



Republic of the Philippines  
Department of Finance  
**INSURANCE COMMISSION**  
1071 United Nations Avenue Manila

**ORDER OF PAYMENT**



OPF No.: **NLD-2024-04-00022**

2024-04-30 14:42:11

Date



**To the Cashier:**

Please issue Official Receipt in favor of **PHILIPPINE BRITISH ASSURANCE CO.** in the Amount of **FORTY THOUSAND FOUR HUNDRED PESOS (40,400.00)** for payment of :

#	Items	Qty	Amount
1	<b>Filing of Annual Statement - Non-Life</b> Fee : 40,000.00 LRF : 400.00 Submission of 2023 Annual Statement and Attachments	1	40,400.00
	Total Fees		<b>40,000.00</b>
	Total LRF		<b>400.00</b>
	Total Amount		<b>40,400.00</b>

**Zenidy Espinosa**  
Authorized Personnel

**Mary Jane Dimpas**  
Division Manager

	<b>Official Receipt of the Republic of the Philippines</b>	
	N <sup>o</sup> 0970991 A	
	Date May 7, 2024	
Agency <b>INSURANCE COMMISSION</b>	Fund	
Payor <del>PHILIPPINE BRITISH ASSURANCE CO.</del>		
Nature of Collection	Account Code	Amount
		P
Filing of Annual Statement - Non-		40,000.00
Life		
LRF		400.00
<b>TOTAL</b>		<b>P40,400.00</b>
Amount in Words FORTY THOUSAND FOUR HUNDRED PESOS		
<input checked="" type="checkbox"/> Cash	METC BANK	5122162878
<input checked="" type="checkbox"/> Check	for <b>MARITES C. DELIMA</b>	2024.04.28
<input type="checkbox"/> Money Order	TC Senior Insurance Specialist	
Received the amount stated above.		
 Collecting Officer		
NOTE: Write the number and date of this receipt on the back of check or money order received.		