 Indian Lane Lehighton, PA 18235

Continued on the next page

12/03/26

Detach and return the bottom remittance portion with your payment. Include invoice number on check.

Customer Care
PO Box 659713
San Antonio, TX 78265-9713

Contract Numbe[redacted]
Invoice Number 5040602455

Due Date 12/07/2026
Invoice Date 10/22/2026
Total Due $1,974.59

Amount Enclosed $ 1,974.59

Accounts Payable
Lehighton Area School District
1000 Union Street
Lehighton, PA 18235

Please make check payable to:

Toshiba America Business Solutions Inc
PO Box 70241
Philadelphia, PA 19176-0241

[redacted]

Invoice Number: 5040602455
Customer Number [redacted]

Contract Number	Asset Description	Model/Serial Number	Asset Location
	Toshiba Copier	E-STUDIO8518A SC2EM39270	301 Beaver Run Road Lehighton, PA 18235
	Toshiba Copier	E-STUDIO4515AC SCNEM37819	1 Indian Lane Lehighton, PA 18235
	Toshiba Copier	E-STUDIO4518A SCZBM60185	1 Indian Lane Lehighton, PA 18235
	Toshiba Copier	E-STUDIO6518A SC2CM38011	3 Indian Lane Lehighton, PA 18235
	Toshiba Copier	E-STUDIO6518A SC2CM38037	1000 Union Street Lehighton, PA 18235
	Toshiba Copier	E-STUDIO4515AC SCNEM37827	3 Indian Lane Lehighton, PA 18235

Item Description	Amount	Tax	Item Total	Due Date	Subtotal
Payment Amount	1,974.59		1,974.59	12/07/2026	$1,974.59
			[redacted]Total Charges:		$1,974.59
				Invoice Total:	$1,974.59

PAID

NOV 0 2 2026

Vendor: TRUSTM-Trustmark Voluntary Benefits Solutions
75 Remittance Dr. Ste 1791 CHICAGO IL 60675

Pymt # 0010030231
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
[redacted]-OCT	11/02/2026		2188.37	10-0462-214-000-00-000-000-000-0000	LEHIGHTON AREA SD [redacted] OCTOBE
	Payment Amount:		2188.37		

Vendor: TRUSTM-Trustmark Voluntary Benefits Solutio
75 Remittance Dr. Ste 1791 CHICAGO IL 60675

Pymt # 0010030231
11/02/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
[redacted]-OCT	11/02/2026		2188.37	10-0462-214-000-00-000-000-000-0000	LEHIGHTON AREA SD [redacted] OCTOBE
	Payment Amount:		2188.37		

0010030231

11/02/2026

******************2,188.37**

PAY Two Thousand One Hundred Eighty-Eight and 37/100 Dollars

To the Order of:

Trustmark Voluntary Benefits Solutions
75 Remittance Dr. Ste 1791
CHICAGO IL 60675

NON-NEGOTIABLE

[redacted]

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)
Trustmark Universal Life Events	22-22	Support	Employee Only	1.00	50000.00	23.66
Trustmark Universal Life Events	45-45	Support	Employee Only	1.00	50000.00	57.29
Trustmark Universal Life Events	46-46	Support	Employee Only	2.00	100000.00	120.26
Trustmark Universal Life Events	55-55	Support	Employee Only	1.00	50000.00	99.28
Trustmark Universal Life Events	23-23	Act 93/Business Adminis	Employee Only	1.00	25000.00	13.8
Trustmark Universal Life Events	25-25	Act 93/Business Adminis	Employee Only	1.00	25000.00	14.21
Trustmark Universal Life Events	26-26	Act 93/Business Adminis	Employee Only	1.00	50000.00	25.35
Trustmark Universal Life Events	28-28	Act 93/Business Adminis	Employee Only	1.00	50000.00	26.67
Trustmark Universal Life Events	29-29	Act 93/Business Adminis	Employee Only	1.00	25000.00	15.41
Trustmark Universal Life Events	33-33	Act 93/Business Adminis	Employee Only	1.00	25000.00	17.68
Trustmark Universal Life Events	34-34	Act 93/Business Adminis	Employee Only	1.00	50000.00	32.98
Trustmark Universal Life Events	36-36	Act 93/Business Adminis	Employee Only	2.00	175000.00	121.29
Trustmark Universal Life Events	38-38	Act 93/Business Adminis	Employee Only	1.00	50000.00	39.74
Trustmark Universal Life Events	40-40	Act 93/Business Adminis	Employee Only	1.00	25000.00	23.64
Trustmark Universal Life Events	42-42	Act 93/Business Adminis	Employee Only	2.00	100000.00	97.42
Trustmark Universal Life Events	44-44	Act 93/Business Adminis	Employee Only	1.00	50000.00	53.97
Trustmark Universal Life Events	45-45	Act 93/Business Adminis	Employee Only	1.00	50000.00	57.29
Trustmark Universal Life Events	48-48	Act 93/Business Adminis	Employee Only	1.00	75000.00	97.26
Trustmark Universal Life Events	49-49	Act 93/Business Adminis	Employee Only	2.00	100000.00	138.84
Trustmark Universal Life Events	50-50	Act 93/Business Adminis	Employee Only	3.00	100000.00	148.87
Trustmark Universal Life Events	51-51	Act 93/Business Adminis	Employee Only	2.00	75000.00	117.69
Trustmark Universal Life Events	52-52	Act 93/Business Adminis	Employee Only	1.00	50000.00	82.14
Trustmark Universal Life Events	54-54	Act 93/Business Adminis	Employee Only	1.00	50000.00	92.99
Trustmark Universal Life Events	56-56	Act 93/Business Adminis	Employee Only	1.00	50000.00	106.15
Trustmark Universal Life Events	64+	Act 93/Business Adminis	Employee Only	1.00	50000.00	177.93
Trustmark Universal Life Events	28-28	Act 93/Business Adminis	Spouse Only	1.00	25000.00	15.08
Trustmark Universal Life Events	35-35	Act 93/Business Adminis	Spouse Only	1.00	25000.00	18.96
Trustmark Universal Life Events	37-37	Act 93/Business Adminis	Spouse Only	1.00	25000.00	20.54
Trustmark Universal Life Events	45-45	Act 93/Business Adminis	Spouse Only	1.00	25000.00	30.44
Trustmark Universal Life Events	49-49	Act 93/Business Adminis	Spouse Only	1.00	25000.00	36.51
Trustmark Universal Life Events	50-50	Act 93/Business Adminis	Spouse Only	1.00	25000.00	38.11
Trustmark Universal Life Events	51-51	Act 93/Business Adminis	Spouse Only	1.00	25000.00	40.43
Trustmark Universal Life Events	53-53	Act 93/Business Adminis	Spouse Only	1.00	25000.00	45.33
Trustmark Universal Life Events	58-58	Act 93/Business Adminis	Spouse Only	1.00	25000.00	61.86
Trustmark Universal Life Events	62-62	Act 93/Business Adminis	Spouse Only	1.00	25000.00	79.3
	Totals:			42	$1,750,000.00	$2,188.37

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Pay: Trustmark

Pct: 10-0462-214

Descr: Wrighten Drew SD Oct [redacted]

PR 11/2/26

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